

3.1 Purpose

The purpose of this guidance is to help practitioners understand the links between Safeguarding Adults and Domestic Abuse. This will then enable practitioners to identify Domestic Abuse services, which the victim/survivor can access. This guidance should be used with the Directory of Services.

3.2 What is?

Domestic Abuse	Safeguarding Adults
<p>The government paper 'Safety and Justice 2004' defines domestic abuse as being:</p> <p>'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'</p> <p>An adult is anyone over the age of 18.</p> <p>Family members are mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or stepfamily.</p> <p>Domestic abuse affects anyone regardless of gender, race, ethnic or religious group, class, sexuality, disability, age or lifestyle.</p> <p>Forced marriages and so called 'honour crimes' should be seen in the context of domestic abuse.</p>	<p>The Association of Directors of Adult Social Services (ADASS) in 2005 defined Safeguarding Adults as:</p> <p>"all work which enables an adult who is or may be eligible for community care services to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect"</p> <p>Abuse of adults at risk can be physical, emotional, sexual, financial, discriminatory, institutional or can be neglect or an act of omission.</p> <p>Adults at risk may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.</p>

3.3 When is Safeguarding Adults also Domestic Abuse

Safeguarding Adults is also Domestic Abuse when the victim/survivor is:

- **A adult at risk** (as per the No Secrets definition and Safeguarding adults Multi Agency Policy and Procedure for West Midlands)
- **Has experienced physical, sexual, emotional or financial abuse and**
- **The person causing the harm is or was an intimate partner of family member regardless of gender or sexuality.**

3.4 Understanding Domestic Abuse & the links to Adults at Risk

Women's Aid describes Domestic Abuse as:

Domestic abuse is physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so-called 'honour crimes'. Domestic abuse may include a range of abusive behaviours, not all of which are in themselves inherently 'violent'. [When the victim/survivor is an adult at risk this is also Safeguarding Adults.](#)

Research shows that Domestic Abuse is most commonly experienced by women and perpetrated by men. Any woman can experience domestic abuse **regardless of race, ethnic or religious group**, class, disability or lifestyle. [There is not as much research into Adult Abuse as there is into Domestic Abuse.](#) But the research that is available from Action on Elder Abuse and from Kings College London into the national prevalence in the UK of mistreatment & abuse of people over 65 identified that: Women are more likely to experience mistreatment than men. And spouse/partner and other family members are the most reported perpetrators.

The majority of abusers are men, but in other respects, they vary: abusers come from all walks of life, from any ethnic group, religion, class or neighbourhood, and of any age.

Domestic abuse can also take place in **lesbian, gay, bi-sexual and transgender** relationships, and can involve other family members, including children.

All forms of domestic abuse - psychological, economic, emotional and physical - come from the abuser's **desire for power and control** over other family members or intimate partners. Although every situation is unique, there are **common factors** involved.

Abusers choose to behave the way they do to get what they want and gain control. Domestic abuse is 'caused' by the **misuse of power**.

Domestic abuse is **learned intentional behaviour** rather than the consequence of stress, individual pathology, substance use or a 'dysfunctional' relationship. Perpetrators of domestic abuse frequently **avoid taking responsibility** for their behaviour, by **blaming** their violence on someone or something else, denying it took place at all or minimising their behaviour. **Abusers of adult abuse also behave in the way they do to get what they want and to gain control. Adult abuse is also a misuse of power. Perpetrators of adult abuse also avoid taking responsibility for their actions and behaviour blaming stress, challenging behaviour, entitlement or stating it was the individuals "choice".**

At least 1 in 4 women experience domestic abuse in their lifetime and between 1 in 8 and 1 in 10 women experience it annually. Less than half of all incidents are reported to the police, but they still receive one domestic abuse call every minute in the UK.

Women with disabilities are:

- Twice as likely to experience gender based violence than non-disabled women.
- Likely to experience abuse over a longer period of time and suffer more severe injuries as a result.
- Less likely to seek help and often the help is not appropriate.
- Severely limited in their capacity to escape by their disability.
- Often subject to more acute abuse where the abusive partner is their carer and financial abuse is widely used.
- More likely to experience high levels of degrading emotional abuse and high level extreme sexual violence.
- Fearful of being placed in an institution as the only means of escape.

Older women are:

- More likely to have the Domestic Abuse they suffer confused with Adult Abuse.
- Portrayed as vulnerable and in need of medical and social care AND the person causing harm is often excused of responsibility.
- Not seen as typical Domestic Abuse victims and face greater barriers.
- More reluctant to report Domestic Abuse and Adult Abuse and face more stigma and shame.
- Sometimes the carers of abusive partners.
- More likely to experience abuse from a son.
- Fearful of leaving a home of a lifetime and being placed in a care home as the only means of escape.

Mental health and substance misuse:

- Women who have experience Domestic Abuse and Abuse are significantly more likely to experience depression, anxiety, despair, trauma symptoms, self harm and suicide and be service users of mental health services.
- Some women are introduced to substances by their violent partners in order to increase their control over them.
- Mental health and drug & alcohol professionals tend to underestimate the proportion of their female clients who experience domestic abuse.
- One-third of women attending emergency departments for self-harm were domestic abuse survivors and 50% of women of Asian origin who have attempted suicide or self-harm are domestic abuse survivors.
- Women experiencing domestic abuse are up to fifteen times more likely to misuse alcohol and nine times more likely to misuse other drugs than women generally.
- When a woman seeks support, information or treatment for her substance misuse, her partner may become even more abusive, or may actively prevent or discourage her attendance at a substance misuse service.
- Women with problematic substance use who also experience domestic abuse are particularly likely to feel isolated and doubly stigmatised. They may find it even harder than other women to report or even to name their experience as domestic abuse; and when they do, are in a particularly vulnerable position, and may be unable to access any suitable sources of support.

Adults with Learning Disabilities

- There is very little information or data on the prevalence of Domestic Abuse with adults with learning disabilities.
- Adults with learning disabilities can be victims of Forced Marriages, which is often seen as a way of obtaining a carer for the adult, or a way of securing a person a visa to come to this country. Also some cultures believe a forced marriage will “cure” the learning disability.
- It is reasonable to conclude adults with learning disability may not have access to information about Domestic Abuse if the only format available is traditional written text documents.

3.5 The signs of domestic abuse & the link to Safeguarding Adults

- **Destructive criticism and verbal abuse:** shouting, mocking, accusing, name calling, verbally threatening. *With adults at risk, perpetrators often use the individual’s disability against them.*
- **Pressure tactics:** sulking, threatening to withhold money, disconnect the telephone, take the car away, commit suicide, take the children away, threaten to report a person to welfare agencies unless they comply with his demands regarding bringing up the children, lying to the victim’s friends and family about them, telling the victim that they have no choice in any decisions. *With adults at risk, perpetrators can threaten to put the victim into an institution or stop caring for them.*
- **Disrespect:** persistently putting the victim down in front of other people, not listening or responding when the victim talk, interrupting the victims telephone calls, taking money from the victims purse without asking, refusing to help with childcare or housework. *With adults at risk, perpetrators often use the individual’s disability against them and often will answer on the victim’s behalf thus taking control.*
- **Breaking trust:** lying to the victim, withholding information from the victim, being jealous, having other relationships, breaking promises and shared agreements. *With adults at risk, this is particularly prevalent with financial abuse when perpetrators financially abuse an individual.*

- **Isolation:** monitoring or blocking the victims telephone calls, telling the victim where the victim can and cannot go, preventing the victim from seeing friends and relatives. [With adults at risk, stopping services such as day care, respite care or domiciliary care support will prevent the victim having access to anyone else other than the person causing harm. Also perpetrators will often not allow the victim to see anyone on their own and will maintain they have to be present to support the victim.](#)
- **Harassment:** following the victim, checking up on the victim, opening the victim's mail, repeatedly checking to see who has telephoned the victim, embarrassing the victim in public. [With adults at risk, perpetrators often use the individual's disability or care needs against them – saying "who else will care for you?" etc. There is also a link here with Hate Crime.](#)
- **Threats:** making angry gestures, using physical size to intimidate, shouting the victim down, destroying the victims possessions, breaking things, punching walls, wielding a knife or a gun, threatening to kill or harm the victim and the children. [With adults at risk, perpetrators use their physical abilities and strength over victims and research shows physical abuse is the highest reported abuse. Perpetrators can also 'explain' bruising as part of the victim's condition.](#)
- **Sexual violence:** using force, threats or intimidation to make the victim perform sexual acts, having sex with the victim when the victim doesn't want to have sex, any degrading treatment based on the victim's sexual orientation. [With adults at risk, the key issues are consent and the victim's ability to physically stop the perpetrator.](#)
- **Physical violence:** punching, slapping, hitting, biting, pinching, kicking, pulling hair out, pushing, shoving, burning, strangling. [Research identifies physical abuse is the highest reported type of abuse experienced by adults at risk.](#)
- **Denial:** saying the abuse doesn't happen, saying the victim caused the abusive behaviour, being publicly gentle and patient, crying and begging for forgiveness, saying it will never happen again. [With adults at risk, perpetrators can dismiss the victim's accounts or physical signs due to the individual's disability, age, learning disability or mental health. Adults with disabilities can also become desensitised to abuse believing it to be normal.](#)

3.6 Possible Indicators of Domestic Abuse & Adult Abuse

Physical	Emotional / Psychological	Behavioural
<ul style="list-style-type: none"> • Bruises on body, particularly breasts, abdomen and upper inner thigh • Injury to face & neck – common injuries include perforated eardrums, detached retinas • Hair loss consistent with hair pulling • Frequent A & E visits • Multiple injuries at different stages of healing • Burns – cigarette burns, rope burns • Bilateral injuries – same injury on both sides of the body • Genital disease, issues or problems • Stress related ailments – headaches, irritable bowel syndrome • Chronic pelvic pain, urinary tract infection, pain on intercourse • Forced removal of sutures • Miscarriages, terminations, still births • Low birth weight babies • Fractures to foetus 	<ul style="list-style-type: none"> • Depression, anxiety, panic attacks • Post traumatic stress disorder – sleep patterns, nightmares, tension, fluctuations in mood, feelings of guilt, fear of approaching the place or situation that holds memories of the incident • Self harm • Attempted suicide • Vague symptoms and conditions • Withdrawing 	<ul style="list-style-type: none"> • Fearful, evasive, ashamed, anxious, apologetic, embarrassed or very passive • Presenting with vague symptoms • Frequent use of pain killers • Use of alcohol and drugs • Eating disorders / loss of weight • May attend late for appointments or may attend more frequently • Always accompanied by someone (partner) who answers on the persons behalf, or they defer to this person over everything • Explanation for injuries does not ‘fit’ the nature of the injuries. • Perpetrator may threaten or intimidate staff

3.7 The Safeguarding process

ALERT/REFERRAL

- All concerns or suspicions of abuse regarding an adult at risk must be accepted. When this abuse is suspected to also be domestic abuse, it is important to try and identify it as also domestic abuse as early as possible – this should be done by **Positive Questioning also known as Direct Questioning**. This will enable Domestic Abuse services to be considered or accessed. Positive questioning is asking the person directly about Domestic Abuse. Positive questions are closed questions which are very different to open questions generally used in Safeguarding Adults investigations. See appendix 1 for examples of Positive / Direct questions.

Research shows many women will not disclose abuse without being directly asked; they report they want to be asked.

- On receipt of a referral the paramount consideration is to **ensure** the safety of the abused (and any dependent child or other adults at risk).
- When considering contact with victims of Domestic Abuse ask “**will my intervention leave this person (and any dependent children or other adults at risk) in greater safety or greater danger?**”
- We must always identify with the victim the best way to contact them. Sending letters or written information may place them at further risk. Similarly leaving a message on an answer phone may place them at risk. Passwords or phrases can be useful. This will be recorded on the Protection Plan.

STRATEGY DISCUSSION OR MEETING(S)

This part of the Safeguarding Adults process is very important when the abuse is also considered to be domestic abuse. The strategy discussion or meeting **MUST** be multi agency and domestic abuse services should be included.

Individuals and agencies can make contact with the police via 999 or the Public Protection Unit for Solihull located in Chelmsley Wood. When making a domestic abuse alert/referral ensure, the police are informed the victim is an adult at risk who may need support from an advocate.

At this early stage the CAADA-DASH Risk Identification Checklist (RIC) **MUST** be completed. See Appendix 2. Individual situations which a professional considers to be serious or where the CAADA-DASH Risk Identification Checklist results in 14 or more ticks in 'yes' boxes will normally meet the MARAC referral criteria and a referral **MUST** be made. See Appendix 3 for the MARAC Referral pathway.

The strategy discussion or meeting **MUST** identify who should see the victim. **ALWAYS** - See the victim on their own.

The presence of a partner or a relative may constrain discussion of domestic abuse as this person may be the perpetrator or may wish to protect the perpetrator. Discussion should also not take place in the presence of children or other adults at risk. Seeing the victim on their own may sometimes be difficult without arousing the suspicions of a partner but it can be stressed that this is a routine practice, or a reason can be found to divert the partner elsewhere (filling in documentation etc). Think imaginatively about how the victim can be seen alone especially when they are reliant on their partner for all care needs.

ALWAYS - Consider the need for an interpreter or advocate. Some people may need someone else to be present (preferably of the same gender) either as an interpreter for different spoken languages, or for sign language or as an advocate particularly if the person has a learning disability or mental health problem. The person who is used as an interpreter should be an independent and professional interpreter rather than a family member or friend.

INVESTIGATION

- Identify who is going to investigate– Police or Social Care.
- Treat people with respect and dignity at all times; listen to what they are saying and do not be judgemental; establish empathy and trust.
- Seek to empower people to make informed decisions and choices about their lives, and do not try to make decisions on their behalf.
- Questions about domestic abuse should be asked in a sympathetic manner so that the woman can feel safe. Abused women may feel ashamed, humiliated, frightened, and are prone to blaming themselves. In this state, even the slightest hint that a worker is sceptical about her story, or feels that she is in some way responsible for the abuse may deter her from seeking the help she needs.
- Be clear about confidentiality and explain the limits, for example, if there are reasons to believe that a child or another adult may be at risk then complete confidentiality can not be maintained.
- During the investigation there may be a need to provide information to the victim. Providing information will help people to make informed decisions but it is important to recognise an individual may not wish to take leaflets which are clearly marked domestic abuse. If written information is not appropriate signposting individuals to phone numbers publicised in waiting rooms and ladies toilets or giving the individual help line numbers in other ways should be considered. If written information is appropriate ensure it is in a language the individual can read and if written information is not the media used by an individual, information may need to be translated into easy read.

See Appendix 4 for Good Practice for Domestic Abuse Do's and Don'ts.

CASE CONFERENCE

Most investigations should proceed to a case conference.

The case conference is the main forum for sharing information, analysing risk and planning for future protection and risk management.

The case conference should decide if:

- **No further safeguarding activity is required.** Further care management involvement or referral on to another agency may however be required.
- **A protection plan required.** An individual refusal to accept a protection plan must be recorded and alternative support and advice should be provided if possible.
- **A support plan is required for the person causing the harm if they are an adult at risk.** The needs of the person causing the harm if they are an adult at risk, must not be forgotten in the safeguarding adults process. The case conference must agree how, who and when the needs of the person causing harm if they are an adult at risk will be identified and actioned.
- **Any action is required in relation to the person causing harm.** Different action will be required depending on who the person causing harm is.
- **There are any issues for the services involved** -for example: staff training, staffing levels.
- **There are any issues for commissioning and contracting** – for example: specific services may need to be commissioned.
- **There are any issues for multi agency working.** For example: multi agency procedures require reviewing, there were concerns about a partner agency participating in the investigation, a SCR is required.

PROTECTION PLANS

The protection plan is the multi-agency plan that is made to stop the abuse or harm that has occurred **or** to keep the risk of abuse or neglect at a level that is acceptable to the person being abused or neglected **or** to support the individual continue in the risky situation if this is their choice and they have the capacity to make that decision.

Where domestic abuse has occurred or is suspected the following may be included in the protection plan:

Supporting someone to leave an abusive situation. There are several options when supporting an individual to leave an abusive situation, they include:

- Emergency refuge accommodation - Women's Aid, MABL – furniture support, Panahghar, Community clothing centre
- Emergency re-housing – Solihull Community Housing
- Residential / Nursing Care

Supporting someone to stay in an abusive situation. There are several options when supporting an individual to stay in an abusive situation, they include:

- Floating support – Women's Aid
- Sanctuary – Solihull Community Housing
- Homecheck - Solihull MBC
- Domiciliary care support
- Day care

Advocacy / Independent Domestic Violence Advocacy (IDVA). There are several different advocacy services

- MABL – Make A Better Life
- Age Concern
- Solihull Action Through Advocacy
- Making Space
- DIAL
- Alzheimer's Society
- POhWER

Providing counselling and support

Solihull MIND provide a counselling service, drop in centre, women only drop in sessions, Domestic Abuse support group for women, employment / training services. Group work regarding confidence building, housing, advocacy and mental health awareness training, art and craft sessions.

Aquarius -Solihull Alcohol Advice and Counselling Centre

Offers:

- Free, confidential support and advice to drinkers or relatives of drinkers, including victims of Domestic Abuse where the victims partner is a drinker
- Offers one to one counselling
- If both partners wish to be counselled, they would usually be seen separately.

Solihull Integrated Addiction Services (SIAS) provides a comprehensive treatment package to drug users in Solihull.

Considering children – Domestic Abuse has a major impact upon the health, welfare and education of children and your people. If there are child protection concerns a referral to DART (Duty and Referral Team).

Legal advice – Victims of abuse have a right to be protected under the law. The following civil remedies are available:

- Non-Molestation Orders
- Occupation Orders
- Criminal injuries compensation

The following agencies can help with advice on legal remedies:

- Citizens Advice Bureau
- Rights for Women Advice Line

Financial support – Victims of domestic abuse may need advice on financial matters, benefits or debt problems. The following agencies may be able to provide advice:

- DWP
- Citizens Advice Bureau
- Chelmsley Advice and Resource Agency (CARA)
- Money Advice Line (Solihull Community Housing)

PROTECTION PLANS continued

VEV – Visual Evidence for Victims. This service enables people to have evidence of a crime recorded by a voluntary agency, so the victim does not have to go to the police. Several agencies in the West Midlands have staff who are trained to use approved VEV cameras to record injuries or damage to property.

Victim support - staff and volunteers work in the community giving free and confidential help to victims of crime, their family, friends and other people affected. This ranges from information and emotional support to practical help in areas such as home security and filling in forms.

Witness support – the following agencies provide support to victims going to Court.

- Victim support
- Witness Care Team
- Witness Service Solihull Magistrates Court

PROTECTION PLAN REVIEW

The case conference will decide when the plan will be reviewed. It should be no less than every 6 months. Situation that have been identified as HIGH RISK using the Safeguarding Adults risk matrix should set a review date at no less than 3 months.

Stable situations may change from Protection Plan to Care Management after first review.

Examples of Positive/Direct questions

Positive Questioning also known as Direct Questioning will enable Domestic Abuse services to be considered or accessed. Positive questioning is asking the person directly about Domestic Abuse. Positive questions are closed questions which are very different to open questions generally used in Safeguarding Adults investigations.

Research shows many women will not disclose abuse without being directly asked; they report “they want to be asked”.

Suggested opening questions might be one of the following:

- “We know 1 in 4 women experience domestic abuse at some time in their lives, and that 1 in 9 has been hurt in the last 12 months. Has your partner or anyone else hurt or frightened you?”
- “As an adult, have you been emotionally or physically abused by someone important to you?”
- “In the last year, have you been hurt by someone like your partner or ex-partner?”
- “How safe or afraid do you feel in you current relationship?”

If the person hesitates, you can follow up with:

- “I am asking because I am concerned about your safety and to find if you need information or support. I will not tell your family or partner about what you say.”
- Because domestic abuse happens to 1 in 4 women at some point, I let every woman know there is information and help available (specify - such as in the waiting room or ladies toilets etc) and that women who are at risk can call a free national help-line etc.”
- Are you in a relationship with someone who hurts you or threatens you? Did someone cause these injuries?”

CAADA Risk Identification Checklist (RIC) & Quick Start Guidance for Domestic Abuse, Stalking and 'Honour'-Based Violence

These notes are to help you understand the significance of the questions on the checklist. Domestic abuse can take many forms:

- But it is usually perpetrated by men towards women in an intimate relationship such as boyfriend/girlfriend, husband/wife.
- This checklist can also be used for lesbian, gay, bisexual relationships and for situations of 'honour'-based violence or family violence.
- Domestic abuse can include physical, emotional, mental, sexual or financial abuse as well as stalking and harassment.
- They might be experiencing one or all types of abuse; each situation is unique.
- It is the combination of behaviours that can be so intimidating.
- It can occur both during a relationship or after it has ended.

The purpose of the RIC is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.

The RIC should be introduced to the victim within the framework of your agencies:

- **Confidentiality Policy**
- **Information Sharing Policy and Protocols**
- **MARAC Referral Policies and Protocols**

Before you begin to ask the questions in the RIC:

- Establish how much time the victim has to talk to you? Is it safe to talk now? What are safe contact details?
- Establish the whereabouts of the person causing harm and children;
- Explain why you are asking these questions and how it relates to the MARAC

Whilst you are asking the questions in the RIC:

- Identify early on who the victim is frightened of – ex-partner, partner, family member
- Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both domestic abuse and their sexual orientation or gender identity.

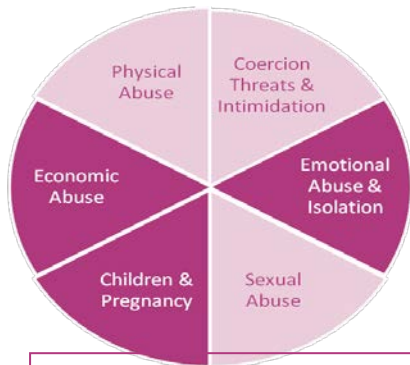
Revealing the results of the RIC to the victim:

- Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area's protocols when referring to MARAC and Children's Services.
- Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn't feel that their situation is being minimised and that they don't feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.

The responsibility for identifying your local referral threshold rests with your local MARAC.

Resources: Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services.



We ask about whether the victim is experiencing any form of **SEXUAL ABUSE** in question 16

- ✓ Sexual abuse can include the use of threats, force or intimidation to obtain sex, deliberately inflicting pain during sex, or combining sex and violence and using weapons.
- ✓ If the victim has suffered sexual abuse you should encourage them to get medical attention and to report this to the police. See above for advice on finding a Sexual Assault Referral Centre which can assist with medical and legal investigations.

We ask about **PHYSICAL ABUSE** in questions 1, 10, 11, 13, 15, 18, 19 & 23

- ✓ Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation.
- ✓ You should try and establish if the abuse is getting worse, or happening more often, or the incidents themselves are more serious. If your client is not sure, ask them to document how many incidents there have been in the last year and what took place. They should also consider keeping a diary marking when physical and other incidents take place.
- ✓ Try and get a picture of the range of physical abuse that has taken place. The incident that is currently being disclosed may not be the worst thing to have happened.
- ✓ The abuse might also be happening to other people in their household, such as their children or siblings or elderly relatives.
- ✓ Sometimes violence will be used against a family pet.
- ✓ If an incident has just occurred the victim should call 999 for assistance from the police. If the victim has injuries they should try and get them seen and documented by a health professional such as GP or A&E Nurse.

CHILDREN & PREGNANCY – Questions 7, 9 & 18 refer to being pregnant and children and whether there is conflict over child contact.

- ✓ The presence of children including step children can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.
- ✓ Physical violence can occur for the first time or get worse during pregnancy or for the first few years of the child's life. There are usually lots of professionals involved during this time, such as health visitors or midwives, who need to be aware of the risks to the victim and children, including an unborn child.
- ✓ The perpetrator may use the children to have access to the victim, abusive incidents may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.
- ✓ Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children's Services.

ECONOMIC ABUSE – Question 20

- ✓ Victims of domestic abuse often tell us that they are financially controlled by their partners/ex-partners. Consider how the financial control impacts on the safety options available to them. For example, they may rely on their partner/ex-partner for an income or do not have access to benefits in their own right. The victim might feel like the situation has become worse since their partner/ex-partner lost their job.
- ✓ The Citizens Advice Bureau or the local specialist domestic abuse support service will be able to outline to the victim the options relating to their current financial situation and how they might be able to access funds in their own right.

COERCION, THREATS AND INTIMIDATION is covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 & 24.

- ✓ It is important to understand and establish: the fears of the victim/victims in relation to what the perpetrator/s may do; who they are frightened of and who they are frightened for (i.e. children/siblings). Victims usually know the abusers behaviour better than anyone else which is why this question is significant.
- ✓ In cases of 'Honour' Based Violence there may be more than one abuser living in the home or belonging to the wider family and community. This could also include female relatives.
- ✓ Stalking and harassment becomes more significant when the abuser is also making threats to harm themselves, the victim or others. They might use phrases such as "If I can't have you no one else can..."
- ✓ Other examples of behaviour that can indicate future harm include obsessive phone calls, texts or emails, uninvited visits to the victim's home, workplace etc, loitering and destroyed or vandalised property.
- ✓ Advise the victim to keep a diary of these threats, when and where they happen, if anyone else was with them and if the threats made them feel frightened.
- ✓ Separation is a dangerous time: establish if the victim has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
- ✓ Victims of domestic abuse sometimes tell us that the perpetrators harm pets, damage furniture and this alone makes them frightened without the perpetrator needing to physically hurt them. This kind of intimidation is common and often used as a way to control and frighten.
- ✓ Some perpetrators of domestic abuse do not follow court orders or contact arrangements with children. Previous violations may be associated with an increase in risk of future violence.
- ✓ Some victims feel frightened and intimidated by the criminal history of their partner/ex-partner. It is important to remember that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members, except for 'honour'-based violence, where the perpetrator(s) will commonly have no other recorded criminal history.

We ask about **EMOTIONAL ABUSE** and **ISOLATION** in questions 4, 5 & 12. This can be experienced at the same time as the other types of abuse. It may be present on its own or it may have started long before any physical violence began. The result of this abuse is that victims can blame themselves and, in order to live with what is happening, minimise and deny how serious it is. As a professional you can assist the victim in beginning to consider the risks the victim and any children may be facing.

- ✓ The victim may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.
- ✓ Victims of 'honour' based violence talk about extreme levels of isolation and being 'policed' in the home. This is a significant indicator of future harm and should be taken seriously.
- ✓ Due to the abuse and isolation being suffered victims feel like they have no choice but to continue living with the abuser and fear what may happen if they try and leave. This can often have an impact on the victim's mental health and they might feel depressed or even suicidal.
- ✓ Equally the risk to the victim is greater if their partner/ex-partner has mental health problems such as depression and if they abuse drugs or alcohol. This can increase the level of isolation as victims can feel like agencies won't understand and will judge them. They may feel frightened that revealing this information will get them and their partner into trouble and, if they have children, they may worry that they will be removed. These risks are addressed in questions 21 & 22.

CAADA-DASH Risk Identification Checklist (RIC)

Aim of the form:

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form:

Before completing the form for the first time we recommend that you read the full practice guidance and Frequently Asked Questions and Answers². These can be downloaded from www.caada.org.uk/marac.html

Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended Referral Criteria to MARAC

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.

¹ For further information about MARAC please refer to the CAADA MARAC Implementation Guide www.caada.org.uk.

² For enquiries about training in the use of the form, please email training@caada.org.uk or call 0117 317 8750.

3. **Potential Escalation:** the number of police callouts to the victim as a result of Domestic Abuse in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with 3 or more police callouts in a 12 month period but this will need to be reviewed depending on your local volume and your level of police reporting.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.

The responsibility for identifying your local referral threshold rests with your local MARAC.

What this form is not:

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of Domestic Abuse and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies³ for MARAC case identification when domestic abuse, 'honour'- based violence and/or stalking are disclosed.

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present <input checked="" type="checkbox"/>. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column</p>	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children). Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s)) try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

³ Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

Tick Box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Has (.....) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the person causing harm if relevant.) Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				

<p>For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, 'honour'- based systems and minimisation. Are they willing to engage with your service? Describe:</p> <p>Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:</p>	
<p>What are the victim's greatest priorities to address their safety?</p>	
<p>Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No If yes, have you made a referral? Yes/No</p> <p>Signed:</p> <p>Date:</p>	
<p>Do you believe that there are risks facing the children in the family? Yes / No If yes, please confirm if you have made a referral to safeguard the children: Yes / No Date referral made</p>	
<p>Signed:</p> <p>Name:</p>	<p>Date:</p>

Practitioner's Notes

If you are a professional working with domestic abuse and would like to know more about the Risk Identification Checklist you can find the following publications on our website:

CAADA-DASH MARAC Risk Identification Checklist (RIC) 2009 for the identification of high risk cases of domestic abuse, stalking and honour based violence - This is the downloadable version of the RIC which has a Severity of Abuse Grid (SAG). The SAG gives practitioners the chance to profile the domestic abuse in more detail and identify significant concerns which may be relevant to include in a safety plan or share at a MARAC.

Practice Guidance for Independent Domestic Violence Advisors (IDVAs) using the CAADA-DASH Risk Identification Checklist 2009 -This is a full and detailed guide for IDVAs and practitioners using the RIC. It takes you through the process of completing the RIC with your client and provides detail on why and how to ask each question. It also provides supplementary questions to gather additional detail about each risk factor and provides general safety planning advice. This is a helpful guide for IDVAs or practitioners new to the RIC and who want to become more familiar and confident in managing the process.

CAADA-DASH Risk Identification Checklist – without guidance -This is a basic version of the RIC to download and use in everyday practice.

CAADA-DASH Risk Identification Checklist – Frequently Asked Questions - This addresses a number of practical questions relating to the use of the checklist and the recent changes to the RIC.

For additional information and materials on Multi Agency Risk Assessment Conferences (MARACs), you can find the following on our website

The new MARAC Guide 2009 – From Principles to Practice -This provides detailed guidance on the whole MARAC process and is linked to the 11 Principles which form the basis of the Quality Assurance audit and national standards for MARAC. It is aimed to be used by MARAC steering groups, those MARACs approaching the QA audit and for MARACs who are seeking comprehensive guidance on implementation issues.

MARAC Representatives' Toolkit - The representatives' toolkit is designed to be used by MARAC representatives who attend the MARAC meeting itself. It highlights their crucial role in each stage of the process before, during and after the meeting.

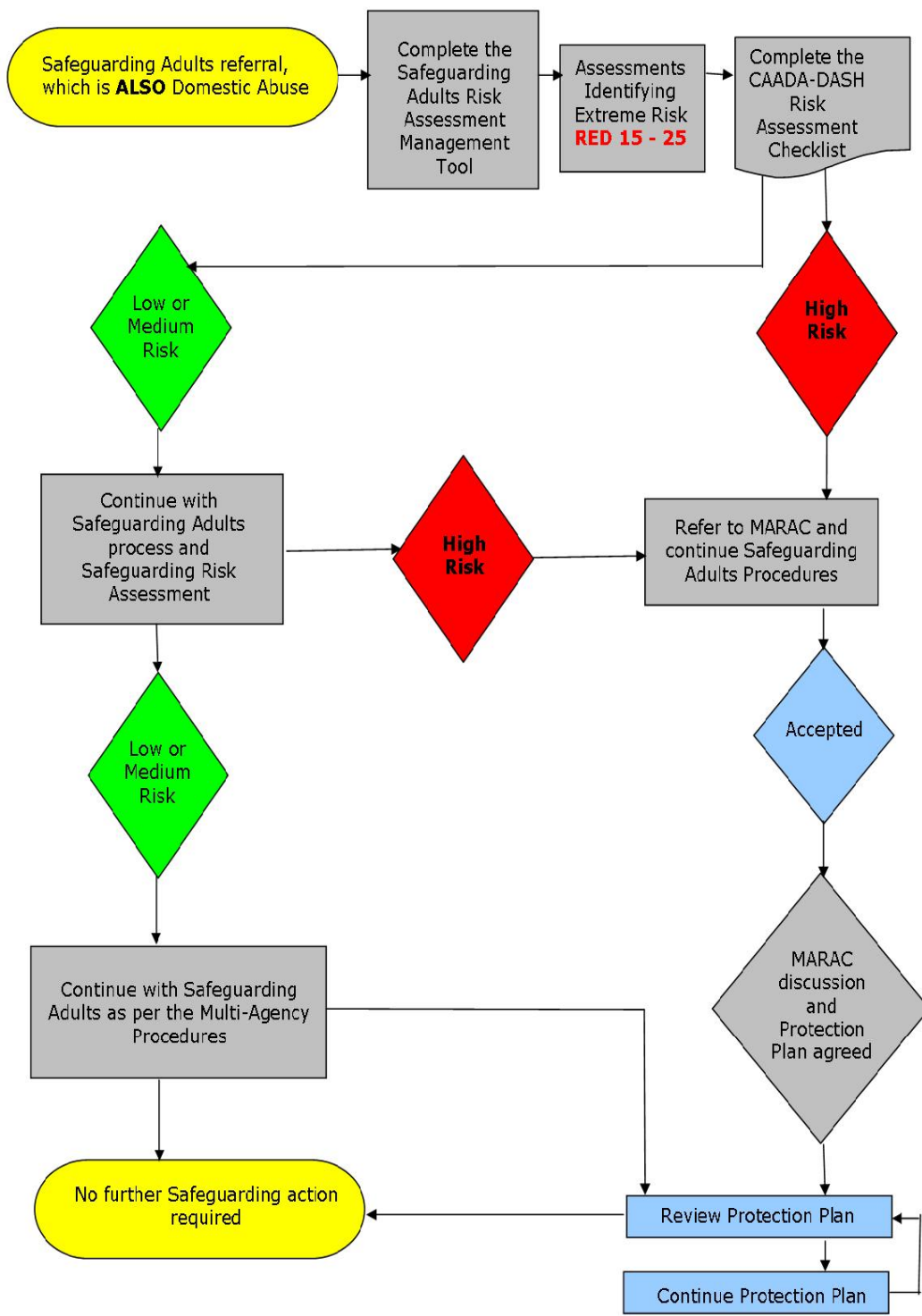
Toolkits for specific practitioners attending the MARAC -These are aimed at front line practitioners who may encounter a victim of abuse and consider a MARAC referral or who may be asked to undertake research on a MARAC subject or their children. The full range of agencies covered can be viewed on

our website this list is being expanded regularly so please keep an eye on this page for updates.

We also have a library of resources and information about your nearest IDVA training course, Continuing Professional Development for IDVAs and how to develop IDVA Services through our Leading Lights programme.

MARAC PATHWAY

Appendix 3



Good Practice for Domestic Abuse Dos and Don'ts.

Domestic Abuse is a pattern of controlling and abusive behaviour by one person over their partner/family members. It will rarely be one isolated incident and the abuse usually increases in incidence and intensity over time.

Explaining what domestic abuse is can help individuals to acknowledge that this is what is happening, what form it takes and how it affects individual's mental and physical health.

DO

Organisations

- **Do** make sure visual information about domestic abuse is available in communal areas such as posters, leaflets, phone numbers.
- **Do** make available and encourage staff to access training on domestic abuse.
- **Do** make sure your organisation has policies and procedures for Safeguarding Adults and Domestic abuse.
- **Do** make sure records are kept of all allegations, suspicions and referrals of Safeguarding Adults and Domestic Abuse.
- **Do** make sure staff working with Domestic Abuse victims have access to regular supervision and support.

Practice

- **Do** give priority to ensuring the immediate safety of the 'victim'.
- **Do** ensure that for at least part of the assessment women/victims are seen on their own and given time to share.
- **Do** be sensitive and believe her and take her seriously.
- **Do** reassure her that the abuse is not her fault and the result of any of her actions.
- **Do** remember that Domestic Abuse is about power and control so ensure that any interventions/ treatment offered are about empowering and

supporting her to make her own choices - ensure, as far as possible, that she is in control of what actions are taken.

- **Do** document any disclosure clearly in her notes – this will validate what she has told you and may be useful if she pursues criminal or civil action.
- **Do** make contact with local specialist Domestic Abuse services and discuss how you can work together and share expertise in supporting women accessing either service.
- **Do** check whether it is safe to send letters or ring her at home: safety is of paramount importance.
- **Do** discuss all options available to her.
- **Do** take personal responsibility when referring her elsewhere.
- **Do** carry out a risk assessment with her: explore risk to her - from her partner, herself, any other family members and any risks posed from engaging with other professionals.
- **Do** listen to her she will know the risks.

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- **Don't** ask her about the abuse whilst she is in the company of others.
 - **Don't** ignore your intuition if you suspect a person is being abused.
 - **Don't** hold joint sessions with her and her abuser or undertake family/ couples therapy or counselling when Domestic Abuse is present or suspected - this is dangerous.
 - **Don't** ask her if she provoked the abuse
 - **Don't** rush her into solutions and tell her to leave her partner. Although well intentioned, telling her what to do is what her abuser will probably have done.
 - **Don't** give the abuser the address and phone number of where she is staying under any circumstances.
 - **Don't** agree to pass messages on to her from the abuser to facilitate contact in any way.

Adapted from Birmingham & Solihull Mental Health Foundation Trust