

Oldham Domestic Abuse Policy

Approved and accepted by the:

Domestic Abuse Strategic Board, Local Safeguarding Adults Board &
Oldham Safeguarding Children Partnership

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1. Introduction

This policy 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 an intimate partner or close family member as defined by the government's definition. Although domestic abuse is most commonly thought of as violence between intimate partners, this policy acknowledges that domestic abuse can affect men, women, those in same sex relationships, and by young people towards other family members, as well as the abuse of older people in families. Domestic abuse occurs irrespective of age, social class, racial, ethnic, cultural, religious or sexual relationships or identity.

No one agency can address all the needs of people affected by, or perpetrating, domestic violence and 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 affects all ages but 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 victims of domestic abuse and have not traditionally fitted into domestic abuse services. Domestic abuse is everyone's business and all professionals should work to identify when domestic abuse is being encountered and support individuals to reduce domestic abuse incidents and also consider reporting domestic abuse to the appropriate agencies

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 victim is supported.

1.2 Current estimates of domestic abuse¹:

- Each year around 2 million people suffer some form of domestic abuse - 1.3 million women (8.2% of the population) and 600,000 men (4% of the population)
- Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse
- Women are much more likely than men to be the victims of high risk or severe domestic abuse
- In 2013-14 the police recorded 887,000 domestic abuse incidents in England and Wales
- Seven women a month are killed by a current or former partner in England and Wales
- 130,000 children live in homes where there is high-risk domestic abuse

¹ www.safelives.org.uk

- 62% of children living with domestic abuse are directly harmed by the perpetrator of 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 victims sought help five times on average from professionals in the year before they got effective help to stop the abuse

2. Definition of domestic abuse

The new definition within the Domestic Abuse Act 2021 is based upon the previous cross government definition:

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
economic
emotional

Controlling behaviour

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 and escape and regulating their everyday behaviour.

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 their victim. Some examples include:

- Victims are made to account for their time, or have restrictions on access to money and/or their movements
- Preventing victim 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 victim's role as a partner, spouse or parent

This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

2.1 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 above 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 victims make but also ensure they fulfil their statutory requirement to safeguard.

3. Domestic abuse and safeguarding adults

Under Section 14.7 of the Care Act 2014 adult safeguarding 'means protecting an adult's right to live in safety, free from abuse and neglect' safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) **and**;
- is experiencing, or 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 2014² 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 abuse
- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Neglect and acts of omission

² Care and Support Statutory Guidance 2014

- Self-neglect
- Organisational

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.

4. Domestic abuse and safeguarding children

Working Together 2018 defines Safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

Research tells us there is a significant link between violence to a partner and the abuse of children. 70% of men who are violent to their partner are also violent to her children. Living with Domestic Violence and Abuse has a significant detrimental effect on the well-being of children. Several studies link Domestic Violence and Abuse to the risk of sexual abuse. Violent and controlling individuals misusing their power to have their needs met by a partner may well be using the same power to abuse children in the household.

Children may be involved in Domestic Violence and Abuse in a number of ways. Children are at increased risk of physical injury during an incident, either by accident or because they attempt to intervene. Even when not directly injured, children are greatly distressed by witnessing the physical and emotional suffering of a parent. Children's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress which may express itself in many different ways. The child may become withdrawn or extraverted and this may lead to them becoming involved in anti-social or criminal behaviour. There is potentially a direct risk of physical harm to the child from the domestic violence and abuse perpetrator and this should be considered in all assessments. The child can also be used in order to terrorise the non-abusive parent.

This policy should therefore be read in conjunction with [safeguarding children](#) and adult's procedures and all practitioners should acknowledge the importance of recognising when an adult is experiencing domestic abuse and how they can support them and their children.

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

5. Safe enquiries

Safe enquiries (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 therefore the perpetrator must not be aware of the enquiry or any plans to support the victim.

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 risk assessment tool, gives a record of the decisions made at that point in time.

Victims 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 victim does not disclose domestic abuse they should still be routinely offered information. Remember victims of any age may minimise the abuse and the impact on them due to the controlling and coercive control of the perpetrator.

If, due to your role you are not able to carry out a safe enquiry and assessment please follow the guidance on page 10: When abuse is disclosed or identified – Making Safeguarding Personal.

5.1 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

5.2 Best practice for undertaking routine/safe enquiry³

- 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 can't be interrupted, and that you – and the person – have sufficient time to talk
- Only use professional interpreters

³ ADASS Adult Safeguarding and Domestic Abuse 2015

- 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).
- Safety Plan to reduce any risks identified

5.3 Asking key questions⁴

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

Remember, domestic abuse isn't just about physical violence. It can be financial, sexual or emotional, and includes forced marriage and so called honour based abuse.

For further information on Domestic Abuse (including Honour Based Abuse, Forced Marriage and FGM) please visit [Oldham's domestic abuse pages](#).

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?

6. Managing Risk and levels of intervention

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

In Oldham the Safe Lives Dash risk checklist is used, which is a simple tool for practitioners who may identify or work with victims of domestic abuse. This helps them to identify those who are at high risk of harm and also which cases should be referred to a MARAC (Multi-Agency Risk Assessment Conference) meeting in order to manage their risk.

The Dash risk checklist is found in Appendix 2. Other copies in a variety of languages and the guide to go with the checklist can be found on the following link/web address:

⁴ Getting it right first time: www.safelives.org.uk

<http://www.safelives.org.uk/sites/default/files/resources/Dash%20with%20guidance%20FI%20NAL.pdf>

If there are children or young people in the victim's family a referral must be made to the Multi Agency Safeguarding Hub (MASH) so that a full assessment of their safety and welfare is made.

6.1 Consideration of barriers to effective risk management

- Lacking depth of understanding about the nature of domestic abuse such as why it occurs and why victims remain with perpetrators
- Not being aware of or using the risk assessment tools available which can help identify the level of risk posed and inform victims what factors are placing them at high risk
- Challenging perpetrators on their behaviour without fully gauging how this can increase the risk for the victim
- Not asking the victim, other adults at risk or children/young people how the family situation is impacting on them
- Not involving the adult at risk in all stages of risk assessment and management
- Unintended collusion with the perpetrator
- Not undertaking in depth assessments that take full account of static risk factors (where it is part of your professional role)
- Not recognising or responding to additional key risks posed to BME domestic abuse victims.
- Not increasing support and protection at times of increased risk
- Not being aware of thresholds for parallel processes e.g. MARAC, Domestic Violence Disclosure Scheme
- Not having a common understanding of risk factors in domestic abuse cases and the confidence to use professional judgement
- Not ensuring safe contact arrangements are in place for children

6.2 Multi Agency Risk Assessment Conference (MARAC)

Referral to the MARAC

A MARAC meeting is 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 Domestic 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 a victim of domestic abuse they should complete a Dash risk identification checklist with the individual. Where an individual is assessed as being at high risk, the completed Dash

checklist should be forwarded to the MARAC lead for your organisation in order for the risk assessment to be uploaded to Sharepoint (an IT system that holds all the MARAC information, including referrals, minutes and actions) and discuss any immediate safety actions with the IDVA's.

If a professional has serious concerns about a victim's situation, they should use their professional judgement to decide whether to 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.

For further information regarding MARAC's, there are various practical introductions to MARAC within the context of a professional role available on: <http://www.safelives.org.uk>

MARAC Action Plans and 3rd Party Information

Actions should be agreed at the MARAC meeting and these will be uploaded to Sharepoint.

The representative 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 of formal protocols and only with due regard to data protection guidance.

6.2 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. 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 for victims of domestic abuse. Victims should be given information about these support services, regardless of their assessed level of risk. Adults with care and support needs may require an intermediary to help them navigate the services⁵. Any services used as part of a safety plan must be specified and those services must be informed.

6.3 Independent Domestic Violence Advisors (IDVAs)

IDVAs are independent trained advisors who give specialist practical and emotional support to victims of domestic abuse. This includes support when the victim 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 victim and family safe.

⁵ ADASS Adult Safeguarding and domestic abuse

This can include sanctuary schemes, refuge or safe house accommodation as well as being a valuable source of information and advice not only for victims 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 this should be continued by the new local authority until they have carried out an assessment. Where the second local authority has been notified of the adult with care and support needs intends to move to their area they must provide information and start an assessment of needs.

6.4 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 victim. The scheme is for anyone in an intimate relationship regardless of gender.

Partner agencies can also request disclosure is made of an offender's past 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.

For further information, see [Domestic Violence Disclosure Scheme \(GOV.UK website\)](#).

6.5 Operation Encompass

Operation Encompass is an initiative enhances communication between the police and schools where a child is at risk from domestic abuse.

The purpose of the information sharing is to ensure schools have more information to support safeguarding of children. By knowing that the child has had this experience, the school is in a better position to understand and be supportive of the child's needs and possible behaviours.

Operation Encompass complements existing safeguarding procedures.

7. Criminal Law

Members of the multi-agency partnership should:

- Have an awareness of legal processes available to victims
- Provide information about the options an adult particularly with care and support needs may have
- Involve the victim/adult in getting the right advice and where to get specialist help including legal help

There are a number of legal processes for victims of domestic violence and abuse, including occupation orders, non-molestation orders, restraining orders and DVPOs.

7.1 Domestic Violence Protection Orders (DVPOs)

These provide protection to victims by enabling the police and magistrates to put in place protection in the immediate aftermath of a domestic violence incident.

With DVPOs, a perpetrator is not allowed contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need.

7.2 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 victim from harassment or conduct by the perpetrator that puts the victim in fear of violence. The order imposes specific restrictions such as exclusion from a specific area or contact with the victim 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.

7.3 Non molestation orders

This is a type of injunction which prohibits the perpetrator or abuser from intimidating, pestering or harassing the victim or children who live with the victim. Physical abuse does not need to have occurred in order to obtain this order and if breached this again is a criminal offence.

7.4 Occupation Orders

This is similar to an injunction and establishes who has a right to stay in the home and can order a perpetrator 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>

8. Working with specific groups

8.1 Children

8.1.1 Domestic abuse and the effect on the unborn child

There is clear evidence about exposure of impact on physical assault in pregnancy on unborn child:

- Higher risk of miscarriage and spontaneous termination;
- Low birth weight;
- Being 'on alert' - hypervigilance - high levels of fear and anxiety.

Post-Natal Trauma Symptoms in Child

- Delayed language;
- Delayed toilet training;
- Sleep disturbance;
- Fear of being left alone;
- Increased arousal, numbing or aggression.

8.1.2 Behaviours observed in children where domestic abuse is present

- Children and young people are likely to experience a range of emotional and behavioural responses, including fear, anxiety, worry, anger and aggression. They may feel isolated and stigmatised, while many have to take on caring responsibilities. The risk of psychological harm is high for those who also experience other forms of abuse and neglect;
- Impact differs by developmental stage: infants may show delayed development, sleep disturbance, temper tantrums and distress; school-age children may develop conduct disorders and difficulties with their peers and find it hard to concentrate; depression, delinquency and aggression are common among adolescents;
- Not all children suffer adverse effects, however. There is evidence that the impact is cumulative, with sustained exposure over time leading to the most severe impact;
- A strong sense of self-esteem and self-efficacy can promote resilience and help children attribute responsibility for the violence to others. Having an adult (usually the mother) who provides consistent support contributes to resilience, while friendships offer vital social support;
- Domestic abuse characterises the history of a substantial proportion of looked after children. Contact and reunification plans should take ongoing domestic abuse in birth families into account and respect children's views;

- Young people exposed to domestic abuse in childhood are more likely to experience violence and abuse in their own relationships. All practitioners who work with young people should ask about violence and abuse in intimate peer relationships, as young people are unlikely to disclose it spontaneously;
- Maternal mental health problems and parental substance misuse both increase the likelihood of harm for children exposed to domestic abuse. The mental health of mothers should be a key target for intervention;
- Mothers' parenting can be undermined by assaults on their self-esteem and confidence, and by perpetrators forging hostile alliances with children or other family members. However, there is clear evidence that parenting can recover once mothers are no longer living with domestic abuse;
- Social isolation, which can continue after women leave an abusive relationship, contributes to parenting problems and may be acute for mothers from some minority ethnic communities, mothers with disabilities, families with disabled children and homeless mothers. Interventions should aim to link them into local support services.

8.1.3 The following may be indicators that a child is living in an abusive environment:

- Taking part in dangerous or harmful behaviours;
- Getting into trouble;
- Are unhappy;
- Are worried;
- Are angry and have violent outbursts;
- Find it difficult to control emotions;
- Have sleep difficulties;
- Are afraid of getting hurt;
- Are afraid of someone else getting hurt.

8.1.4 Separation

Making a decision to leave one's home and loved ones requires a long process of contemplation. It is not easy to leave familiar places and routines in order to escape abuse and violence and partners need support to make these difficult decisions. In some situations there will be a conflict of interest whereby the child's need for safety must take priority over the parent's choice to remain with the abusive partner. Safety planning is an essential part of any work with a victim of domestic abuse. It is important that workers recognise the power an abusive partner has over their victims.

Although separating from a violent partner should result in women and children being safe from harm, the danger does not automatically end. It should be recognised that the point of leaving an abusive relationship is the time of highest risk for a victim and their children.

Contact arrangements can be used by violent and abusive partners not only to continue their controlling, manipulative, violent and abusive behaviour but also as a way of establishing the whereabouts of the victim(s).

An analysis of Serious Case Reviews found evidence of past or present domestic violence and abuse present in over half (53%) of cases. Child death inquiries have highlighted the need for workers to acknowledge the issue of domestic violence and abuse and incorporate it into their interventions and child protection plans.

8.2 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.

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. Open questions should be used to identify needs⁶.

The national charity, 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'

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. The most common forms of abuse are physical, psychological, financial, sexual and neglect. AEA has found a prevalence of psychological abuse, usually by way of intimidation or coercion often linked to financial abuse⁷.

8.3 People with mental illness

There is a strong link between domestic abuse and mental illness of both victim and perpetrator with 40% of high risk victims reporting mental health issues. Furthermore research indicates that people with mental illness are more likely to experience domestic abuse, research has shown that between 30 and 60% of psychiatric in-patients had experienced severe domestic abuse. Behaviours used by perpetrators against their victim to demean the victim will add to emotional distress and exacerbate mental illness and the psychological consequence for victims includes anxiety, depression, suicidal behaviour, low self-esteem and emotional detachment⁸.

⁶ Adult safeguarding and domestic abuse 2015

⁷ Age UK Factsheet 78 May 2015

⁸ Women's Aid Survivors Handbook

8.4 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. 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.

8.5 People who Misuse Substances

Substance misuse may not be a direct cause of domestic abuse but it may increase the risk of or trigger it. Perpetrators of domestic abuse may exercise control over a victim who is dependent on substances although many perpetrators may themselves be dependent on substances in particular alcohol. Victims in addition may become dependent on substances as a coping mechanism and may wish to address the domestic abuse before their substance misuse

Be aware that a perpetrator who goes through a detoxification programme increases the risk to the victim⁹.

8.6 Carers

The Care Act 2014 defines a carer as someone who 'provides or intends to provide care for another adult' (but not as a volunteer or contracted worker). 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, the person they care for may abuse the carer or the carer may observe the abuse by and of others.

8.7 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. If the abuse is linked to the person's condition such as dementia or mental illness this does not mean the abuse be minimised or tolerated, it is therefore crucial to identify and manage the risks posed to the victim and others.

8.8 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 domestic abuse victims and safety plan with the person who has disclosed recognising they are the expert in understanding potential triggers of abuse.

⁹ Stella Project at www.avaproject.org.uk

Appendix 1 provides an 'Easy Read Risk and Intervention Guidance' –this includes the following:

- You must follow local procedures for assessment, referral and safety planning, 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 the Multi Agency Safeguarding Hub on 0161 770 7777. See also Oldham Safeguarding Children's Partnership webpage for further information.
- Complete the Safe Lives DASH risk checklist (appendix 2) with the victim (if your role allows for this), the perpetrator must not be present. What risks are identified?
- Does this identify that the adult or another adult is at risk of serious harm, for example threats to kill, you must seek advice/refer to the Multi Agency Safeguarding Hub on 0161 770 7777 immediately or ring 999 if immediate concerns for the person's safety or others.
- If it is thought that the person is not at high risk of serious harm, consider holistic support options such as signposting and referring the victim to domestic abuse support services as appropriate – considering MCA and MSP guidelines. If they refuse support, ensure adequate safety planning to include calling 999 if required, 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 alert must be completed

All disclosures must be taken seriously and practitioners must ensure responses do not endanger the victim further or that of a child or other adults at risk in the home.

You must realise 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 if you know how to use this tool.

9. Mental Capacity, Safeguarding and Domestic Abuse

Some victims 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:

- Capacity must be presumed unless it can be proven otherwise

- People should be given full support to make their own decision
- If a person makes a decision that you consider unwise this does not necessarily mean the person lacks the capacity to make the decision in question
- Any decisions made on behalf of a person who lacks capacity, must be made in their best interests
- The decision made on behalf of a person who lacks mental capacity, must be the less restrictive option.

A person may make the decision to remain in a relationship or have contact with a partner or family member who may be abusing them. Agencies still need to offer support as part of our duty of care and implement protection measures where possible 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.

Case Law DL vs A Locality Authority and Others (2012) used the principle of inherent jurisdiction to commence proceedings in the High Court to safeguard people who do not lack capacity but whose ability to make decisions has been compromised because of the constraints in their circumstances, including coercion or undue influence.

The Care Act mandates the use of advocates for anyone who has difficulties making decisions. Specialist advocates such as IDVA's (Independent Domestic Violence Advocate) to provide advice/support around domestic abuse and IMCA's (Independent Mental Capacity Advocate) may be able to advocate for a person who lacks mental capacity for a specific decision.

If there are children in the household, Safeguarding Children's procedures will apply and a referral MUST be made to Children's Social Care via MASH using the [online referral form](#)

10.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.

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

11. Oldham Support Services

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**

11.1 Domestic Abuse helpline

Our helpline is available Monday – Friday, 9am to 5pm (answerphone service outside these times):

- Phone: 0161 770 1572

11.2 Early Help

Early Help are a service providing help to men, women or children experiencing domestic abuse in Oldham.

Offering :

- Direct support for men and women at risk through an Independent Domestic Violence Advocacy Service
- Advice service offering support to professionals and individuals about options and choices when living with domestic abuse
- Safety planning
- Project choice – specialist forced marriage and honour-based violence service
- Support to access safe accommodation

To refer to Early Help, contact MASH on 0161 770 7777.

11.3 Children and young people

- Childline **0800 1111**
- NSPCC **0800 800 500**

11.4 Adult Safeguarding

- Adult Safeguarding Team **0161 770 7777 (Monday - Friday, 9am to 5pm) or 0161 770 6936 (evenings and weekends)**

- Elderly Abuse Response Line **0808 808 8141**

11.5 Oldham directory for domestic abuse support services

Add link

12.Domestic Abuse Training

Specialist Domestic Abuse and MARAC training will equip practitioners with the knowledge and how to recognise and respond to issues of domestic abuse.

Staff should be trained on how to respond to a disclosure of domestic abuse, how to ask about domestic abuse and how to refer to appropriate support agencies in line with their roles and responsibilities and this needs to be identified as part of appraisal processes.

Oldham Safeguarding Children Partnership provides a number of courses. Please access the websites to check the most up to date [training programme](#).

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Appendix 1 Easy Read Risk and Intervention Guidance – Adult Safeguarding

DOMESTIC ABUSE		
Can include (but not limited to): physical, sexual, financial, psychological, stalking, coercion and controlling behaviour, honour based abuse/violence, forced marriage and/or female genital mutilation		
No harm - standard risk	Possible or some harm - medium risk	Harm caused - high risk
Not SAFEGUARDING	Possibly SAFEGUARDING	SAFEGUARDING
<ul style="list-style-type: none"> • Disclosure or Isolated report of abuse-low level threat • Adult has capacity and no vulnerabilities identified 	<ul style="list-style-type: none"> • Ongoing report/incidents of domestic abuse • Adult is not accessing support services but adequate protective factors 	<ul style="list-style-type: none"> • Adult is subjected to controlling/coercive behaviour (e.g. financially / locked in property / withholding of medical treatment / isolated from family / friends / social contacts. • Frequent reports of assaults e.g. physical, sexual, rape and FGM • Adult is subjected to stalking / harassment • Adult is assessed as not having capacity • Threats to kill • Honour Based Abuse and/or Forced Marriage
<p>Actions to consider: See guidance on pages 7-9 and</p> <ul style="list-style-type: none"> • If children present, always make a referral to MASH 0161 770 7777 • Seek advice and support from adult social care, report to police and/or seek advice via 101 or 999 if an emergency • Refer to Domestic Abuse Services for early intervention and support • Ensure own internal domestic abuse policy is up to date • Staff are aware of the Oldham Domestic Abuse Policy and Procedure • Consider relevance of Clare’s law • Ensure staff have sufficient training to increase staff awareness of the nature, patterns and complexity of domestic abuse 		<p>Refer to Adult Safeguarding Team and Domestic Abuse Services Safe Lives DASH - high risk / professional judgement = Referral to MARAC</p>

Appendix 2 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 Marac¹⁰ 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 step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

¹⁰ 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 agencies¹¹ 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 (eg police officer)
1. Has the current incident resulted in injury? Please state what and whether this is the first injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends? I.e, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does [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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does [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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹¹ 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/>				
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 <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>				
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 <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total 'yes' responses				
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For consideration by professional

<p>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.</p>	
<p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p>	
<p>What are the victim's greatest priorities to address their safety?</p>	

Do you believe that there are reasonable grounds for referring this case to MARAC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, have you made a referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed		Date
Do you believe that there are risks facing the children in the family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please confirm if you have made a referral to safeguard the children?	<input type="checkbox"/> Yes <input type="checkbox"/> 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, Oldham 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 very 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.

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