



DSCB and DSAPB

Joint Multi-Agency Procedure and Practice Guidance

DOMESTIC ABUSE-SAFEGUARDING CHILDREN AND ADULTS WITH CARE AND SUPPORT NEEDS

OCTOBER 2018

Document Detail						
Date Approved	Approved by	Document Ref:	Issue No:	Issue Date	Review Date	Lead Officer(s)
22/11/18	Policy and Implementation sub-group	SO21	001	28/11/18	30/11/20	Mike Egan/Karen Agar/Marian Garland
Tracked Changes						

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1. Introduction

This document refers specifically to the multi-agency response to domestic abuse within the context of safeguarding children (under the age of 18) and adults who may have care and support needs and the guidance should be read in conjunction with [Darlington Safeguarding Adults Board Multi-Agency Policy and Procedures and Practice Guidance to Safeguard Adults at Risk of Abuse and Neglect](#) and [Darlington Safeguarding Children Board Multi-Agency Child Protection Procedures](#). There must be a clear interface with adult or child safeguarding procedures and all action taken in respect of cases of domestic abuse must be in accordance with the DSAPB Multi-Agency Safeguarding Policy and Procedures and/or Darlington Safeguarding Board Multi-Agency Child Protection Procedures.

Domestic abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' based violence, female genital mutilation and forced marriage. Domestic abuse occurs across society irrespective of age, gender, race, sexuality, wealth and geography.

Domestic abuse can affect both men and women over the age of 16 regardless of gender or sexuality within the context of intimate or familial relationships. Children living in a household where domestic abuse occurs are affected both directly and indirectly and there is a strong correlation between domestic abuse and child abuse.

Domestic abuse approaches historically have had an emphasis on partner violence but recently partner abuse in lesbian, gay, bisexual or transgendered relationships has been recognised. More focus now needs to be given to family and inter-generational abuse and how this may differ from abuse perpetrated by a partner.

A significant number of homicides are related to domestic abuse and it is important that agencies are as robust in interventions with interfamilial domestic abuse as intimate/ex-partner relationships. Effective safeguarding is achieved when agencies share information to obtain an accurate picture of risk and then work together to ensure the safety of children or the adult at risk. No single agency or professional has a complete picture of the life of a domestic abuse victim but many will have insights which are crucial to their safety. It is paramount that agencies work together effectively and systematically to ensure a victim's safety and ultimately prevent domestic homicides.

For the year ending March 2017 in England and Wales an estimated 1.9 million adults aged 16 to 59 years experienced domestic abuse in the previous year equating to a prevalence rate of approximately 6 in 100 adults. Women were more likely to have experienced domestic abuse than men (7.5% compared with 4.3%). This equates to an estimated 1.2 million female victims and 713,000 male victims¹

2. Resources and guidance for safeguarding practitioners dealing with domestic abuse involving children or adults with care and support needs

For general information about domestic abuse see [GOV.UK Domestic Violence and Abuse](#).

¹ Office for National Statistics Domestic Abuse England and Wales: year ending March 2017

For guidance, resources and referral pathways for dealing with domestic abuse where children or adults with care and support needs are present or are victims of domestic abuse see [Darlington Multi-Agency Domestic Violence and Abuse flowchart](#).

For guidance, resources and referral pathways for dealing with child/adolescent to parent violence and abuse see [Darlington Multi-Agency Child/Adolescent to Parent/Carer Violence and Abuse \(CAPVA\) flowchart](#).

Domestic violence and abuse: multiagency working. NICE guidelines PH50 (2014)
www.nice.org.uk/guidance/ph50

Domestic violence and abuse: NICE quality standard QS1116 (2016)
www.nice.org.uk/guidance/qs1116

BMA Domestic Abuse (2007, updated 2014)
www.bma.org.uk/collective-voice/policy-and-research/equality/healthcare-for-vulnerable-group/domestic-abuse-report

IRIS programme (for Primary Care)
www.irisdomesticviolence.org.uk/iris/

For a list of organisations which can provide practical support to victims of domestic abuse and to professionals see **Appendix 1**.

3. Legislative framework

The following legislation underpins the statutory response to domestic abuse:

- [Children Act 1989](#)
- [Children Act 2004](#)
- [Working Together to Safeguard Children 2018](#)
- [The Care Act 2014](#)
- [Domestic Violence Crime and Victims Act 2004](#)
- [Family Law Act 1996](#)
- [S 58 Sexual Offences Act 2003](#)
- [The Serious Crime Act 2015](#)
- [Mental Capacity Act 2005](#)
- [Section 121 Anti-Social Behaviour Crime and Policing Act 2014](#)
- [The Female Genital Mutilation Act \(2003\)](#)
- [Section 120 of the Adoption and Children Act 2002](#)
- [Housing Act 1996](#)
- [Homelessness Act 2002](#).
- [Protection from Harassment Act 1997](#)
- [Protection of Freedoms Act 2012](#)

4. Definition of Domestic Abuse

The cross-government definition of domestic abuse is:

'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to:

- *Psychological*
 - *Physical*
 - *Sexual*
 - *Financial*
 - *Emotional*
- **Controlling behaviour** is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
 - **Coercive behaviour** is a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, frighten or punish the victim.¹

This definition, which is not a legal definition includes so called 'Honour Based Violence', Female Genital Mutilation (FGM) and Forced Marriage. The definition makes it clear that victims are not confined to one gender or ethnic group; domestic abuse occurs within all age ranges, ethnic backgrounds irrespective of gender identity or sexuality and economic and educational levels.

RECORDING: the most common theme occurring in intimate partner Domestic Homicide Reviews (DHR) was inadequate record keeping. This was highlighted as an issue in 85% of intimate partner homicides.²

5. Categories of Domestic Abuse

5.1 Controlling and Coercive behaviour

Coercive or controlling behaviour is a central aspect of domestic abuse. The Serious Crime Act 2015 created a new offence of Coercive and Controlling Behaviour in intimate and familial relationships. Controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour. Coercive control creates 'invisible chains' and a sense of fear which pervades all elements of a victim's life. It works to limit their human rights by depriving them of their liberty and reducing their ability for action. The legislation closed a gap in the law around patterns of behaviour intended to cause harm and widens the previously narrow definition of domestic abuse which focussed on single incident of domestic violence.

Controlling or coercive behaviour does not relate to a single incident, it is a purposeful pattern of behaviour which persists over time in order for one individual to exert power, control or coercion over another. The cross government definition of controlling and coercive behaviour is:

The types of behaviour associated with coercion or control may or may not constitute a criminal offence in their own right. It is important to remember that the presence of controlling or coercive behaviour does not exclude other criminal offences which may have been committed and coercive and controlling behaviour almost always co exists within other categories of abuse. Examples of coercive and controlling behaviour include:

- isolating a victim from family and friends

² [Standing Together Against Domestic Violence Domestic Homicide Review Case Analysis June 2016](#)

- depriving the victim of basic needs
- monitoring a victim via online communication tools or spyware
- taking control of aspects of their everyday life such as where they go, what they wear, who they can see
- depriving them of access to support services such as medical treatment
- enforcing rules which humiliate, degrade or dehumanise the victim
- forcing the victim to take part in criminal activity such as shoplifting, neglect or abuse of children to encourage self-blame and prevent disclosure to authorities
- financial abuse including controlling finances
- threats to kill
- threats to hurt a child or pet
- threats to reveal private information
- rape
- preventing access to transport or preventing a victim working

Controlling and coercive behaviour does not only happen in the home, the victim can be monitored by phone or social media from a distance and can be made to fear violence or adapt their everyday behaviour as a result of serious alarm or distress.

For the offence to apply the controlling or coercive behaviour must satisfy the following criteria:

- the behaviour must take place 'repeatedly' or 'continuously' which means it must take place on an ongoing basis; behaviour displayed on only one occasion would not amount to repeated or continuous behaviour
- the pattern of behaviour must have a serious effect on the victim- this means that they have been caused to EITHER fear that violence has been used against them on at least two occasions OR they have been caused serious alarm or distress which has a substantial adverse effect on the victim's usual day to day activities (this will usually require that there has been more than one incident)
- the behaviour must be such that the perpetrator knows or 'ought to know' that it will have a serious effect on the victim. 'Ought to know' means that which a reasonable person in possession of the same information would know.
- the perpetrator and victim must be/have been personally connected when the incidents took place meaning that at the time the incidents took place they were in an intimate personal relationship (whether they lived together or not) or they lived together and were family members or they lived together and had previously been in an intimate relationship. It is not necessary for the perpetrator and the victim to still be cohabiting in a relationship when the offence is reported as long as the incidents took place when they were 'personally connected' and after March 2015 when the offence came into force.

The offence of coercive or controlling behaviour does not apply where:

- the victim and the perpetrator were not personally connected at the time the behaviour occurred. In such circumstances it should be considered whether a course of conduct can be evidenced with a view to bringing charges under stalking or harassment legislation
- the behaviour in question is perpetrated against a child under the age of 16 by someone aged 16 or over who has responsibility for the child. In such cases the offence of Child Cruelty/neglect S 1 Children and Young Person Act 1933 as amended by S 66 of Working together 2015 covers this circumstance
- the behaviour is not taking place repeatedly, for example it was a one-off incident

- the behaviour does not have a 'serious effect' on the victim as defined in law

Victims of coercive and controlling behaviour may not recognise themselves as such. Therefore, it is important that the offence of controlling and coercive behaviour is considered by professionals dealing with domestic abuse.

Safe enquiry with the victim and risk assessment is paramount in ascertaining whether controlling and coercive behaviour is occurring and it is important to consider the wider context of domestic abuse allegations and the potential evidence of patterns of controlling or coercive behaviour.

A lack of understanding around the risks of non-physical coercive controlling behaviours has meant that some domestic abuse cases that were assessed as medium/standard risk remained below the radar of services and threshold for intervention³

It is also important to consider how additional needs and barriers may affect the ability and willingness of a victim to recognise or report abusive behaviour. Perpetrators may try to exploit vulnerabilities in order to maintain control and prevent the victim from seeking help. Examples may include:

- **Impairment-** victims may face additional forms of violence related to impairment (including physical disability, mental health issues, learning difficulties and long term health conditions). For example, a perpetrator may think that a disabled person or a person with learning difficulties will not be believed by the police or court or could be prevented from reporting a crime to the police. In the case of victims who may lack capacity it will be necessary to refer to the [Mental Capacity Act 2005](#) and where there is any doubt that an adult may lack capacity a Capacity Assessment should be carried out.
- **Ethnicity-** victims from Black and Minority Ethnic (BME) backgrounds may experience additional barriers to accessing services or reporting abuse. This may include distrust of the police and authorities, concerns about racism, language barriers, concerns about their family finding out or fear of rejection by the wider community.
- **Immigration status-** those facing immigration control may face additional barriers when trying to escape domestic abuse. These circumstances may make them more reluctant to come forward and report abuse. Such circumstances may also be exploited by perpetrators to exert control over victims, for example by threatening to inform the immigration authorities or threatening to no longer support their stay. In some circumstances victims may be allowed to stay in the UK if they can show that they have experienced domestic abuse in a relationship with a British person or settled partner ([see UK Visas and Immigration website](#))
- **Financial Abuse-** this can be a feature of controlling or coercive behaviour forming a pattern of abuse alongside another category of abuse or it may exist independently from other types of abuse. For example, an older woman who may not have worked and may not have a pension may be financially dependent on an abusive partner. Victims with care and support needs who are being cared for by an abusive relative may face barriers to reporting abuse by that relative.
- **Drugs and alcohol-** victims may use drugs and alcohol as a coping mechanism and may self-medicate to block out what is happening to them. Some victims may be forced into drug taking by the perpetrator to exert control over them or the victim may

³ [Standing Together Against Domestic Violence Domestic Homicide Review Case Analysis June 2016](#)

fear accessing help for domestic abuse because of fears of the consequences of drug use.

- **Lesbian, Gay, Bisexual and Transgender (LGBTQ)** - LGBTQ people who experience domestic abuse and may face additional barriers to seeking help, such as threats to reveal sexual orientation to family or others. The perpetrator of the abuse may be a current or ex-partner and may be either a same sex partner or a former heterosexual partner.
- **Forced Marriage**- controlling or coercive behaviour may also occur in Forced marriage cases. Forcing someone to marry against their will is a criminal offence under the [Section 121 Anti-Social Behaviour Crime and Policing Act 2014](#)
- **Honour Based Violence (HBV)/Female Genital Mutilation (FGM)** – controlling or coercive behaviour may occur in HBV and FGM cases. The risks to victims can be high as there may be many abusers in the extended family or wider community. Other people in the family or community may pressurise the victim to return to abusive situations or fail to support them. It is important to understand HBV in the context of violence against women and girls and consider the risks to all girls and women in the family.

Whilst all legislation is gender neutral and men can also be victims of this offence, statistics consistently show that women and girls are disproportionately affected by crimes of domestic abuse. Controlling or coercive behaviour is primarily a form of violence against women and girls and is underpinned by wider societal gender inequality. This can contribute to the ability of the offender to retain power and control and ultimately the ability of the victim to access support and leave safely. It is therefore important to consider the role of gender in the context of power and control in a relationship when identifying controlling or coercive behaviour in heterosexual relationships.

For further information see the Home Office publication (2015) [Controlling or Coercive Behaviour in an Intimate or Family Relationship –Statutory Guidance Framework](#)

5.2 Physical Abuse- physical abuse is the most visible form of domestic abuse. It includes behaviour such as slapping, punching beating, kicking, biting, burning and stabbing. Physical abuse can lead to serious injury and death.

5.3 Psychological/emotional abuse- emotional, psychological and mental abuse are closely related terms which are used interchangeably. This form of abuse includes intimidation, bullying, constant criticism, and isolating victims from family and friends. Emotional abuse in a relationship is often a means of controlling a victim by maintaining a psychological hold over them. Many victims of emotional abuse say that the impact of this type of abuse is worse than physical violence but was much more difficult to prove or obtain protection.

5.4 Sexual abuse - sexual abuse includes rape and sexual assault, forced sexual acts and sexual degradation. Any sexual act which involved force, threats or coercion is abuse. Rape and sexual abuse are criminal offences regardless of the relationship between the perpetrator and the victim.

5.5 Financial Abuse- financial abuse is an aspect of coercive control – a pattern of controlling, threatening and degrading behaviour which restricts a victim's freedom. The manipulation of money and other economic resources is a reason why many victims feel that they have no choice but to stay with an abuser. Economic barriers to leaving can result in victims staying in abusive relationships for longer and experiencing greater danger, injuries and even homicide as a result. It is important to note that financial abuse rarely happens in isolation and most perpetrators use other abusive behaviours to threaten and reinforce

financial abuse. Financial abuse involves a perpetrator using or misusing money which limits and controls their partner's current and future actions and their freedom of choice. It can include using credit cards without permission, putting contractual obligations in their partners name and gambling with family assets. Financial abuse can leave victims with no money for basic essentials, no access to independent income and with debts built up by abusive partners set against their name. Even when a victim has left the relationship financial control can still be exerted by the abuser with regard to child maintenance.

5.6 Stalking and Harassment- Stalking and harassment are criminal offences as outlined in the [Protection from Harassment Act 1997](#) as amended by the [Protection of Freedoms Act 2012](#) .

Stalking is a pattern of persistent and unwanted attention which makes an individual feel pestered, afraid anxious or harassed. Stalking and domestic abuse are highly correlated and coercive control and stalking are often simultaneously present.

Research has indicated that there are two consistent aspects to stalking; the presence of obsession and fixations and surveillance or tracking activities. Some examples of stalking are:

- regularly giving unwanted gifts
- making unwanted communication
- damaging property
- repeatedly following or spying on the victim
- threatening the victim

A study on the relationship between stalking and homicide involving a female victim and a male perpetrator found that in 71% of cases the victim and the perpetrator were in or had previously been in an intimate relationship. Stalking can include cyber stalking and harassment by social media.

For further information on Stalking and Harassment see www.cps.gov.uk/legalguidance

5.7 Forced Marriage/Honour Based Violence and Female Genital Mutilation (FGM)

Forced Marriage - A forced marriage is where one or both people do not (or in cases of people with learning difficulties, cannot) consent to the marriage and where duress is used. 'Duress' includes psychological, sexual, financial or emotional pressure and physical violence. A distinction must be made between a forced marriage and an arranged marriage, the latter being lawful. In an arranged marriage the families of both spouses take a leading role in arranging the introductions but the final choice remains with the subjects of the marriage.

In a forced marriage at least one party does not consent to the marriage and some element of duress is used. Forced marriage is a violation of human rights and is seen in the UK as a form of domestic violence and/or child abuse. It may affect girls, boys, women and men (children and adults) from any community or background. However, existing statistics show that greater numbers of women are affected.

[The Anti-Social Behaviour, Crime and Policing Act \(2014\)](#) established the criminal offence of Forced Marriage which includes using violence, threats or coercion for the purpose of causing another to enter a marriage, practicing any form of deception with the intention of causing another person to leave the UK to enter a marriage without free and full consent and

includes people who lack the capacity to consent whether or not threats and coercion are used.

Forced marriage and mental capacity- A marriage involving someone who lacks the mental capacity to consent to the marriage should be considered a forced marriage. In cases where an individual may lack the capacity to consent to a marriage a capacity assessment should be conducted on that specific issue. There will be situations where there are reasonable grounds to question a person's lack of capacity to consent to marriage (for example the individual is known to have severe learning disabilities) even though an assessment has not been carried out.

If a child or adult is at risk of Honour Based Violence/Forced Marriage then refer to the DSCB multi agency procedures and practice guidance [Forced Marriage](#) and [Honour Based Violence](#) and for further information see [GOV.UK Forced Marriage Guidance](#)

A Forced Marriage Protection Order (Anti-Social behaviour, Crime and Policing Act 2014) can be sought

For further guidance see [SCIE: Investigating Adult Abuse: Forced Marriage](#)

Honour Based Violence (HBV) – this is a form of domestic abuse which is perpetrated in the name of so called 'honour'. The honour code to which it refers is set at the discretion of relatives and women and men who do not abide by the rules are punished for bringing shame on the family. Infringements may include a woman having a boyfriend, rejecting a forced marriage, pregnancy or sexual activity outside of marriage, interfaith relationships, seeking divorce, inappropriate make up or dress or kissing in a public place. HBV can exist in any community where males are in a position to establish and enforce women's conduct.

Men can also be victims of HBV, sometimes as a consequence of a relationship which is deemed inappropriate, if they are gay, have disability or if they have assisted a victim of HBV.

This is not a crime perpetrated exclusively by men, sometimes female relatives support, coerce and incite or assist the offence. It is also possible that younger family members will be selected to undertake the abuse as a means of protecting senior family members.

For further information about Honour Based Violence see Multi-agency practice guidelines: Handling cases of Forced Marriage. Foreign and Commonwealth Office & Home Office (2014) www.gov.uk/guidance/forced-marriage

For a local helpline and specialist support for victims of HBV and professionals see [The HALO project](#).

Female Genital Mutilation (FGM) - Female genital mutilation is a harmful traditional practice that involved partial or total removal of the female genitalia or other injury to the female genital organs without medical reason. The Female Genital Mutilation Act (2003) as amended by the Serious Crime Act (2015) makes it a criminal offence to either perform FGM or help anyone perform FGM on a UK resident either in the UK or abroad.

Regulated Health and Social Care professionals must report to the police cases of FGM in girls aged under 18 years which they identify in the course of their work (Home Office and Department for Education 2015) see [GOV.UK mandatory reporting of FGM procedural information](#)

Adults with care and support needs identified as having had or being at risk of FGM should be dealt with under adult safeguarding procedures.

Practitioners play a crucial role in recognising and responding to this type of abuse and an effective multi-agency intervention is required to protect the potential victim of an arranged marriage. Allegations relating to Forced Marriage/FGM and HBV must be taken seriously; the risks are high and may escalate quickly. Practitioners should follow the [Darlington Safeguarding Adults Board Multi-Agency Policy and Procedures and Practice Guidance to Safeguard Adults at Risk of Abuse and Neglect](#) and [Darlington Safeguarding Children Board Multi-Agency Child Protection Procedures](#).

Forced Marriage, Honour Based Violence and FGM are criminal offences; Durham Constabulary should be informed immediately on 101 if any child or adult is believed to be at risk of forced marriage. If the risk is immediate contact Durham Constabulary on 999.

For further information on FGM see:

Multi Agency Statutory Guidance on FGM. HM Government (2016)
www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

FGM Risk and Safeguarding: Guidance for professionals. Department of Health (2016)
www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf

Royal College of Obstetricians and Gynaecologists-Female Genital Mutilation and its management. Green-top Guideline No 53. London (2015)
www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/

Mandatory reporting of female genital mutilation: procedural information. HM Government (2015)
www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

FGM Mandatory Reporting in Healthcare. HM Government (2015)
www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare

5.8 Online and digital abuse- Online platforms are increasingly used to perpetrate domestic abuse. Online domestic abuse can include such behaviours as monitoring social media profiles or e mails, abuse posted on social media such as Facebook or Twitter, sharing intimate photos or videos without consent and using GPS locators and spyware. For further guidance see Digital stalking – a guide to technology risks for victims see: Women’s Aid www.womensaid.ie/download/pdf/digital_stalking_guide_v2_nov_2012.pdf

6. Barriers and Challenges to ending abusive relationships

To work effectively with victims of domestic abuse it is important that practitioners understand the reasons why people remain in abusive relationships and why they may not seek or respond to offers of help.

Some barriers to seeking help arise from the emotional and psychological impact of domestic abuse. Other barriers may be practical or social/cultural. These may include:

- fear of the abuser and reprisals
- lack of experience of positive action from statutory agencies and court

- lack of resources including financial
- fear of being judged or not being believed
- love, loyalty or emotional attachment to the abuser
- feelings of shame or failure
- pressure from family/children/community
- religious or cultural expectations
- previous experience and/or fear that the concerns of people from their community (LGBTQ, BME, GRT) will be poorly understood or ignored
- fear of agency pressure to pursue a criminal case
- the long term effects of abuse such as prolonged trauma, self-neglect, mental health problems
- drug and alcohol addiction (fear this will be used against them)
- anticipated impact on children and dependent adults
- fear of losing contact with children and other relatives and friends

People with care and support needs and people from minority groups may face additional barriers to seeking help to leave an abusive relationship (see para 7.7).

Separation increases the risk of further violence to the victim in the short to medium term and this must be considered as part of the risk assessment. Research suggests that there is a strong link to intimate partner homicide in the short to medium term following separation.⁴

For further information about domestic homicide and key findings from analysis of domestic homicide reviews. Home Office (2016) see www.gov.uk/government/publications/domestic-homicide-review-lessons-learned

7. Domestic Abuse and Safeguarding Children

7.1 There is a strong evidence based link between domestic abuse and child abuse. Children who witness domestic abuse suffer emotional abuse and exposure to domestic abuse is always abusive to children. Research suggests that 62% of children who are exposed to domestic abuse are also harmed as a result of physical and emotional abuse or neglect. There is also increasing recognition of the damaging psychological impact that witnessing domestic abuse has on children.

Section 120 of the Adoption and Children Act 2002 extended the definition of significant harm (outlined in the Children Act 1989) as 'any impairment of the child's health or development as a result of witnessing the ill treatment of another person, such as domestic violence'.

Domestic abuse can impact on the safety and welfare of children in a number of ways including:

- children being physically assaulted or injured during an episode of domestic abuse
- children suffering emotional and psychological harm by witnessing the physical and emotional abuse of a parent or another adult within the household
- the safety of an unborn child may be compromised when a pregnant woman is subject to abuse
- the experience of domestic abuse will have a negative impact of the ability of an adult victim to care for a child

⁴ [Standing Together Against Domestic Violence Domestic Homicide Review Case Analysis June 2016](#)

For more information on the impact of domestic abuse on a child see [NSPCC: Domestic Abuse-signs, indicators and effects](#)

The impact of domestic abuse on a child is exacerbated when:

- the child is drawn into the abuse, for example by trying to protect the parent who is being physically harmed
- a child directly witnesses the abuse
- a child is pressurised into concealing the abuse
- domestic abuse is combined with substance abuse and parental mental health issues

A child's exposure to parental conflict can lead to serious anxiety and distress and may result in behavioural problems, impaired cognitive functioning and in some cases may lead to long term development problems.

Multi-agency working is central to safeguarding children affected by domestic abuse and intervention should be in accordance with [Darlington Safeguarding Children Board Multi-Agency Child Protection Procedures](#).

Practitioners should refer to the [DSCB multi-agency threshold tool](#) to establish the level of support and intervention required and consideration should be given to [Early Help Assessment](#).

7.2 Domestic Abuse in Young People's Relationships- recent surveys reveal that approximately 40% of young people are subjected to relationship abuse in their teenage years. Abuse in children and young people's relationships involves the same types of controlling and coercive behaviour, physical, emotional, psychological, financial and sexual violence and abuse as seen in adult relationships. Technology has rendered children and young people vulnerable to a wide range of intimidating, coercive and abusive behaviours such as 'sexting' and sharing inappropriate intimate images without consent.

Young person relationship abuse affects both genders though research suggests that young women in the 16-24 age group are most at risk of domestic abuse. Gender stereotypes frequently seen in the media and often reinforced by peer groups can influence how young people develop their identity, how they think they should behave and how they conduct relationships. This makes it difficult for some young people to form healthy and respectful relationships.

Some adults may minimise the impact of young people relationship violence by assuming that the relationships are short lived and not 'real' relationships. Many young people who are experiencing their first relationship can find it difficult to identify abusive behaviour especially if their peer group normalises such behaviour. The impact of young person relationship abuse can have serious consequences for emotional wellbeing and mental health including depression, self-harm and suicide.

Professionals working with families, children and young people should be alert to the signs of domestic abuse. Practitioners should refer to the [DSCB multi-agency threshold tool](#) to establish the level of support and intervention required and consideration should be given to [Early Help Assessment](#).

Practitioners should not dismiss domestic abuse in young people's relationships as being less serious. Certain factors, such as pregnancy, escalate the risk to the victim; the prevalence of domestic abuse is higher among young mothers than other groups.

Young people who identify as LGBTQ may experience a higher level of risk because the preconceptions and assumptions associated with stereotypical gender roles which make it

more difficult for the young people to recognise domestic abuse and access support. LGBT young people have the additional barrier that they may not wish to disclose their sexual orientation or identity.

A 16-18 year old in a coercive, controlling or abusive relationship should receive safeguarding services and support in line with the Children Act 1989 and Children Act 2004 and practitioners should refer to [Darlington Safeguarding Children Board Multi-Agency Child Protection Procedures](#).

For further guidance, resources and pathways for dealing with domestic abuse where children are present or are victims of domestic abuse see [Darlington Multi-Agency Domestic Violence and Abuse flowchart](#).

7.3 Operation Encompass- Operation Encompass provides a method of sharing information between the police and local schools providing the designated key Adult within the school with information when a child has been present in a household where an incident of domestic abuse has been reported. The information is shared with the school prior to the commencement of the next school day to enable the school to provide support to the pupil within the school environment. For further information about Operation Encompass and the reporting mechanism see the [Safeguarding Boards Website- Operation Encompass Protocol](#) and [Operation Encompass website](#)

7.4 Child/Adolescent to Parent Violence and Abuse (CAPVA) - There is currently no legal definition of child/adolescent to parent violence and abuse, however it is being increasingly recognised as a form of domestic violence and abuse. CAPVA is a complex issue with the boundaries between victim and perpetrator sometimes being unclear. The violence is often contextualised within existing family problems and many 'perpetrators' of violence towards their parents are themselves victims of domestic abuse or child abuse. CAPVA therefore poses a number of challenges to both families and practitioners. Depending on the age of the child (16 or over), it may fall under the Government's definition of domestic abuse. It is important that a young person using abusive behaviour against a parent receives a safeguarding response in accordance with [Darlington Safeguarding Children Board Multi-Agency Child Protection Procedures](#) regardless of whether there is a criminal investigation. For further information and multi-agency-guidance see [Home Office Information guide: adolescent to parent violence and abuse](#).

'Honour' Based Violence can take place within the context of CAPVA as sons or daughters may seek to control their mother's behaviour, for example her manner of dress and appearance, to prevent what they perceive as shame being brought on their family or community.

For further guidance, resources and pathways for dealing with child/adolescent to parent violence and abuse see [Darlington Multi-Agency Child/Adolescent to Parent/Carer Violence and Abuse \(CAPVA\) flowchart](#).

Domestic Abuse and Adult Safeguarding

For comprehensive guidance on Safeguarding Adults and Domestic Abuse see [Local Government Association \(LGA\) Adult Safeguarding and Domestic Abuse](#)

8.1 The Care Act 2014 specifies that freedom from abuse and neglect is a key aspect of a person's wellbeing. A considerable proportion of safeguarding adults cases relate to the abuse or neglect of people with care and support needs who live in their own home. There is a considerable overlap between safeguarding and domestic abuse. All concerns of domestic abuse involving an adult who may have care and support needs must be dealt

with in accordance with [Darlington Safeguarding Adults Board Multi-Agency Policy and Procedures and Practice Guidance to Safeguard Adults at Risk of Abuse and Neglect](#)

8.2 Definition of safeguarding- The Care Act 2014 (S14.2) states that safeguarding means *'protecting an adult's right to live in safety, free from abuse and neglect'*.

Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting those needs) AND
- Is experiencing or is at risk of abuse or neglect AND
- As a result of the care and support needs is unable to protect themselves from abuse or neglect

The Care Act 2014 specifies domestic violence as a category of abuse and neglect.

7.3 Domestic Abuse and people with social care needs- Domestic abuse as an issue for people with care and support needs is under recognised and under reported.

Professionals face their own and social resistance to recognising that older and disabled people can be victims and perpetrators of abuse. Research into disabled women's experiences has found that the effect of being both disabled and female places disabled women at significant and higher risk than women in the general population. Assumptions that domestic abuse does not affect older people may prevent practitioners making safe enquiries about domestic abuse. Long term abuse negatively impacts on mental health and physical abuse in later life can be more serious as a result of the frailty of old age and financial abuse can limit choices in later life. It is well documented that people with learning disabilities are more likely to experience abuse than people in the general population and research indicates that compared to the general population men and women with severe mental illness experienced a substantially increased risk of domestic and sexual violence as well as a higher prevalence of family violence and adverse health impacts following victimisation.

An analysis of Domestic Homicide Reviews (DHR) found that over 25% of those murdered by a current or ex intimate partner in 2013-16 were aged 58 or over and that professionals sometimes fail to consider domestic abuse because of a person's age. Assumptions about age mean that when older people present as injured or depressed their condition is presumed to be the result of health or social care needs⁵

8.4 What are the additional barriers for adults with care and support needs? -There are many reasons why people may not leave abusive relationships; additional and specific barriers may mean that people from ethnic minority groups, older people and people with disabilities may find it more difficult to access services. Research into the experience of disabled women has shown that the barriers to accessing services can include:

- lack of accessible information about abuse and legal rights
- lack of accessible domestic abuse services
- lack of accessible information about services to meet their care and support needs and about options such as direct payments
- fear that interpreters may not keep confidentiality
- assumptions that physical and sensory impairments prevent people making their own decisions
- being used to 'dependency' and a lack of respect and dignity, thus assuming the abuse is normal and minimising its impact

⁵ [Standing Together Against Domestic Violence Domestic Homicide Review Case Analysis June 2016](#)

- reliance on the abuser for care and support
- fear of having to live in a care home
- the victim may be a carer for the abuser and feel a sense of obligation
- older and disabled adults may be more physically vulnerable, more socially isolated and less able to leave the abusive relationship and the abuser may be constantly present
- a feeling of shame and stigma amongst older adults for having endured the abuse for so long
- not being asked by professionals if they are experiencing domestic abuse; professionals rarely ask about abuse and women are reluctant to disclose if not asked
- being more easily identified visually and traceable through attendance for specialised care/benefits making it harder to be protected from further abuse after leaving the relationship

Practitioners should be aware that confidentially asking routine questions about domestic abuse can aid disclosure and building trust with someone to help them disclose may take some time. Accessible information and signposted services about abuse are crucial.

8.5 Working with people needing care and support who are experiencing domestic abuse- For further guidance, resources and pathways for dealing with cases where adults with care and support needs are at risk of domestic abuse see [Darlington Multi-Agency Domestic Violence and Abuse flowchart](#).

The Local Authority has legal obligations under the Care Act 2014 and the Housing Act 1996 and the Homelessness Act 2002. Best practice is for the person at risk to be at the centre of safeguarding procedures in accordance with Making Safeguarding Personal (MSP), using safe enquiry and supporting and empowering people to address the risk they face. The key safeguarding principles which underpin all safeguarding work as outlined in the Care Act 2014 and Statutory Guidance are:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

The guiding best practice principles of safeguarding are consistent with the nine principles of the Charter developed by the All Party Parliamentary Group on Domestic and Sexual Violence for best practice in addressing domestic abuse. This states that victims should be:

- respected
- believed
- protected
- supported
- updated
- heard
- safeguarded
- informed
- empowered

These principles must be exercised in the context of the coercive nature of domestic abuse; being at high risk of harm often limits an individual's capacity to protect themselves and can

prevent people acknowledging the level of risk they face. It commonly prevents people taking steps to leave or end the relationship.

Disabled adults who live in a household where domestic abuse is taking place may be directly harmed. They may also experience distress and mental health issues as a result of witnessing abuse to other people in the household and feel powerless to prevent it.

Research shows that women experiencing domestic abuse will not usually voluntarily disclose abuse to a professional unless directly asked. Being asked can make an important difference. Repeated enquiry over time also increases the likelihood of disclosure.

It is crucial that such enquiries are made when the person is safe to disclose and the situation will not increase the risk to them. Research shows that practitioners working with people with care and support needs should consider a range of issues when identifying potential abuse, encouraging and enabling disclosure, planning assessments and when planning interventions.

When a person who appears to have mental capacity appears to choose to stay in a high risk abusive relationship careful consideration must be given to whether they are making the choice because of undue influence from the perpetrator.

8.6 Safe Enquiries- when working with domestic abuse the first key principle to follow is to enquire safely about violence or abuse. Safe enquiry means ensuring that the potential perpetrator is not and will not easily become aware if the enquiry and it is the cornerstone of best practice in domestic abuse. Research has shown that the incidence of violence and levels of harm increase when a perpetrator's control is challenged. Research has shown that female victims of domestic abuse do not usually voluntarily disclose to a professional unless they are directly asked but they often hope that someone will ask them and repeated enquiry on a number of different occasions increases the likelihood of disclosure. Safe enquiry is recognised as an important intervention even when it does not result in disclosure as the potential victim is offered domestic abuse service intervention which can allow them to become better informed.

8.7 Assessing and managing the risks of domestic abuse in safeguarding circumstances- An assessment of risk should take place. This assessment should be personalised and encompass the principles of Making Safeguarding Personal (MSP). Comprehensive, accurate and well informed risk assessments are fundamental to good practice. In making professional judgements practitioners should be mindful that there may be more than one person at risk. This may include a child who should be referred to Children's Services.

Involving the person at risk or an advocate or Independent Mental Capacity Advisor (if the person lacks capacity) in the risk assessment is best practice. Professional judgement is a key factor in considering the points score from the DASH-RIC, especially where the score is lower than expected. This may reflect a situations where a victim is too afraid to disclose some aspects of abuse. The DASH-RIC risk assessment is predisposed to assess risk to women and children and is known to have limitations for identification of the risk factors experienced by disabled and older people. Any risk assessment is likely to benefit from information sharing between agencies. For further information on DASH-RIC see the SafeLives website www.safelives.org.uk and [MARAC referral forms and DASH-RIC risk assessment guidance](#). Further guidance is available in paragraph 8.

Practitioners need to be aware that separation increases the risk of further violence to the victim in the short to medium term and this must be considered as part of the risk assessment. Research suggests that there is a strong link to intimate partner homicide in the short to medium term following separation.

When assessing risk, practitioners need to move away from stereotypical understandings of domestic abuse as isolated incidents of physical violence. Awareness of the inherent high-risk posed by coercive controlling behaviours that are not physical or sexual - such as harassment and jealous surveillance - is paramount. It is essential that risk factors are recorded accurately for future assessments. ⁶

8.8 Mental Capacity and Consent: Adult Safeguarding and Domestic Abuse- When an adult at risk is assessed as having capacity to consent to the safeguarding process and safeguarding adults procedures are being considered, the consent of the adult believed to be at risk should always be sought. Consent should be obtained as early as possible and if appropriate by the alerting agency so that the concerns can be progressed to ensure the safety of the adult at risk. The fact that consent has been granted must be recorded. If consent has not been granted the reason for this must also be recorded. Only the individual can give consent and no-one else can consent on their behalf.

However, sometimes it is necessary to proceed without consent. There should be clear reasons for overriding the wishes of a person with mental capacity to make a decision about the safeguarding process. A decision needs to be based on the information available and judgement will be based on an analysis of the information taking into account the particular circumstances. In these situations the public or vital interest criteria must apply.

For further information and guidance see [Mental Capacity Act 2005 Code of Practice](#)

Responding without consent

Consent should be sought where possible. Sometimes consent cannot be obtained or it may be necessary to proceed without consent. These situations would fall under either: best interests, public interests or vital interests. If a person who is assessed as having capacity does not want any safeguarding action to be taken it may be reasonable not to intervene further provided that:

- **'public interests'** are not compromised and no other individual is at risk (this includes members of the wider community)
- their **'vital interests'** are not compromised and there is no immediate risk of death or significant harm
- managers have been informed and have been involved in the decision making process
- all decisions recorded and include a rationale for the decision
- partner agencies have been informed and involved as necessary

However, if an individual is at risk of significant harm, for example from physical injury, sexual assault or neglect or other people in the household or in the wider community are at risk from the actions of a perpetrator then a vital interest or public interest decision must be considered and the necessary action taken to safeguard the individual even if consent is not forthcoming.

Consent in an emergency situation

In an emergency situation the views of the individual should still be sought where possible and where possible the individual should be informed of the action which will be taken. However, in certain situations it is sometimes necessary to take action without

⁶ [Standing Together Against Domestic Violence Domestic Homicide Review Case Analysis June 2016](#)

obtaining consent or where the individual has declined to give consent. See [SCIE: Responding without consent](#)

Some victims of domestic abuse may lack capacity to make certain decisions for themselves. They require additional support to help and empower them within a legal framework provided by the Mental Capacity Act 2005. Decisions taken with and on behalf of adults who may have care and support needs who are victims of domestic abuse may be serious and have far reaching consequences. The Care Act 2014 states that an Independent Advocate must be engaged if a person may lack the capacity to take part in such decisions.

If there is concern that the adult at risk may lack the capacity to consent to the safeguarding process a mental capacity assessment should be carried out.

Five key principles of assessing Mental Capacity:

- **Principle 1:** A person will be presumed to have capacity unless proved otherwise
- **Principle 2:** A person has a right to be supported to make their own decisions
- **Principle 3:** A person has the right to make what might be seen as eccentric or unwise decisions
- **Principle 4:** Anything done for or on behalf of a person who lacks capacity must be done in their best interests
- **Principle 5:** Anything done for or on behalf of a person who lacks capacity should be should be the least restrictive intervention

Ensure Immediate Safety of Adult at Risk

There is a duty to ensure that the adult at risk is safe from further harm. This duty extends to considering the safety of other adults and children who may be at risk from harm arising from the same situation.

All reasonable and practical steps must be taken to ensure that the adult at risk and any others who may be at risk do not come into contact with the person who has caused the harm.

Do not discuss the concern with the person alleged to have caused harm unless it is necessary to ensure the welfare of the adult at risk or others.

It may be necessary to inform the police (if a crime has taken place or is taking place) or seek medical attention in an emergency.

Practitioners need to be aware that separation increases the risk of further violence to the victim in the short to medium term and this must be considered as part of the risk assessment.

Emergency situations and contacting the Police

If it is suspected that a criminal offence has or may have been committed or that a criminal offence may be committed and that an adult with care or support needs may be at high risk of imminent harm there is a duty to inform the police.

In an emergency situation the views of the individual should still be sought where possible and the individual should be informed of the action which will be taken. However in certain situations it is sometimes necessary to take action without obtaining consent or where the individual has declined to give consent. See [SCIE: responding without consent](#)

In the event that a criminal offence has recently occurred and an immediate response is required to obtain immediate medical assistance, secure and preserve evidence or to prevent further harm call **999**.

If the situation is non-urgent contact **101** and ask for Durham Constabulary.

When a situation is reported to the police it is important that wherever possible the person alleged to have caused harm is not questioned by anyone, so as not to undermine any future police investigation. Whilst the preservation of life and the welfare of an adult who may need immediate medical attention is the priority it is also important that forensic and other evidence is not contaminated. Evidence may be present even if you cannot actually see anything.

8.9 Whole Family Approach: when children are at risk of abuse and neglect as a result of domestic abuse and making the links with children's safeguarding - there is a strong evidence based link between domestic abuse and child abuse. Exposure to domestic abuse is always abusive to children. When adult safeguarding is being addressed and children are involved or present professionals have a duty to refer the matter to Children's Services in accordance with [Darlington Safeguarding Children Board Multi-Agency Child Protection Procedures](#). Where there are opportunities for joint assessment and joint working across adult and children's services this should always be considered. 'Think Family' (early intervention and prevention) is a whole system approach. The Care Act 2014 introduced a number of reforms to the way that care and support for adults with care needs are met. It requires Local Authorities to adopt a whole system, whole council, whole-family approach, coordinating services and support around the person and their family and considering the impact of the care needs of an adult on their family, including children. The intention of the 'whole family' approach is for local authorities to take a holistic view of the person's needs and to identify how the adult's needs for care and support impact on family members or others in their support network.' The provisions for young carers included in the Care Act 2014 are intended to link with provisions in the Children and Families Act 2014. This is to provide a clear framework for Local Authorities to take a whole-family approach to assessing and supporting adults and young carers and deliver support in a coordinated way.

8.10 Carers who harm and/or are at risk of harm- domestic abuse can involve the wider family and take different forms according to family dynamics, especially when caring responsibilities are involved. The Care Act 2014 defines a carer as someone who 'provides or intends to provide care for another adult' (but not as a volunteer or contracted worker). The local authority has a duty to assess a carer's needs for support to protect their wellbeing and this includes protection from abuse. There are three main considerations in relation to safeguarding concerning carers and domestic abuse:

- Carers may cause harm through abuse or neglect of the person they care for
- The carer may be harmed by the person they care for
- The carer may be harmed by someone else in the household.

Research suggests that AVF (Adult Family Violence) is gendered. When parents are killed it is typically by their sons. An analysis of Domestic Homicide Review 2013-16 highlighted that all perpetrators were male and the highest number of cases involved sons killing their mothers. Caring responsibilities emerged as a theme and in the cases of Adult Family Violence the victim was a carer. Mental health issues are a common feature of the majority or the perpetrators of AVF with alcohol or substance misuse and previous criminality also being a feature.⁷

Some people with care and support needs are intentionally abusive to their carer. Some people, for example those with autism or dementia may harm their carer as a consequence of their disability. Support to address domestic abuse should be offered if the abuse is

⁷ [Standing Together Against Domestic Violence Domestic Homicide Review Case Analysis June 2016](#)

causing the carer's health to deteriorate or is preventing them from caring for the adult. The carer may feel unable to leave or seek help due to fear of leaving the person they care for with the perpetrator of the abuse or for fear of the perpetrator being unable to care for them on their own.

Carers can also perpetrate domestic abuse towards people they care for. Sometimes domestic abuse referrals are judged to be a result of carer stress – in these situations the local authority has a duty to assess the needs of the adult and the carer. The situation may benefit from extra support being provided.

There is a distinction between intentional harm and unintentional harm. Where abuse is intentional the crime of Wilful Neglect covers the deliberate neglect by a carer of a mentally incapacitated adult. The Domestic Violence Crime and Victims Act 2004 created the offence of causing or allowing the death of a child or vulnerable adult and this may be relevant to carers who do not ensure that a person within their household receives help to prevent serious harm.

Perpetrators of domestic abuse towards people with care and support needs may have the same motivations for control and coercion as other perpetrators and effective interventions are required.

Disabled victims face complex and additional barriers when accessing support especially when their abuser is their carer. A quarter of intimate partner homicides in 2013-16 involved and ex or current partner who was also the carer and in more than half of these cases the victim was disabled⁸

8.11 Domestic Abuse and links to modern slavery and human trafficking - Domestic Abuse can be intrinsically linked with other categories of abuse such as modern slavery and human trafficking when the abuse is for the purpose of domestic servitude or sexual exploitation. Like domestic abuse modern slavery and human trafficking are largely hidden crimes where the victims are 'hidden in plain sight' requiring practitioners to remain alert to possible indicators. In many cases the individuals involved do not self-identify as victims and may be reluctant to engage with the authorities. Multi-Agency working is essential when addressing sexual exploitation or human trafficking. For further guidance see Darlington Safeguarding Boards Joint Procedures and Practice Guidance: Modern Slavery incorporating Human Trafficking (document in development) and [Darlington Safeguarding Adults Partnership Board Procedures and Practice Guidance-Sexual Exploitation Referral Pathway](#)

9. The Domestic Abuse, Stalking and Honour Based Violence Risk Assessment Check List (DASH-RIC)

The DASH-RIC Risk model is a risk assessment tool for all professionals who work with victims of Domestic Abuse including Stalking, Harassment and Honour Based Violence. The purpose of the DASH risk assessment checklist is to provide a consistent and simple tool for practitioners who work with adult victims of Domestic Abuse to identify those at high risk of harm and cases which should be referred to the MARAC in order to manage the risk. The DASH-RIC is an evidence based list of 24 questions about which factors are present in a domestic abuse situation. Professional judgement is a key factor in considering the points score from the DASH-RIC especially when it has resulted in a lower score than expected as this may be indicative that the victim is too afraid to disclose certain aspects of abuse. In addition practitioners working with adults who have care and support needs should be aware

⁸ [Standing Together Against Domestic Violence Domestic Homicide Review Case Analysis June 2016](#)

that the DASH-RIC was designed to assess the risk to women and children and is known to have limitations for identification of the risk factors experienced by disabled and older people. Any risk assessment is likely to benefit from information sharing between agencies and the personal judgement of practitioners.

For further information see [MARAC referral forms and DASH-RIC risk assessment guidance](#)

Risk Assessment was identified as the most commonly occurring theme in intimate partner Domestic Homicide Reviews with 82% of reviews highlighting inadequate risk assessment as an issue.⁹

10. Multi-Agency Risk Assessment Conference (MARAC), National Offender Management Service (NOMS) and Multi-Agency Public Protection Arrangements (MAPPA)

Effective information sharing and partnership working is essential to protecting victims of Domestic Abuse. MARACs are multi-agency meetings where statutory and voluntary agency representatives share information about high risk victims of domestic abuse in order to produce a coordinated action plan to increase victim safety. At the centre of a MARAC is the assumption that no single agency or individual can see a complete picture of a victim's life but all may have insights which are crucial to safeguarding the victim.

The Police, Independent Domestic Violence Advisors (IDVAs), health professionals, child protection social workers, adult protection social workers and housing practitioners and other specialists from voluntary and statutory agencies participate in the conferences.

The role of the MARAC is to provide a forum for effective information sharing and partnership working amongst a diverse range of adult and child focussed services in order to enhance the safety of high risk victims and their children.

After sharing relevant information about a victim, perpetrator and children the representatives discuss options for increasing the safety of all involved and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the victim and their family. The MARAC will also make links with other agencies to safeguard children and adults with care and support needs and manage the behaviour of the perpetrator.

For further advice and guidance see information see the SafeLives website www.safelives.org.uk .

For practical support see [practitioner guidance for referring to MARAC](#) and the [MARAC referral forms and DASH risk assessment guidance](#)

The MARAC process has robust links with Multi Agency Public Protection Arrangements (MAPPA) which is a statutory arrangement to protect the public by reducing the risk posed by sexual and violent offenders. The National Offender Management Service (NOMS) works collaboratively with partner agencies to manage the risks posed by domestic abuse perpetrators and to ensure the safety and wellbeing of victims and children. The involvement of partner agencies and the need to share information should form part of the risk

⁹ [Standing Together Against Domestic Violence Domestic Homicide Review Case Analysis June 2016](#)

management plan. It is important to work within the MAPPA regarding the sharing of information and to ensure that there is no duplication in the deployment of resources.

Where a MAPPA offender meets the criteria for MAPPA management and the victim has been referred to the local MARAC the relevant Independent Domestic Violence Advisors (IDVA) must be invited to the MAPPA meeting. A MAPPA meeting will take precedence over a MARAC the reason being that MAPPA is a statutory set of arrangements and can assist in securing the necessary resources.

For further guidance in respect of domestic abuse perpetrators and the MAPPA see [National Offender Management Service Guidance for Working with Domestic Abuse 2016](#)

11. Independent Domestic Violence Advisor (IDVA) and Independent Sexual Violence Advisor (ISVA)

The main purpose of Independent Domestic Violence Advisors (IDVAs) is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. The IDVA is the victim's primary point of contact and they work with the victim from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans. The safety plans include actions from the MARAC as well as solutions available through civil and criminal courts, housing options and services available through other organisations. The role of the IDVA in all multi-agency settings is to keep the victim's perspective and safety at the centre of proceedings. For further information on the role of the IDVA see www.savelives.org.uk

An Independent Sexual Violence Advocate (ISVA) is an adviser who works with people who have experienced rape and sexual assault, irrespective of whether they have reported to the police. ISVAs provide impartial information to the victim/survivor about all of their options, such as reporting to the police, accessing Sexual Assault Referral Centre (SARC) services, and specialist support such as pre-trial therapy and sexual violence counselling. ISVAs also provide information on other services that victims/survivors may require, for example in relation to health and social care, housing, or benefits. For more information see [Home Office – The Role of the Independent Sexual Violence Adviser: Essential Elements](#)

12. Housing Authorities

Housing authorities have duties to victims of domestic abuse who are homeless or threatened with homelessness in accordance with [S 177\(1\) Housing Act 1996](#) and must take account of the cross-government definition of domestic abuse when delivering services (see paragraph 2) and should have policies in place to identify and respond to domestic abuse. Alongside the role of tackling homelessness housing authorities should take an active role in identifying victims and referring them for help and support. They are key partners in local domestic abuse partnerships and should be represented at the MARAC.

Housing authorities should be aware of the wider role they play in ensuring victim safety. Procedures should be in place to keep all information on victims secure. In many cases, particularly where extended family members or multiple perpetrators may be involved, for example Forced Marriage and Honour Based Violence, perpetrators can go to great lengths to seek information on victims. Housing authorities must be alert to the possibility of employees having links to perpetrators and in some cases it may be necessary to restrict access to case files.

For further information on the role of Housing Authorities and statutory responsibilities see [GOV.UK Homelessness code of guidance for local authorities: Chapter 21 Domestic Abuse](#)

13. Clare's Law- Domestic Abuse Offender Disclosure Scheme (DAODS)

The Domestic Abuse Offender Disclosure Scheme (DAODS) allows people to make enquiries about their partner if there are concerns about a potential history of violence or abuse. The scheme which is also referred to as Clare's Law has two functions:

1. **Right to Ask-** this gives members of the public a formal mechanism to make enquiries about an individual with whom they are in a relationship or who is in a relationship with someone they know and there is a concern they may be abusive towards their partner. They have a right to ask the police about the partner's previous history of domestic abuse or violent acts.
2. **Right to Know-** if police checks show that the person has a record of violent offences or there is other information to indicate a person is at risk the police will consider sharing this information with the person(s) best placed to protect the potential victim therefore in certain circumstances the police can proactively disclose information without the potential victim asking.

Professionals or members of the public can refer concerns to the DAODS by contacting Durham Constabulary on 101. For further information see the [Durham Constabulary website](#)

14. Domestic Violence and Protection in the Family Courts

There is an increasing range of legal orders which can be used to protect survivors of domestic abuse. Victims can apply to civil courts (Family Proceedings Courts or County Courts) for an injunction or court order to help protect them from abuse. For a list of the orders available and useful resources see **Appendix 2**.

Local Resources for Support

[Family Help Darlington](#)

Family Help offer specialist domestic abuse support for women and women with children fleeing domestic abuse and can provide safe temporary accommodation in a purpose built refuge.

Telephone number: 01325 364486 or e mail familyhelp@btconnect.com

[Harbour Support Services](#)

Harbour is an independent registered charity which provides assistance to individuals and families affected by Domestic Abuse. Telephone number: 03000 202025 (24hrs) or e mail info@myharbour.org.uk

[The HALO Project](#)

The HALO Project is a national project which supports victims of Honour Based Violence, Forced Marriage and Female Genital Mutilation (FGM). HALO also works with key partner Telephone 01642 2683045 or by e mail info@haloproject.org.uk

[The Meadows Sexual Assault Referral Centre](#) (all victims of sexual assault)

Medical and counselling service following a sexual assault, you do not have to report to Police to access this service.

0191 3729202 (Monday to Friday office hours)

[The Rape and Sexual Abuse Counselling Centre \(Darlington and Co Durham\)](#)

Information, support and counselling for women and girls aged 13 and over who have been raped, sexually abused or have suffered domestic abuse at any time in their life. Telephone number:

Support Line: 01325 369933 (Monday –Thursday 6.30pm-9.00pm)

[Darlington ARQ](#)

Darlington ARQ provides counselling and mentoring services to people who identify as LGBTQ and the wider community. Telephone 01388 229516

National Resources for Support

[National Domestic Violence Helpline](#)

The 24hr Freephone helpline is run in partnership with [Women's Aid](#) and [Refuge](#) and is a national service for women experiencing domestic violence and abuse, their family, friends and colleagues and anyone calling on their behalf. Translation facilities for callers whose first language is not English is available and there is a service for callers who are deaf or hard of hearing.

Telephone: 0808 2000 247.

[Family Lives](#)

National charity offers support and advice for families needing help for range of family issues. Includes parent workshops for managing conflict and developing communications: 0800 800 2222

[Forward UK](#)

The Foundation for Women's Health Research and Development is the leading African women led organisation working on FGM, child marriage and other forms of violence against women and girls in the UK and Africa. Telephone: 0208 960 4000 or e mail support@forward.uk.org

[Respect](#)

Male victims of Domestic Abuse advice line: Telephone 0808 801 0327
Male and female perpetrators of domestic abuse advice line: Telephone 0808 802 4040
Respect also provides advice in respect of young people using violence and abuse in close relationships

[Men's Advice Line](#)

Advice and support for male victims of domestic abuse. Telephone: 0808 801 0327

[National LGBT Domestic Abuse Helpline](#)

Emotional and practical support for LGBT people experiencing domestic abuse including from family members 0800 999 5428

[NSPCC Childline](#)

Free confidential service for children and young people up to age 19, where they can speak to a counsellor online or via email 0800 1111 www.childline.org.uk

Domestic Abuse: Civil Remedies

- **Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs)** are civil orders which fill a “gap” in providing protection to victims by enabling the police and magistrates’ courts to put in place protective measures in the immediate aftermath of a domestic abuse incident where there is insufficient evidence to charge a perpetrator and provide protection to a victim via bail conditions. The Police provide a DVPN in writing which is served on the perpetrator by a police officer. The order lasts for 48 hours and requires the perpetrator to leave the premises and not contact the victim. This can be extended further (up to 28 days) by a magistrate who can grant a DVPO. The power to issue a DVPN and the subsequent application for a DVPO is the responsibility of the Police and the criminal justice services, but the success of the application is dependent upon effective partnership working with agencies which contribute to the MARAC and other services such as the IDVA. For further information see [GOV.UK Domestic Violence Protection Orders](#)
- **Injunctions**-[The Family Law Act 1996](#) as amended by [the Domestic Violence Crime and Victims Act 2004](#) enables a victim to obtain an injunction which can order an abuser to keep a certain distance away from the family home. There are two types of domestic violence injunctions available:
 - (i) **Non-Molestation Order** is a type of injunction which can protect a victim and children from violence or harassment
 - (ii) **Occupation Order** is a type of injunction which can order an abuser to keep a certain distance away from the family home
- **Prohibited Steps Order**- is granted by a court when the perpetrator has made threats to remove children from a partner or ex-partner.
- **Restraining Orders**- Protection from Harassment Act 1997 (as amended) provides both civil and criminal remedies. These include non-harassment and restraining orders. For further information see [House of Commons Briefing paper- Domestic Violence in England and Wales 2017](#)

For further information see [Victim Support- Getting Legal Help](#)

- **Forced Marriage Protection Order**-is a type of injunction which can forbid a perpetrator from doing certain things such as being physically violent, contacting a victim either directly or indirectly or taking the victim out of the country or making marriage arrangements. For further information see [GOV.UK FMPO](#)
- **Female Genital Mutilation (FGM) Order (FGMPO)** – this type of order offer a legal means of protecting and safeguarding victims and potential victims of FGM. For further information see [GOV.UK FGMPO](#)

- **Application for indefinite leave to remain in the UK as a victim of domestic violence-** for further information see [GOV.UK settle for indefinite leave to remain in the UK if you are a victim of domestic abuse](#)

Useful Resources for Guidance

Domestic Violence & Abuse:

Harbour website www.myharbour.org.uk/

Responding to domestic abuse. A resource for health professionals. Department of Health (2017)

www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals

Domestic violence and abuse: multiagency working. NICE guidelines PH50 (2014)

www.nice.org.uk/guidance/ph50

Domestic violence and abuse: NICE quality standard QS1116 (2016)

www.nice.org.uk/guidance/qs116

Digital stalking – a guide to technology risks for victims

Women's Aid (2012)

www.womensaid.ie/download/pdf/digital_stalking_guide_v2_nov_2012.pdf

BMA Domestic Abuse (2007, updated 2014)

www.bma.org.uk/collective-voice/policy-and-research/equality/healthcare-for-vulnerable-group/domestic-abuse-report

HM Government DVA website: www.gov.uk/guidance/domestic-violence-and-abuse

Durham Constabulary website

www.durham.police.uk/Information-and-advice/safeguarding/Pages/Domestic-Abuse.aspx

IRIS programme (for Primary Care)

www.irisdomesticviolence.org.uk/iris/

Safeguarding Adults and Domestic Abuse see [Local Government Association \(LGA\) Adult Safeguarding and Domestic Abuse](#)

MARAC - DASH risk assessment & referral documentation:

County Durham LSCB

<http://www.durham-lscb.org.uk/professionals/multi-agency-safeguarding-arrangements/multi-agency-risk-assessment-conference/>

Darlington LSCB Safeguarding Children Procedures & MARAC documentation

<http://www.darlingtonsafeguardingboards.co.uk/children-safeguarding-board/professionals/multi-agency-guidance/>

SafeLives website

<http://www.safelives.org.uk/>

Domestic Homicide Reviews

Multi Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews

Home Office (2016)

<https://www.gov.uk/government/publications/revise-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews>

Domestic Homicide Reviews. Key findings from analysis of domestic homicide reviews. Home Office (2016)

<https://www.gov.uk/government/publications/domestic-homicide-review-lessons-learned>

Forced Marriage & 'Honour' Based Violence (FM & HBV)

Multi-agency practice guidelines: Handling cases of Forced Marriage.

Foreign and Commonwealth Office & Home Office (2014)

<https://www.gov.uk/guidance/forced-marriage>

HALO website (Local helpline and support for victims): <http://www.haloproject.org.uk/>

Female Genital Mutilation (FGM)

Multi Agency Statutory Guidance on FGM. HM Government (2016)

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

FGM Risk and Safeguarding: Guidance for professionals. Department of Health (2016)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf

Royal College of Obstetricians and Gynaecologists. Female Genital Mutilation and its management. Green-top Guideline No 53. London (2015)

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/>

Mandatory reporting of female genital mutilation: procedural information. HM Government (2015)

<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

FGM Mandatory Reporting in Healthcare. HM Government (2015)

<https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare>

FGM Mandatory Data Collection: HSCIC FGM Enhanced Datasets

<http://www.hscic.gov.uk/fgm>

References

[The Anti-Social Behaviour, Crime and Policing Act \(2014\)](#)

[Section 120 of the Adoption and Children Act 2002](#)

[Section 121 Anti-Social Behaviour Crime and Policing Act 2014](#)

[The Care Act 2014](#)

[Children Act 1989](#)

[Children Act 2004](#)

[Clare's Law Durham Constabulary website](#)

[Controlling or Coercive Behaviour in an Intimate or Family Relationship –Statutory Guidance Framework](#)

[DSCB multi-agency threshold tool](#)

[Darlington Safeguarding Children Board Multi-Agency Child Protection Procedures](#)

[Darlington Safeguarding Adults Board Multi-Agency Policy and Procedures and Practice Guidance to Safeguard Adults at Risk of Abuse and Neglect](#)

BMA Domestic Abuse (2007, updated 2014)

www.bma.org.uk/collective-voice/policy-and-research/equality/healthcare-for-vulnerable-group/domestic-abuse-report

HM Government DVA website: www.gov.uk/guidance/domestic-violence-and-abuse

Durham Constabulary website

www.durham.police.uk/Information-and-advice/safeguarding/Pages/Domestic-Abuse.aspx

IRIS programme (for Primary Care)

www.irisdomesticviolence.org.uk/iris/

Safeguarding Adults and Domestic Abuse see [Local Government Association \(LGA\) Adult Safeguarding and Domestic Abuse](#)

Digital stalking – a guide to technology risks for victims

Women's Aid (2012)

www.womensaid.ie/download/pdf/digital_stalking_guide_v2_nov_2012.pdf

[DSCB- Early Help Assessment](#)

[GOV.UK Multi-agency statutory guidance on female genital mutilation](#)

Responding to domestic abuse. A resource for health professionals. Department of Health (2017)

www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals

Domestic violence and abuse: multiagency working. NICE guidelines PH50 (2014)

www.nice.org.uk/guidance/ph50

Domestic violence and abuse: NICE quality standard QS1116 (2016)
www.nice.org.uk/guidance/qs116

[Domestic Violence Crime and Victims Act 2004](#)

[Family Law Act 1996](#)

Multi Agency Statutory Guidance on FGM. HM Government (2016)
www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

FGM Risk and Safeguarding: Guidance for professionals. Department of Health (2016)
www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf

Royal College of Obstetricians and Gynaecologists. Female Genital Mutilation and its management. Green-top Guideline No 53. London (2015)
www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/

Mandatory reporting of female genital mutilation: procedural information. HM Government (2015)
www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

FGM Mandatory Reporting in Healthcare. HM Government (2015)
www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare

FGM Mandatory Data Collection: HSCIC FGM Enhanced Datasets/www.hscic.gov.uk/fgm

[World Health Organisation: care of girls and women living with female genital mutilation – a clinical handbook](#)

[The Female Genital Mutilation Act \(2003\)](#)

[DSCB Female Genital Mutilation Practice Guidance](#)

[Forced Marriage DSCB practice guidance](#) and [Honour Based Violence DSCB practice guidance](#)

Multi-agency practice guidelines: Handling cases of Forced Marriage. Foreign and Commonwealth Office & Home Office (2014)
<https://www.gov.uk/guidance/forced-marriage>

HALO website (Local helpline and support for victims): <http://www.haloproject.org.uk/>

[GOV.UK Domestic Violence and Abuse.](#)

[GOV.UK Forced Marriage Guidance](#)

[GOV.UK FMPO](#)

[GOV.UK FGMPO](#)

[GOV.UK mandatory reporting of FGM procedural information](#)

[GOV.UK Domestic Violence Protection Orders](#)

DSCB and DSAPB Joint Practice Guidance-Safeguarding and Domestic Abuse. October 2018

[GOV.UK Homelessness code of guidance for local authorities: Chapter 21 Domestic Abuse](#)

[Home Office Information guide: adolescent to parent violence and abuse.](#)

[S 177\(1\) Housing Act 1996](#)

[Homelessness Act 2002](#)

[Home Office – The Role of the Independent Sexual Violence Adviser: Essential Elements](#)

[House of Commons Briefing paper- Domestic Violence in England and Wales 2017](#)

[Local Government Association \(LGA\) Adult Safeguarding and Domestic Abuse](#)

[NSPCC: Domestic Abuse-signs, indicators and effects](#)

[practitioner guidance for referring to MARAC](#)

[Mental Capacity Act 2005](#)

[Operation Encompass website](#)

[Protection from Harassment Act 1997](#)

[MARAC referral forms and DASH risk assessment guidance](#)

[Protection of Freedoms Act 2012](#)

[Safeguarding Boards Website- Operation Encompass Protocol](#)

www.savelives.org.uk

[SCIE: Investigating Adult Abuse: Forced Marriage](#)

[Serious Crime Act 2015](#)

[S 58 Sexual Offences Act 2003](#)

[UK Visas and Immigration website](#)

[Working Together to Safeguard Children 2018](#)

Safeguarding Adults Under the Care Act 2014- Understanding good practice by Dr Adi Cooper OBE and Emily White published with the support of Research in Practice.

Glossary

CAPVA- Child/Adolescent to Parent Violence and Abuse

DASH-RIC- Domestic Abuse, Stalking and Honour Based Violence Risk Assessment Check List

DAODS- Domestic Abuse Offender Disclosure Scheme

DHM-Domestic Homicide Review

DVPOs- Domestic Violence Protection Orders

DVPNs-Domestic Violence Protection Notices

FGM- Female Genital Mutilation

HBV- Honour Based Violence

IDVA- Independent Domestic Violence Advisor

ISVA- Independent Sexual Violence Advisor

IMCA- Independent Mental Capacity Advocate

LGA- Local Government Association

LGBTQ- Lesbian, Gay, Bisexual, Transgender, Questioning

MAPPA- Multi Agency Public Protection Arrangements

MARAC –Multi-Agency Risk Assessment Conference

MCA- Mental Capacity Act

MSP- Making Safeguarding Personal

NOMS- National Offender Management Service

ONS- Office of National Statistics

