Cheshire East Safeguarding Adults Board

Domestic Abuse Guidance

Approved and accepted by the:

Local Safeguarding Adults Board & Domestic and Sexual Abuse Partnership Board

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Introduction

This guidance aims to provide the framework of a consistent and effective response to tackling domestic abuse. It addresses situations where a person aged 16 years or over is being harmed or abused by someone personally connected to them as defined by the Domestic Abuse Act 2021. Although domestic abuse is most thought of as violence between intimate partners, this guidance acknowledges that domestic abuse can occur in all types of intimate and family relationships and includes child and adolescent to parent violence as well as teen relationship abuse. We also recognise that domestic abuse occurs irrespective of age, disability, sex, sexual orientation, gender identity, gender reassignment, race, religion, or belief. In addition, domestic abuse can manifest itself in different ways within different communities.

As the older population increases there is an upward trend of older adults living with and suffering from the effects of domestic abuse. Older adults do not always recognise themselves as being at risk of domestic abuse and have not traditionally accessed domestic abuse services. Domestic abuse is everyone's business, and all professionals should work to identify it and support those involved to be safe including reporting domestic abuse to the appropriate agencies

No single agency can address all the needs of people affected by, or perpetrating, domestic abuse. For intervention to be effective agencies and partner organisations need to work together and be prepared to take on the challenges that domestic violence and abuse creates.

Domestic abuse and safeguarding overlap and it is important that connections are made between both as understanding the definitions of each will inform how the adult at risk is supported.

Current estimates of domestic abuse[1]: -

- Each year around 2.3m people (aged 16 to 74) suffer some form of domestic abuse - 1.6 million women and 757,000 men [2]
- Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured because of domestic abuse
- Women are much more likely than men to be the victims of high risk or severe domestic abuse
- Data for the period March 2018 to 2020 showed that 276 women were victims of domestic homicide and in 97% of cases the suspect was male. Over the same period, 86 men were killed in domestic homicides.
- 130,000 children live in homes where there is high-risk domestic abuse
- Childhood Local Data on Risks and Needs estimated that, between 2019 and 2020, approximately 1 in 15 children under the age of 17 live in households where a parent is a victim of domestic abuse the abuse, in addition to the harm caused by witnessing the abuse of others
- On average high-risk victims live with domestic abuse for 2.6 years before getting help
- 85% of adults sought help five times on average from professionals in the year before they got effective help to stop the abuse

The relationship between mental health and domestic abuse [1]

Not all adults with mental health issues will suffer from domestic abuse, however adults with mental health issues are considered more vulnerable to domestic abuse. Domestic abuse often has a severe impact on mental health and multi-agency support can be difficult to access.

- Women who experience domestic abuse are three times more likely to be diagnosed with a mental health problem 42% of people accessing support from a domestic abuse service had mental health problems in the past 12 months, and 17% had planned or attempted suicide

[1] www.safelives.org.uk
[2] The Crime Survey for England and Wales (CSEW) for the year ending March 2020

Domestic abuse has significant psychological consequences for adults at risk, including anxiety, depression, suicidal behaviour, low self-esteem, inability to trust others, flashbacks, sleep disturbances and emotional detachment

- Adult Survivors of domestic abuse have been found to be at greater risk of having a diagnosed mental health condition including a seven-fold risk of post-traumatic stress disorder (PTSD)

A study with psychiatric patients in London found that 69% of women and 49% of men had experiences of domestic violence, compared to the general population control groups of women at 33% and men at 17%

We also recognise that some people who harm others have mental health needs (including Dementia) and that while mental health is not the cause of the abuse, accessing appropriate services can support behaviour regulation.

This is also true for substance misuse.

Definition of domestic abuse

Sections 1 to 3 of The Domestic Abuse Act 2021 (‘the 2021 Act’) create a statutory definition of domestic abuse.

In summary, domestic abuse means:

Both parties are each aged 16 or over and are “personally connected” to each other and the behaviour is abusive.

“Personally connected” means that two people:

- are, or have been, married to each other, or civil partners.
- have agreed to marry one another or enter into a civil partnership (whether or not the agreement has been terminated).
- are, or have been, in an intimate personal relationship with each other.
- each have, or there has been a time when they each have had, a parental relationship in relation to the same child/children.
- are relatives.

A person has a parental relationship in relation to a child/children if the person is the parent or has parental responsibility for the child/children.

Relatives include immediate biological family, stepfamily and extended family of an individual including family members of their present or former partner.

People do not need to be living together to be “personally connected”.

Behaviour is “abusive” if it consists of **any** of the following:

- physical or sexual abuse
- violent or threatening behaviour

- controlling or coercive behaviour
- financial/economic abuse
- psychological, emotional, or other abuse

Controlling behaviour

Is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance, escape and regulating their everyday behaviour. To note, controlling behaviour can often be masked as part of caring responsibilities by 'carers' when the adult at risk has some additional support needs.

Coercive behaviour

This 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 adult at risk. Some examples include:

- Being made to account for their time, or have restrictions on access to money and/or their movements
- Preventing the adult at risk from accessing medication or accessing care (especially relevant for those with disabilities)
- Threats of suicide/homicide/familicide
- Using children to control partner
- Constant criticism of person's role as a partner, spouse, or parent
- Economic Abuse - Economic abuse refers to behaviour that has a substantial adverse effect on an individual's ability to acquire, use or maintain money or other property, or to obtain goods or services. This can include an individual's ability to acquire food or clothes, or access transportation or utilities. These behaviours can include an attempt to control through restriction, exploitation and/or sabotage.

Typologies

Holtzworth-Munroe and Stuart typology[3], as replicated in the United Kingdom by Johnson, Gilchrist et al[4] refer to three types below:

1. Anti-Social/Narcissist
2. Borderline/Dysphoric
3. Low Pathology/Family Only

Anti-social type perpetrators tend to be involved with criminal activity. They hold attitudes that it is okay to use violence in some situations. Generally, they have negative attitudes to

[3] Holtzworth-Munroe & Stuart (1994) Psychological Bulletin 116 (3): 476-497
[4] Johnson et al. (2006) Journal of Interpersonal Violence 21 (10): 1270-1285

women in general. They use intimidation as a favoured strategy to control their partner and tend to use moderate or high levels of violence. Anti-social type perpetrators show low levels of empathy, and their violence is driven by getting their own perceived needs met. Narcissistic type was also found in the United Kingdom research. This group showed similar characteristics to the anti-social type, but without involvement in criminality and with lower levels of approval of violence and held fewer negative views about women.

Borderline/Dysphoric type shows some similar traits to individuals who are diagnosed as having borderline personality disorder. “Dysphoric” is used because this type of person tends to have a distorted (or dysphoric) view of the world. This type of perpetrator tends to be very jealous and is likely to carry out stalking-type behaviours (often from early in a relationship). Whereas the anti-social type has a low opinion of women in general, the Borderline type perpetrator often idealises his partner or their relationship – you could say he puts her on a pedestal. Where the Anti-social or Narcissistic type perpetrator is motivated by getting what he wants, the Borderline type is motivated by retaining his relationship at all costs. Remember he also has a distorted view of the world, and his behaviour does not always seem rational – sometimes his very actions push his partner away. Borderline type perpetrators will be likely to use a lot of isolating strategies.

Low Pathology/Family only type tend to use violence only within the family. Research in the UK mirrors this but notes there was some violence outside the home (e.g., pub brawls) and therefore refer to this type as low pathology. This type does not share the acceptance of violence of the anti-social type nor the extreme jealousy of the borderline type. Their violence tends to arise in the context of an argument that builds up. These individuals often express genuine remorse rather than making apologies purely to try and retain the relationship or minimise the impact on them. They tend to use violence because they lack skills in managing their own feelings and emotions, communicating and in resolving conflict.

Typology of perpetrator and of abuse affects adults at risk and children differently. It is important to understand this in our work so that we can best support our clients:

- Partners of anti-social/narcissistic perpetrators tend to be fearful
- Partners of borderline/dysphoric perpetrators tend to be dependent
- Partners of low pathology (or family only) perpetrators tend to be angry

Trauma Bonds

Trauma bonds occur because of the following factors:

- A significant difference in power between perpetrator and adult at risk
- A (real or perceived) threat to the adult’s physical safety
- Acts of abuse interspersed with acts of “kindness”

Key features of the resulting trauma

- Adult at risk resists “rescue” from perpetrator
- Adult at risk defends the perpetrator’s actions
- Adult at risk forms strong attachment (love?) for perpetrator

It is helpful to understand differences in victimology can differ because of the perpetrator typology and that trauma can impact on the person’s neurological, behavioural and emotional development when supporting adults at risk

The impact of domestic abuse

The impact on children and adults can be devastating with experiences of poor mental and physical health, isolation, substance misuse (often as a coping mechanism) and for some this can result in serious injury or death.

For those adults with care and support needs the impact may be exacerbated further alongside feelings of self-blame and shame or reluctance to use services where personal care or medical services are provided.

Professionals should acknowledge and respect the choices adults at risk make but also ensure they fulfil their statutory requirement to safeguard and ensure that choices are informed by accurate information and genuine choices.

Domestic abuse and safeguarding adults

Under Paragraph 14.7 of the Care and support statutory guidance (updated 19 Jan 2023) adult safeguarding ‘means protecting an adult’s right to live in safety, free from abuse and neglect.’ The safeguarding duties apply to an adult who:

- has needs for care and support (whether the local authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Statutory guidance issued under the Care Act 2014[5] specifies that freedom from abuse and neglect is a key aspect of a person’s wellbeing. The Care Act outlines that abuse can take many forms:

- Domestic violence and abuse
- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery

[5] Care and Support Statutory Guidance Updated 19 January 2023

- Discriminatory abuse
- Neglect and acts of omission
- Self-neglect
- Organisational

Financial abuse has also been highlighted further in the Care Act Statutory guidance as the signs can present differently from other more physical signs of abuse. This needs to be considered in the context of domestic abuse within this guidance.

This highlights there is a distinct overlap between those who are adults at risk as defined by the Care Act and the significant number of people who need supporting because they are experiencing domestic abuse. Practitioners need to move away from thinking; Is this safeguarding or is this domestic abuse? Instead, practitioners need to see a situation as both a safeguarding and domestic abuse set of circumstances.

To aid these connections, this guidance should therefore be read in conjunction with the LGA and ADASS document on Adult Safeguarding and Domestic Abuse [6] as well as local safeguarding children and adult's procedures. All practitioners should acknowledge the importance of recognising when an adult is experiencing domestic abuse and how they can support them.
http://www.stopadultabuse.org.uk/professionals/policies-and-procedures.aspx
http://www.cheshireeastlscb.org.uk/professionals/procedures-and-guidance.aspx
https://livewellservices.cheshireeast.gov.uk/Services/4368

Not to do so could result in significant risks not being addressed identified or addressed properly thereby they may not be empowered to decide their choices in respect of their future care, welfare, and safety.

Working with specific groups

Older people

Research has shown that there has been a failure to recognise domestic abuse in older people. Barriers to reporting may be due to dependency on the perpetrator, traditional attitudes to marriage or gender roles. Abuse that began in earlier life may have led to health problems and there needs to be an understanding of the distinction between abuse that is part of an ongoing relationship, or which commenced in later life and may be related to care needs and home conditions.

[6] Adult safeguarding and domestic abuse 2015

Older people may also not be aware of the support services they can access, or they may find it difficult to accept help particularly if they are isolated or feeling embarrassed or ashamed. Open questions should be used to identify needs[5] and judgements avoided based on stereotypical expectations of the needs of older people and the services they require. It is important that professionals recognise that domestic abuse can continue even when the older person moves to a care home and that support is offered.

In line with Making Safeguarding Personal, practitioners need to engage with the older person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control as well as improving their wellbeing and safety. In turn, this will help to build up trust as many older people may come from a premise of not wanting to report or discuss personal issues.

The national charity, Hourglass – (formerly known as Action on Elder Abuse (AEA)) defines abuse as 'single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person'

Hourglass (AEA's) website states that women over the age of 70 who are dependent, frail, and alone are particularly vulnerable to abuse, which may take multiple forms. Although older people are at risk of all forms of domestic abuse, research has identified a declining pattern in physical and sexual forms of abuse in conjunction with the ageing of perpetrators and victims, but an increase in psychological and non-violent abusive behaviours [7].

People with Dementia

Research is showing that there is a definitive link between domestic abuse and dementia and that domestic abuse occurs more often in partners or families where someone is living with dementia [8]. Caring for someone with dementia requires time and patience; as a person's cognition declines, the frustration experienced by their carer can increase. Likewise, the onset of dementia can bring on aggressive tendencies and a study in America found that almost 20 % of newly diagnosed people behaved aggressively to their care givers [9]. At the start of the condition, the person can be acutely aware that they cannot do the things they used to, and it can be devastating requiring help with certain day to day tasks. These emotions potentially can then manifest in aggressive or hostile outbursts.

Despite the link between domestic abuse and dementia, it can go unrecognised and there are limited studies in this area. Practitioners need to have an increasing awareness of the

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[7] Zink et al (2005) Journal of General Internal Medicine 20(10): 884-888
[8] McCausland et al (2016) International Review of Psychiatry
[9] Orengo et al (2008) American Journal of Alzheimer's disease and other dementias 23(3): 227-32

relationship between the two. Therefore, Cheshire East have developed a number of resources in this area to support awareness including a leaflet for the public and a care provider checklist and toolkit. Access to these resources is available via the Safeguarding Adults Board webpage Domestic Abuse and Caring for an Older Person living with Dementia

People with mental illness

There is a strong link between domestic abuse and mental illness of both the adult at risk and perpetrator with 40% of high-risk adults reporting mental health issues. Furthermore, research indicates that people with mental illness are more likely to experience domestic abuse; that between 30 and 60% of psychiatric in-patients had experienced severe domestic abuse.

Behaviours used by perpetrators against the adult at risk to demean them will add to emotional distress and exacerbate mental illness and the psychological consequences including anxiety, depression, suicidal behaviour, low self-esteem, and emotional detachment[1].

Sexual violence from an intimate partner is particularly traumatic, with the adult at risk being five times more likely to attempt suicide than women who are subject only to physical and/or psychological abuse (McFarlane et al, 2005[10]). Psychological abuse can be equally, if not more so, detrimental to the adult at risk's mental health as physical abuse. Psychological abuse can be more strongly associated with post-traumatic stress disorder (PTSD) than physical violence (Taft et al, 2005[11], cited in Howard et al, 2010[12]). Moreover, experiencing abuse multiple times or more than one form of abuse also increases the risk of mental illness and comorbidity (Howard et al, 2010; Rees et al, 2011[13]).

People with Learning Disabilities

Research indicates that adults with learning disabilities are more likely to experience domestic abuse than the general population but less likely to report it. Mental capacity of those with learning disabilities to make informed choices, particularly in relation to arranged/forced marriage, should be considered and the appropriate support services must be considered for this group.

People with Physical Disabilities

Disabled people experience disproportionately higher rates of domestic abuse. They also experience domestic abuse for longer periods of time and more frequent and severe

[1] www.safelives.org.uk (2018)
[10] McFarlane et al. (2005) Obstetrics and Gynaecology 105(1): 99-108
[11] Taft et al. (2005) Journal of Abnormal Psychology 114:259-268
[12] Howard et al. (2010) Psychological Medicine 40:881-893
[13] Rees et al. (2011) The Journal of the American Medical association 306(5): 513-521

episodes of abuse than non-disabled people[14]. Not only do disabled people experience higher rates of domestic abuse but they also experience more barriers to accessing support. Additionally, they can also face specific risks such as the reliance for support from their 'carer' increasing the situational vulnerability to other people's controlling and coercive behaviour and can exacerbate difficulties in leaving an abusive situation.

People who misuse substances

Substance misuse is not a direct cause of domestic abuse, but it may increase the risk of or trigger it. Drug and alcohol use in abusive relationships can manifest itself in multiple ways, for example the perpetrator may, act as supplier and use access to substances as a form of control, force their partner to use substances, threaten to disclose their partner's use of substances to the authorities, particularly where there are children in the family, take out frustrations and aggression on a partner during a detoxification phase and sabotage a partner's attempts to stop using or enter into treatment. (AVA, Stella project).

Most frequently this is alcohol related but drugs related domestic abuse is also common. Findings from a review of the British Crime Surveys revealed that 44% of domestic abuse perpetrators were under the influence of alcohol and 12% affected by drugs when they committed acts of physical violence [15] (Budd, T., 2003. *Alcohol Related Assault: Findings from the British Crime Survey,* Home Office Online Report 35/03).

Adults at risk can become dependent on substances as a coping mechanism and may wish to address the domestic abuse before their substance misuse. It is important to note that adults at risk of domestic abuse who are also affected by problematic substance use and/or mental ill-health tend to experience more stigma and negative responses from professionals than adults who do not have these experiences (*Stella Project 2012)*[16]*.*It is therefore important to be non-judgemental, understanding and be reliable, when working with these adults. Where people abuse or are abused and simultaneously are involved in abusive relationships professionals must address both issues safely and not assume that resolving one will automatically improve the other.

Domestic Abuse in LGBT relationships

There is an increasing acknowledgment that domestic abuse may occur at a similar rate within LGBT relationships as it does within heterosexual relationships. Men may experience abuse from men, and women from women. Individuals experiencing domestic abuse in a

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[14] PHE (2015) Disability and Domestic Abuse. Risk impacts and Response.

[15] Budd, T., 2003. *Alcohol Related Assault: Findings from the British Crime Survey,* Home Office Online Report 35/03

[16] Stella Project at www.avaproject.org.uk

same-sex relationship may have a reluctance to engage with agencies due to fear and/or previous experience of homophobia.

Carers who harm and/or are at risk of harm

The Care Act 2014 (as amended) defines a carer as someone who 'provides or intends to provide care for another adult' (but not as a volunteer or contracted worker). This can include the provision of practical or emotional support. The Local Authority has a duty to assess a carer's needs for support to maintain their well-being including protection from abuse. Carers may cause harm through abuse or neglect, equally the person they care for may abuse the carer because of a Mental Disorder or a Learning Disability. A carer may observe the abuse by and of others. If there is no familial or intimate relationship between carer and cared for this is not domestic abuse

Practitioners are often called out to situations of 'carer breakdown' and the intervention can be focused on the care and support needs of both the adult and the carer. However, they do need to also look beyond the care and observe the relationship dynamics recognising any potential signs of domestic abuse. Cheshire East have developed specific supplementary questions to explore risk in these situations, alongside the Safe Lives DASH Risk Checklist (appendix 3), and a toolkit for care providers (which can be used by any visiting professional) Domestic Abuse and Caring for an Older Person living with Dementia.

Research suggests that the potential for violence within a carer's relationship increases when the carer is an intimate partner or a close relative [17]. Being cared for by an abuser raises several extra challenges and forms of abuse. For instance, a carer could withhold fluids to the person because that means they are going to the toilet less and therefore, have less continence issues. This could, in turn, cause dehydration and urine infections. These less visible forms of abuse may be harder to detect by professionals as they can present under the guise of additional medical conditions.

The caring dynamic can also present concerns when the person being cared for becomes the person to cause harm. For example, it may be that a person's dementia has progressed leading to increasing aggression towards their partner. Consequently, the partner's caring role has not only increased but the abuse towards them has also heightened which should not be ignored or accepted.

Carers need to be supported to access domestic abuse help and advice especially as they may feel unable to leave due to their caring responsibilities. Paragraphs 14.45 to 14.50 of the Care Act Care and Support Guidance sets out the circumstances in which a carer could be involved in a situation that may require a safeguarding response. Assessment of both the

[17] Livingstone et.al., (996)

carer and the adult they care for must include consideration of the wellbeing of both people. This should include asking whether they have experienced or are experiencing thoughts of self-harm or suicide. Section 1 of the Care Act 2014 includes protection from abuse and neglect as part of the definition of wellbeing. Where appropriate a safeguarding enquiry is undertaken, which will look at what action is required to help the carer feel safe. Making safeguarding personal means it should be person-led and outcome focused.

Child and adolescent to parent violence and abuse

Child and adolescent to parent violence and abuse (CAPVA) refers to a pattern of harmful, and in some cases, controlling, behaviour by children or adolescents towards parents or caregivers, where abusive behaviour can be physical, verbal, emotional, psychological, economic, property-based or sexual. Abusive behaviour can be intentionally harmful and controlling, and/or unintentionally harmful, functioning to communicate distress, anxiety or trauma[18] for example when a child or young person has a neurodivergent condition.

Like other forms of abuse, child and adolescent to parent abuse is characterised by shame and stigma which means families are often less likely to report the abuse to the police or other services. Families may fear being blamed, disbelieved, or conversely having their child taken away from them or criminalised. They may have sought assistance from services previously and received an unhelpful response leaving them reluctant to seek support again.

Child and adolescent to parent abuse often co-exists with other issues which will indicate possible routes of referral and may determine the most appropriate help. Many adoptive families are known to encounter issues because of the child's previous experience of trauma. Other issues include poor mental health, involvement in violence outside the home, substance misuse, and learning or physical disabilities. By far the biggest single factor has been found to be experience of domestic violence and abuse.

Practitioners should be alert to these risk factors, and to the indicators of child and adolescent to parent abuse, and should seek to create a supportive, reassuring and non-judgemental environment which make it easier for families to talk about their experiences.

Support for families therefore needs to be available along the full spectrum of need – from prevention and early intervention right through to interventions for complex or enduring needs. Addressing such needs can require input from multiple agencies such as CAMHS, children's social care, education, youth offending, adult social care and specialist domestic abuse services. Effective multi-agency working is key to supporting all family members

Adults at risk who have children

Domestic abuse can have a significant impact on children and young people of all ages. Section 3 of the Domestic Abuse Act 2021 [Domestic Abuse Act 2021 (legislation.gov.uk)]

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[18] Baker,V and Bonnick.H (2021) Child and adolescent to parent violence and abuse Briefing Papers

recognises children as victims of domestic abuse for the purposes of the Act if the child sees, hears, or experiences the effects of the abuse, and is related to, or falls under "parental responsibility" of, the victim and/or perpetrator of the domestic abuse. A child might therefore be considered a victim of domestic abuse under the 2021 Act where one parent is abusing another parent, or where a parent is abusing, or being abused by, a partner or relative.

Practitioners visiting adults at risk where there is domestic abuse must observe if there are children in the household. Where there is, safeguarding children procedures will apply and if children are at risk of harm a referral MUST be made to Children's Social Care via Cheshire East Consultation Service (ChECS) Procedures and guidance (cescp.org.uk). Domestic abuse professionals can attend initial child protection conferences and adult safeguarding meetings where domestic abuse is a concern.

Adults who are vulnerable who perpetrate domestic abuse

Harm may be intentional or unintentional and it is important to recognise that adults who may be considered vulnerable can also be perpetrators of domestic abuse and this can often go unrecognised or hidden by family or professionals alike. Practitioners therefore need to be mindful not to dismiss situations on the grounds of frailty or age for example and instead take positive action.

If the abuse is linked to the person's condition such as dementia or mental illness this does not mean the abuse should be minimised or tolerated. It remains crucial to identify and manage the risks posed to the individual and others and often a shared approach between adult safeguarding and specialist domestic abuse practitioners can support the family best.

Mental capacity, safeguarding and domestic abuse

Some adults at risk of domestic abuse may lack capacity to make certain decisions for themselves and they will require additional support to empower them within a legal framework. The Mental Capacity Act (MCA) 2005 has five key principles designed to support and protect the person.

The purpose of the MCA is to protect a person's right to make their own decision and a range of safeguarding and legal approaches can be used to support those experiencing domestic abuse. The five key principles of the act must be applied:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- People should be given full support to make their own decision.

- A person is not to be treated as unable to make a decision merely because they make an unwise decision
- An act done, or decision made, for and on behalf of a person who lacks capacity must be done, or made, in their best interests.
- Before the act is done, or a decision made, regard must be had to whether the less restrictive option can be taken. In other words, the person's freedom should not be restricted unless it is necessary and in their best interest.

  If doubt remains about a person's ability to decide, a formal capacity assessment is advised and should be clearly recorded.

Because a person makes an unwise decision they are not to be treated as not being able to make the decision. A person must be assumed to have capacity unless it is established that they do not. If they have access to all the relevant information and have a full understanding about the decision they are making, they may still make a decision that professionals see as unwise such as staying with a perpetrator of domestic abuse. We still need to offer support as part of our duty of care or implement protection measures to keep that person safe (see MARAC & Domestic Violence Protection Orders). An apparently unwise decision may be the result of coercion and controlling behaviour and the Serious Crime Act 2015 section 76 controlling or coercive behaviour in an intimate or family relationship may apply.

39 Essex Chambers Guidance Note: USING THE INHERENT JURISDICTION IN RELATION TO ADULTS October 2020 Mental Capacity Guidance Note - Inherent Jurisdiction | 39 Essex Chambers states that inherent jurisdiction is best understood as the ability of the High Court to make declarations and orders to protect adults who **have** mental capacity to make relevant decisions, but are vulnerable and at risk from the actions (or sometimes inactions) of other people . The courts have explained that " [T]*he inherent jurisdiction can be exercised in relation to a vulnerable adult who, even if not incapacitated by mental disorder or mental illness ,is, or is reasonably believed to be ,either (i) under constraint or(ii) subject to coercion or undue influence or(iii) for some other reason deprived of the capacity to make the relevant decision ,or disabled from making a free choice ,or incapacitated or disabled from giving or expressing a real and genuine consent "* A description given by Munby J in Re SA(Vulnerable Adult with capacity: Marriage) [2005]at paragraph 77.

Practitioners need to be wary that the person causing harm may try to negate any allegations by advising that the adult at risk does not have mental capacity to understand what has occurred or is confused about the situation and misrepresenting it. Indeed, there are also occasions where the perpetrator themselves will 'act' confused or 'incapable' of such an incident. Practitioners need to be prepared to challenge any assumptions regarding mental capacity without enough evidence to support it.

The Care Act mandates the use of advocates for anyone who has difficulties making decisions. Specialist advocates such as IDVAs (Independent Domestic Violence Advocates) and IMCAs (Independent Mental Capacity Advocates) who support people in relation to capacity are additional resources. They can assist in ensuring we fulfil the duty to the person to have access to all the relevant information about the decision they are making. Co-ordinated work between domestic abuse and adult safeguarding specialists can often produce the best results for families.

Safe enquiries

Safe enquires (about domestic abuse) are the cornerstone of good practice. Research shows incidence of violence and levels of harm increase when the perpetrator's control is challenged. We must therefore do all we can to minimise any risk that involving the person causing harm in enquiries might incur. Sometimes this will mean not informing the person causing harm of the enquiry. Sometimes their involvement is unavoidable. At every step, the potential for risk escalation must be considered and mitigated.

Principles of safe enquiry include taking protective measures to ensure that any discussions are conducted in a safe manner and safety planning is routinely completed.

Assessing risk at the point of disclosure assists in appropriate interventions and risk management. Assessing risk is about justifiable and defensible decision making and is not taken in isolation as risk can be dynamic in domestic abuse situations. Using a recognised tool e.g., Safelives DASH (see appendix 2) gives a record of the decisions made at that point in time. It is recognised that the DASH needs to be supplemented with additional questions (appendix 3) that are pertinent to the adult at risk's situation as some of the questions will never result in a positive score for older people e.g., recent pregnancy, conflict over child contact.

Adults at risk of domestic abuse may be reluctant to disclose what is happening to them and repeated enquiries also increase the likelihood of disclosure. Even if the person does not disclose domestic abuse, they should still be routinely offered information. Remember adults of any age will minimise the abuse and the impact on them due to the controlling and coercive control of the perpetrator.

When an adult at risk is older it may be difficult to see that person alone as their partner/family member, especially if they are providing care, may always be with them. Statistically, older adults at risk are twice as likely to be living with the person causing harm[19]. Therefore, practitioners need to be creative in their planning by engaging other

[19] SafeLives National Insights Dataset 2015-2016 (unpublished) findings for clients aged 61 + and under 60

agencies to help such as seeing the older person when they visit the GP or the Pharmacist. Cheshire East have also developed specific guidance for care providers as they may be the only professional visiting who can create a safe space for that older person to talk on their own [Domestic Abuse and Caring for an Older Person living with Dementia.]

If, due to your role, you are not able to carry out a safe enquiry and assessment please follow the guidance on page 15: When abuse is disclosed or identified – Making Safeguarding Personal. If Professionals need specific advice on making safe enquiries, then the Cheshire East Domestic Abuse Hub can be contacted for guidance – 0300 123 5101.

Identify

Who is most at risk? Domestic abuse can affect anyone but things you may notice include:

- Injures without adequate explanation
- Someone who appears passive and dominated by their partner
- A partner not allowing you to speak alone to the person you are seeing/visiting
- Anxiety, depression or being withdrawn especially if not previously known
- Loss of or growing lack of confidence or independence
- Indicators of neglect
- Damage to property
- Lack of financial independence
- Little choice in everyday matters
- Low mood/suicidal thoughts

Best practice for undertaking routine/safe enquiry[20]

- 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 that you cannot be interrupted, and that you – and the person – have sufficient time to talk
- Only use professional interpreters
- Do not pursue an enquiry if the person lacks capacity to consent to the interview unless you have already arranged an advocate
- Document the person's response (but not in client/patient held records or organisational systems to which the perpetrator may have access).
- Implement a Safeguarding Plan to reduce any risks identified
- Identify whether the adult at risk and /or perpetrator have capacity
- Where you suspect a person lacks capacity a capacity assessment and best interest decision will be required

[20] ADASS Adult Safeguarding and Domestic Abuse 2015

- If the perpetrator lacks capacity due to their cognitive impairment, the LA has a duty to protect the individual from potentially committing a crime
- Where there is evidence of the adult at risk or perpetrator is showing signs of cognitive impairment ensure they have access to medical and psychiatric assessments. Consider whether a referral to the local CMHT is required.
- Where there are serious concerns and a threat to life a multi-agency safeguarding strategy should be considered. Due consideration will need to be given as to whether an application to the Court of Protection is needed where an individual (either the victim or perpetrator at risk) lacks capacity and consideration of the individual's Article 5 and 8 rights under the EHCP . Where an individual has capacity consideration of whether an inherent jurisdiction application is appropriate.

Asking key questions[21]

- How are things in your relationship?
- Is anybody hurting you (do not say partner as it could be someone else)?
- Are you or your children scared or upset?
- Do you feel safe in your home?

For further information on Domestic Abuse (including Honour Based Abuse, Forced Marriage and FGM) please visit https://livewellservices.cheshireeast.gov.uk/Services/4368 Remember, domestic abuse isn't just about physical violence. It can be financial, sexual, or emotional, and includes forced marriage.

Asking additional direct questions to adults with care and support needs

- Has anyone prevented you from getting, food, clothes, medication, glasses, hearing aids or medical care?
- Has anyone prevented you from being with the people you want to be with?
- Has anyone tried to force you to sign papers against your will?
- Have you been upset because someone talked to you in a way that made you feel ashamed or threatened?
- Has anyone taken money belonging to you?

For guidance on practitioner key skills when working with an older person with dementia disclosing domestic abuse, please see appendix one and two [22]

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[21] Getting it right first time: www.safelives.org.uk

[22] Wydall, S., Freeman, E. and Zerk, R. (2020) Dewis Choice Transforming the response to Domestic Abuse in later life: Practitioner Guidance. The Centre for Age, Gender, and Social Justice. Aberystwyth University: Aberystwyth.

When abuse is disclosed or identified – Making Safeguarding Personal

It costs more to do nothing – consult with your manager, designated, or named safeguarding professional if needed. Multi agency partners can work together to improve the safety of the adults at risk of domestic abuse and safety plan with the person who has disclosed recognising they are the expert in understanding potential triggers of abuse.

When working with carers and older people with dementia, discuss and leave the enquiry leaflet with them (if safe to do so) that explains what happens after they have disclosed abuse and how to keep themselves safe Domestic Abuse and Caring for an Older Person living with Dementia

Key Checklist to follow (also see appendix 3):

- You must follow local procedures for assessment, referral, and safeguarding plan, also remember MCA principles
- Deal with any immediate needs the person may have
- Families where there are children and young people present – you must seek advice/refer to ChECS on 0300 123 5012
- Complete the Safe Lives DASH risk checklist (appendix 4) with the adult at risk (if your role allows for this), the perpetrator must not be present. What risks are identified? Use the section 'consideration by professional' to explain risks not highlighted by the questions asked, especially for older people and complete supplementary questions for older people (appendix 5).
- Does this identify that the adult or another adult is at risk of serious harm, for example threats to kill – if the threat is immediate contact the police. If not imminent but needs a safeguarding enquiry contact the Adult Contact Team on 0300 123 5010
- Also refer anyone at high risk of harm to MARAC via Cheshire East Domestic Abuse Hub – 0300 123 5101. This will also result in the allocation of an IDVA, and it is important to liaise with this person regarding any adult services needs
- For those at lower risk and where consent has been given refer to the Hub – considering MCA and MSP guidelines.
- If consent is not given ensure adequate safety planning to include calling 999, domestic abuse services or other support services
- Explain the limits of confidentiality – especially when the adult is identified as at high risk of abuse and a safeguarding concern must be completed

All disclosures must be taken seriously, and practitioners must ensure responses do not endanger the person further or leave a child or other adults at continued or further risk in the home.

Practitioners should be aware that domestic abuse may be minimised and the risk factors due to this may seem less than they really are. You should use the Safe Lives DASH Risk Assessment to assess the level of risk, adding any additional information you are aware of which is relevant to the adult with care or support needs.

Managing Risk and Levels of Intervention

Use evidence-based risk assessment tools to guide decision making and gain an understanding the risks posed to the individual and other members in the family.

Risk assessment should draw on the background and information on the perpetrator considering any prior incidents of domestic abuse as well as the impact the abuse is having on the adult at risk such as their level of fear and any coercive control or psychological abuse. The risks and circumstances can change suddenly therefore any safety planning must include how the individual can inform the professional when they feel the risk has increased.

In Cheshire East, the Safe Lives Dash risk checklist is used, which is a simple tool for practitioners who may identify or work with adults at risk of domestic abuse. This helps them to identify those who are at high risk of harm and which cases should be referred to a MARAC meeting to manage their risk.

The Dash risk checklist is found in Appendix 4. Other copies in a variety of languages and the guide to go with the checklist can be found on the following link/web address:

http://www.safelives.org.uk/sites/default/files/resources/Dash%20with%20guidance%20FINAL.pdf

If there are children, young people or adults with care and support needs in the adult at risk's family home a referral must be considered to ChECS.

When undertaking the Safe Lives Dash risk checklist, if the person at risk is an older person (or their informal carer) then there are supplementary questions local to Cheshire East to complete to aid a full picture of the presenting risks (see appendix 5).

Points to consider for effective risk management

- Seek to increase your own awareness of the nature of domestic abuse, why is occurs and why adults at risk might remain in a relationship with a perpetrator.

- Seek specialist advice from the Domestic Abuse Hub if you are unsure about how to provide the most effective support to someone you are working with

- Use risk assessment tools (see above links to SafeLives RIC) to help identify the level of risk and the individual risk factors. Use this to inform your professional judgement and decision making.
- Ask the person, other adults at risk or children/young people how the family situation is impacting on them
- Involve the adult at risk in all stages of risk assessment and management
- Avoid unintended collusion with the perpetrator
- Recognise and respond to additional key risks posed to people due to their age, ethnicity, disability, sexuality, or gender.
- Be aware that any direct contact with the person causing harm has potential to increase risk as well as providing an opportunity for an intervention. Ensure that you understand and assess the risks prior to having direct contact. Seek advice from the Domestic Abuse Hub if you are unsure.
- Consider how you can increase support and protection at times of increased risk
- Ensure you are aware of thresholds for parallel processes e.g., MARAC, Domestic Violence Disclosure Scheme
- Be aware of the risk of self-harm or suicidal ideation
- Seek advice from domestic abuse specialists to ensure safe contact arrangements are in place for children

Multi Agency Risk Assessment Conference (MARAC)

Referral to the MARAC

MARAC is a process where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, children and adult safeguarding, housing, substance misuse services, independent violence advocates (IDVAs) and other specialist statutory and voluntary sectors.

If a practitioner identifies that an individual, they are, or have been working with, is at risk or experiencing domestic abuse they should complete a Dash risk identification checklist with the individual https://www.cheshireeast.gov.uk/livewell/staying-safe/domestic-abuse-and-sexual-violence/domestic-abuse-tools-and-resources.aspx

Criteria for MARAC

The criteria for initial MARAC referral are currently those advised on the SafeLives Stalking and Harassment Risk Identification Checklist:

- Visible High Risk – indicated by 14 or more 'yes' responses on the DASH checklist
- Professional Judgement - whereby a practitioner, with managerial agreement, believes a victim to be potentially at high risk despite a lower actuarial score. 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 the other criteria are not met.
- Escalation (indicated by 3 or more domestic abuse incidents in a 12 month period)

Criterion for MARAC repeat referral.

It is recognised that re-referral is vital to ensure victim safety and MARAC effectiveness. Any case involving the same where an incident has occurred, which, if brought to the attention of the police would constitute a crime, must be re-referred.

Where an individual is assessed as being at high risk, the completed Dash checklist (and older people supplementary questions where relevant) should be forwarded to Cheshire East Domestic Abuse Hub for allocation to MARAC and IDVA services. It is important to state on this referral any immediate safety actions you have taken so far.

Remember that there will be occasions where the context of a case gives rise to serious concerns even if the adult at risk has been unable to disclose the information that might highlight their risk more clearly.

The criteria for referral are regularly reviewed and may be altered through the recommendation of the MARAC Steering Group and ratification of the CEDSAP Board.

eMARAC

We have introduced an eMARAC system in Cheshire East in order to get a co-ordinated plan to address risk and need as soon as possible after a high risk case has been notified. Agencies are alerted electronically to a new MARAC referral on a daily basis and are required to return the 'Information Gathering Form' within 5 working days.

The system then combines returned Information Gathering Forms into one 'Combined' form and key decision makers review this to decide whether a meeting is required or not. These decisions are taken by the Police, the IDVA Service, ChECS, and Health. Where risk is sufficiently mitigated the MARAC meeting step ends here with those agencies providing information receiving the combined form as 'MARAC minutes'. If it is believed that further clarity or action is needed regarding risk management that cannot be progressed in any other way a MARAC meeting will be scheduled and the notes and actions from that meeting shared with participants.

If any Referring Agency disagrees with the outcome of the Decision Making Meeting, they can contact the Police Chair or the Domestic Abuse Family Safety Unit manager for further discussion.

Attendance at MARAC

If you need to attend MARAC, there are various practical introductions to MARAC within the context of a professional role available on:

http://www.safelives.org.uk

Cheshire East holds MARAC meetings every two weeks and includes an Adult Safeguarding representative so there is appropriate expertise to respond to high risk domestic abuse involving adults with care and support needs.

MARAC Action Plans and 3rd Party Information

After the meeting, the MARAC administrator saves all the information reviewed at MARAC and decisions made on our Liquid Logic module. All MARAC reps have access to this system and the Adult Safeguarding rep will communicate the agreed actions to professionals as required and request confirmation of when the actions are complete and update the administrator accordingly.

Information should not be routinely shared or disclosed outside formal protocols and only with due regard to data protection guidance.

Domestic abuse, support, and legal action

Making Safeguarding Personal (MSP) is an approach that involves an adult at risk of abuse being supported to make decisions about their safety planning outcomes that will keep them safe, particularly if they wish to remain with the perpetrator. They need to be informed of the risks and benefits of those options and how they would reduce the risk to prevent serious harm.

There are specialist support services available and any adult at risk of domestic abuse should be given information about these support services regardless of their assessed level of risk

but adults with care and support needs may need assistance to engage with and /or an intermediary to help them navigate the services[23].

The support services for those with care and support needs may assist in protecting someone from abuse such as telecare monitoring systems or visits by care workers. Any services used as part of a safety plan must be specified and those services must be informed.

Independent Domestic Violence Advisors (IDVAs)

IDVAS are independent trained advisors who give specialist practical and emotional support to adults at high risk domestic abuse. This includes support when the adult at risk is subject to a MARAC referral and through the legal system including support to attend court. They will often mobilise the resources of multi-agency partners to help keep the person and family safe.

IDVAs work to increase the safety of the adult at risk and undertake in depth safety planning. Where an adult is at risk this safety planning is best drawn up across all services majorly involved in care and support.

This can include civil and criminal justice options, support from other services, family, and the community, using the appropriate agencies to hold those who are harming to account for their behaviour and supporting them to change where possible, target hardening, access to safe emergency accommodation. IDVAs and commissioned specialist services are often valuable source of psychological support and additional information and advice not only for the adults at risk but for professionals as well.

Under the Care Act if an adult with care and support needs has an existing support plan and moves into a new authority area (and will be ordinarily resident in the area of the new authority) this should be continued by the new local authority until the second local authority has carried out an assessment. Where the second local authority has been notified of the adult with care and support needs intention to move to their area, they must provide information and start an assessment of needs.

My CWA (Cheshire Without Abuse)

MyCWA is a specialist domestic abuse organisation commissioned to provide support to families in Cheshire East from centres in Crewe and Macclesfield, and satellite clinics across the locality.

Offering a whole family service, MyCWA support victim-survivors and their children to be safe, and to recover from their experiences of domestic abuse. They also support people

[23] ADASS Adult Safeguarding and domestic abuse

who have harmed in their relationships to take responsibility for and change their behaviours.

A number of interventions are delivered depending on risk level and need, some are universally available to families, with others providing more bespoke specialist support following an assessment of needs:

- Access to a 24 hour helpline, staffed by domestic abuse specialists
- Safe Accommodation for families fleeing domestic abuse
- 1-2-1 support plan with a specialist practitioner
- Recovery groups across Cheshire East
- Peer support groups across Cheshire East
- Children and Young people's recovery groups and 1-2-1 support
- Support for families where a child is being violent towards a parent
- Behaviour change programmes for those who harm

MyCWA also provide training and consultation for other professionals, and can provide resources and support to multi-agency colleagues who are working with families affected by domestic abuse.

Domestic Violence Disclosure Scheme ('Clare's Law')

The Domestic Violence Disclosure Scheme (DVDS) (also known as 'Clare's Law') commenced in England and Wales on 8th March 2014. The DVDS gives members of the public a formal mechanism to make enquires about an individual who they are in a relationship with, or who is in a relationship with someone they know, where there is a concern that the individual may be violent towards their partner. This scheme adds a further dimension to the information sharing about children where there are concerns that domestic violence and abuse is impacting on the care and welfare of the children in the family.

Members of the public can make an application for a disclosure, known as the 'right to ask'. Anybody can make an enquiry, but information will only be given to someone at risk or a person in a position to safeguard the person. The scheme is for anyone in an intimate relationship regardless of gender.

Partner agencies can also request disclosure is made of an offender's history where it is believed someone is at risk of harm. This is known as 'right to know'.

If a potentially violent individual is identified as having convictions for violent offences, or information is held about their behaviour which reasonably leads the police and other agencies to believe they pose a risk of harm to their partner, the police will consider disclosing the information. A disclosure can be made if it is legal, proportionate, and necessary to do so.

Access to DVDS is via Cheshire Police website or speak to any officer involved in a case For further information, see [Domestic Violence Disclosure Scheme (GOV.UK website)].

Legal Remedies

Social workers and other practitioners need[24]:

- To be aware of the legal sanctions available
- To provide information about the options an adult particularly with care and support needs may have
- Involve the adult at risk in getting the right advice and where to get specialist help including legal help

There are several legal remedies for adults at risk of domestic violence and abuse, including occupation orders, non-molestation orders, restraining orders, DVPNs & DVPOs

Domestic Violence Protection Orders (DVPOs)

These provide protection to adults at risk by enabling the police and magistrates to put in place protection in the immediate aftermath of a domestic violence incident. Prior to a DVPO being obtained a Domestic Abuse Violence Protection Notice (DVPN) is required. These are obtained via the police who then subsequently apply to a Magistrates Court for an order.

With DVPOs, a perpetrator can be banned with immediate effect from returning to a residence and from having contact with the person for up to 28 days, allowing the adult at risk time to consider their options and get the support they need.

Before the scheme, there was a gap in protection, because police could not charge the perpetrator for lack of evidence and so provide protection to an adult at risk through bail conditions, and because the process of granting injunctions took time.

Restraining orders

These can be obtained at court in relation to a criminal case whether the case is upheld or not. This is to protect the adult at risk from harassment or conduct by the perpetrator that puts the adult in fear of violence. The order imposes specific restrictions such as exclusion from a specific area or contact with the adult at risk or their family. However, it is preventative and not punitive, but it is a crime to breach the restraining order and the perpetrator can be arrested and charged.

Non molestation orders

This is a type of injunction which prohibits the perpetrator or abuser from intimidating, pestering, or harassing the adult at risk or children who live with the adult at risk. Physical

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[24] ADASS Adult Safeguarding and Domestic Abuse

abuse does not need to have occurred to obtain this order and if breached this again is a criminal offence.

Occupation Orders

This is like an injunction and establishes who has a right to stay in the home and can order an abuser to move out of the home or keep a certain distance from the home.

Other information on orders can be obtained from:

https://www.gov.uk/guidance/domestic-violence-and-abuse

Safety of Professionals working with Domestic Abuse

Care must be taken to assess any potential risks to professionals, carers or other staff who are involved in providing services to a family where domestic violence and abuse is or has occurred. It is essential that Professionals work to their staff Safety Policies.

A risk assessment should be undertaken. Professionals should speak with their manager and follow their own agency's guidance for staff safety.

Services in Cheshire East-How to get help

Below are the contact details of where you can get help, advice, and support if you, or someone you know, is experiencing domestic abuse.

Police - if you are in fear of being assaulted/you identify an adult at risk of significant harm and requiring immediate protection

- Emergencies **999**
- General Enquiries **101**

Cheshire East Specialist Domestic Abuse Services

There are three elements to these services (please see 'What to do' at Appendix 1)

- Cheshire East Domestic Abuse Hub 0300 123 5101 or cedah@cheshireeast.gov.uk. This is a single point of contact for all matters relating to domestic abuse including consultation, referrals, and information. CEDAH phoneline is provided 24/7

- Independent Domestic Violence Advocacy (IDVA) is a high-risk council-based service, working in office hours to support victims. IDVAs may be contacted by individual mobile where known or via eastmarac@cheshireeast.gov.uk

- commissioned whole family services – currently provided by MyCWA – which offers individual and group work for all family members aimed at increasing safety, enabling recovery, and promoting behaviour change

All three services above:

Listen to clients in a non-judgemental way, prioritising the adult at risk's safety and confidentiality

- Provide emotional support and help with housing, benefits, and legal advice
- Ensure the adult at risk receives practical safety advice for both themselves and their family
- Help the adult at risk explore their options and encourage them to make their own choices
- Offer the adult at risk the time to think and support regardless of any decisions made during the process
- Help the adult at risk to support any children who may be involved.
- Provide information and take action to help the adult at risk feel safe
- Promote the responsibility of the person causing harm to engage with behaviour change work and risk minimisation
- Ensure the needs of any children or adult at risk in the family are also considered and addressed

Adult Safeguarding

If an adult is at high risk of serious injury or death because of domestic abuse, contact 999. A safeguarding concern should be raised for an adult with care and support needs via the Cheshire East Adult Contact Team. To note a safeguarding referral can be made in the public interest without the person's consent for adults with care and support needs.

- Adult Contact team **0300 123 5010**
- Hourglass Helpline **0808 808 8141**

Domestic Abuse Training

Specialist Domestic Abuse training will equip practitioners with the knowledge and how to recognise and respond to issues of domestic abuse. This needs to be identified as part of appraisal processes based on roles and responsibility.

Suicide Awareness

If you or anyone you know may be affected by suicide please find further information and sources of support here: [Suicide Prevention, Support, and Information (cheshireeast.gov.uk)]

Appendix 1 – Practitioner key skills guidance for when you suspect an older person with dementia is experiencing DVA.

Practitioners should ensure that they:

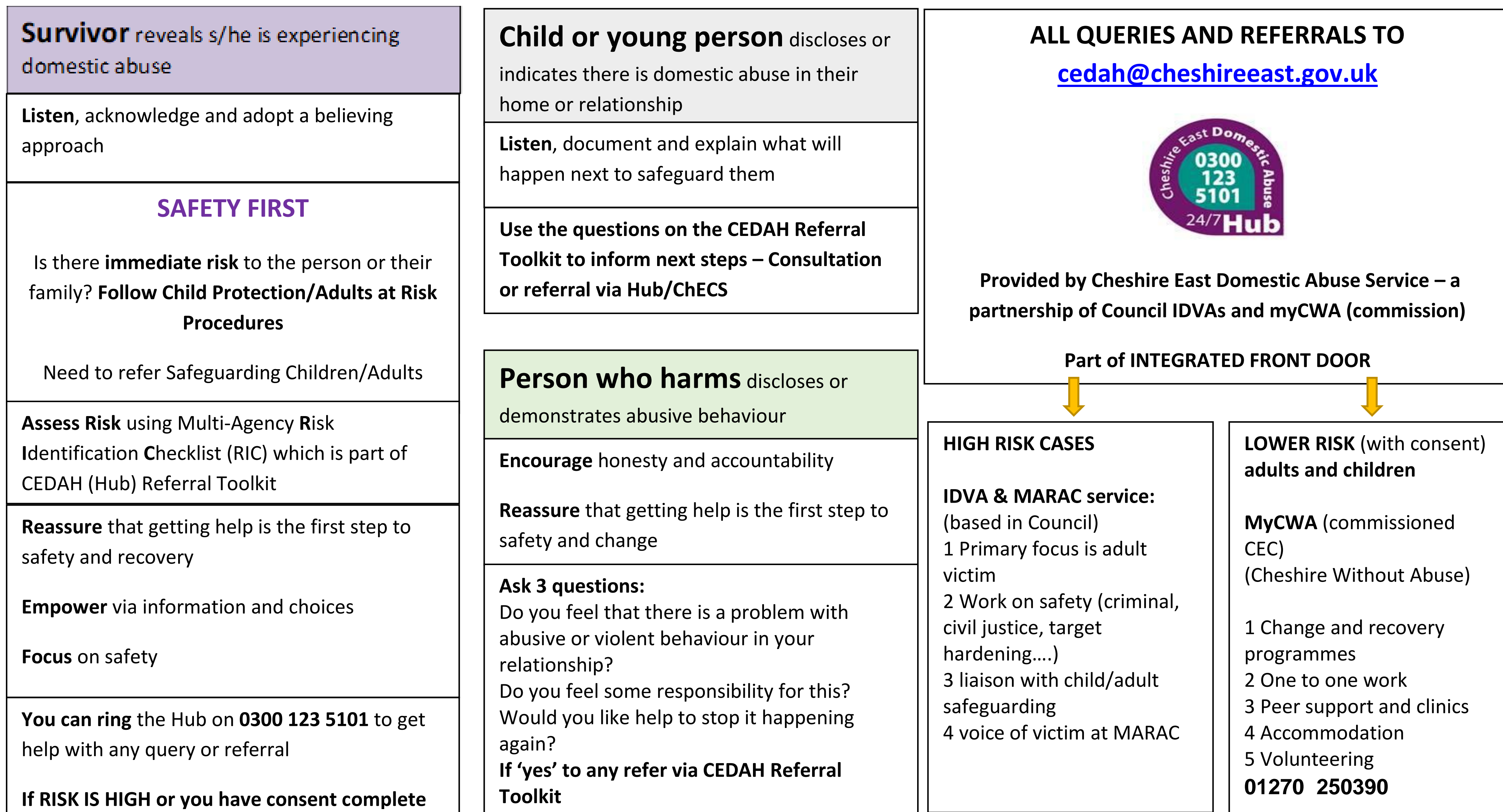
Create a safe space for the older person to interact with service providers on their own, away from their intimate partner or family members.
If the person with dementia has difficulty communicating, ensure they are assisted to express their needs, using simplified language and communication aids.
Do not dismiss what the person is telling you as confusion related to dementia. They may have difficulty clearly explaining a full account of events, but it is important to take what they are saying seriously, explore further and log concerns
Do not assume someone lacks capacity because they have a diagnosis of dementia, or a family member tells you they lack capacity.
If there is an assessment of a lack of capacity, ensure you check in what areas the person lacks capacity to make decisions.
Where the person with dementia is assessed as having a lack of capacity consider the use of an independent advocate, who is not their partner or family member.
Ask if the person with dementia has designated someone with power of attorney. If so, is this the person they are experiencing abuse from
If the person with dementia has full capacity explore their options to designate power of attorney to a person they identify as safe
When a person states they are designated with power of attorney for a person with dementia ask to see a copy.
Explore safety planning.

Appendix 2 - Practitioner key skills guidance for when the older person is experiencing abuse from a person with dementia:

Practitioners should ensure that they:

Create a safe space for the older person to interact with service providers on their own, away from the person with dementia they are living with and/or caring for.
Encourage honest and open discussions about whether the older person wants, or feels able to provide care for the person with dementia.
Do not assume abuse is a new feature of the relationship caused by dementia. Ask about the behaviour of the person with dementia towards the older person before they developed dementia.
Reassure that it is alright to seek help and support and encourage them to do so.
Ask if the older person wants support to leave the relationship.
Explore safety planning

Appendix 3 WHAT TO DO ABOUT DOMESTIC ABUSE – a WHOLE FAMILY RESPONSE



Survivor reveals s/he is experiencing domestic abuse

Listen, acknowledge and adopt a believing approach

SAFETY FIRST

Is there **immediate risk** to the person or their family? **Follow Child Protection/Adults at Risk Procedures**

Need to refer Safeguarding Children/Adults

Assess Risk using Multi-Agency **R**isk **I**dentification **C**hecklist (RIC) which is part of CEDAH (Hub) Referral Toolkit

Reassure that getting help is the first step to safety and recovery

Empower via information and choices

Focus on safety

You can ring the Hub on **0300 123 5101** to get help with any query or referral

If RISK IS HIGH or you have consent complete

Child or young person discloses or indicates there is domestic abuse in their home or relationship

Listen, document and explain what will happen next to safeguard them

Use the questions on the CEDAH Referral Toolkit to inform next steps – Consultation or referral via Hub/ChECS

Person who harms discloses or demonstrates abusive behaviour

Encourage honesty and accountability

Reassure that getting help is the first step to safety and change

Ask 3 questions:
Do you feel that there is a problem with abusive or violent behaviour in your relationship?
Do you feel some responsibility for this?
Would you like help to stop it happening again?
If 'yes' to any refer via CEDAH Referral Toolkit

ALL QUERIES AND REFERRALS TO
cedah@cheshireeast.gov.uk

Cheshire East Domestic Abuse
0300 123 5101
24/7 Hub

Provided by Cheshire East Domestic Abuse Service – a partnership of Council IDVAs and myCWA (commission)

Part of INTEGRATED FRONT DOOR

HIGH RISK CASES

IDVA & MARAC service:
(based in Council)
1 Primary focus is adult victim
2 Work on safety (criminal, civil justice, target hardening….)
3 liaison with child/adult safeguarding
4 voice of victim at MARAC

LOWER RISK (with consent) **adults and children**

MyCWA (commissioned CEC)
(Cheshire Without Abuse)

1 Change and recovery programmes
2 One to one work
3 Peer support and clinics
4 Accommodation
5 Volunteering
01270 250390

Continue to work with your client and specialist services towards goals for safety and recovery
ALL FORMS AND TOOLS ON the **TOOLS AND RESOURCES PAGE** www.cheshireeast.gov.uk/domesticabuse
and www.actonitnow.co.uk (Teen Relationship Abuse) and https://mycwa.org.uk/

cheshire east domestic abuse partnership **cedah@cheshireeast.gov.uk**

Appendix 4 SafeLives Dash Risk Checklist

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 Marac[25] 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 FAQs. These can be downloaded from: http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf. 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.

3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a

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 violence and stepchildren 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.

[25] For further information about Marac please refer to the 10 principles of an effective Marac: http://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20%28principles%20only%29%20FINAL.pdf

SafeLives Dash risk checklist for use by Idvas and other non-police agencies26 for identification of risks when domestic abuse, 'honour'- based violence and/or stalking are disclosed

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. 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**	**YES**	**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.	☐	☐	☐	
2. Are you very frightened? Comment:	☐	☐	☐	
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:	☐	☐	☐	
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:	☐	☐	☐	
5. Are you feeling depressed or having suicidal thoughts?	☐	☐	☐	
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	☐	☐	☐	
7. Is there conflict over child contact?	☐	☐	☐	
8. Does [name of abuser(s)] 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.	☐	☐	☐	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	☐	☐	☐	
10. Is the abuse happening more often?	☐	☐	☐	
11. Is the abuse getting worse?	☐	☐	☐	
12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.	☐	☐	☐	
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	☐	☐	☐	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You ☐ Children ☐ Other (please specify) ☐	☐	☐	☐	

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

15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	☐	☐	☐	
Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	**YES**	**NO**	**DON' T KNOW**	**State source of info**
16. Does [name of abuser(s)] 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.	☐	☐	☐	
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.	☐	☐	☐	
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings, or elderly relatives: Children ☐ Another family member ☐ Someone from a previous relationship ☐ Other (please specify) ☐	☐	☐	☐	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	☐	☐	☐	
20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	☐	☐	☐	
21. Has [name of abuser(s)] 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 ☐ Alcohol ☐ Mental health ☐				
22. Has [name of abuser(s)] ever threatened or attempted suicide?				
23. Has [name of abuser(s)] 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 perpetrator if relevant. Bail conditions ☐ Non-Molestation/Occupation Order ☐ Child contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐				
24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify: Domestic abuse ☐ Sexual violence ☐ Other violence ☐ Other ☐	☐	☐	☐	

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, geographic isolation, and minimisation. Are they willing to engage with your service? Describe.	
Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.	
What are the victim's greatest priorities to address their safety?	

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 ☐	
Signed		**Date**	
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**	
Signed		**Date**	
Name			

Practitioner's notes

This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women's Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool Marac for their contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson, and Jasvinder Sanghera.

Stalking

Stalking is conservatively defined as "a course of conduct directed at a specific person that involves repeated (two or more occasions) visual or physical proximity, non-consensual communication, or verbal, written, or implied threats, or a combination thereof, that would cause a reasonable person fear."

Stalking is a criminal offence and may indicate an increased risk of future domestic abuse. Stalking is when a person intentionally directs their attention towards another person. However, the other person considers the attention of the stalker harassing, unwanted and/or possibly harmful or threatening.

Harassment

Harassment covers a wide range of behaviours of an offensive nature. It is commonly understood as behaviour intended to disturb or upset, and it is characteristically repetitive. In the legal sense, it is intentional behaviour which is found threatening or disturbing.

Stalking and Harassment questions to consider:

1. Is the victim frightened by Stalking and Harassment?
2. Is there any previous domestic abuse or harassment history?
3. Has the Stalker vandalised or destroyed property?
4. Has the Stalker turned up unannounced more than three times a week?
5. Has the Stalker followed the victim or loitered near their home or workplace?
6. Has the Stalker made threats of physical violence or sexual violence?
7. Has the Stalker harassed any third party since the harassment began?
8. Has the Stalker acted violently to anyone else during the stalking incident/s?
9. Has the Stalker engaged other people to help him/her?

10. Has the Stalker had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in normal life?

11. Has the Stalker ever been in trouble with the Police or has a criminal history for violence or anything else?

Appendix 5 Supplementary Questions to the DASH RIC for Older People of Domestic Abuse

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Please put a 'x' in the relevant column-add any detail in the comment section. 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.	YES	NO	DON'T KNOW
1. Does your carer become angry and stressed when you need their help, making you feel like you have done something wrong or that you are a burden? (Include if you feel the carer is struggling to cope with looking after you?) Comment:			
2. Are your caring needs being met including your mobility needs? (Think about access to fluids, appropriate medication management, safe nutritional intake, access to walking aids) Comment:			
3. Are you stopped from accessing outside support? (This could include accepting a package of care or support as a carer) Comment:			
4. Have you ever been made/coerced to sign a document against your will? Comment:			
5. Are you aware of your finances and are you able to access them? Comment:			
6. Do you feel confident to say no when anyone asks you for financial help? Comment:			
7. Does anyone ever talk to you in a way that makes you feel humiliated/ashamed/frightened when providing you with personal care? (This could be assisting you with washing/dressing/toileting) Comment:			
8. Are you able to physically leave your home because of your mobility needs? Or your caring needs? (Include if as a carer are not free to leave due to caring responsibilities) Comment:			
9. Do you have access to a telephone and/or lifeline alarm? Comment:			
10. Does it feel like your home has been taken over? Comment:			
Total Number of Ticks			