South Gloucestershire Safeguarding Adults Board

Domestic Abuse

Practice Guidance

Adopted: August 2018
Updated: December 2024

Review Due: December 2026

Acknowledgements

This guidance draws on material, with thanks, from the Association of Directors of Adult Social Services (ADASS), Cambridgeshire & Peterborough Marac, Mankind, Research in Practice for Adults (Ripfa) and Safelives.

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Introduction

This document provides guidance for dealing with concerns in relation to domestic abuse for adults with care and support needs. The suggestions in this guidance recognise that the priority of work in this area is the safeguarding of children and adults. They do not replace existing safeguarding procedures and must be read and used in the context of the South Gloucestershire Multi-Agency Safeguarding Policy and Procedures.

Its purpose is to help staff give better informed and more effective support to people who need an adult safeguarding service because of domestic abuse.
It aims to:

- Improve recognition and understanding of the circumstances in which adult safeguarding and domestic abuse overlap and should be considered in tandem.
- Contribute to the knowledge and confidence of professionals so that the complexities of working with people who have care and support needs and who are also experiencing domestic abuse are better understood, and better outcomes for people can be achieved as a result.
- Offer good practical advice to staff to ensure that people with care and support needs have the best support, advice and options for resolutions and recovery if they are harmed or abused by an individual they are personally connected to, such as a partner or family member.

What is domestic abuse and how does it link to adult safeguarding?

The Domestic Abuse Act 2021 incorporated a multitude of new pieces of legislation, and changes to existing laws. There are some useful fact sheets available for each of the changes here

From 1st April 2022 there is a new Statutory definition of Domestic Abuse. The new definition is used by all agencies to ensure a common understanding, it also aims to highlight the breadth of Domestic Abuse and the invisible aspects of it. The new definition does widen slightly what may be considered a Domestic Incident or crime, the changes aim to shine a light on abuse, encourage us all to recognise the signs, and to give victims confidence in coming forward. This definition can be broken down into three key areas:

- both victim and perpetrator are **aged 16 or over** – otherwise the incident should be dealt with as a child protection matter
- they are **personally connected** to one another – current or ex-spouse or intimate partner, relative or shared parental responsibility for a child
- the behaviour of one person towards another is **abusive,** that is:
    - physical or sexual abuse
    - violent or threatening behaviour
    - controlling or coercive behaviour
    - economic abuse
    - psychological, emotional or other abuse

Controlling or Coercive Behaviour

The Serious Crime Act 2015 created a new offence of controlling or coercive behaviour in intimate or familial relationships. The offence carries a maximum sentence of 5 years' imprisonment, a fine or both. Controlling or coercive behaviour does not relate to a single incident, it is a purposeful pattern of behaviour which takes place over time in order for one individual to exert power, control or coercion over another. It focuses responsibility and accountability on the perpetrator who has chosen to carry out these behaviours.

The cross-Government definition of domestic violence and abuse outlines controlling or coercive behaviour as follows:

• **Controlling behaviour**: 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**: a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Non Fatal Strangulation/Suffocation
In June 2022 Non-fatal strangulation (NFS) was made a specific offence. The practice typically involves a perpetrator strangling or intentionally affecting their victim's ability to breathe in an attempt to control or intimidate them.

The offence also applies to British nationals abroad. It means perpetrators can be prosecuted in England and Wales for offences committed overseas – ensuring there is no escape for abusers.

The offence was introduced following concerns that perpetrators were avoiding punishment in over 50% of cases. NFS often leaves no visible injury, making it harder to prosecute under existing offences such as Actual Bodily Harm (ABH). Studies have shown that victims are **seven times** more likely to be murdered by their partner if there had been non-fatal strangulation beforehand.

It is probably unlikely that victims of NFS will refer to it as that when talking about it to professionals. They may use phrases like "rough sex" or "breath play" instead.

Key points to remember

- NFS is well known as a high prevalence form of assault in domestic abuse used to instil fear, power and control, rather than a failed homicide.
- Some victims lose consciousness, but research has also found that some people don't remember that they had lost consciousness.
- Victims may lose control of bladder, and more rarely bowels, during strangulation. They are unlikely to report this unless asked. Soiled clothing / bedding may be evidence.
- Victims should be asked about what they experienced during the strangulation. Possible symptoms include: loss of vision including blurred, tunnel vision, seeing stars, dizziness, difficulty speaking, loss of strength, hearing and pain.
- Victims should be asked about their symptoms after the strangulation. Possible symptoms include: neck injuries, pain, swelling, hoarse raspy voice, difficulty or painful swallowing, coughing, vomiting, headache, memory disturbances.
- Victims should have any physical marks recorded. Describe injuries by size, location and colour. Avoid making judgements about the cause of the injury, but use terminology such as "appears to be a bite mark" instead. A body map should also be completed. Pinprick dots (petechiae) on the neck, face, eyes, mouth, scalp, behind the ears, are possible signs of strangulation which appear immediately or very soon after the incident and should be recorded before they fade. Bruising may emerge 2 to 3 days later.
- NFS frequently does not leave any physical marks, this does not undermine an account. Cases should never be closed simply because they are 'word on word' as there is no legal requirement for corroboration.
- NFS should be considered within a wider pattern of abuse, for case building and to consider other possible offences such as coercive control

- NFS can take place during sex. The victim may consent to sex but not to NFS. It is not possible in law to consent to NFS where injuries of ABH or worse are caused

When NFS is disclosed or suspected, the victim should be informed of the risks and advised to seek medical advice. The practitioner having this discussion should document their conversation.

The terms 'domestic violence' and 'domestic abuse' are often used interchangeably, but this guidance refers to domestic abuse, as it is felt this is a more inclusive way to describe a range of behaviours which can include violence. Past legal and cultural understanding of domestic abuse has been too narrowly focused on single physically violent incidents rather than complex and controlling patterns of behaviour. It is recognised that the desire to exert power and control in family, domestic and intimate relationships underpins the majority of domestic abuse which takes place, and that abuse is usually inflicted to achieve this end.

Domestic abuse can be reported to the police in a number of ways:

- by phone – call 101
- in person – visit a police station
- online – complete a report a crime or incident form.
- Call **999** if you are in immediate danger and wait in a safe place for the police to arrive.
- If it is not safe to speak, call 999 and press '55' – this will alert the phone operator that you are in need of assistance but cannot talk.

This guidance contains a link to some examples of Power and Control Wheels which illustrate the different ways an abusive partner can use power and control to manipulate a relationship. Practitioners may find these useful in helping a victim recognise any of the warning signs in their own relationship. The link can be found here

Making the links between safeguarding and domestic abuse

A significant proportion of adults who need safeguarding support do so because they are experiencing domestic abuse. Despite the clear overlap between work to support people experiencing domestic abuse and safeguarding adults work, the two have developed as separate professional fields.

There is a strong, evidence-based link between domestic abuse and child abuse. Exposure to domestic abuse is **always** abusive to children, although the impact on them may vary. Children who see, hear or experience the effects of abuse and are related to either the victim or the perpetrator are now recognised by law as victims of domestic abuse in their own right. Where adult safeguarding and domestic abuse are

being addressed and children are involved or present, professionals have a duty to refer to children's services, even if the adult victim chooses not to, or is not able to, accept help for him or herself. Practitioners should be aware however that it may not always be possible for childrens services to accept referrals without the parents consent.

In South Gloucestershire if you are concerned about a child you should contact:
01454 866000 - Monday to Thursday 9am - 5pm
01454 866000 - Friday 9am - 4.30pm
01454 615165 - Out of hours and at weekends
In an emergency please ring 999

What research tells us

In the year ending March 2023, an estimated 2.1 million adults aged 16 to 74 years experienced domestic abuse in the last year (1.4 million women and 751,000 men). This is a prevalence rate of approximately 6 in 100 women and 3 in 100 men.

An estimated 4.6m women (28% of the adult population) have experienced domestic abuse at some point in their life.

Research also shows that domestic abuse poses a more serious risk for women than for men with an average of 100 women being killed in England and Wales each year. It is estimated many more take their own lives as a result of domestic abuse: every day almost 30 women attempt suicide as a result of experiencing domestic abuse and every week three women take their own lives.

One study showed that 50% of perpetrators who stalk their victims and make threats to kill will go on to kill their partner.

The vast majority of reported domestic abuse is perpetrated by men on women, however men can also be victims. Historically domestic abuse approaches have had an emphasis on partner violence. More recently, partner abuse in lesbian, gay, bisexual or transgendered relationships has become more understood. More focus now needs to be given to family and intergenerational abuse, and the way in which it may be different from partner violence. Families are complex and each one is different. In any case of abuse in a wider family relationship, practitioners should consider whether domestic abuse is also a feature and should seek advice if they are unsure.

Research has shown that disabled women are at significant and higher risk than women in the general population. More than 50 per cent of disabled women in the UK have experienced domestic abuse in their lives and may be assaulted or raped at a rate that is at least twice that of non-disabled women. Similarly men and women with severe mental illness experience a substantially increased risk of domestic and

sexual violence, as well as higher prevalence of family violence and adverse health impacts following victimisation.

Pregnancy also increases the risk of domestic abuse. Nearly one in three women who suffer from domestic abuse during their lifetime report that the first incidence of violence happened while they were pregnant.

A UK study of abuse and neglect of older people found that the majority of perpetrators of interpersonal abuse in domestic circumstances were men, most of whom were themselves older people. The eldest women were found to be at greatest risk of neglect, whilst men over 65 were more likely to experience financial abuse. Most perpetrators of financial abuse were younger people of both genders. The Metropolitan police have reported an increase of domestic abuse deaths where the perpetrators are children or grandchildren on parents or grandparents.

Understanding the impact of domestic abuse

The impact of domestic abuse can be devastating. It can lead to or exacerbate:

- Repeated short-term impacts on health including bruises, burns, cuts, broken bones, sexually transmitted diseases, and lost teeth and hair
- Miscarriage, still birth and other pregnancy complications
- Long-term and chronic health problems including asthma, epilepsy, digestive problems, migraine, hypertension, and skin disorders
- Physical and sensory impairments, such as walking difficulties or deafness
- Emotional harm including loss of confidence and low self-esteem
- Long term social difficulties
- Poor mental health such as anxiety, depression and post-traumatic stress disorder
- Self-harm, suicide ideation and suicide attempts
- Substance misuse, often as an attempt to cope with circumstances
- Physical and/or emotional harm to a child or dependent adult in the household
- Preventing an adult from being able to care for others or themselves
- Preventing an adult from accessing medical care and support
- Preventing children and dependent adults from achieving their full potential
- Isolation from family, friends and community
- Negative effect on work and possible loss of independent income
- For some people domestic abuse will result in **serious injury or death**

There may be additional impacts on people with care and support needs:

- Increased mental and physical disability
- Reluctance to use essential routine medical services or attend services outside the home where personal care is provided
- Increased powerlessness, dependency and isolation

- Feeling that their impairments are to blame
- Increased shame about their impairments

Research has shown that:

- People's impairments are frequently used in the abuse
- Humiliation and belittling were particularly prevalent
- Many abusers deliberately reinforce dependency as a way of asserting and maintaining control
- The impact of domestic abuse is often especially acute where the abusive partner is also the carer, the carer has considerable power and control and the victim relies on them
- Perpetrators often use forms of abuse that exploit, or contribute to, the abused person's impairment

The barriers to seeking help

Effective work with victims of domestic abuse requires an understanding of the reasons why people stay 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. Others may be practical or social/cultural. Many are similar to the barriers that prevent people from seeking help over other safeguarding issues.

They may include:

- Not realising that what they are experiencing is domestic abuse
- Fear of the abuser and/or what they will do (this may be realistic based on past experience and threats that have been made)
- Lack of experience or knowledge of other victims who have dealt with abuse successfully
- Lack of experience of positive action from statutory agencies
- Lack of knowledge/access to support services
- Lack of resources, financial or otherwise
- Previous experiences and/or a fear of being judged or not believed
- Love, loyalty or emotional attachment towards the abuser, and hope that they will change
- Feelings of shame or failure
- Pressure from family/community/friends
- Religious or cultural expectations
- Previous experience and/or fear that people from their community (e.g. LGBT, BAME) will be poorly understood or ignored
- Fear of agency pressure to pursue a criminal case
- Being isolated from other family and friends by the abuser
- The long term effects of abuse such as prolonged trauma, disability resulting from abuse, self-neglect, mental health problems

- Numbness or depression rising from their circumstances
- Low self-esteem/self-worth
- Drug and/or alcohol addiction (and fear that this will be used against them)
- Anticipated impact on children and/or dependent adults
- Fear of single parent stigma
- Fear of losing contact with children, dependent adults and other relatives and friends

Additional barriers for people from a BAME background

There is under-reporting of domestic abuse by people from Black Asian and minority ethnic communities in the general population. Some of the additional barriers to reporting may be:

- Language barriers
- Understanding the culture and norms of the UK (e.g. women are encouraged to talk to professionals like GPs for themselves)
- Family honour, shame and stigma
- Fear of rejection by their community
- Fear of broken confidentiality within their community
- Immigration status and no recourse to public funding
- Racism (perceived or actual)
- Cultural or community expectations
- Misunderstanding of forced marriage and female genital mutilation
- Fear of so called 'honour' based violence (including murder) or punishment for speaking out
- Lack of appropriate services

Additional barriers for people with care and support needs

Although disabled women are twice as likely to experience domestic abuse as women without disabilities and are more likely to be at risk of serious harm, statistics show an under reporting of domestic abuse for this group of people. This may be because it is even more under recognised than the general population. 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 options such as direct payments
- Fear that interpreters may not keep confidentiality
- Assumptions that physical and sensory impairments prevent people from making their own decisions
- Being used to dependency, and a lack of respect and dignity, thus assuming abuse is normal and minimising its impact
- Fear of having to live in a care home
- Reliance on the abuser for care and support

- The expectation that disabled people should be grateful for support and not complain
- The victim may be the carer of the abuser and feel a sense of obligation to carry on and put up with the abuse
- Older and disabled people may be more physically vulnerable, more socially isolated and less able to escape. The abuser may be constantly present. The abuser may be the only person with whom the older person has any contact
- Shame and stigma. For example, older adults may experience shame for having put up with it for so long
- Not being asked. Professionals rarely ask about abuse and women are often reluctant to disclose abuse if not directly asked
- Being more identifiable visually, and traceable through attendance for specialised care/services/benefits, making it harder to remain protected from abuse after leaving an abusive relationship
- The situation may have become normalised

Working with people needing care and support who are experiencing domestic abuse

Where a person experiencing domestic abuse has care and support needs that prevent them from safeguarding themselves, both the local domestic abuse and safeguarding adults procedures will apply. In such a situation safeguarding work should ensure that the person has access to specialist domestic abuse services.

Best practice is for the person at risk to be at the centre of the safeguarding procedures, using safe enquiry and supporting and empowering them to address the risk they face, using a Making Safeguarding Personal approach. This person-centred approach will always ask the person who has been harmed what they want to happen and works towards the outcomes that they define. Wherever possible risk assessments should be completed with the person and should be reviewed and updated regularly.

Some people will not trust agencies to respond effectively or will fear further loss of independence. These people may need more time to build trust and confidence, and will require a positive indication that they will be supported before they disclose abuse to professionals. Independent and voluntary sector organisations with experience in domestic abuse may be better placed to gain the confidence of and offer support to those who mistrust statutory agencies.

Research shows that women experiencing domestic abuse will not usually voluntarily disclose to a professional unless directly asked. However while victims may be reluctant to disclose, many report that they hope someone

will ask them. Repeated enquiry over time also increases the likelihood of disclosure.

Building up trust in a professional and their organisation's approach to domestic abuse will help people feel able to disclose. Professionals should not give up trying to support the person even if they appear reluctant to accept support. They should:

- Be non-judgemental about the victim and the perpetrator
- Be clear that the abuse should stop
- Never blame the victim for the abuse

Information and leaflets about domestic abuse can be routinely offered to all service users. Questions about domestic abuse should be asked at every opportunity. Those who are experiencing abuse may then go on to disclose it. They will also know that the professional and their organisation take domestic abuse seriously, giving them confidence to disclose at a later date. Those who are not experiencing domestic abuse may become better informed and may pass the information on to others.

Specific types of abuse

Honour-based abuse

Honour-based abuse (HBA) is an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse), which has or may have been committed to protect or defend the honour of an individual, family and or community for alleged or perceived breaches of the family and/or community's code of behaviour.

Although it can be the family that perceives they have been wronged and had shame brought onto them by the actions of a family member, it should also be noted that there may be multiple perpetrators of so-called 'honour'-based abuse.

Relatives may conspire, support, or participate in acts of abuse as may members of the wider community. 'Honour'-based abuse can include but is not limited to murder, attempted or actual forced marriage, domestic abuse, child abuse, rape, kidnapping, false imprisonment, assault, harassment and/or forced abortion.

Home Office statistics show there were 2,905 HBA-related offences recorded by the police in England and Wales for the year ending March 2023:
Of those offences:

- 19% were for controlling and coercive behaviour;
- 16% were for assault with injury;
- 12% were for assault without injury

Forced marriage
Forced marriage is a crime. It is different to an arranged marriage, where the family of both spouses take a role in arranging the marriage but the decision to accept the arrangement or not rests with the prospective spouses. In forced marriage, one or both spouses do not, or through lack of mental capacity cannot, consent to the marriage.

It is important to recognise that forced marriage situations can involve the person being at risk from a number of people in the family and/or community through so called 'honour-based violence or abuse'. Advice about safety planning and practice guidance can be gained from the Home Office's Forced Marriage Unit (www.gov.uk/stop-forced-marriage)

Karma Nirvana is a charity which supports victims of honour-based abuse and forced marriage. Details of its website can be found here

Female Genital Mutilation (FGM)
FGM is not an issue that can be decided on by personal preference – it is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls. There is no requirement for the automatic referral of adult women with FGM to adult social services or the police. Professionals should be aware that any disclosure may be the first time that a woman has ever discussed her FGM with anyone. Referral to the police must not be introduced as an automatic response when identifying adult women with FGM, and each case must continue to be individually assessed. Professionals should seek to support women by offering referrals to community groups who can provide support, and for possible clinical intervention or other services as appropriate, for example through an NHS FGM clinic. The wishes of the woman must be respected at all times.

Discussion about FGM where the victim is an adult can be a useful opportunity to establish risk to a child of FGM, and this must be done sensitively but as a priority. The risk of FGM to a child is higher if the mother has had FGM. The safeguarding of a child is a paramount over any therapeutic relationship with an adult or the adults wishes.

Other domestic abuse within families
Abuse within families reflects a diverse range of relationships and power dynamics, which may affect the causes and impact of abuse. These can challenge professionals to work across multi-disciplinary boundaries in order to protect all those at risk, including children.

In some situations, abuse and neglect may be unintentional or as a result of 'carer stress'. However the assumption should be that any form of abuse can cause serious harm. A person-centred approach to the person experiencing abuse will

enable professionals to identify when abuse is unintentional and therefore when it may be stopped through, for example, work with the perpetrator.

Domestic abuse includes sexual assault. If someone has been raped or sexually assaulted forensic evidence is key to potential conviction. If the situation is already known to the police then it is likely the victim will have been referred to 'The Bridge 'the local Sexual Assault Referral Centre (SARC) and/or have been referred to an Independent Sexual Violence Advocate (ISVA). If the person is unsure about contacting the police they can self-refer to The Bridge who can offer medical care, emotional and psychological support, and practical help to anyone who has been raped or sexually assaulted. Evidence can be collected and stored, but will only be used to take a case forward with the victims informed consent. It is important that practitioners document any disclosures clearly as this can be later used as evidence of first disclosure in any future Police investigations. Practitioners should be sensitive when speaking to a potential victim of domestic abuse and not ask any leading questions which could contaminate evidence and interfere with police investigations.

Studies have shown that professionals can find it hard to focus on the level and source of primary risk, for example pursuing issues of drug and alcohol misuse or 'poor parenting' and 'forgetting' the context of domestic abuse. Not paying sufficient attention to the level of risk from domestic abuse can mean opportunities to prevent serious harm or death are missed.

Working with specific groups

Transitions

Children who are about to become 18 and have been the victims of domestic abuse in their family household may be eligible for support from adult services. Practitioners should ensure that adult services are informed about their history (a chronology is useful) and if there is an active safeguarding enquiry this should also be notified to adult services.

Older people

A review of the impact of domestic abuse for older women highlights that the issue is both significant and under-recognised. Assumptions about old age can mean that when older people are seen to be injured, depressed or have other difficulties, these are presumed to be the result of health and social care needs. This can mean that signs of domestic abuse are missed.

Barriers to reporting specifically for older women may include dependency (particularly financial dependency) on perpetrators, combined with traditional attitudes towards marriage and gender roles, in addition to barriers affecting all people experiencing domestic abuse such as fear of reprisals. Earlier and prolonged abuse may be associated with later health problems, and there is a need to

distinguish between abuse which commences in later life, and that which forms part of a previous or ongoing abusive relationship.

Older people may be less aware than younger people of the services and options available to them, particularly if they are isolated due to abuse. They may feel domestic abuse services are only for younger people or people with children.

The 'self-help' model familiar to younger people, and the possibility of discussing personal or family problems with a stranger may also be unfamiliar to them. They may need more time, more reassurance and more confidence in what might happen and the services available, before they disclose abuse and accept support to move forward.

People with mental ill-health
Domestic abuse can have an enormously detrimental effect on mental health. Research also shows that people with mental ill-health are more likely to experience domestic abuse. Perpetrators may use mental ill-health against their victim, for example saying the victim 'couldn't cope without them' or saying the victim is 'mad' and is 'making it up' or withholding medication. This is often referred to as 'gas-lighting'. These behaviours will almost certainly add to emotional distress and exacerbate any existing mental health issues.

Perpetrators of domestic abuse may have their own mental health issues that may overshadow the needs of the victim (South Gloucestershire SAR Family Z)

People who misuse substances
Victims of domestic abuse may use alcohol or drugs in order to cope with, or 'block out' what is happening to them. Some victims of domestic abuse are forced into drug or alcohol misuse by their abuser in order to intensify control. There is also potential for a perpetrator to exercise control over a victim who is dependent on alcohol, prescription medication and/or street drugs by controlling access to drugs or treatment.

Victims of domestic abuse who misuse substances need to feel they are not being judged or stigmatised by agencies. Professionals need to emphasise that their role is to support the person and to encourage disclosure if they are struggling as a result of drug or alcohol misuse.

People with learning disabilities
People with learning disabilities have intimate relationships. They are more likely to experience abuse than people in the general population. Mate crime and exploitation can be a form of potential domestic abuse. Factors which increase vulnerability are:

- Inability to understand that acts are abusive
- Exposure to multiple carers
- Difficulty in reporting crime
- Habitual submission to authority

Women with learning disabilities experience domestic abuse in a similar way to other women. Support services should be accessible to them in the same way.

Carers

The Care Act defines a carer as someone who 'provides or intends to provide care for another adult' (but not as a volunteer or paid worker). Carers may cause harm, through abuse or neglect of the person they care for or they may be caused harm by the person they care for.

The local authority has a duty to assess a carers needs for support to maintain their well-being including protection from harm. Support to address domestic abuse should be offered if the abuse is causing a carer's physical or mental health to deteriorate, or preventing them from caring for another adult.

Sometimes domestic abuse referrals are judged to be a result of carer stress. In these situations adult social care has a duty to assess the needs of the adult and the carer. The situation may benefit from extra care support and may not require domestic abuse action.

There is a distinction between intentional harm and unintentional harm. The Domestic Violence Crime and Victims Act (2004) includes the crime of causing or allowing the death of a child or vulnerable adult. This may be relevant to carers who do not ensure that a person in their household gets help to prevent serious harm. Practitioners should seek advice if they believe a crime may have been committed.

The risk of harmful behaviour (whether intentional or not) tends to be greater where the carer's well-being is at risk because they:

- Have unmet or unrecognised needs of their own
- Have little insight or understanding of the person's care and support needs
- Have unwillingly had to change lifestyle
- Are not receiving practical or emotional support from other family members
- Are feeling emotionally or socially isolated, undervalued or stigmatised
- Have other responsibilities such as family or work
- Have no personal or private space outside the caring environment
- Have frequently requested help but problems have not been resolved
- Are being abused by the person they care for
- Feel unappreciated by the person they are caring for or exploited by relatives or services

Potential indicators of situations where abuse of carers is more likely are where the person being cared for:

- Has health and care needs that exceed the carers ability to meet them
- Does not consider the needs of the carer
- Treats the carers with a lack of respect or courtesy
- Rejects help and support from outside

- Refuses to be left alone by day or by night
- Has control over financial resources, property and living arrangements
- Engages in abusive, aggressive or frightening behaviours
- Has a history of substance misuse, unusual or offensive behaviours
- Does not understand their actions and the impact on the carer
- Is angry about their situation and seeks to punish others for it
- Has sought help or support but did not meet the threshold for this
- The caring situation is compounded by the impact of the nature and extent of emotional and/or social isolation of the carer or supported person

Practitioners should be aware of and vigilant against the potential of the 'rule of optimism' where they may place undue confidence in the capacity of families to care effectively and safely.

Mental Capacity

Decisions taken with and on behalf of adults who need safeguarding because of domestic abuse may be serious and have far reaching consequences, including leaving the family home or being restricted from contact with the perpetrator or other family members. People must be involved to the maximum degree possible in making plans about their own well-being, including their protection from abuse and neglect.

Assessing capacity can be particularly challenging in domestic abuse situations, where the person is cared for by, or lives with a family member or intimate partner and is seen to be making decisions which put or keep themselves in danger.

It is a principle of the Mental Capacity Act that a person only has full capacity if they have access to all the relevant information about the decision they are making. All victims should be given information about their options whether or not they appear to want them at the time. They must be given time to understand accessible information about the options open to them, including specialist domestic abuse services, sanctuary schemes and places of safety, as well as legal options such as restraining orders, and actions that the police can take such as Domestic Violence Protection Orders.

People who lack capacity

An Independent Mental Capacity Advocate (IMCA) should be considered in all circumstances where a person does not have mental capacity to make decisions about their safety. People who lack capacity and who have family and/or friends are still entitled to an IMCA to support them during a safeguarding enquiry if the decision-maker is satisfied that having an IMCA will benefit the person.

Not all IMCAs have training around domestic abuse. The use of an IMCA does not preclude joint working with another specialist advocate such as an Independent Domestic Violence Advisor (IDVA).

People who have capacity

Skilled assessment and intervention is required to judge whether decisions to not accept support in relation to domestic abuse should be described as 'unwise decisions' which the person has capacity to make, or decisions which are not made freely, because of coercion and control. Being at high risk of harm often limits an individual's capacity to safeguard themselves. Careful consideration must be given to whether the person is choosing to stay in a high risk abusive relationship because they are not free from the undue influence of the person who is causing them harm.

There is scope for local authorities (using the principle of inherent jurisdiction) to commence proceedings in the High Court to safeguard people who do not lack capacity, but whose ability to make decisions has been compromised because of constraints in their circumstances, coercion or undue influence. Practitioners will need to seek formal legal advice in situations where a person has capacity and chooses not to accept support.

The barriers that prevent people leaving abusive situations may also factor in deciding to return, and decisions to return should be understood in that context. A safeguarding plan should include safety planning with the person to minimise the risks and ensure they have clear options for leaving again if they decide to do so.

Safe Enquiries

When working with victims of domestic abuse the first key principle to follow is to enquire safely about violence or abuse. Safe enquiry means ensuring the potential perpetrator is not and will not easily become aware of the enquiry, and is a cornerstone of best practice in domestic abuse.

Incidence of violence and levels of harm increase when a perpetrator's control is being challenged. It is therefore very important that the perpetrator does not learn about any disclosure or plans being made by the person at risk by accident or without the knowledge of the person at risk, unless there are very exceptional circumstances. In order to do this the practitioner should ensure privacy for the person concerned.

Safe enquiry is also recognised to be an important intervention even when it does not result in disclosure. If a person is experiencing domestic abuse but chooses not

to disclose they should routinely be offered domestic violence service information to take away with them if they wish, and should not be required to make a disclosure before being given information.

Best practice in undertaking safe enquiry

To ensure safety and confidentiality the practitioner should:

- Always ensure they are alone with the person before enquiring into possible abuse – never ask in front of a partner, friend or child
- Make sure they cannot be interrupted, and that they and the person have sufficient time
- Only use professional interpreters. A family member, carer or member of the local community should not be used as their impartiality cannot be guaranteed.
- Not pursue an enquiry if the person lacks capacity to consent to the interview unless they have already arranged an advocate
- Document the persons response, but ensure these records are not accessible to the perpetrator

To give opportunities to disclose abuse practitioners should:

- Explain their reasons for enquiring into domestic violence or abuse
- Explain the limits to confidentiality – that they would have to share what was told to them if another person was in danger or if a crime may have been committed
- Ask direct questions about the person's circumstances, for example 'has anyone close to you made you feel frightened?'
- Ask additional direct questions to adults with care and support needs, for example 'has anyone prevented you from getting food, medication or medical care?

Phone/Zoom and Video calls

When it is not possible to meet face to face contact with victims of domestic abuse is often made by telephone or online. Practitioners should bear in mind the following points when speaking on the phone or online

- Find out the person's location, check that they are alone and safe to talk and that you are not on loud speaker
- Do not continue the conversation if the person is not alone. Advise the person to say that it was the wrong number and let them know that you will call them on a later date, tell them to call 999 if they are in immediate danger and hang up
- Confirm whether you speak the same language, if not, use a professional interpreter, **do not use family members or friends to translate**
- If it is safe to talk to the person **establish a code word or sentence,** which they can say to indicate that it's no longer safe to talk and end the call
- There may be times where a perpetrator responds to the call or contacts you. Be prepared for this possibility and, if necessary, have a safe explanation ready

If the practitioner is unable to speak to the person on their own they must raise this with their manager so that consideration can be given to alternative ways of achieving this.

Consent, Proportionality and Information Sharing

A person with care and support needs or a carer can refuse to agree to a safeguarding enquiry being carried out on their behalf. Where the local authority identifies that the person lacks mental capacity and a safeguarding enquiry would be in their best interests, the local authority is required carry out an enquiry.

The same applies where the local authority identifies that a person is experiencing, or is at risk of experiencing, abuse or neglect, has capacity and is still refusing an enquiry. Local authorities must undertake that enquiry so far as possible and document this.
Safeguarding enquiries must always be appropriate and proportionate to the risk presented. They should promote the person's wellbeing and support a preventative agenda. They should provide the least intrusive response appropriate to the risk presented.

Decisions about sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.

Assessing and Managing Risks

Comprehensive, accurate and well-informed risk assessments are fundamental to good practice and good outcomes for people who need both adult safeguarding and domestic abuse services. In all cases where an adult with care and support needs is experiencing domestic abuse an assessment of risk should be carried out. This assessment should be personalised and along the same principles as Making Safeguarding Personal.

A risk assessment carried out with the person at risk is a useful tool for supporting them to recognise and weigh up the situation they are facing. It will enable both the person and the practitioner to be confident about the interventions they are making.

Under the Domestic Violence Disclosure Scheme ('Clare's Law') any member of the public has the right to ask the police if their partner may pose a risk to them. Under Clare's Law, a member of the public can also make enquiries into the partner of a close friend or family member. This can be done by visiting a police station or calling 101. Once an application is made, the police will carry out a range of checks. If these reveal a record of abusive offences, or suggest a risk of violence or abuse, they will consider sharing this information.

This is called making a 'disclosure', and will usually be to the person at risk. This is unless, in the circumstances, someone else is better placed to use the information to protect the person at risk from abuse.

Risk assessments should draw on multiple forms of information and evidence about a perpetrators background, any prior incidents of domestic abuse, and take into account the evidence of the person experiencing the abuse, their level of fear and any coercive control and psychological abuse.

It is important to remember that risk can be fluid and circumstances can change suddenly. The safety plan should include a way for the person at risk to let professionals know if they think the risk level has increased.

The DASH Checklist

The Domestic Abuse Stalking and Honour Based Violence Risk Assessment Checklist (DASH) is used as a tool to identify and discuss risk. It is also used by professionals in any agency to refer high-risk cases to the local Multi-Agency Risk Assessment Conference (MARAC). Practitioners can make referrals to MARAC without the person's consent if the risk is deemed to be high.

The DASH checklist can be used by any professional working with the victim. Ideally it should be completed with the victim, however it can also be completed by the professional using their professional judgement. If a practitioner has not completed a DASH checklist before then they should seek advice from a senior colleague and read the guidance notes that accompany the checklist before completing it.

The DASH checklist should be used whenever a practitioner receives a disclosure of domestic abuse. Risk in domestic abuse situations is dynamic and can change very quickly. Therefore it may be appropriate to review the checklist with the person on more than one occasion. It is designed to be used for those experiencing current rather than historic domestic abuse and ideally would be used close in time to the last incident of abuse.

The DASH checklist is an evidence-based list of 24 questions about what factors are present in a domestic abuse situation. An answer of yes to 14 or more of the questions indicates a serious risk of injury or harm. However a score that is lower than that may reflect a situation where a victim is too scared to disclose some aspects of the abuse. **The exercise of professional judgement is therefore essential when considering the points score.**

The other indicator of serious risk of harm is escalation. This has been added to the threshold/decision making for MARAC cases. Any cases where there is serious risk of harm or death must be referred to MARAC. This is particularly so where the person experiencing domestic abuse has care and support needs.

The DASH checklist is predisposed to assess risks for women with children and is known to have limitations for the identification of risk factors experienced by disabled, older people and men. In cases where there is interfamilial abuse the scoring is more arbitrary as there will be questions in the DASH checklist which are not relevant to that relationship. Therefore professional judgement regarding risk is vital in these cases, however it is still a useful tool and consideration should always be given to its use with any victim of domestic abuse.

DASH Risk Assessment form can be found here

The Safelives-DASH (Domestic Abuse, Stalking and Honour Based Violence) Risk Identification Checklist has been developed for use with younger people. Practitioners may feel it is helpful to use with adults aged under 25 or with adults who have learning disabilities.

DASH Young Persons Risk Assessment form can be found here

An example of a DASH risk assessment for older adults can be found here

Multi-Agency Risk Assessment Conferences (MARAC) and Multi-Agency Safeguarding Meetings

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, adult safeguarding, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation, DHI and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other forums to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.

South Gloucestershire's MARAC takes place on a fortnightly basis and is currently held online via MS Teams.

How are victims' cases referred to MARAC?

Any frontline agency representative that undertakes a risk assessment with a victim (DASH), and thereby determines that their case meets the high risk threshold, can refer a victim's case to MARAC. IDVAs, police and health professionals commonly refer high risk victims to MARACs.

In order to refer a victim to MARAC a completed DASH and MARAC Referral Form should be sent to the MARAC inbox – marac@southglos.gov.uk

All involved agencies have a MARAC representative who regularly attend MARAC. Advice can be sought from your MARAC agency representative. If you are unaware of who that is please contact the MARAC inbox – marac@southglos.gov.uk

Referrers are required to attend the MARAC in order to share any updates since the referral was completed and to be part of the action planning process.

Do victims know that their cases are being heard at MARAC?

It is important that the victim is informed of the MARAC. SafeLives recommends that it is good practice to work in partnership with victims where possible, to obtain the most up-to-date information directly from the victim. It's relatively unusual but in cases where the victim doesn't want to be referred, practitioners must assess whether it is proportionate and defensible to share information, depending on the level of risk which the victim is facing.

Any queries regarding MARAC should be directed to the MARAC inbox marac@southglos.gov.uk where it will be picked up by the MARAC co-ordinator team.

Discussion includes, the person, risks, any children at risk, the perpetrator, agency involvement, or any other relevant information about the household.

While there are considerable overlaps, there are also differences between the approaches of MARAC and safeguarding:

· MARAC meetings discuss several cases in a meeting. Each case will be discussed for a short period of time
· Safeguarding meetings consider only one case and have more time available to discuss a situation in more detail
· MARAC assumes that each agency will carry out any actions they agree and does not monitor the detailed implementation of the safeguarding plan. Although they do require an update on any actions.
· MARAC address high risk domestic abuse cases only and is not usually an effective mechanism for immediate response to a crisis
· The person concerned is not present at the MARAC meeting, the IDVA is the voice of the victim at the MARAC; but the person or their representative if they lack capacity, should always be invited to attend a safeguarding adults meeting

Safeguarding staff can refer to MARAC if they feel the risk of domestic abuse is high Similarly MARAC can refer to adult services if they feel a person has care and support needs.

Common barriers to effective risk assessment and management

- Failing to conduct a risk assessment in the belief another professional is taking the lead; always check
- Some professionals may lack the depth of understanding about the nature of domestic abuse, why it occurs and why victims remain in abusive

relationships. This is often the biggest barrier to effective risk assessment and should be tackled through effective supervision and training

- Not involving the person concerned in all stages of risk assessment and management. Working collaboratively with the person experiencing the abuse provides consistently more effective results
- Unintended collusion with the perpetrator. This can take many forms but commonly the victim is not seen as credible, and their account of the abuse is viewed as inaccurate or embellished. Professionals can view the victim as responsible for the abuse – particularly if the victim presents as 'angry' with professionals or misuses substances. In some cases the perpetrator will make counter allegations against the victim. Professionals need to work to ensure that everyone is safe and carry out safe enquiry with every potential victim
- Not asking children or adults with care and support needs about how the abuse is affecting them. This can hinder the recognition of the impact of abuse and is often identified as a significant factor by Child Safeguarding Practice Reviews, Safeguarding Adults Reviews and Domestic Homicide Reviews
- Not using, or inappropriate use of, assessment, referral and risk assessment forms. Used as tools these can inform the overall assessment of the level of risk and ensure that a case is managed effectively. As the record of a focussed conversation about risk the DASH checklist can also enable the victim to see the factors placing them at high risk
- Not undertaking in-depth assessments that take full account of static risk factors. Estimates of the long term likelihood of abuse reoccurring should be anchored in a detailed consideration of factors including previous incidents, past behaviour, background and personal circumstances. Dynamic factors should be used to make moderate adjustments to risk assessments and aid intervention and/or treatment planning, for example current attitudes of the perpetrator, current drug and alcohol use, stress levels and so on
- Not increasing protection and support at times of increased risk. Separation is a key time of high risk to victims. Challenging perpetrators on their behaviour or implementing zero tolerance policies can also increase risks to victims. Perpetrators should not be challenged except on the basis of a defensible decision making process in consultation with specialist professionals
- Not recognising or responding to additional key risks posed to BAME domestic abuse victims. Safeguards include always using professional interpreters and supporting those with insecure immigration status

Domestic abuse support services and legal action

If the victim is going to stay at or return home, safeguarding or safety planning will support them to plan how they are going to keep as safe as possible. Specialist domestic abuse support services must be involved.

Any victim of domestic abuse may be signposted to specialist support services regardless of their assessed level of risk, but adults with care and support needs may need assistance and/or an intermediary to help them navigate available services. This should form part of the follow-up from the risk assessment process.

Services that meet care and support needs may also play an important role in protecting someone from domestic abuse, for example telecare monitoring or regular visits from care workers. If services are being used as part of a safety plan this should be specified. Those co-ordinating and delivering services must be made aware of the risk of abuse and be clear on what to do if the risk increases.

When discussing options and giving information to people, practitioners will need to exercise professional judgement about the language they use and how they introduce options. The aim of this should be to meet the needs of the individual for information and support, at a pace and level of detail which suits them, and in ways that are understandable and accessible. A victim should never be asked or told to leave a relationship by someone not specially trained (i.e. an IDVA) to put safety plans in place to ensure that this is done in a way that reduces risk as much as possible.

A range of services have been developed by specialist domestic abuse agencies. These include practical services, emotional support and statutory advocacy. A guide to services available in South Gloucestershire can be found in Appendix 1.

NHS 111 now offers support to people who need support with their mental health. If a victim of domestic abuse needs to talk to someone urgently about their mental health, they can call NHS 111 and select option 2. This will connect them with a mental health worker in their area. The number is free to call from a landline or mobile.

Legal Action

There are a number of legal protections available to victims of domestic abuse (see here). Practitioners should seek advice from their own organisations legal team.
If decisions need to be made regarding restricting contact between a victim of domestic abuse and the perpetrator where the victim has been assessed as lacking mental capacity to make this decision for themselves, then this would need to be a Best Interests Decision made via the Court of Protection and practitioners will need to seek legal advice about this.

Case recording by all practitioners is essential as part of legal case building. Case records are often requested for legal proceedings. Practitioners should record in a way that distinguishes fact from opinion, is transparent and reflects the views of those with whom they are working. Records should be evidence-based, accessible, analytical and understandable to others.

Working with Perpetrators of Domestic Abuse

It is crucial that the safety of the victim is prioritised at all times. Whether the abuse is deliberately perpetrated or not, carers and family members should not have to tolerate the impact of abuse on their own well-being. The principles of safe enquiry and victim-centred risk assessment are the same whatever the cause or motivation for the abuse.

Managers must be aware that it is not appropriate for practitioners to work with both the victim and the perpetrator of domestic abuse.

Risk can be decreased by professionally-run specialist group programmes that support perpetrators to understand, and choose to change, their behaviour. Such interventions require the perpetrator to engage in the program and be honest about the abuse they perpetrate.

Specialist training should be undertaken before assessing perpetrators of domestic abuse or providing interventions to address abusive behaviour. Practitioners without that skill base should focus their interventions on the safety of adult victims and children, and signpost perpetrators to specialist services.

The Drive Project

Drive works with high-harm, high-risk and serial perpetrators of domestic abuse to prevent their abusive behaviour and protect victims. High-risk, high-harm perpetrators are those who have been assessed as posing a risk of serious harm or murder to people they are in intimate or family relationships with. Drive challenges and supports perpetrators to change and works with partner agencies – like the police and social services – to disrupt abuse. Further information can be found here

Men and Masculinities

In South Gloucestershire there is a new service available for men who want to make changes to their abusive behaviours towards partners or family members. The Men & Masculinities programme is for those who are aware that their relationships have become distressing and damaged by their behaviour. The programme will create a safe and supportive space to help explore what it means to be a man, a partner and a father. It addresses the impact of conflict, anger and anxiety on relationships and helps try to rebuild the lost trust. Programme participants can self-refer or be referred by a support worker or other professional at mmreferralssg@cranstoun.org.uk
Further information can be found here

Perpetrators with care and support needs

It is important to recognise that some adults with care and support needs can themselves be domestically abusive and that this can be hidden, or go unrecognised, by family members or professionals. The abuse may have been present for many years and the abuser's care and support needs may have been used as an excuse for their behaviour, even in situations where they have capacity to choose to control their actions.

Appendix 1. Services available in South Gloucestershire

Next Link Domestic Abuse Service

Referral Route

Next Link receive all referrals from professionals and self-referrals from service users through contacting the Telephone Advice and Helpline on **0800 4700 280**.

Telephone advice and helpline: Mon to Fri 8.30 am -5.30pm & Sat 9.30am – 1pm.

All referrers can speak to a worker who can take all relevant information to make safe contact with the service user.

All service users are put through to our triage advice service. All victims asking for support are offered a relevant service that meets their needs and responds to their immediate safety risks. Callers wanting advice and guidance can access our accredited advice service.

Service users can also talk anonymously with our support workers through our live chat helpline accessed through our website on http://www.nextlinkhousing.co.uk/southglos/contact/.

Safe Houses for Women and Families

Next Link have safe houses across South Gloucestershire including houses for women and children, a house for single women, and a house for women with complex needs.

The housing is direct access and women and children can move in immediately if there is a vacancy and can stay for up to six months.

During their stay we will provide emotional and practical support including benefits, support with children, legal options, staying safe and support to help victims to move on to alternative accommodation.

Safe Houses for Men

We have a house for male victims, it is direct access and men can move in immediately if there is a vacancy and can stay for up to six months.

During their stay we will provide emotional and practical support including benefits, support with children, legal options, staying safe and support to help victims to move on to alternative accommodation.

Outreach IDVA Services

This service offers support to women and men who are assessed as high risk victims of domestic abuse. They may want to remain home safely and want to remove their violent partner or feel unsafe at home and need to go to a Safe house or may want to stay at home and are not ready to leave their violent partner.

Practical and emotional support is given to help victims to keep safe and also help with any court proceedings, legal options, housing options, connecting into the community and planning for the future.

Community Outreach Services

This service offers support to female and male victims who assessed as being at medium or standard risk of Domestic Abuse. Again they may want to remain home safely and want to remove their violent partner or feel unsafe at home and need to go to a Safe house, or may want to stay at home and are not ready to leave their violent partner.

Practical and emotional support is given to help victims to keep safe and also help with any court proceedings, legal options, housing Options, connecting into the community and planning for the future.

Identification and Referral to Improve Safety (IRIS)

For many victims of domestic abuse going to see the doctor is the only safe place they can go without their violent partner present.

Our specialist domestic violence advocate-educators train and support primary care clinicians to recognise domestic abuse and refer their female patients to our service.

The IRIS workers offer emotional and practical support and if appropriate help to access a range of specialist services.

A&E Independent Domestic and Sexual Violence Advisor (IDSVA)

The A&E IDSVA will provide an immediate support service to female and male victims of domestic abuse accessing Emergency Department and Maternity Services at Southmead Hospital.

They will provide advice and support at the point of crisis, making A&E a safe space where support is provided and choices are offered. The IDSVA will make appropriate safeguarding and provide support for up to 4 weeks and make referrals for ongoing support.

The A&E IDSVA also work closely alongside hospital staff, providing training and raising awareness to support the disclosure of domestic violence and abuse.

Group Programme

A variety of pattern changing courses run in South Glos. These include the Freedom Programme, Recovery Toolkit, CRUSH for young people and peer support groups. The service will be open to all victims aged 16 years and over regardless of if they are using any of our other services

The programmes focus is on both emotional and practical support including; understanding the dynamics of domestic abuse, self-esteem, confidence, coping strategies, skills and competencies, building friendship network, independence, ambition.

Appendix 2: Mankind

The Mankind Initiative is the principal, expert and specialist charity in the UK focusing on male victims of domestic abuse. The charity collaborates and works in close partnership with other organisations and practitioners to support these victims too.

Our confidential helpline is available for male victims of domestic abuse and domestic violence across the UK as well as their friends, family, neighbours, work colleagues and employers.

We provide an information and signposting service to men suffering from domestic abuse from their current or former wife, partner (including same-sex partner) or husband. This can range from physical violence or object throwing to abuse such as constant bullying or insults.

We have also produced a directory of local services (called the Oak Book) which support male victims, so please visit this section to find the service in your community.

We receive calls from male victims of domestic abuse across all age ranges and professions:

- From delivery drivers and doctors to bankers and builders
- From men in their 20s to men in their 80s
- From men in England, Northern Ireland, Scotland and Wales.

The helpline also welcomes calls from friends, family members, neighbours, colleagues and employers of male victims seeking information. We also receive calls from support organisations, charities and statutory agencies such as local authorities and police forces.

Male Victims of Domestic Abuse – Please call our confidential helpline open Monday – Friday 10am to 4pm (excluding bank holidays)
FREEPHONE 0808 800 1170
(will not show on your bills)
HELPLINE 01823 334 244
(for those with inclusive minutes)

Access the website Help For Male Victims - ManKind Initiative

Appendix 3: Further information about domestic abuse

South Gloucestershire Council offers training to all its staff and partners in relation to domestic abuse. Further information can be found here

The South Gloucestershire Safeguarding Adults Board provides further information about domestic abuse here

Information about Power and Control Wheels can be found here

Information about legal action can be found here