

Working Together To Safeguard Adults and Children From Domestic Abuse

Multi-agency Procedures

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Glossary

BME	Black and Minority Ethnic Persons or Groups
CAADA	Co-ordinated Action Against Domestic Abuse
MCAF	Manchester Common Assessment Framework
CPS	Crown Prosecution Service
DVPN	Domestic Violence Protection Notice
DVPO	Domestic Violence Protection Order
ESOL	English for Speakers of Other Languages
FMPO	Forced Marriage Protection Order
IDVA	Independent Domestic Violence Advisor. They are trained specialists who provide holistic support to the most at risk adults and families
IDAP	Integrated Domestic Abuse Programme for perpetrators sentenced by Court. Run by Probation.
MCC	Manchester City Council
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.
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 well being, safeguarding and the protection of adults from abuse in Manchester.
MWA	Manchester Women's Aid
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference – the purpose of which is to share information about adults and families who are most at risk of domestic abuse and work to eradicate or minimise any risks posed.
PPIU	Public Protection Investigation Unit
Sanctuary Scheme	Extra home security for those who no longer live with the perpetrator of domestic abuse and want to remain safely in their own house.
SARC	Sexual Assault Referral Centre
SDVC	Specialist Domestic Violence Court
Vulnerable Adult	Currently refers to people over 18 who are, or may be in need of, community care services by reason of mental health, age or illness, and who are – or may be – unable to take care of themselves, or protect themselves against significant harm or exploitation.

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 abuse. It outlines practical, good practice approaches for responding to adults and families who are affected by domestic abuse and those adults who perpetrate it.

The Manchester Crime and Disorder Partnership defines domestic abuse as;

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

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

- 1.2 This definition includes abuse within same sex relationships and allows issues such as forced marriage, honour based violence and female genital mutilation to be addressed within this context. Domestic abuse is used interchangeably with the term domestic violence and both include the categories of abuse within the home office definition.
- 1.3 We recognise that the desire to exert **power and control** underpins the majority of domestic abuse incidents and that abuse is usually inflicted on a victim in order to achieve this end.
- 1.4 These procedures take, as their starting point, the Manchester Multi-agency Domestic Abuse Strategy 2010-2014, which outlines the minimum standards for responding to domestic abuse.¹ It is informed by national research, domestic homicide review findings and serious case review recommendations (adults and children).
- 1.5 An adult is defined as any person aged 18 years or over. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in-laws or stepfamily.
- 1.6 The definition of domestic abuse encompasses people over 16, which should ensure that, wherever possible, young people have the same access to advice and specialist services as adults. Practitioners need be mindful however, that 16 and 17 year olds should still be afforded the protection of child safeguarding processes and that this should always take precedence.

¹ DA Strategy can be viewed at www.endthefear.co.uk

- 1.7 The guidance outlined in this document recognises that **our priority in this area is the safeguarding of children and vulnerable adults**. It DOES NOT replace existing safeguarding children or adults procedures. As such, this protocol should be read in conjunction with;
- MSCB Safeguarding Children Procedures (last revised 2010) which can be found at www.manchesterscb.org.uk
 - Safeguarding Adults Multi-agency Safeguarding Policy (last revised 2010) http://www.manchester.gov.uk/downloads/download/3959/safeguarding_adults_policies
 - Your organisation should have an employee policy/procedures for staff who are victims or perpetrators of domestic abuse.

2. Principles of the Domestic Abuse Procedures

- Professionals acknowledge and respect the choices of victims but ensure that they fulfil the legal requirement to safeguard and support children and vulnerable adults as a priority.
 - Protecting and supporting the primary victim helps to safeguard children and any non-abusing vulnerable adults in the family.
 - Enhanced assessment and referral processes implemented by a multi-agency workforce who are trained in responding to domestic 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.
- 2.1 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 abuse

- 3.1 The impact of domestic 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 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 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, back office staff, environment officers, commissioning staff, project staff, officers who work in human resources and some managers.

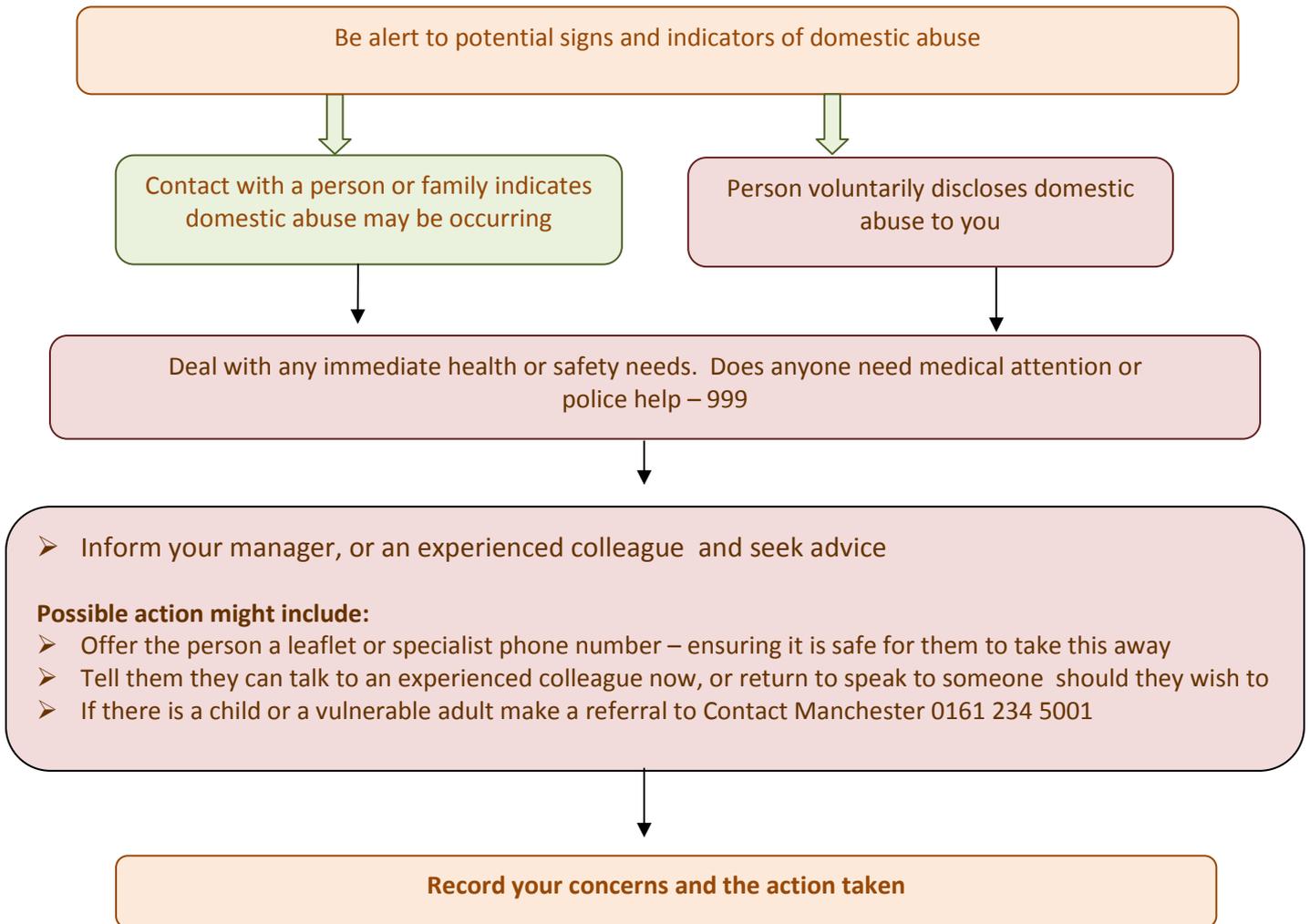
“Assessor”

- 4.4 You are an “assessor” if you work in any assessment or support role that requires you to complete holistic assessments with people. You could also be an “assessor” if you are a designated person (for example, within a school) or if you act as a MCAF keyworker/lead professional.
- 4.5 Examples of the job roles this would encompass are; housing related support officers, social workers, specialist substance misuse workers, mental health practitioners, police officers, midwives, health visitors, nurses, probation staff and some managers.
- 4.6 **The key difference between the two roles** is that an “assessor” is expected to safely enquire into domestic abuse routinely with women and, as good practice, selectively enquire into domestic abuse with men where there is an indication that he may be experiencing domestic abuse.

To enable professionals to effectively enquire into domestic abuse it is recommended that all organisations review existing assessment processes and consider how they might integrate routine questions about domestic abuse for women if this isn’t already reflected in assessment documentation.

- 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 vulnerable adult 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?”**

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
- ✓ Take care of yourself and colleagues
- ✓ RECORD what happened
- ✓ Ensure the information is shared appropriately

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 safe
- X Assume you have to have all the answers
- X Tell the person what to do
- X Promise not to tell anyone - you may need to share information to safeguard others

* **Contact Manchester** 0161 234 5001, FAX: 0161 255 8266, email: mcsreply@manchester.gov.uk
National Domestic Violence Helpline 0808 2000 247

Asking About Abuse: The Process for Assessors

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

It is the responsibility of these professionals to safely enquire into domestic abuse

Safe enquiry

- 4.9 Routinely or selectively asking about whether someone is experiencing domestic abuse is known as “safe enquiry”.²
- 4.10 Research into routine enquiry has only been done with women and we therefore recommend that all Manchester organisations consider introducing, as routine, questions about domestic abuse within holistic assessments undertaken with women.
- 4.11 Selectively enquiring into domestic 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 abuse training before enquiring into domestic abuse. Training can include classroom based sessions or mentoring from a trained and experienced colleague – or from a domestic 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.
- 4.14 Offer a leaflet or specialist phone number discretely even if a disclosure is not made.³

² For additional information and guidance about safe enquiry see appendix 3

³. See appendix 3

Domestic Abuse Enquiry and Assessment Flowchart

Identify

Enquire SAFELY about abuse (ensure privacy) with the non-abusing adult (victim)

This may be as part of a routine holistic assessment or in response to possible indicators of abuse

If you are unable to do this, establish the level of risk posed to the individual / child / family from the information that you have.

Disclosure or evidence of domestic abuse

No Disclosure

Deal with any immediate needs the person may have

(E.g. medical / police and specialist domestic abuse services that can provide immediate support) **AND...**

Risk Assess

Use the Domestic Abuse Assessment and Referral Form to assess risk

Offer a leaflet / phone number if safe to do so - **RECORD & REVIEW** where possible

Does your assessment indicate that the person, a child or another adult is at **serious risk of harm**?

If you still have concerns about the adult / child, seek advice from your manager, safeguarding lead or report the concern to Contact Mcr 234 5001

YES

NO

There is a child
Make a referral to Contact Manchester 234 5001*

Primary Victim

MARAC

If the primary victim is 16/17 or a vulnerable adult also refer to Contact Manchester

There is a vulnerable adult

Notify your manager or make a referral to Contact Manchester 234 5001

- **Take appropriate action as outlined in DA Assessment and Referral Form**
- Consider holistic support options as well as specialist advice– e.g. debt, housing, counselling support.
- Domestic abuse is always abusive to children. **Consider if an MCAF is required** Check if an MCAF has been done– 234 5969 - and contact the MCAF Key worker (lead professional) / liaise on risk with Children’s Services / PPIU / DA services / other agencies
- Start the MCAF process if required

Take Action

Following your referral take appropriate action to support and safeguard the adult and/or child, this may include escalating a concern.

Review

Continually review needs and risks - remember that the situation can escalate quickly

5 Children

Indicators of abuse

- 5.1 There are a range of possible indicators that a child may be affected by domestic abuse that include:
- 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.
- 5.2 Exposure to domestic 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 A **new assessment tool** for children who are being exposed to domestic abuse has been created by child and adult safeguarding services in Manchester and is referred to throughout these procedures.⁴ It is intended to be used as part of an **MCAF process**

Manchester services can make an immediate contribution to improving the support children and young people impacted by domestic abuse receive by effectively implementing these procedures – **which should include using the Domestic Abuse Assessment and Referral Form WHENEVER domestic abuse is identified** and the Children’s Assessment Tool as part of an MCAF. **These procedures do not replace existing safeguarding procedures for children which should always be followed.**

⁴ Appendix 1 – Children’s Assessment Tool

6 Adults

6.1 Adult indicators of abuse include:

- Poor mental wellbeing – for example, person is withdrawn or displays symptoms of anxiety or depression.
- 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.

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 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 Vulnerable Adults

- 7.1 Some adults who experience, or who are exposed to, domestic abuse may also be a “vulnerable adult” under government guidance “No Secrets” (2000).⁵ No Secrets defines a vulnerable adult as:

“Someone who is using or in need of Community Care Services because of learning or physical disability, older age, drug or alcohol dependency or physical or mental illness or unable to take care of themselves or protect themselves from harm or exploitation”ⁱ

- 7.2 **The abuse of vulnerable adults is also defined as domestic 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, assistance with personal care or sign language interpreters.
- 7.5 This can be a significant barrier to disclosure, especially when coupled with a possible fear of being placed in nursing or residential care. 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 vulnerable adults.
- 7.6 In some instances a vulnerable 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.
- 7.7 The MSCB and MSAB require that all services acknowledge the importance of recognising when a vulnerable adult is experiencing domestic abuse.

Not to do so could result in significant risks– unique to domestic 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.

⁵ “No Secrets: Guidance on Developing and Implementing Multi-agency Policies and Procedures To Protect Vulnerable Adults From Abuse, 2000 DH and Home Office

- 7.7 The primary route for the protection of a vulnerable adult will be via adult safeguarding procedures, which may include a safeguarding investigation. However, this should dovetail with relevant domestic abuse remedies – which could include:
- Inviting a domestic abuse specialist (Such as an Independent Domestic Violence Advisor / Manchester Women’s Aid Worker) to the strategy meeting.
 - Offering specialist domestic abuse support to the victim such as Sanctuary Scheme and civil remedies.
 - Considering refuge accommodation or referring them to MARAC (see appendix/section etc for glossary etc).

Capacity to make a decision or to give consent.

- 7.8 Some adults at risk 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
 - If doubt remains about their ability to make that specific decision, a formal capacity assessment may be necessary (see 8.16)
 - Where an adult is assessed as lacking capacity about a specific decision a decision should be made on their behalf that is in their best interests and the least restrictive alternative.

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, 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 can not 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.

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

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).⁶

Barriers to effective risk assessment

- 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. **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 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.

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

⁶ For information on wider risk management issues, including areas like forced marriage, please refer to appendix 2, p.g. 30-35

who is responsible for the abuse and for the effects of this on the victim's capacity to protect.

- 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.

Not asking children or vulnerable adults 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.
- Always consider "What is life like for this child?" in situations where they are being exposed to domestic abuse and – where appropriate – seek their perspective.

Not using the Domestic Abuse Assessment and Referral Form when domestic 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.

Challenging perpetrators on their behaviour or implementing zero tolerance policies without fully gauging how this can increase risks to the victim.

Not ensuring safe contact arrangements are in place for children (whether mandated by court or informal)

Not recognising, or responding to, additional risks posed to victims from a black or minority ethnic background ⁷

Key issues to remember are:

- 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 website for a guide to services who can help victims with immigration problems.

Not recognising, enquiring about or responding to the full range of abuse that the person might be experiencing

Whilst many victims and professionals understand that domestic abuse encompasses physical and psychological abuse it is less common for areas like sexual violence or financial abuse to be acknowledged or discussed.

Asking direct questions and being aware of a range of possible forms when enquiring about domestic abuse, including the significance of bite marks as a possible indicator of sexual abuse, will provide you and the victim with a fuller understanding of their circumstances and enable more effective risk management.

Not undertaking in-depth assessments that take full account of static 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 – including 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.⁸

⁷ See appendix 2 for more information – for example in relation to forced marriage.

⁸ Bell, C (2006), Steegh, V (2007)

Multi Agency Risk Assessment Conference (MARAC)

- 8.3 The Domestic 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 abuse. Once 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 abuse victims reported no further violence after intervention by MARAC and Independent Domestic Violence Advisors (IDVA).
- 8.5 Practitioners who have referred into MARAC can find out the outcome through their agency representative who should have access to Share point (a database where referrals and actions are recorded). It can take up to 4 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.
- 8.6 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 MCAF completed. Siblings should be considered and details of the MARAC information recorded in the child's records.

Appropriate assessment using the Domestic Abuse Assessment Tool for Children and Young People and support should be procured for the child/young person through a coordinated response following discussion with other agencies known to the family.

9 Perpetrators

- 9.1 The majority of perpetrators of domestic abuse are men. Whilst women do perpetrate domestic 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 The most important intervention is through the challenging of their behaviour using civil and criminal justice methods or 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. The Integrated Domestic Abuse Programme (IDAP) is a Probation intervention designed to reduce the risk posed by adult male domestic abuse perpetrators to their partners/ex partners and children. It is currently only available to those male offenders who have been convicted of a domestic abuse related offence and have been sentenced in a Criminal Court. Voluntary Perpetrator Programmes are similar and are designed for men who do not have a court sentence for IDAP but who wish to address their behaviour. They are a cognitive behavioural, community based programmes which includes assessment and a group work element on factors which are directly linked to the perpetration of domestic abuse. A significant evaluation of domestic abuse programmes (Gondolf 2002) identified that the success of a programme appears to be related to the intervention system as a whole. Voluntary perpetrator programmes can be accessed using self referral through the Respect phone line.
- 9.3 The second issue to consider is any support that may be required around social and health needs. This would include substance misuse, mental

health, debt, unemployment, parenting programmes and other social factors. These factors DO NOT CAUSE perpetrators to be abusive as they choose to use such behaviour. It is known that substance misuse, periods of stress and untreated mental health problems can increase the severity of incidents in some cases. This is not a rule as there is also research which suggests that many men who go on to murder women were not intoxicated at the time and abuse often continues when someone has no ‘excuses’. The abuse will usually be targeted at a primary victim, rather than anyone else known to the perpetrator which indicates that they have control over their actions. Addressing these issues in isolation is unlikely to result in long term change but can in some cases be helpful in reducing the frequency or severity of incidents.

- 9.4 It is important to note that perpetrators of domestic abuse should not be referred to anger management or generic counselling to address their behaviour. These interventions are ineffective at targeting abuse as they often focus on techniques to control emotions and not on addressing the deliberate use of abuse and violence to control someone else. These interventions can also increase the risks posed to the victim and children as they are more likely to remain in the relationship believing the person is receiving appropriate support and in some cases it provides the perpetrator with an additional excuse to be abusive – forming part of a pattern of on-going abuse.
- 9.5 Some professionals may be required to assess perpetrators as part of their role. Specialist training should ideally be undertaken first. A recognised assessment proforma is included in these procedures⁹.

In summary:

Focus your interventions on the safety of adult victims and children. You can, when appropriate, signpost any known perpetrators to services such as Respect.

Vulnerable adults who perpetrate domestic abuse.

- 9.6 It is important to recognise that some vulnerable adults can also be perpetrators of domestic abuse and that this can often be hidden or go unrecognised by family members or professionals.
- 9.7 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

⁹ Appendix 4

by the victim or ignored / 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.

- 9.8 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.
- 9.9 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 multi agency procedures. It may be appropriate to provide information about advocacy services or specialist domestic abuse services such as accredited perpetrator programmes, substance misuse services and mental health care as part of their protection plan. Only specialists in the field of domestic abuse perpetrator work should attempt any behavioural work with perpetrators (see earlier section).

Young people who use violence in close relationships

- 9.10 Children and young people may be known to use violence towards siblings, partners and parents/carers for example.
- 9.11 Some of these children would be assisted by the healthy relationships work in Manchester Schools, therapeutic support from domestic 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 is being considered by the Domestic Abuse Forum.

Appendix 1 – Domestic Abuse Assessment Tool for Children

Domestic Abuse Assessment Tool For Children (7 page document)

It is recommended that this tool is used as part of the [MCAF process](#)

How to use this tool:

1. Always complete the Domestic Abuse Assessment and Referral Form for the adult victim and use it in conjunction with the indicators below before making a final decision about appropriate action
2. **Consider the risks** identified and also **reflect on the protective factors** that may be present (3rd page) within the context of your holistic assessment. **If risk issues span the three categories then use your professional judgement** to decide what level of need is appropriate to the child and decide on the action required (4th page)

Risk can continuously escalate or decrease and risk should be managed through a process of continuous reassessment.

Level 2 – child with additional needs

Level 3 – child in need

Level 4 – children with complex needs

Risks and potential vulnerabilities relating to the CHILD

Health, education, emotional & behavioural, identity, social presentation, self-care

- Child present /in the home but didn't directly witness abuse.
- Possibility child has experienced emotional abuse.
- Verbal abuse / derogatory language used around the child
- Child is acting as a young carer
- Child's parents/carers have separated but there are arrangements in place to enable the child to have SAFE contact with the perpetrator

- Concerns of the abuser harming the child during contact
- Physical discipline used with the child
- Signs of child sexual exploitation
- Some signs of neglect
- Teenage pregnancy
- Child has poor general health
- Child is a young carer
- Under – or over – educational achievement
- Child can not/will not implement safety plans because of control by, or fear of, abuser
- Child has heard or witnessed sexual assaults including rape against their mother/siblings

- Substantial risk of serious physical abuse toward child
- Child has directly intervened in incidences
- Threats or attempts to abduct child
- Suspected / confirmed sexual abuse of the child by the perpetrator
- Child exhibits sexualised / sexually harmful behaviour
- Child is being neglected as a result of adult issues for example mental health, domestic abuse or substance misuse.
- Child has contacted police directly
- Child has been coerced into taking part in the abuse by the abuser
- Threats to kill the child
- Child has previously been subject to child protection proceedings
- Child's parents/carers have separated and child has contact with a perpetrator that has not been risk assessed or managed safely

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Level 2 – Child with additional needs	Level 3 – Child in need	Level 4 – Child with complex needs
	<p>In adolescent children:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strong likelihood / previous history of intervening. <input type="checkbox"/> Severe risks or impact on mental health <input type="checkbox"/> Gang involvement or serious youth violence / anti social behaviour. <input type="checkbox"/> Adolescent is perpetrating or experiencing domestic abuse in their relationship (s) <input type="checkbox"/> Child has a history of running away from home. 	<ul style="list-style-type: none"> <input type="checkbox"/> Confirmed / significant risk of honour based Violence to child <input type="checkbox"/> Imminent / significant risk of forced marriage <input type="checkbox"/> Imminent / significant risk of female genital mutilation (FGM)

Risk Factors relating to: A Parent or Parenting Capacity

**Abuser / both / victim

<ul style="list-style-type: none"> <input type="checkbox"/> Abusers interpretation of culture / faith used to control the victim <input type="checkbox"/> Age disparities between victim and abuser or victim is under 25yrs with limited support <input type="checkbox"/> Substance misuse issues – BUT the abuser / victim engaging in appropriate support <input type="checkbox"/> Mental health issues – BUT the abuser / victim engaging in appropriate support/treatment or concerns are established as historic <input type="checkbox"/> Language barriers (professional interpreter required) 	<ul style="list-style-type: none"> <input type="checkbox"/> Abuser(s) avoid / resist engaging with services – increasing the risk to the child as a result. <input type="checkbox"/> Restriction on movement – e.g. Victim not allowed out accompanied everywhere <input type="checkbox"/> Incidents of serious / persistent physical violence towards victim – increasing in severity, frequency or duration. <input type="checkbox"/> Abuser is stepfather / there are step children in the family unit <input type="checkbox"/> Abuser has history of perpetrating domestic abuse in previous relationships <input type="checkbox"/> Abuser is not willing to attend a perpetrator programme/is assessed as unsuitable for a 	<ul style="list-style-type: none"> <input type="checkbox"/> Abuser uses aggressive / threatening behaviour towards supportive professionals <input type="checkbox"/> Abuser has violated bail conditions / child contact/ non-contact order or protective order <input type="checkbox"/> Suspected / confirmed sexual abuse of the adult victim by the perpetrator <input type="checkbox"/> Abuser demonstrates no understanding about effect of abuse on child <input type="checkbox"/> Abuser shows no guilt or remorse <input type="checkbox"/> Substance misuse issues – significant concerns
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<ul style="list-style-type: none"> <input type="checkbox"/> History of minor / moderate physical abuse towards victim over a short period <input type="checkbox"/> Victim did not require medical treatment OR minor injuries but medical attention sought <input type="checkbox"/> Evidence of bullying towards victim (but not child) <input type="checkbox"/> Victim has experienced abuse in previous relationships <input type="checkbox"/> Victim minimises abuse due to fear of racism or prejudice <input type="checkbox"/> Isolation may be compounded by ignorance of services available/official process <input type="checkbox"/> Victim fears statutory services – increases risk to the child 	<p>perpetrator programme.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of insight / empathy about effect of abuse on child <input type="checkbox"/> Abuser /victim Minimises the level of abuse to professionals <input type="checkbox"/> Frequent and recent police intervention <input type="checkbox"/> Sexually Transmitted Infections <input type="checkbox"/> Combined impact of DA/MH/Substance misuse is affecting parenting capacity and putting them and the child at risk <input type="checkbox"/> Substance misuse issues – concerns raised, e.g. impairing ability to parent/keep themselves or their child safe or ambivalent about support <input type="checkbox"/> Long standing alcohol misuse <input type="checkbox"/> Mother's drinking during pregnancy is a cause for concern <input type="checkbox"/> Mental health issues – concerns raised e.g. impairing ability to function <input type="checkbox"/> Victim requires medical attention for injuries sustained – not sought / implausible explanation <input type="checkbox"/> Willingness /ability of victim to protect the child <input type="checkbox"/> Victim will not implement safety plans because of control by, or fear of, abuser <input type="checkbox"/> Victim appears worn down and parenting is impaired <input type="checkbox"/> Unwilling to disclose or pursue action due to allegiance to family / community / faith <input type="checkbox"/> Victim has poor general health 	<p>regarding parenting capacity and engagement with Services</p> <p>Mental health issues – significant concerns:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child features in parental delusions (i.e. false beliefs/hallucinations) <input type="checkbox"/> Child is built into suicidal / homicidal plans <input type="checkbox"/> Victim is self-harming / is suicidal / has attempted suicide <input type="checkbox"/> Victim remains in abusive relationship and protection orders / safety advice not sought/used
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Level 2 – Child with additional needs	Level 3 – Child in need	Level 4 – Child with complex needs
Risk Factors relating to: wider family and the environment		
<input type="checkbox"/> Physical or learning disability especially in relation to the victim but they are NOT isolated <input type="checkbox"/> Social issues as additional aggravating factors e.g. homeless, poor housing, unemployment and low income	<input type="checkbox"/> Physical or learning disability especially in relation to the victim and isolation <input type="checkbox"/> Lack of support from a significant other in child's life <input type="checkbox"/> Immigration constraints – e.g. no recourse to public funds or state benefits <input type="checkbox"/> The extended family support or collude in abuse <input type="checkbox"/> Family honour issues <input type="checkbox"/> Family members actively abusing victim <input type="checkbox"/> Victim never seen alone without family members	<input type="checkbox"/> Frequent moves by family

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Possible protective factors that may be present:

There is a **specific and time bound plan of action** in place for the family with clear measures to assess improvements in the child and / or victim's safety and emotional wellbeing. This can prevent 'drift' and ensure there is an appropriate response planned by professionals.

- The presence of the child was a restraint for the abuser.
- The child's relationship with the victim is nurturing and protective despite the abuse and the victim is not prevented from seeing to the needs of the child.
- Child has received education on healthy relationships and how to seek help.
- Victim/child is receiving support from a specialist service.
- Victim is prepared to take advice on safety planning and is able to use safety strategies with the child.
- Victim appears emotionally strong and not worn down by the abuse.
- Victims demonstrate an understanding of the risks posed to the child as a result of the abuse.
- There is a significant other in the child's life that has a positive and nurturing relationship with them.
- Victim and child have positive support from family / friends / community / work or education.
- Abuser accepts responsibility and/or shows remorse and is willing to engage with appropriate services to address their abusing behaviour – e.g. an accredited domestic abuse perpetrator programme. *
- Use of wider-family placements as a protective factor (but be alert to abuse in extended families).
- Victim/child is engaging with domestic abuse specialist services. *
- Child is able to implement a safety plan.
- There is safe (preferably supervised by someone other than the victim) contact in place where parents have separated.

**In these instances, be alert to feigned compliance.*

Regardless of protective factors present use your professional judgement to make a final decision about any risk posed as, for example, the victim or child may be limited in their ability to implement advice or safety strategies because the abuse they are experiencing is so intense or because of potential retaliation. Also consider the child's experience of the situation and their wishes/feelings within your assessment.

If there are many professionals working with the family you could ask each to rate the risk of significant harm on a scale of 1-10. If there is a wide discrepancy between scores then consider a professionals only meeting for a full case discussion.

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Level of need and responses

Finally identify a level of need based on your professional assessment of risks and protective factors present and take action accordingly.

Level 2 – Additional needs	Level 3 – In need	Level 4 – complex needs
<p>Limited exposure to domestic abuse – now or in the past - with significant protective factors in place.</p> <p>Children under 7 OR with additional needs are at higher risk of harm and are less able to use protective strategies – consider raising to Level 3 (child in need)</p>	<p>Long term and serious exposure to domestic abuse – now or in the past – and there is significant risk of exposure to serious domestic abuse in the future. Some protective factors present.</p> <p>Children under 7 OR with additional needs are at higher risk of harm and are less able to use protective strategies – consider raising to Level 4 (complex needs)</p>	<p>Significant risk of serious harm or death.</p>
<p>Services – consider / refer to:</p> <ul style="list-style-type: none"> ▪ MCAF – Check with MCAF Information Team (0161 234 5969) to establish if a MCAF has been completed for the child. Contribute to the plan where one exists or complete a MCAF for each child as per level 2 (in need). If refusal to engage in MCAF, consult manager as this raises threshold ▪ Make a notification to Children’s Services ▪ Manchester Women’s Aid / domestic abuse helpline ▪ Voluntary perpetrator programmes 	<p>Services – consider / refer to services in level 2 and:</p> <ul style="list-style-type: none"> ▪ Referral to Children’s Services (CS) – CS consider assessment as a Child In Need and whether safeguarding intervention is necessary where threshold is met ▪ Children’s DA Specialist Support Worker ▪ CAMHS (high support needs and post violence only) ▪ MCAF ▪ CAFCASS ▪ Legal services ▪ Make an adult safeguarding referral where appropriate 	<p>Initiate statutory child protection procedures and consider services in levels 2 and 3 and:</p> <ul style="list-style-type: none"> ▪ Refer to CS by phone and in writing – CS consider S47 and Core Assessment ▪ Police ▪ Court protection ▪ MARAC – on professional judgement if required ticks not met ▪ IDVA ▪ MAPPA ▪ Children’s Domestic Abuse support service ▪ CAMHS as appropriate

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Level of need and responses continued...

Additional needs	In need	Complex needs
<p>Services – consider / refer to:</p> <ul style="list-style-type: none"> ▪ Generic support to build on resilience – including outside activities – and contribute to meeting holistic family needs ▪ Make an adult safeguarding referral where necessary for a vulnerable adult ▪ Safe contact services such as ProContact and Dads Space ▪ Safety planning (see the endthefear.co.uk website) ▪ Children’s Domestic Abuse Specialist Worker 	<p>Services – consider / refer to:</p> <ul style="list-style-type: none"> ▪ Where mental health is a factor – referral to Mental Health Trust via single point of access: 0161 276 6155 ▪ Substance misuse services 	<p>Initiate statutory child protection procedures:</p> <ul style="list-style-type: none"> ▪ Where there is a vulnerable adult in the family make a safeguarding referral - Adults Service should consider a safeguarding investigation

Appendix 2 - Wider Risk Management Issues

Forced Marriage and So Called “Honour Based” Violence

Forced marriage is a human rights abuse and falls within the definition of domestic 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 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 fmuc@fco.gov.uk.

Forced Marriage Protection Orders (FMPO) were 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 (see page x) to be supported through the process.

You can access more guidance on forced marriage via the MSCB website: <http://www.manchesterscb.org.uk/docs/forced-marriage>

“Honour Based” Violence

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 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 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, which is often used to assert male power in order to control female autonomy and sexuality. **Honour based violence is often a child protection issue.**

Honour based violence – or “honour crime” can be distinguished from other forms of violence, 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 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, professionals must not undertake any action without full consideration of the risk or safety issues involved. The Domestic Abuse Assessment and Referral Form is key to assisting you with these decisions.

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

With both “honour” based violence 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.

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).

The practice is illegal, medically unnecessary, 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.

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: www.manchesterscb.org.uk

Black and Minority Ethnic Survivors

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

However, the forms of abuse that BME survivors are exposed to can vary and they may experience additional barriers to disclosing domestic abuse or in receiving appropriate support. For example, the 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 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. (See appendix 5)

Domestic Abuse and Substance Misuse

It is important to recognise that alcohol and / or drug use do not cause domestic abuse. The vast majority of people who misuse substances are not perpetrators of domestic abuse – however, the incidence or severity of 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 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 abuse are forced into drug or alcohol misuse by their abuser in order to intensify control. These victims may then be drawn / forced into sex working or other high risk activity.

Research conducted by the Women’s National Commission in 2009¹⁰ highlighted that victims of domestic 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 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 abuse before tackling their substance misuse and may 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.
- Be mindful that substance misuse on the part of the victim may make it difficult for them to accurately assess risk posed to them – it may “dull” their perception.¹¹
- Remember that if the perpetrator goes through detox the risk to the victim can increase as episodes of violence and increased control can escalate.

¹⁰ 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

¹¹ Stella project “Domestic violence, drugs and alcohol, good practice guide” 2nd edition 2007
www.avaproject.org.uk

Children and adults at risk of abuse who are exposed to domestic abuse and circumstances where a parent / 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 / 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 / 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 – e.g. a child who is well fed and regularly attends school – should not lead to the conclusion that all of the needs of the child or vulnerable adult are being met. It should also be recognised that those misusing substances may feign compliance with professionals whilst vulnerable adults 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 a vulnerable adult should trigger a safeguarding alert to your Manager or Manchester's Contact Service.

Domestic Abuse and poor mental health

Most people with poor mental health do not behave abusively. If the 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. 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 both address the domestic violence and their mental health needs may be required. Please see the section on vulnerable adults for further information.

Domestic Abuse and Disabled People

Studies suggest that more than 50 per cent of disabled women in the UK may have experienced domestic abuse during their lives¹², a rate twice that of non disabled women. 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 women¹³. 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 abuse are exposed to physical forms of abuse that is often accompanied by emotional humiliation – particularly in terms of their impairment.¹⁴ Please see the section on vulnerable adults for further information.

Domestic Abuse and Older People

A UK study of abuse and neglect of older people in 2007 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.¹⁵

Research into older women's experience of domestic abuse has identified a number of additional barriers to help seeking. Older people may be less aware than younger people of the services and other options available to those experiencing domestic violence. They may believe that services are only for younger women, or for women with children. Research suggests some older abused women have no formal education or economic resources and are more economically vulnerable and more likely to be financially dependent on their abusers than younger women. 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.¹⁶ Please see the section on vulnerable adults for further information.

¹² Magown, 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, PHD Research, University of Nottingham

¹³ Ibid.

¹⁴ Hague, G. et al. (2007) Disabled Women and Domestic Violence: Making The Links

¹⁵ 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.

¹⁶ Older women and domestic violence an overview Women's Aid <http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200110002&itemid=920>

Appendix 3 – Safe Enquiry into Domestic Abuse:

Information and best practice guidance to complement the Assessor Flowchart (page 10)

Evidence base for safe enquiry

Research shows that female victims of domestic abuse will not usually voluntarily disclose domestic 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 abuse intervention even where it does not result in disclosure. If a woman is experiencing domestic abuse but chooses not to disclose they are routinely offered information about domestic 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 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 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 abuse AND the limits of your confidentiality. An example of how you could begin would be:

1 in 4 women are affected by domestic abuse and, because we know it's common, we ask women about domestic abuse (as a routine). Domestic 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:

“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 aides 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 Abuse Assessment and Referral Form at this stage and the Children’s Assessment Tool if you are completing MCAF.¹⁷ This will help you identify any risks posed to the adult or children and indicate the appropriate action to take.

Record and Follow up

¹⁷ The Domestic Abuse Assessment and Referral Form and the Tool for Children is included in the appendices and can be accessed via the End the Fear website (www.endthefear.co.uk) or on the MSCB website (www.manchesterscb.org.uk)

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 home
- Any children who have a social worker/ on a child in need or child protection plan
- Any adults at risk (vulnerable adults) 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 for a safety plan

Appendix 4 – Assessment Questions for Perpetrators

In some cases, for example where a perpetrator's 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 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 5- Useful contacts

In an emergency phone 999. General police switchboard 0161 865 5050.

- Women's 24 hour domestic violence helpline 0808 2000 247
www.womensaid.org.uk (links to domestic abuse information in 12 languages).
- Manchester Women's Domestic 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 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 abuse.
- MALE Men's Advice Line and Enquiries 0808 801 0327 www.mensadvice.org.uk.
- For website information for both professionals and survivors of domestic abuse visit www.endthefear.co.uk. A safety plan can be found here.

Name	Description	Telephone No.	Website / Email
YASP – (Young Adult Advice & Support Project (Master Mind)	Advice service to enable yp to access counselling and a range of information . Drop in for 15-25 yrs on Wednesdays 2-4pm -Befriending service, meet new friends, opportunities to become a volunteer -Can contact via facebook, twitter and email	0161 221 30054	Email yasp@manchestermind.org -Facebook –YASPproject -Twitter @YASPproject -Website: www.manchestermind.orgg
Big Manchester	Provide holistic packages of support for families with children aged 5-10yrs living in North Manchester who have experienced domestic abuse, poor mental health or substance misuse -Children's worker provides 1-1 therapeutic support -Group sessions with children, parents and families -Signposting and Advocacy support	Contact: 0161 795 0795 Fax: 0161 795 3867 Woodville Resource Centre Shirley Road Cheetham Hill Manchester M8 ONE	Email – BigManchester@barnardos.org.uk
Broken Rainbow	For lesbian, gay, bisexual and transgender survivors of domestic abuse.	0300 999 5428	www.broken-rainbow.org.uk
Brook	-Provides confidential counselling services as well as sexual health services specifically for young people under 20. - Drop in on Monday 12.30 – 3.30, Tuesday, Wednesday 2.00 – 6.00pm, Thursday 12.30 – 3.00pm, Friday 12 –	Free helpline number under 25yrs; 0808 802 1234 Office contact: 0161 237 3001 Lever Street	www.brook.org.uk

Name	Description	Telephone No.	Website / Email
	3.00pm -Website for information on abuse and exploitation -Helpline information offers support and signpost to other services can phone, text or email	Commonwealth House Manchester M1 1FL	
CAMHS- Emerge – 16/ 17 Community Mental Health Service	Confidential support for 16 and 17 year olds around mental health issues. One to one and group support. The service will accept referrals from young people, family members, carers and professionals.	Contact: 0161 226 7457 140 Raby Street, Manchester, Greater Manchester M14 4SL	
Citizen's Advice Bureau	Offers free, confidential, impartial and independent advice and information on a wide range of subjects.	08444 111 222	www.manchestercab.org
ChildLine	Free helpline for children and young people providing counselling, advice and support. -Message Boards to share experiences and info with other cyp -'Ask Sam' – can write to Sam (online) about a range of issues and receive answers to questions -Online chat with counsellors	0800 1111	www.childline.org.uk
Connexions	-Personal Advisers offer a range of careers information, advice, guidance and personal support service for young people 13-19yrs and up to 25yrs if any learning disabilities -Website with signposting information and agency contacts for cyp experiencing any form of domestic abuse -Cnx centres based North (0161 205 1644), Central (0161 226 8609), East (0161 248 7684) and South Manchester (0161 234 1044).	-Telephone 084567 13 2 19 -In person at local Cnx office -Weblinx – list of other services	www.connexions-manchester.com info@careers-solutions.co.uk
MCC Contact Manchester for social care	If you are concerned about the safety or the well being of a child or vulnerable adult.	0161 234 5001 Fax: 0161 255 8266	mcsreply@manchester.gov.uk General advice and information: www.manchester.gov.uk
42 nd Street	Young people age 14-25 under stress.	161 832 0170	www.fortysecondstreet.org.uk

Name	Description	Telephone No.	Website / Email
Dad's Space	Virtual contact which can be monitored between children and their father when parents have separated.		www.dads-space.com/DadsSpace121
Dog's Trust	Can help place dogs when survivor goes into a refuge.	0207 837 0066	www.dogstrust.org.uk
Factory Youth Zone	<p>-Range of sessions for children 8 – 21yrs (25yrs if disability) including relationship problems, gangs / guns, trained youth workers / Mentor on site can refer into specialist da services, (city centre project, Safe in the City, Connexions, Brooks) as required.</p> <p>-Drop in sessions on Wednesday 6.30pm – 8.00pm for 13yrs + offer confidential advice and support</p> <p>-Membership £5.00 and costs 50p for each attendance</p> <p>-Recently secured funding</p>	<p>The Factory Youth Zone, Rochdale Road, Harpurhey, Manchester, M9 8AE</p> <p>Tel: 0161 203 5333</p>	info@thefactoryyz.org
FGM (Female Genital Mutilation)- FORWARD	Forward is a charity assisting those affected by FGM and providing professionals with advice.	020 8960 4000	www.forwarduk.org.uk
Forced Marriage Unit	The FMU provides advice and support for those affected by forced marriage, runs training and consultation and can repatriate individuals in some circumstances.	020 7008 0151	www.fco.gov.uk
42 nd Street	<p>-Work with cyp 13-25yrs under stress, living in Manchester Salford and Trafford providing a range of services including counselling, individual support, group work and volunteering opportunities.</p> <p>- 42nd Street takes referrals from young people themselves and from parents, carers and professionals</p>	<p>-Helpline / referral line: 0161 832-0170</p> <p>-Office 0161 832 0169</p> <p>89-91 Great Ancoats Street, Greater Manchester M4 5AG 0161 832 0170</p>	<p>-Website www.42ndstreet.org.uk</p> <p>-email: theteam@42ndstreet.org.uk</p>
The Heart programme	<p>Offers help and advice to young people on having healthy relationships with boy or girl friends, gang pressures.</p> <p>It runs a 24-hour, anonymous and confidential helpline, delivered by Childline.</p> <p>Phone, 1-1 chat or email</p>	Helpline 0800 1111	www.heartprogramme.org

Name	Description	Telephone No.	Website / Email
Hideout – Children Hideout – Young people	Website created by Women’s Aid with a range of interactive information and advice for cyp to promote understanding of domestic abuse and positive actions to maintain safety -Hideout Cards titled “It’s not your fault – you’re not alone” , contains brief information about domestic abuse, as well as the Childline number and hideout web address.	Twitter / Facebook	www.thehideout.org.uk
Homeless Services	Emergency accommodation for families, single women and single men.	0161 234 4847 (9am-4pm) 0161 255 8250 (out of hours)	www.manchester.gov.uk
Hosla Support for South Asian women - Children’s Outreach Worker -New Horizons Girls group	Advice and support for South Asian women who have, or are, experiencing abuse. -Provide advocacy, confidential emotional support for cyp who have or are living with domestic abuse -Referrals can be made by yp, family member or agency Weekly girls group offers support and advice on Forced marriage and other domestic abuse related issues. Based in Longsight Wed 4-6pm, girls aged 11 – 18yrs	Contact: 0161 636 7560	outreach@hosla.org.uk shaz@saheli.org.uk
Independent Domestic Violence Advisors (IDVAs)	Provide domestic abuse support for high risk survivors who have been referred to MARAC.	0161 234 5393	www.manchester.gov.uk
Manchester Relate Children and Young People’s Counselling	-Drop in chat service with counsellor for cyp aged 11 – 25yrs (over summer holidays), or speak to a Relate counsellor in school or at the centre -iRelate Live Chat –one to one sessions to chat online with counsellor	Contact 0300 100 1234	
Manchester Women’s Aid	Provide outreach worker support, refuge accommodation and advice.	0161 660 7999	www.womensaid.org.uk
NSPCC	-Provides direct work for children who have experienced sexual abuse and harmful sexual behaviour, will work with cyp in families experiencing (toxic trio) domestic abuse, mental health and substance misuse, however not domestic abuse in isolation.	Helpline no 0808 800 5000 6 Oldham Road Manchester Ancoats M4 5DE 0161 200 1850 Manchester	www.nspcc.org.uk

Name	Description	Telephone No.	Website / Email
	-Helpline offers advice and support for any child or adult concerned about a child at risk of abuse	Twitter Facebook, YouTube	
NSPCC	Free confidential service for anyone concerned about children at risk.	0800 800500	www.nspcc.org.uk
Paws for Kids	Pet fostering service for women moving into northwest refuges.	01204 394 842	www.pawsforkids.org.uk
Police PPIU	(also known as) Domestic Violence Unit.	0161 856 3703 0161 856 4444 0161 856 6053	A Division (North) E Division (Longsight) E Division (Wythenshawe) www.gmp.police.uk
Pro-contact	Provide therapeutic and contact services (including supervised and supported contact and a handover service)	0161 737 8996	www.pro-contact.org.uk pro-ontact@btconnect.com
Rape Crisis	Information and support for women and girls who have experienced sexual violence.	0161 273 4500	www.manchesterrapecrisis.co.uk
Respect.	Information for perpetrators or for those working with perpetrators. They hold a list of perpetrator programmes running in the UK.	0845 122 8609	www.respect.uk.net Email info@respect.uk.net
Resolve Children's Service – The Children's Society	Counselling sessions for children and young people aged 5-19 who have experienced, or are currently exposed to, domestic violence and sexual abuse. MCC have funded services until March 2013 for children who are known to MARAC, Manchester Women's Aid or Oaklodge	Contact: 0161 633 5991 Fax: 0161 628 8455 13/21 Browndge Road Holts Village Oldham OL4 5QQ	
Runaway Helpline	National 24 hour helpline for anyone aged 17yrs or under who have run away or have been forced to leave home. Offers advice, make referrals to other organisations and can help a cyp get to a place of safety.	Helpline no 0808 800 7070 or 116 000	www.runawayhelpline.org.uk runaway@missingpeople.org.uk

Name	Description	Telephone No.	Website / Email
Safety 4 Sisters Northwest	Group working to improve services for women affected by abuse who have no access to public funds or state benefits.		safety4sisters@googlemail.com
St Mary's Sexual Assault Referral Centre	On-going treatment, advice, counselling and follow up specialist and forensically trained doctors and nurses. The service is for both women and men. They aim to provide a one-stop-shop service to survivors of rape. Open 24 hours.	0161 276 6515	www.stmaryscentre.org
Sanctuary scheme	If a survivor is no longer in a relationship with the perpetrator but feels unsafe in their home security measures can be provided for free where funding is available.	Contact IDVA Team 0161 234 5393	www.manchester.gov.uk
Samaritans	24 hour confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide.	08457 909090	io@samaritans.org Email:www.samaritans.org.uk
Specialist MCC Children's Domestic Abuse Worker	Therapeutic support for children aged 5-11yrs including play therapy and 1-1 support	-Contact: 0161 219 2891 -Fax: 0161 274 7439	
Survivors UK	Help men who have experienced any form of sexual violence.	0845 1221201. 7-10pm	www.survivorsuk.org Email: info@survivorsuk.org
THERE4ME	-Website created by NSPCC to offer support for 12-16yr olds for a range of issues including bullying, relationships, abuse and difficulties at home. -Cyp can send an e-letter to Sam (agony aunt) or if prefer a confidential private session can talk 1-2-1 with an NSPCC advisor, or email for reply with 24 hours. -Advice for perpetrators	Helpline no 0800 408 1552	www.there4me.com www.achance2talk.com

Name	Description	Telephone No.	Website / Email
Victim Support	Provides free and confidential support including information on police and court processes and information about compensation.	0845 456 8800	www.victimsupport.org.uk
Manchester Women's Aid	Provide advice, support and accommodation to women and children	For info phone: 0161 660 7999 Manchester Women's Aid Outreach Service hours are: 09.30 – 16.30	Referrals can be sent via email to: referrals@manchesterwomensaid.org response by end of next working day
Women's Domestic Abuse Helpline (Independent Choices)	Advice and support for women and agencies. Can refer to refuges. Services available in Urdu and Punjabi Mon-Fri 10-4, Tuesday until 7pm	0161 636 7525	www.wdchoices.org.uk helpline@independentchoices.org.uk (emails will be responded to within 3 working days)
Young People's Support Foundation (YPSF)	Work with socially-disadvantaged Young People aged 14 to 25 and, in particular, those primarily disadvantaged by or at risk of homelessness.	0161 228 7564	www.ypsf.org.uk
Youth Access Team	Provides information advice and counselling services for yp aged 12-25yrs – can contact via letter, telephone, fax or email	Telephone: 0208 772 9900 346 Chester Road, Cornbrook, Manchester M16 9EZ	www.youthaccess.org.uk

