

# **Working Together to Safeguard Adults and Children from Domestic Violence and Abuse Multi-agency Procedures**

**Published: March 2013**

**Reviewed: May 2017**

**Review: May 2018**

The logo for the Manchester Safeguarding Adults Board (MSAB) features the letters 'MSAB' in a bold, blue, sans-serif font. The letters are stylized with small white dots at the top and bottom of the vertical strokes, giving it a modern, interconnected appearance.

MANCHESTER SAFEGUARDING  
ADULTS BOARD

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MANCHESTER SAFEGUARDING  
CHILDREN BOARD

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## **Glossary**

Adult	Refers to people over 18 with needs for care and support (whether or not the local authority is meeting those needs)
BME	Black and Minority Ethnic Persons or Groups
CAADA (previously)	Co-ordinated Action Against Domestic Abuse – now SafeLives <a href="http://www.safelives.org.uk">www.safelives.org.uk</a>
CPS	Crown Prosecution Service
DV&A	Domestic violence and abuse
DVPN	Domestic Violence Protection Notice
DVPO	Domestic Violence Protection Order
EHA	Early Help Assessment
ESOL	English for Speakers of Other Languages
FGMPO	Female Genital Mutilation Protection Order
FMPO	Forced Marriage Protection Order
IDAP	Integrated Domestic violence and abuse Programme for perpetrators sentenced by Court run by Probation.
IDVA	Independent Domestic Violence Advisor. They are trained specialists who provide holistic support to the most at risk adults and families
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference – In a single meeting MARAC combines up to date risk information with a timely assessment of a victim’s needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case : victim children and perpetrator
MCC	Manchester City Council
MSAB	Manchester Safeguarding Adults Board a multi-agency partnership created to ensure that all organisations providing or commissioning services for adults in Manchester work in a coordinated way that promotes health and wellbeing, safeguarding and the protection of adults from abuse in Manchester
MSCB	Manchester Safeguarding Children Board is a statutory organisation whose main objective is to coordinate and ensure the effectiveness of work that is done in safeguarding and promoting the welfare of children and young people under the age of 18 in Manchester.
PTMWA	The Pankhurst Trust incorporating Manchester Women’s Aid
PPIU	Public Protection Investigation Unit
Sanctuary Scheme	Extra home security for those who no longer live with the perpetrator of domestic violence and abuse and want to remain safely in their own house
SARC	Sexual Assault Referral Centre
SDVC	Specialist Domestic Violence Court
MASH	Multi Agency Safeguarding Hub
Early Help	The role of the Early Help Team is to support professionals and agencies in their key role to support families as soon as needs are identified and to address those issues which can lead to escalation

## 1. Introduction

- 1.1 These multi-agency procedures are for all staff and managers working within any Manchester service that supports adults and / or children who may be affected by domestic violence and abuse. It outlines practical, good practice approaches for responding to adults and families who are affected by domestic violence and abuse and those adults who perpetrate it.
- 1.2 **Our Definition**  
Manchester adopts the Home Office definition of domestic violence and abuse (DV&A) which is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or trans status.<sup>1</sup> The abuse can encompass, but is not limited to, psychological, physical, sexual, financial and emotional abuse.
- 1.3 Controlling behaviour is a range of acts 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.
- 1.4 Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten the victim. This is not a legal definition.
- 1.5 The definition also includes so-called honour-based violence, female genital mutilation (FGM) and forced marriage.

At this stage it must be acknowledged that some of these forms of DV&A are not currently recorded on our systems, and where cases are recorded it is not always clear whether they reflect current or historic abuse. Different forms of domestic violence and abuse may require different responses.

- 1.6 *Coercive control (intimate terrorist)*  
The basic pattern of coercive control is the use of multiple control tactics (violent and non-violent) to attempt to take general control over one's partner. Specific control tactics vary from case to case involving different combinations of economic control, isolation, emotional abuse, intimidation, use of children and other control tactics.

It is hoped that the Government's new coercive or controlling behaviour offence will mean victims who experience the type of behaviour that stops short of serious

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<sup>1</sup> The Home Office definition states gender and sexuality. In Manchester we have chosen to include the words sexual orientation or trans status to be inclusive of all marginalised groups that may experience domestic violence and abuse in our city.

physical violence, but amounts to extreme psychological and emotional abuse, can bring their perpetrators to justice.

1.7 *Violent resistance – resisting the intimate terrorist*

The basic pattern is where one partner becomes controlling or frightening, and the other partner may respond with violence. This is not always in self - defence. In heterosexual relationships, most violent resisters desist and turn to other options to stop the violence, such as escape. This kind of violence occurs in response to a perceived threat, maybe one-time event, and is not part of a pattern of control and manipulation.

1.8 *Situational couple violence*

The basic pattern of situational couple violence is when conflict turns into arguments that escalate. Men and women do this, but men's violence is much more likely to injure and frighten. There is a huge variability in reported incidents; for example, for 40% of people this could be only one incident, but this type of domestic violence can involve chronic and severe violence. Underlying causes of chronic conflict can include substance misuse, anger issues and communication issues.

However, it should be noted that some perpetrators and victims of coercive control may seek to portray their behaviour as situational couple violence, so clear guidance and support for staff is needed to ensure this definition is applied with care and should only be applied following an in depth risk assessment of both parties by a Domestic Violence and Abuse specialist.

1.9 *Female genital mutilation*

Manchester adopts the World Health Organization's definition of female genital mutilation (FGM). FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is a criminal offence. This is a high-risk area of domestic violence and abuse, so Manchester City Council will give this work a high strategic priority in its collective response.

1.10 *Forced marriage*

Manchester adopts the forced marriage unit definition. Forced marriage is when someone experiences physical pressure to marry (e.g. threats of physical violence or sexual violence) or emotional and psychological pressure (e.g. being made to feel they are bringing shame on the family). This is another high-risk area of domestic violence and abuse, so Manchester City Council will give this work a high strategic priority in its collective response.

1.11 *Adults with care and support needs*

The Care Act 2014 recognises DV&A in situations where an adult who has care and support needs is being harmed or abused by an intimate or close family member in a way which could be defined as domestic abuse as well as adult safeguarding. Adults with care and support needs may have physical or mental health needs or substance

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misuse issues for example which can be compounded by the domestic violence or abuse that they have experienced:

- More than 50 per cent of disabled women in the UK may 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<sup>9</sup>.
- Survivors of DVA may be more likely to use drugs or alcohol to cope with abuse and therefore have care and support needs from local services.
- Older adults and those with disabilities may be more physically vulnerable, less able to access services, may rely on their abuser for care and often face many other obstacles to achieving freedom and safety.
- Unpaid carers who are usually family and friends may receive abuse from a loved one and will need support which covers both Adult Safeguarding and DVA legislation and support.

Manchester services will recognise where there is an overlap between adult safeguarding and domestic abuse and offer people a full range of information and options to meet the needs of their individual situation.

Magowan, P. (2004). 'The impact of disability on women's experiences of domestic abuse: An empirical study into disabled women's experiences of, and responses to domestic abuse', ESRC/PhD research. Nottingham: University of Nottingham.

**1.12** *Where domestic violence and abuse is not always the only complicating factor*

For some families and couples, domestic violence and abuse can be part of a wider set of challenges they face. Other issues often prevalent in safeguarding work can include substance misuse and/or unmet mental health needs, as well as domestic violence and abuse.

**1.13** *Young people aged under 18 who are violent towards their parents*

We consider children and young people who use violence towards their parents as being a safeguarding issue; they may have experienced abuse or neglect and their behaviour may be a symptom of this, whatever the reason they will need support to become a healthy adult in the future; as such, this requires a different kind of approach than is ordinarily used for domestic violence and abuse. This will require a more systemic understanding of what the reality is like for families where this happens, and will require a more explicit framework than the current statutory safeguarding responses. We acknowledge that there are few current interventions and services identified nationally to address this. We will continue to work with services for young people and academics in Manchester who lead on this work to identify a range of solutions to address this gap.

*Young people in abusive relationships*

More than half of young adults aged 16-21 reported experiencing controlling behaviour from a partner, according to '**Define the Line**', a 2017 study by Refuge and Avon

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One third (32%) of young people said that a controlling partner had prevented them living their life, and 2 in 5 (39%) think these types of behaviours are not talked about enough, according to the 'Define the Line' study

Over half of young women aged 18-21 reported experiencing at least one abusive incident from a boyfriend, husband or partner in a 2009 Refuge and YouGov survey. 2009 research by Bristol University and the NSPCC showed that 27% of teenage girls aged 13-17 had experienced sexual violence in their relationships

A 2005 NSPCC and Sugar magazine survey showed that 40% of teenage girls would consider giving their boyfriend another chance if he hit them, and one third said that cheating justified the use of violence

In a 2009 NSPCC survey, one quarter of girls aged 13-17 reported experiencing intimate partner violence; one in nine female respondents had experienced severe physical violence; and almost three quarters of girls had experienced emotional abuse

The cross-government definition is from age 16. Teenagers and young people can also be in an abusive relationship with their peers or intimate partners and be at risk of child sexual exploitation.

1.14 The guidance outlined in this document recognises that **our priority in this area is the safeguarding of children and adults**. It DOES NOT replace existing safeguarding children or adults procedures. As such, this protocol should be read alongside:

- MSCB Safeguarding Children Procedures (last revised 2010) which can be found at [www.manchestersafeguardingboards.co.uk](http://www.manchestersafeguardingboards.co.uk)
- Safeguarding Adults Multi-agency Safeguarding Policy (last revised 2015) which can be found at [www.manchestersafeguardingboards.co.uk](http://www.manchestersafeguardingboards.co.uk)
- Greater Manchester Safeguarding procedures which can be found at [greatermanchesterscb.proceduresonline.com](http://greatermanchesterscb.proceduresonline.com)
- Your organisation's employee policy/procedures for staff who are victims or perpetrators of domestic violence and abuse.

## **2. Principles of the Domestic violence and abuse procedures**

### 2.1

- Professionals acknowledge and respect the choices of victims but ensure that they fulfil the legal requirement to safeguard and support children and adults as a priority.
- Protecting and supporting the primary victim helps to safeguard children and any non-abusing adults in the family.
- Enhanced assessment and referral processes implemented by a multi-agency workforce who are trained in responding to domestic violence and abuse are key to effective prevention and risk management.
- Positive and sustainable outcomes can only be achieved by taking a holistic and preventative approach to the needs of individuals and their families.

### 2.2

If you need guidance or support to implement these procedures you should speak to your manager in the first instance. Alternatively, you can seek advice from a safeguarding lead / designated person.

## **3. Impact of domestic violence and abuse**

### 3.1

The impact of domestic violence and abuse on children and adults can be devastating. It can prevent a child achieving their full potential in terms of growth and development and lead to long term emotional and social difficulties. It can result in physical, emotional and financial harm of an adult and affect their ability to care for others and themselves. Domestic violence and abuse can result in children and adults experiencing poor mental and physical health, being isolated from family and friends, misusing substances (often as an attempt to cope with their circumstances) and for some – primarily women and their children - the domestic violence and abuse will result in serious injury or death.

## **4. Roles and Responsibilities**

### 4.1

The guidance on the following pages has been divided into specific roles – “Alerter” and “Assessor”.

#### **“Alerter”**

### 4.2

You are an “alerter” if you work in back-office role OR if you work in a frontline role but are not responsible for conducting in-depth or holistic assessments.

- 4.3 Examples include: reception staff, school staff, GP's within the IRIS model, back office staff, environment officers, commissioning staff, project staff, officers who work in human resources and some managers.

### **“Assessor”**

- 4.4 You are an “assessor” if you work in any assessment or support role that requires you to complete assessments of risk with people.

You could also be an “assessor” if you are a designated person (for example, within a school) or if you act as an Early Help keyworker/lead professional.

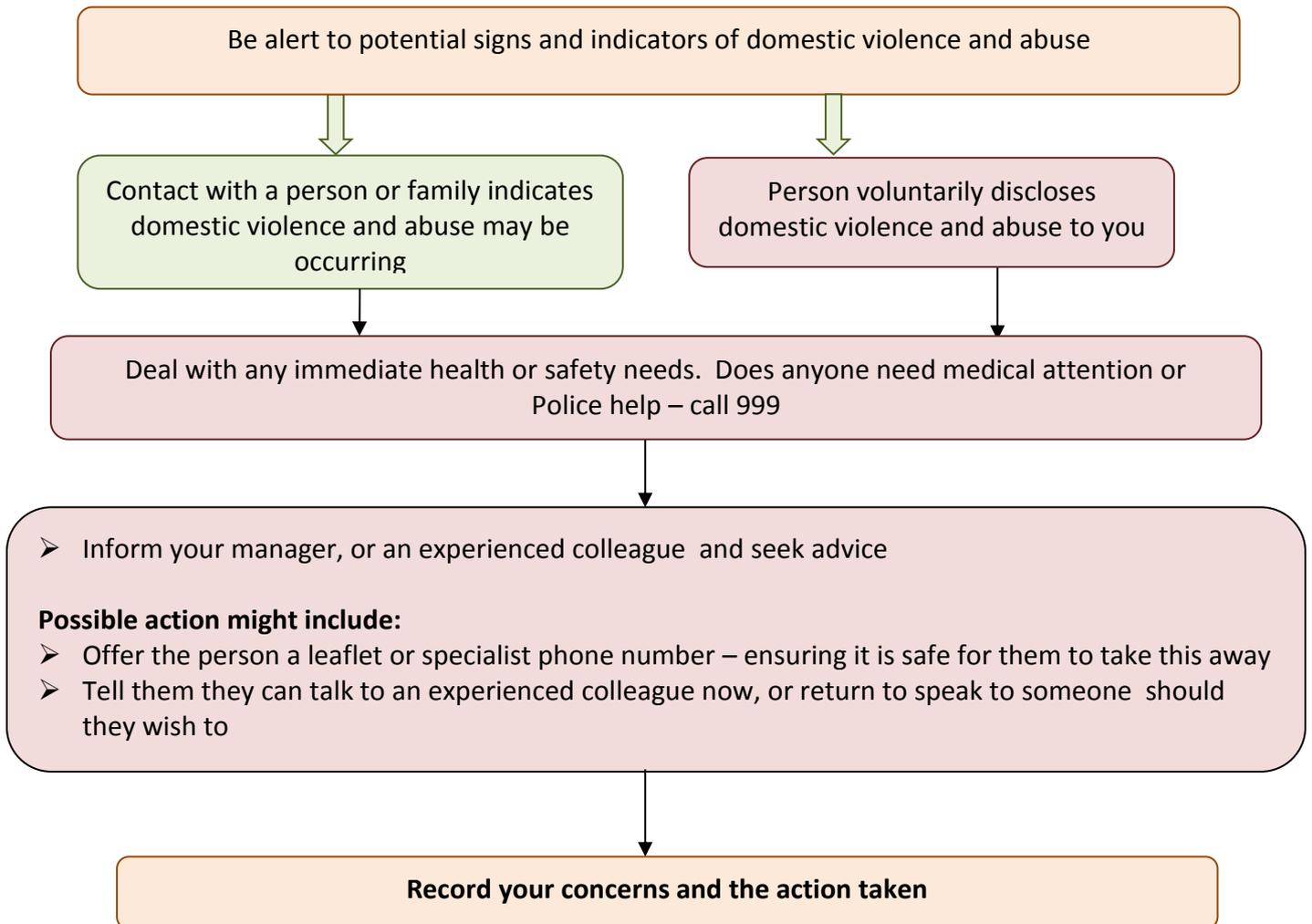
- 4.5 Examples of the job roles this would encompass are: housing related support workers, homelessness staff, social workers, specialist substance misuse workers, mental health practitioners, police officers, midwives, health professionals, health visitors, probation staff and some managers.

- 4.6 To enable professionals to effectively enquire into domestic violence and abuse it is recommended that all organisations review existing assessment processes and consider how they might integrate safe and selective questions about domestic violence and abuse and which roles this would apply to for women and for men if this isn't already reflected in assessment documentation. This should reflect professional guidance (i.e.: NICE 2014 DV&A guidance)

- 4.7 Regardless of your role you should:

- Listen to what you are being told and believe the person – don't patronise or assume you know the best course of action to follow.
- Prioritise the safety of the family – with the safety of a child and adult with care and support needs being paramount. Acting on a concern is vital but HOW you do that is important, before you do anything, check: **“will what I am about to do improve safety?”**
- Be supported by your organisational policies and training
- Follow your local organisational policies and take advice from your safeguarding lead.

## Alerter Flowchart



### DO

- ✓ Have posters and leaflets in public places
- ✓ Prioritise the safety of the family
- ✓ Report concerns to a manager / enquirer
- ✓ Show you believe them if they disclose safe
- have to have all the answers
- ✓ Take care of yourself and colleagues
- ✓ RECORD what happened
- ✓ Ensure the information is shared appropriately safeguard others

### DON'T...

- X Do nothing
- X Take action that will increase risk
- X Talk to someone with others around
  - X Write / phone without checking it's
  - X Assume you
- X Tell the person what to do
- X Promise not to tell anyone - you may need to share information to

\* **Contact Manchester** 0161 234 5001 email: [mcsreply@manchester.gov.uk](mailto:mcsreply@manchester.gov.uk) FAX: 0161 255

## **The Process for Assessors**

- 4.8 You are an “assessor” if you are someone that is required to complete an assessment of risk as part of your role.

**It is the responsibility of these professionals to safely enquire into domestic violence and abuse.**

## **Safe enquiry**

- 4.9 Selectively asking about whether someone is experiencing domestic violence and abuse is known as “safe enquiry”.<sup>2</sup>
- 4.10 Research into routine enquiry has only been done with women and is currently promoted within trained staff in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children’s and services for adults with care and support needs. We therefore recommend that all Manchester organisations consider introducing, safe enquiry for questions about domestic violence and abuse within assessments with women.
- 4.11 Selectively enquiring into domestic violence and abuse with men, when there are indicators that he may be experiencing abuse, would be good practice.
- 4.12 It is strongly advisable to have had domestic violence and abuse training before enquiring into domestic violence and abuse. Training can include classroom based sessions or mentoring from a trained and experienced colleague – or from a domestic violence and abuse specialist.
- 4.13 Such enquiry is only effective if it is **done safely** – this includes using professional interpreters (not family members) and not enquiring about abuse in front of children or in an environment where others may hear or with anyone else present.
- 4.14 Offer a leaflet or specialist phone number discretely even if a disclosure is not made, but only when it is safe to do so<sup>3</sup>.

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<sup>2</sup> For additional information and guidance about safe enquiry see appendix 2

<sup>3</sup> See appendix 4

**Guidance for when a victim withdraws/denies or retracts an allegation  
outside of the criminal justice system**

First and foremost when a disclosure is made a Manchester Multi Agency Domestic Violence and Assessment form should be completed (aka DASH/RIC). The referral pathway for all levels of risk is on the front page of the referral form.

Reassure the victim that support is available if they want help. Try to establish the reason for the withdrawal/denial/retraction and consider: coercion and controlling behaviour, fear of consequences, witness intimidation and any cultural or physical barriers to accessing support.

Agencies can refer to MARAC on professional judgement without consent but a rationale for this should be explained clearly in the referral and management authorisation should be sought

If the MARAC threshold is not met then discuss a referral to Manchester Women's Aid, Saheli or Victim Support. If the victim declines a referral then provide them if safe to do so the number of the confidential domestic abuse helpline. (0161 636 7525).

Where possible still discuss basic safety planning and as a minimum to ring 999 if they feel they are in danger. (Further safety planning guidance is available at [www.womensaid.org.uk/the-survivors-handbook/making-a-safety-plan/](http://www.womensaid.org.uk/the-survivors-handbook/making-a-safety-plan/) ).

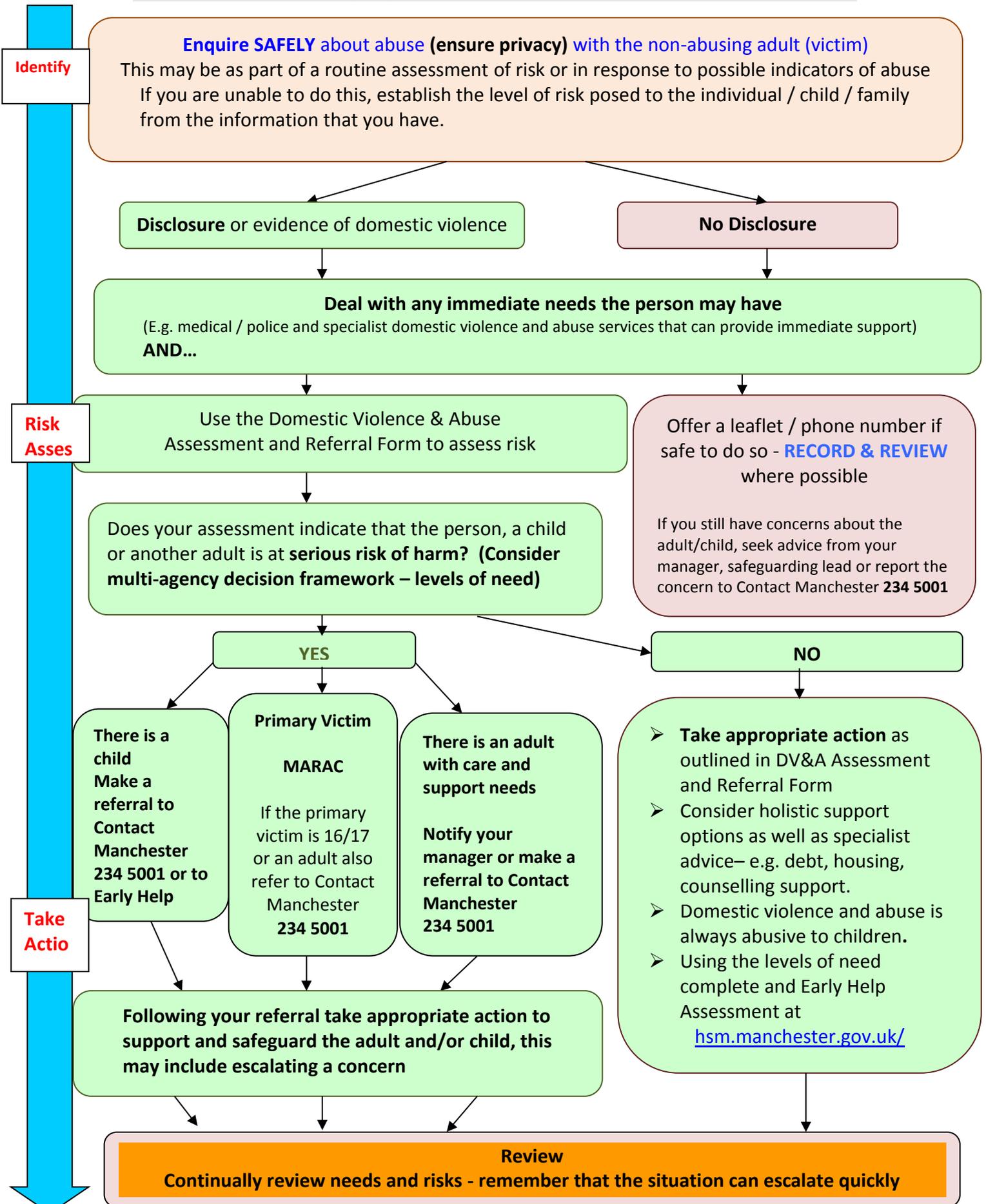
If a victim does not consent or declines a referral and there are still concerns then agencies should seek advice from their safeguarding lead. Agencies should always follow relevant safeguarding children and adult at risk policy guidelines and consider all other information available and include this if making a referral.

Referrals for adults or children can be made to Contact Manchester 0161 234 5001  
Fax: 0161 255 8266 email: [mcsreply@manchester.gov.uk](mailto:mcsreply@manchester.gov.uk)

\*NB agencies can also call any of the Domestic Violence and Abuse specialist services for advice.

- Independent Domestic Violence Advice Service 0161 234 5393
- Women's Aid 0611 6607999
- Saheli (South Asian Women's project) 0161 945 4187
- Victim Support 0808 16 89 111
- Confidential Domestic Abuse helpline 0161 636 7525

**Enquiry and Assessment Flowchart**



## 5. Children

### Indicators of abuse

- 5.1 There are a range of possible indicators that a child may be affected by domestic violence and abuse that includes:
- Injuries as a result of direct physical abuse or accidents in the home – possibly due to poor supervision or perhaps being caught up in the abuse.
  - Poor attendance at school or missed appointments e.g. with health professionals.
  - Crying for no apparent reason, withdrawn or inexplicable feelings of anger, sadness or worthlessness.
  - Post-traumatic stress symptoms (nightmares, flashbacks, intrusive thoughts etc.).
  - Development delay.
  - Extreme anxiety and fear.
  - Self-harming including suicide attempts.
  - Aggressive or anti-social behaviour which may be towards their parent/carer.
  - Emotional neglect or sexual abuse.
  - Notable changes in behaviour.
  - Going missing from home.
  - Female association with gang or serious youth violence and sexual exploitation.

An assessment of risk and need should be considered according to Manchester's threshold and levels of need guidance.

- 5.2 Exposure to domestic violence and abuse is ALWAYS abusive to children although the impact on them may vary. Section 120 of the Adoption and Children Act 2002 clarifies the definition of significant harm outlined in the Children Act 1989:  
*“Any impairment of the child's health or development as a result of witnessing the ill-treatment of another person, such as domestic violence”.*

- 5.3 **The Early Help Assessment (EHA) process** for children who are being exposed to domestic violence and abuse has been developed by child and adult safeguarding services in Manchester and is referred to throughout these procedures; for more information and to access the new levels of need document visit the Early Help Practitioner zone at [hsm.manchester.gov.uk](https://hsm.manchester.gov.uk)

Manchester services can make an immediate contribution to improving the support children and young people impacted by domestic violence and abuse receive by effectively implementing these procedures – which should include using the Domestic Violence and Abuse Assessment and Referral Form and the Early Help Assessment WHENEVER domestic violence and abuse is identified.

**These procedures do not replace existing safeguarding procedures for children which should always be followed.**

## 6. Adults

### 6.1 Adult indicators of abuse include:

- Poor mental wellbeing – for example, person is withdrawn or displays symptoms of anxiety or depression or mental illness.
- Physical injuries, such as; facial bruising and bruises or marks on the neck or hairline.
- Substance misuse.
- Missed appointments.
- Repeated GP attendance.
- Non-compliance with medication or using too much medication.
- Frequent time off from work or poor concentration / performance.
- Person is never seen alone without their partner / family member. This may also be accompanied by signs of anxiety / nervousness around the person.
- Inappropriate clothing to hide injuries - for example, wearing a polo neck in warm weather.
- Sexually transmitted infections.
- Repeat pregnancies.
- Condition of the home – Broken windows, doors etc.
- Repeated requests for financial assistance.
- Changes in behaviour/presentation.
- Deprivation of liberty in their home
- Isolation from the rest of their family/friends.
- Financial abuse.
- Forced Servitude and Trafficking.

### 6.2 Where appropriate use legal remedies as part of a safeguarding response – for example: Forced Marriage Protection Orders, Domestic Violence Protection Orders or non-molestation orders. Domestic violence and abuse specialist services can assist with such civil remedies.

**Remember that an adult can be referred to the MARAC (see section 9) without their consent in circumstances where it is deemed absolutely necessary and where the referral is proportionate to the risk of harm they face.**

It is advisable to discuss any such referral with an appropriate manager or lead officer.

## 7. Adults with care and support needs

- 7.1 Some adults who experience, or who are exposed to, domestic violence and abuse may also have needs for care and support due to a learning or physical disability, older age, drug or alcohol dependency or physical or mental illness or being unable to protect themselves from the risk of or the experience of abuse or neglect.
- 7.2 **The abuse of adults comes under Adult Safeguarding and is also defined as domestic violence and abuse when it is perpetrated by a (ex) partner or family member.** A person's dependency on an abuser for care; difficulties in communicating; a fear of not being believed; fear of losing contact with grandchildren; inaccessibility of information and services; loving the abuser or not feeling able to formally complain about a relative or partner can discourage the victim from disclosing abuse.
- 7.3 Disabled adults who decide to leave an abusive relationship are likely to have more complex needs in relation to, for example, accessible accommodation, transport and assistance with personal care or sign language interpreters.
- 7.4 This can be a significant barrier to disclosure, especially when coupled with a possible fear of being placed in nursing or residential care for example. Because of disabling social attitudes and lack of access or awareness, more general sources of protection (such as criminal justice and legal remedies) are often less accessible to adults with care and support needs.
- 7.5 In some instances an adult might not be experiencing domestic abuse directly but may be exposed to it in their family environment – for example, adult children with a learning disability or an older person who is living in the family home where another family member is the primary victim. It is crucial to recognise that exposure to abuse can, as with children, still present serious short and long term harm to adults.
- 7.6 The MSCB and MSAB require that all services acknowledge the importance of recognising when an adult is experiencing domestic violence and abuse. Not to do so could result in significant risks– unique to domestic violence and abuse – not being identified or addressed properly. It could also mean that adults are not provided with a comprehensive range of support options and so not empowered to make an informed decision about their future care, welfare and safety.
- 7.7 The primary route for the protection of an adult with care and support needs will be via adult safeguarding procedures, which may include a safeguarding Section 42 Enquiry. However, this should dovetail with relevant domestic violence and abuse remedies, which could include:
- Inviting a domestic violence and abuse specialist (such as an Independent Domestic Violence Advisor / Manchester Women's Aid Worker) to the planning meeting.
  - Offering specialist domestic violence and abuse support to the victim such as Sanctuary Scheme and civil remedies.
  - Considering refuge accommodation or referring them to MARAC (see section 8).

## Capacity to make a decision or to give consent

- 7.8 Some adults may, as a result of an impairment or disturbance in the mind or brain – for example; dementia, learning disability or a mental illness – be unable to make some decisions.
- 7.9 The Mental Capacity Act 2005 (MCA) is an important piece of legislation that provides a statutory framework for supporting, acting for, and making decisions on behalf of vulnerable people who may lack the capacity to make some decisions.
- 7.10 The purpose of the Act is to protect a person’s right to make their own decisions where they have the capacity to do so, whilst safeguarding people who are unable to make certain decisions for themselves by placing them at the centre of the decision making process.
- 7.11 The general principles of the MCA should always be followed:**
- Every adult should be presumed to have capacity to make their own decisions unless it can be proven otherwise.
  - People should be given full support to make their own decisions.
  - People have the right to make an unwise decision.
  - Where an adult is assessed as lacking capacity about a specific decision, consider if the decision to be made on their behalf (that is in their best interests) could be less restrictive of their rights and freedom.

If doubt remains about their ability to make that specific decision, a formal capacity assessment may be necessary [www.manchester.gov.uk/mental\\_capacity\\_act](http://www.manchester.gov.uk/mental_capacity_act)

- 7.12 The areas that must be covered in a capacity assessment are:

1 – Does the person have an impairment or disturbance in the functioning of their mind or brain?

*(This covers a broad spectrum of states and conditions including learning disability, substance misuse, mental illness, and stroke; and in some instances acute pain, fear or trauma.)*

2 – Is the person’s impairment affecting them **so much** at **this moment** that they are unable to do one or more of the following:

**Understand** the decision and why it needs to be made.

**Remember** information relating to the decision long enough to make a meaningful decision.

**Weigh up the risks**, benefits and consequences of each option available to them.

**Communicate their decision** by any means.

- 7.13 It is important to recognise that where an adult with full capacity wishes to make a decision that professionals view as unwise, we may still need to offer support as part of our duty of care or even, in some instances, implement protection measures that could

help keep the person safe – for example, with a Domestic Violence Protection Order or refer them to MARAC without their consent (if this cannot be obtained) if they are at high risk of serious injury or death. We may also take measures against the perpetrator or have to protect children or other adults without the victim’s consent.

The MCA also highlights that a person who has mental capability to make decisions, may have their ability to give free and true consent impaired if they are under constraint, coercion or undue influence.

- 7.14 For more information about the MCA, and access to useful documents go to the City Council’s website [www.manchester.gov.uk](http://www.manchester.gov.uk) and look up “mental capacity act” in the search function.

## 8. Assessing and Managing Risk

- 8.1 The pages that follow outline best practice in relation to how any risks posed to an adult or family should be assessed and managed and how any identified needs should be met (and by who).<sup>4</sup>

### Good Practice Guidance

- 8.2 It is important to use good evidence based risk assessment tools in order to guide decision making and begin to understand the risks posed to a person and family. Risk assessments should then lead to robust risk management that aims to protect and promote the safety and wellbeing of the people affected by the abuse.

- 8.3 [www.manchester.gov.uk/get\\_help\\_and\\_advice\\_about\\_domestic\\_abuse](http://www.manchester.gov.uk/get_help_and_advice_about_domestic_abuse)

**However, there are some common barriers and pitfalls that can prevent effective risk assessment and management which all agencies should be mindful of.**

Some of the most common barriers to effective risk management are:

**Myths, stereotypes and flawed beliefs** that are held true by professionals about the nature of domestic violence and abuse, why it occurs and why victims remain in abusive relationships.

This is often the biggest barrier to effective risk assessment and management and a frequent theme in Domestic Homicide Reviews. Effective staff supervision and training should therefore be a priority for any service.

**Avoiding collusion with the perpetrator** - this can take many forms but common examples of collusion include:

- The victim is not seen as credible and their account of their circumstances are seen as inaccurate or embellished, possibly due to the extreme nature of the abuse or the appearance/ behaviour of the victim.
- Professionals / agencies view the victim as being somehow responsible for the abuse – this is often observed in instances where the victim presents as angry rather than passive, misuses substances or has mental health problems, and especially if the perpetrator does not.
- People experiencing abuse are usually better able to care for, and protect, dependents when they are offered support and understanding by agencies that recognise it is the perpetrator who is responsible for the abuse and for the effects of this on the victim's capacity to protect.

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<sup>4</sup> For information on wider risk management issues, including areas like forced marriage, please refer to appendix 1.

- When there are allegations of violence and abuse from both parties it is important to ask:
  - Who is fearful?
  - Who has suffered the most injury (either during this incident or historically).
- Perpetrators are able to use their professional status, vulnerability, manipulation or 'charm' to avoid detection or being held to account.

**Asking children or adults with care and support needs about how their family situation is affecting them.**

- Serious Case Reviews into the death or serious injury of children indicate that professionals have sometimes failed to establish the child's perspective on their situation and subsequently limited their ability to appropriately manage risks posed to them and others within the family.
- Adults – SCRs have also identified other adult's in the household whose needs were not considered when there was DVA known to be in the nuclear family.
- Always consider "What is life like for this child or adult who has care and support needs?" in situations where they are being exposed to domestic violence and abuse and – where appropriate – seek their perspective.

**Use the Domestic Violence and Abuse Assessment and Referral Form** when domestic violence and abuse is disclosed or identified.

- This form can both help to identify the level of risk posed and to guide how the risks are managed. It can also enable the victim to see what factors are placing them at high risk.
- Implementing risk management plans can be complicated by a range of factors but we know from research that risk assessment and management is consistently more effective when undertaken collaboratively with the person experiencing the abuse.

**Avoid challenging perpetrators on their behaviour or implementing zero tolerance policies without fully gauging how this can increase risks to the victim. Always involve a DV&A service or agency who specialise in working with perpetrators.**

**Ensure safe contact arrangements are in place for children (whether mandated by court or informal)**

**Recognise and respond to, additional risks posed to victims from a black or minority ethnic background<sup>5</sup>**

- Key issues to remember are:

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<sup>5</sup> See appendix 1 for more information – for example in relation to forced marriage.

- Always use a professional interpreter.
- Survivors with insecure immigration status are still entitled to health care, protection from the police and recourse to apply for a court order (injunction) to protect them from their abuser.

See the [www.endthefear.co.uk](http://www.endthefear.co.uk) website for a guide to services who can help victims with immigration problems.

**Assessments should take full account of all risk factors** (where this is part of your professional role).

- For those professionals required to undertake in-depth and on-going risk assessments, e.g. social workers, probation, CAFCASS officers, it is crucial to recognise that risk indicator tools are no substitute for a thorough examination of static risk factors, which includes previous incidents, past behaviour, background and personal circumstances.
- Advice from research highlights the importance of anchoring estimates of long-term likelihood of abuse reoccurring in a detailed consideration of static risk factors.
- Dynamic factors – current attitudes and statements of the perpetrator, current drug or alcohol use, stress levels etc. – should be used to make moderate adjustments to risk assessments and aid intervention/ treatment planning. The exception would be any instance where there are indications that the victim /child is at serious risk of injury or death.<sup>6</sup>

### **Multi Agency Risk Assessment Conference (MARAC)**

- 8.3 The Domestic Violence and Abuse Assessment and Referral Form has been developed to help identify victims who are most at risk of experiencing serious injury or death as a result of domestic violence and abuse. Once victims are identified they are referred to the MARAC where local agencies meet to discuss the information known about the risks faced by those victims. Actions are agreed for the victim, any children, any vulnerable adults and perpetrators.
- 8.4 The aim of the MARAC is to increase the safety, health and wellbeing of the victim - adults and any children. The initial evaluations of MARACs shows that up to 60% of domestic violence and abuse victims reported no further violence after intervention by MARAC and Independent Domestic Violence Advisors (IDVA).

#### **The MARAC process**

- 8.5 A MARAC is a multi-agency meeting which domestic abuse victims who have been identified as at high risk of serious harm or homicide are referred to. The MARAC is attended by representatives from a range of agencies. The core agencies recommended by Safelives are police, children's services, Housing/Homelessness, Independent

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<sup>6</sup> Bell, C (2006), Steegh, V (2007)

Domestic Violence Advisors (IDVAs), national probation service and/or community rehabilitation company (CRC), mental health, substance misuse services, health and Adult Social care. (In Manchester, health includes community child health and acute services).

- 8.6 During the meeting relevant and proportionate information is shared about the current risks, enabling representatives to identify options to increase the safety of the victim and any other vulnerable parties such as children. The MARAC then creates a multi-agency action plan to address the identified risks and increase the safety and wellbeing of all those at risk. The primary focus of the MARAC is to safeguard the adult victim. However, taking into account the UK law which prioritises the safety of the children, the MARAC will also make links with other multi agency meetings and processes to safeguard children and manage the behaviour of the perpetrator.
- 8.7 On 31 March 2013 the government widened the definition of domestic violence and abuse to include those aged 16-17. The MARAC is an effective forum to hear these cases and as a result agencies which combine expertise for young people should be invited, for example Children and Adult mental health services, Youth Offending services and children's safeguarding. It is important to recognise that these cases are best managed through an integrated response which combines safeguarding and high risk domestic abuse expertise, particularly in relation to risk assessment and safety planning.
- 8.8 Since the MARAC focuses on victims the main consideration should be the age of the victim rather than the age of the perpetrator. It is likely that more cases will be heard at MARAC where the victims (and therefore the perpetrators) are aged under 18. In addition to addressing offending behaviour MARACs should follow children's safeguarding procedures and Children's Social Care should take the lead in this.
- 8.9 Where a MARAC hears a case involving a young person who is using abusive actions towards parents, siblings or partners it is important that this young person's behaviour is considered within all contexts. This should include the possibility that the young person is themselves a direct victim and/or witness to other abusive behaviours, alongside their offending behaviour. This is important in providing an effective strategy to tackle this behaviour and support the young person, their family members and partner appropriately. Young people who are using abusive actions towards family members should be considered a child protection issue.

#### **Practitioner role when attending MARAC**

- 8.10 As a MARAC representative for your agency you are an important link in the whole process and without your engagement the MARAC will be much less effective in achieving its goals.
- 8.11 Agency representatives are a critical link in the whole process. Central to this role is to research cases ahead of MARAC; share relevant and proportionate risk focused information at the meeting in relation to all vulnerable parties including the perpetrator; and volunteer actions for your agency in response to the risk of harm identified. Your agency will also be identifying and referring high risk victims to MARAC, you will be the

conduit for this and expected to present cases referred by your agency at the MARAC meeting.

- 8.12 You will be part of a multi-agency group consisting of core MARAC agencies: police, probation, health, children's services, housing practitioners (including Homeless staff), IDVAs, substance misuse service health, adult social care and mental health. Alongside will be other specialist services including, education, voluntary and community groups and services supporting young people, such as the youth offending service and CAMHS.
- 8.13 The Hargreaves Review looked at the MARAC process in Manchester and made clear recommendations for the children of victims discussed at the MARAC which are adopted within this protocol:
- Agency representatives who identify additional safeguarding measures for children as a result of information shared at MARAC should **volunteer an action and a timescale for completion.**
  - Representatives at MARAC who work with children and families should clarify if the child has a social worker/lead professional and if so ensure they are contacted to discuss the support the child/young person is receiving.
  - As a minimum any child or young person known to this process must have an Early Help Assessment (EHA) completed. Siblings should be considered and details of the MARAC information recorded in the child's records.
- 8.14 Practitioners who have referred into MARAC can find out the outcome through their agency representative who should have access to SharePoint (a database where referrals and actions are recorded). It can take two to four weeks for a case to be heard at MARAC and victims may not engage with the support offered.

Immediate support, protection and follow up needs to be facilitated by the referring agency in addition to any referral to MARAC. A safety plan to assist with this can be found on [www.endthefear.co.uk](http://www.endthefear.co.uk).

- 8.15 Further information, guidance and practical tools can be found at [www.safelives.org.uk/marac/Resources](http://www.safelives.org.uk/marac/Resources) and more generally at [www.safelives.org.uk](http://www.safelives.org.uk)

## 9. Perpetrators

- 9.1 The majority of perpetrators of domestic violence and abuse are men. Whilst women do perpetrate domestic violence and abuse, the effects of male perpetrated abuse will, in severe cases, inflict more serious injury and is more likely to result in homicide. There are two main types of intervention to consider for perpetrators that are more likely to work if they are considered jointly.
- 9.2 For perpetrators to address their abusive behaviours, they need to be held accountable for their behaviour. This can be addressed through the challenging of their behaviour using civil and criminal justice methods or self-referral perpetrator programmes.

Arrest can work in reducing some repeat perpetration for some men (Hester 2006). Injunctions or restraining orders can prevent some perpetrators from continuing harassment and abuse. Use of the criminal justice system may lead to perpetrators being required to participate in programmes such as Building Better Relationships, provided by Community Rehabilitation Companies (CRC), mostly in the community though also in prisons.

Self-Referral Perpetrator Programmes, such as Bridging to Change delivered in Manchester by Relategms, are similar and are designed for men who do not have a court sentence but who wish to address their behaviour. Programmes that have been accredited either in the criminal justice system or outside criminal justice by Respect will usually address many of the factors that indicate as contributing to men perpetrating abuse. The recent Mirabel research (2015) demonstrated that reductions in violent and abusive behaviours take place and that such interventions contribute to improvements in the quality of life for victims including children and some perpetrators who complete programmes. It is important to recognise here that such programmes always provide an integrated service that intervenes with perpetrators and also provide support for victims. Self-referral Perpetrator programmes can be access via the Respect phone line [www.respectphoneline.org.uk](http://www.respectphoneline.org.uk) or locally Bridging to Change 0161 877 8264.

- 9.3 In any assessment of perpetrators it is important to consider if support may be required around health and social care needs. There are a number of factors that may contribute to, but not cause domestic abuse, such as childhood trauma, substance abuse and mental health. Services to address these need to be available alongside those that directly address the abuse.
- 9.4 Some professionals may be required to assess perpetrators as part of their role. Professionals that may come into contact with domestic violence and abuse should receive adequate specialist training in order to understand both the nature of such abuse and the appropriate interventions and also to avoid inappropriate advice such as referrals for anger management or in the case of victims that they simply leave the perpetrator. Victims are at a higher risk of harm at the point of ending a relationship and in the period after the end of a relationship so such advice must always include a detailed safety plan and advice from a specialist Domestic Violence and abuse service where available and appropriate.

While most Domestic violence and abuse is committed by men on women in adult heterosexual relationships, it also occurs in LGBTQ intimate partner relationships, young people's relationships and adult women who do abuse men. Our understanding of such abuse and appropriate interventions to address them are a developing area of practice.

### **In summary**

The focus of any intervention must be on the safety of adult victims and children.

### **Adults with care and support needs who perpetrate domestic violence and abuse**

- 9.5 It is important to recognise that some adults with care and support needs can also be perpetrators of domestic violence and abuse and that this can often be hidden or go unrecognised by family members or professionals.
- 9.6 Even where the abuse appears linked to a person's condition or state e.g. dementia or mental illness, it does not mean the abuse should be tolerated by the victim or ignored or colluded with by professionals. The abuse may have been present for many years and an abuser's vulnerability has often been used as an excuse for their behaviour when they could actually control their actions.
- 9.7 It is crucial to identify and manage the risks posed to the victim and to any others exposed to the abuse. Professionals should make it clear to the victim (as in all cases of abuse) that the abuse is not their fault and that they have a right to be protected and help them find out what their options are.
- 9.8 If the victim is the perpetrator's primary carer it may be necessary for social care staff to reassure the victim that the perpetrator's care needs can be met in an alternative way and that any transitions can be well managed. The perpetrator may need information about support services and may also require a safeguarding response in line with the Care Act 2014. It may be appropriate to provide information about advocacy services or specialist domestic violence and abuse services such as accredited self-referral perpetrator programmes, substance misuse services and mental health care as part of their protection plan. Only specialists in the field of domestic violence and abuse perpetrator work should attempt any behavioural work with perpetrators (see earlier section?). If the domestic violence and abuse has manifested as a result of a person's medical condition e.g. Brain injury, dementia, mental illness or other care and support needs, then a referral for the person causing harm, would not be appropriate and as such a social care response would be required so the risk can be managed for both parties.

### **Young people who use violence in close relationships**

- 9.9 Children and young people may be known to use violence and abuse towards siblings, partners and parents/carers for example.

9.10 Some of these children would be assisted by the healthy relationships work in Manchester Schools, therapeutic support from domestic violence and abuse children's workers, other counselling services and Child and Adolescent Mental Health Services (CAMHS) and families may benefit from parenting courses and family therapy. Further provision for these children can be considered through the early help and intervention framework.

## Appendix 1 - Wider Risk Management Issues

### ***Forced Marriage and So Called “Honour Based” Violence and Abuse***

Forced marriage is a human rights abuse and falls within the definition of domestic violence and abuse. A forced marriage is not the same thing as an arranged marriage. In an arranged marriage the families of both spouses take a leading role in arranging the marriage, but the choice of whether or not to accept the arrangement remains with the couple. In forced marriage, one or both of the spouses do not consent and there is some element of physical or emotional pressure to marry.

*“Marriage should be entered into only with the free and full consent of the intending spouses”*  
Universal Declaration of Human Rights, Article 16 (2).

Forced marriage occurs within many cultures and classes. A person at risk of a forced marriage may suffer a range of abuses including emotional and physical abuse, unlawful imprisonment, abduction, rape, forced pregnancy or enforced abortion.

Both men and women, adults and children, may be victims of forced marriage. Currently around 250 cases per year are reported in the UK, although it is suspected that many more take place that are unreported. The Domestic Violence and Abuse Assessment and Referral Form will guide your response to forced marriage. For help with a forced marriage planned to take place in the UK, contact the police on 0161 872 5050 (for Manchester residents). In an emergency call 999.

For help with a forced marriage due to take place outside of the UK, contact the Foreign and Commonwealth Office Community Liaison Unit on 0207 008 0151, (office hours 9-5.30) or out of office hours in an emergency 0207 008 1500 or email [fm@fco.gov.uk](mailto:fm@fco.gov.uk).

Forced Marriage Protection Orders (FMPO) was introduced by the Forced Marriage (Civil Protection) Act on 25 November 2008. An FMPO is a legal document, issued by a judge, which aims to change the behaviour of anyone who is trying to force someone into marriage. It contains legally binding conditions on their behaviour, and if they disobey the order they can be sent to prison for up to two years.

Each Forced Marriage Protection Order is unique, as it is designed to protect victims according to their individual circumstances. For example, the court may order a person or persons to hand over another person's passport or reveal where they are. In an emergency, an order can be made to protect a person immediately.

To obtain a Forced Marriage Protection Order a victim can self-refer to Manchester IDVA service to be supported through the process.

You can access more guidance on forced marriage via the MSB website  
[www.manchestersafeguardingboards.co.uk](http://www.manchestersafeguardingboards.co.uk)

## Appendix 1 - Wider Risk Management Issues

### ***“Honour Based” Violence and Abuse***

The Crown Prosecution Service (CPS) and the Association of Chief Police Officers (ACPO) have a common definition of honour based violence which states:

*“Honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community.”*

“Honour based” violence and abuse is a fundamental abuse of human rights. It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence and abuse can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code.

Women are predominantly (but not exclusively) the victims of so called “honour based” violence and abuse, which is often used to assert male power in order to control female autonomy and sexuality. ***Honour based violence and abuse is often a child protection issue.***

Honour based violence and abuse – or “honour crime” can be distinguished from other forms of violence and abuse, as it is often committed with some degree of approval and/or collusion from family and / or community members.

Examples may include murder, un-explained death (suicide), fear of or actual forced marriage, controlling sexual activity, domestic violence and abuse (including psychological, physical, sexual, financial or emotional abuse), child abuse, rape, kidnapping, false imprisonment, threats to kill, assault, harassment, forced abortion. This list is not exhaustive.

Such crimes cut across all cultures, nationalities, faith groups and communities.

As with all forms of domestic violence and abuse, professionals must not undertake any action without full consideration of the risk or safety issues involved. The Domestic Violence and Abuse Assessment and Referral Form is key to assisting you with these decisions.

Factors associated with an increased risk of honour based violence and abuse include family perceptions that the family member is over westernised or has chosen an unsuitable partner.

With both ‘so called’ honour based violence and abuse and forced marriage there can often be more than one perpetrator. Parents, other families and even members of the wider community could be perpetrating the abuse or perpetuating it through collusion. Professionals must be mindful of this when formulating risk assessments and risk management plans.

You can access more guidance on honour based abuse via the MSB website [www.manchestersafeguardingboards.co.uk](http://www.manchestersafeguardingboards.co.uk)

### ***Female Genital Mutilation***

Female genital mutilation (FGM) comprises all procedures involving partial or total removal of external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons (HM Government 2006).

## Appendix 1 - Wider Risk Management Issues

The practice is illegal, medically unnecessary and usually extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between four and thirteen, but in some cases FGM is performed on newborn infants or on adult women before marriage or pregnancy.

The scale of FGM is based upon estimates but it is thought that 24,000 girls under the age of 15 are at risk of FGM in the UK. It is particularly prevalent in communities from Somalia, Ethiopia, Egypt, Sudan, Mali, Nigeria, Tanzania, Sierra Leone and some groups in Philippines, Malaysia, Pakistan, India, Indonesia, United Arab Emirates, South and North Yemen, Bahrain and the Oman.

A mandatory reporting duty for FGM was introduced via the Serious Crime Act 2015. The duty requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM, in under 18 year-olds, to the police.

'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2) (a) or (b) of the FGM Act 2003.

The report to the police must be made within one month of the disclosure / observation and can be made by phoning the police on 101.

In summary, there are two circumstances which require mandatory reporting to the police:

- A disclosure is made by the child that she has been a victim of FGM
- Physical signs which indicate FGM are observed by the professional.

Although not mandated by legislation, it would be best practice to make a report to the police if:

- A third party discloses that a child has been, or is likely to be, a victim of FGM
- A child discloses that they believe that they are likely to be a victim of FGM.
- An adult who is unable to protect themselves is likely to be a victim of FGM.

A referral to Children's Services should be made in addition to the report to the police for children. A referral to the Contact Centre should be made for adults with care and support needs at risk of or who have experienced FGM.

For guidance identifying and appropriately supporting children or adults who are at risk of – or have experienced – female genital mutilation refer to the multi-agency procedures at [greatermanchesterscb.proceduresonline.com](http://greatermanchesterscb.proceduresonline.com) and you can access more guidance on female genital mutilation via the MSB website at [www.manchestersafeguardingboards.co.uk](http://www.manchestersafeguardingboards.co.uk)

### ***Black and Minority Ethnic Survivors***

Domestic violence and abuse can affect people from all ethnic backgrounds and there is no evidence to suggest that people from a black or minority ethnic (BME) background are more at risk of domestic violence and abuse than others.

## Appendix 1 - Wider Risk Management Issues

However, the forms of violence and abuse that BME survivors are exposed to can vary and they may experience additional barriers to disclosing domestic violence and abuse or in receiving appropriate support. For example, the violence and abuse might be perpetrated by a member of the person's extended family or they may fear the rejection of their community if they disclose violence and abuse or seek help.

The experiences of people from a BME background may also be exacerbated by racism, language barriers or insecure immigration status. You can contribute to improving the outcomes of BME survivors by being aware of some of the specific risks or needs that the person might have and some of the key specialist service provision that is available both locally and nationally.

### ***Domestic Violence and Abuse and Substance Misuse***

It is important to recognise that alcohol and / or drug use do not cause domestic violence and abuse. The vast majority of people who misuse substances are not perpetrators of domestic violence and abuse – however, the incidence or severity of violence and abuse (particularly physical abuse) may increase where a perpetrator is misusing substances.

Perpetrators who misuse substances will often evade taking any responsibility for their behaviour and it is crucial that professionals do not collude with perpetrators by accepting their substance misuse as a valid excuse. Interventions for perpetrators often work best when their substance misuse and abusive behaviour are both addressed.

Victims of domestic violence and abuse may use alcohol and / or drugs in order to cope with or to “block out” what is happening to them. Some victims of domestic violence and abuse are forced into drug or alcohol misuse by their abuser in order to intensify control. These victims may then be drawn or forced into sex working or other high risk activity.

Research conducted by the Women's National Commission in 2009<sup>7</sup> highlighted that victims of domestic violence and abuse who misuse substances felt they were consistently judged and stigmatised by agencies and that false assumptions were frequently made. This echoes the findings of other research done in this area and demonstrate the need for professionals to emphasise that our role is to support the person and their family and encourage the victim to disclose if they are struggling as a result of drug or alcohol misuse.

Good practice principles where a perpetrator / victim are misusing substances:

- Recognise the relationship between domestic violence and abuse and substance misuse and implement safe enquiry into both of these areas as part of a holistic assessment of need.
- Respect that a victim may wish to address the effects of domestic violence and abuse before tackling their substance misuse and might therefore need support to minimise any harm posed to them or others as a result of their substance misuse.
- Listen to any concerns or fears expressed by children or adults at risk and prioritise their needs.

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<sup>7</sup> Women's National Commission Still We Rise: Report from WNC Focus Groups to inform the Cross-Government Consultation “Together We Can End Violence Against Women and Girls” July 2009

## Appendix 1 - Wider Risk Management Issues

- Be mindful that substance misuse on the part of the victim may make it difficult for them to accurately assess the risk posed to them – it may “dull” their perception.<sup>8</sup>
- Remember that if the perpetrator goes through detox the risk to the victim can increase as episodes of violence and increased control can escalate.

Children and adults at risk of abuse who are exposed to domestic violence and abuse and circumstances where a parent or carer is misusing substances (perpetrator and / or victim) will be at increased risk.

They will commonly:

- Be at increased risk of physical and emotional abuse.
- Experience acute neglect.
- Feel responsible for parental or carer substance misuse or try to cover it up.
- Be exposed to greater health and safety risks; for example, substances that have not been safely stored, paraphernalia that could injure them or fire risk in the home.
- Be more likely to misuse substances themselves as a result of living with the abuse.

Whilst supporting the non-abusing parent or carer to address their substance misuse as part of a holistic support programme is one of the best ways to support a child or adult at risk, it is crucial that professionals in all agencies are mindful that positive superficial presentation; for example a child who is well fed and regularly attends school; should not lead to the conclusion that the all of the needs of the child or adult with care and support needs are being met. It should also be recognised that those misusing substances may feign compliance with professionals whilst adults with care and support needs and children continue to experience severe neglect or abuse.

Full guidance on safeguarding the welfare of children and young people affected by parental substance misuse can be found in the MSCB Safeguarding Children affected by Parental Substance Misuse Protocol and concerns about an adult with care and support needs should trigger a safeguarding referral to your Manager or Manchester’s Contact Service.

Refer to the multi-agency procedures at [greatermanchesterscb.proceduresonline.com](http://greatermanchesterscb.proceduresonline.com) and find more guidance via the MSB website at [www.manchestersafeguardingboards.co.uk](http://www.manchestersafeguardingboards.co.uk)

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<sup>8</sup> Stella project “Domestic violence, drugs and alcohol, good practice guide” 2<sup>nd</sup> edition 2007 [www.avaproject.org.uk](http://www.avaproject.org.uk)

## Appendix 1 - Wider Risk Management Issues

### ***Domestic Violence and Abuse and Poor Mental Health***

Most people with poor mental health do not behave abusively. If the violence and abuse is perpetrated towards one person, in a careful and planned way that leaves the victim feeling controlled and powerless then we should reasonably conclude that the person is making a choice to behave that way.

Whether the abuse is deliberately perpetrated or not, this does not mean that it should be tolerated by those on the receiving end of the violence and abuse. It is still crucial that the safety of the victim and any other family members are prioritised at all times.

Poor mental health is potentially a consequence of the abuse for the victim and a dual process to address both the domestic violence and abuse and their mental health needs may be required.

Please see the section on adults with care and support needs for further information.

### ***Adults with Care and Support Needs who are affected by Domestic Violence and Abuse***

The Care Act 2014 replaced the No Secrets guidance on Adult Safeguarding and the previous terminology of 'a vulnerable adult' was succeeded by 'adults with care and support needs'. Care and support needs may be in the form of mental health needs, substance misuse, older age, physical or learning disability for example. The safeguarding duty applies to adults with care and support needs (whether or not those needs are being met), who are experiencing, or at risk of, abuse and neglect, and are unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

The Care Act 2014 recognises DV&A in situations where an adult who has care and support needs is being harmed or abused by an intimate (ex) partner or close family member in a way which could be defined as domestic abuse as well as an adult safeguarding situation.

A UK study of abuse and neglect of older people released in 2013 identified that overall, 51% of mistreatment in the past year involved a partner / spouse, 49% another family member, 13% a care worker and 5% a close friend. (Respondents could mention more than one person.) It also found that the majority of perpetrators were men except for financial abuse where the gender ratios were similar and that women were more likely to say they had experienced mistreatment than men. O'Keeffe et al (2007) UK Study of Abuse and Neglect of Older People Prevalence Survey Report. National Centre for Social Research and Kings College London (updated 2012; released December 2013). Research into older women's experience of domestic violence and abuse has identified a number of additional barriers to help seeking to those which younger women face, including being more physically vulnerable and less able to escape. Older women may fear the consequences of disclosing what is often long term abuse, which could result in losing contact with grandchildren, or being placed in a care home against their wishes. They may be the carer for their abuser or rely on the abuser for care and not feel that they have any other option. Older people may be less aware than younger people of the services and other options available to those experiencing domestic violence. The "self-help" model familiar to younger persons may be unfamiliar to older people, as is the possibility of calling a stranger to discuss personal or family problems. Older women and domestic violence an overview Women's Aid [www.womensaid.org.uk](http://www.womensaid.org.uk)

## Appendix 1 - Wider Risk Management Issues

Studies suggest that more than 50 per cent of disabled women in the UK may have experienced domestic violence and abuse during their lives a rate twice that of non-disabled women. (Magown, P (2004) The Impact of Disability on women's experiences of domestic violence and abuse: An empirical study into disabled women's experiences of, and responses to domestic violence and abuse, PHD Research, University of Nottingham). There is also research evidence to suggest that disabled women, regardless of age, sexuality, ethnicity or class, may be assaulted or raped at a rate at least twice that for non-disabled women Ibid. Perpetrators often use forms of abuse that exploit, or contribute to, the abused person's impairment and a research project commissioned by Women's Aid (2007) highlighted that many disabled women experiencing domestic violence and abuse are exposed to physical forms of abuse that is often accompanied by emotional humiliation – particularly in terms of their impairment. (Hague, G. et al. (2007) Disabled Women and Domestic Violence: Making the Links).

Survivors may be more likely to use drugs or alcohol to cope with abuse or may be controlled by their abuser using substances. Research suggests 50-60% of mental health service users have experienced domestic abuse and according to Women's Aid 1 in 3 female suicide attempts may be attributed to past or present domestic abuse. Studies suggest this rises and barriers to achieving safety increase if the adult is from a black or minority ethnic community.

There are many agencies therefore which survivors with care and support needs are likely to approach, these agencies must be trained in domestic abuse and the legal avenues available and be confident in how to respond. An approach to adult safeguarding which embeds domestic abuse responses and services is essential to ensure that adults have the best options for resolution and recovery if they are harmed or abused by a partner or family member.

## Appendix 2 – Safe Enquiry into Domestic Violence and Abuse

Information and best practice guidance to complement the [Assessor Flowchart](#)

### Evidence base for safe enquiry

Research shows that female victims of domestic violence and abuse will not usually voluntarily disclose domestic violence and abuse to a professional unless they are directly asked. However, whilst women may be reluctant to disclose what is happening to them, they are often hoping that someone will ask them if they are experiencing abuse. Repeated enquiry at a number of consultations also increases the likelihood of disclosure.

We recognise that safe enquiry is an important domestic violence and abuse intervention even where it does not result in disclosure. If a woman is experiencing domestic violence and abuse but chooses not to disclose they are routinely offered information about domestic violence and abuse services to take away and so are not required to disclose in order to be given information. The person will also know that you, and your organisation, take the issue of domestic violence and abuse very seriously and, if they take information away with them, it can allow them to become better advocates for their friends and family.

It is good practice to selectively enquire into domestic violence and abuse with men in instances where you are concerned that they might have experienced abuse.

### Safety and confidentiality

- Always ensure you are alone with the person before enquiring into possible abuse - never ask in front of a partner, friend or child.
- Make sure you can't be interrupted and that you – and the person – have sufficient time.
- Only use professional interpreters.
- Do not enquire if the person lacks the capacity to consent to the interview.
- Document the person's response (not in hand-held records).

### Enquiring / asking the questions

Make sure you fully explain your reasons for enquiring into domestic violence and abuse AND the limits of your confidentiality. An example of how you could begin would be:

***“1 in 4 women are affected by domestic violence and abuse and, because we know it is common, we ask women about domestic violence and abuse (as a routine).”***

***“Domestic violence and abuse isn't just physical abuse. It can also be financial, sexual and emotional and it also includes forced marriage.”***

***“The only time I would tell anyone anything you told me would be if a child was in danger or if I or another adult was in serious danger from someone's behaviour. Even then, I would always discuss it with you first if I could and we would do everything we could to support you.”***

Then, ask direct questions into their circumstances. For example:

## Appendix 2 – Safe Enquiry into Domestic Violence and Abuse

*“Does anyone close to you, for example a partner, ex-partner or family member, make you feel frightened?”*

*“Does anyone close to you bully you, control you or force you into things?”*

*“Has anyone close to you ever hurt you physically for example; hit you, pushed you, slapped, choked you or threatened you in any way?”*

If you work with **adults with additional needs** – for example, older people or people with serious physical impairments – questions that relate more specifically to their circumstances may help you to establish if abuse is present. Research suggests that the following questions may help in relation to these individuals:

*“Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?”*

*“Has anyone tried to force you to sign papers or to use your money against your will?”*

*“Have you been upset because someone talked to you in a way that made you feel shamed or threatened?”*

### **Abuse is Disclosed or Identified**

It is crucial that complete the Domestic Violence and Abuse Assessment and Referral Form at this stage and an EHA.<sup>9</sup> This will help you identify any risks posed to the adult or children and indicate the appropriate action to take.

### **Record and Follow up**

In every instance of disclosure you should try to record:

- The ethnicity of the women.
- Her relationship to the perpetrator.
- How many children live at the home?
- Any children who have a social worker or are on a child in need or child protection plan.
- Any adults at risk adults with care and support needs) who live in the home.
- How safe does she feel?
- Any information offered / taken.
- Any referrals to statutory or voluntary services made.
- Any services already involved.
- Any injuries they disclose/show you.
- Any incidents described or emotional effects of the abuse on them.
- Remember to safety plan – see [www.endthefear.co.uk](http://www.endthefear.co.uk) for a safety plan.

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<sup>9</sup> The Domestic Violence and Abuse Assessment and Referral Form can be accessed via the End the Fear website ([www.endthefear.co.uk](http://www.endthefear.co.uk)) or on the MSB website at [www.manchestersafeguardingboards.co.uk](http://www.manchestersafeguardingboards.co.uk)

## Appendix 3 – Assessment Questions for Perpetrators

In some cases, for example where a perpetrator's violence and abuse has been openly stated as an issue and the enquirer is a professional supporting the family; it may be appropriate to speak to the perpetrator directly about the abuse.

Your response, to any disclosure however indirect, could be significant for encouraging accountability and motivating perpetrators towards change. Information provided by the perpetrator could also enhance existing risk management plans.

Good practice requires that we are clear with abusers that the abuse is ALWAYS unacceptable and that we affirm any accountability shown. Be respectful but DO NOT collude and explain that there is no entitlement to confidentiality if others are at risk. In all cases be guided by child and adult safeguarding procedures.

**If the man has stated that domestic violence and abuse is an issue, these can be useful questions to ask:**

- "It sounds like your behaviour can be frightening; does your partner say she is frightened of you?"
- "How are the children affected?"
- "Have the police ever been called to the house because of your behaviour?"
- "Are you aware of any patterns – is the abuse getting worse or more frequent?"
- "How do you think alcohol or drugs affect your behaviour?"
- "What worries you most about your behaviour?"
- "How do you feel about your behaviour? What effect has it had on you?"
- "What effect has your behaviour had on your partner/children?"
- "What has been the worst occasion of violence?"
- "It sounds like you want to make some changes for your benefit and for your partner/children. What choices do you have? What can you do about it? What help would assist you to make these changes?"

## Appendix 4 - Useful contacts

### In an emergency phone 999 - General police switchboard 101

- Manchester City Council website [www.manchester.gov.uk/domesticabuse](http://www.manchester.gov.uk/domesticabuse)
- Women's 24 hour domestic violence helpline 0808 2000 247 [www.womensaid.org.uk](http://www.womensaid.org.uk)  
(links to domestic violence and abuse information in 12 languages)
- Manchester Women's Domestic violence and abuse Helpline 0161 636 7525 has a part time Community Helpline Language Service for Urdu & Punjab speakers. Non urgent email advice service [helpline@independentchoices.org.uk](mailto:helpline@independentchoices.org.uk) provides emotional and practical support, discussing options and safety planning, signposting to other agencies and referral to refuge accommodation. Offers advice and support to agencies around issues of domestic violence and abuse.
- MALE Men's Advice Line and Enquiries 0808 801 0327 [www.mensadvice.org.uk](http://www.mensadvice.org.uk).
- For website information for both professionals and survivors of domestic violence and abuse visit [www.endthefear.co.uk](http://www.endthefear.co.uk). A safety plan can be found here.

### Multi Agency Domestic Abuse Toolkit

The toolkit will provide information needed to advise on matters such as legal advice and housing options, in one easy to find document. View the toolkit at [www.manchester.gov.uk](http://www.manchester.gov.uk)