

Safeguarding Adults Practice Guidance

Domestic violence and abuse

The practice guidance covers the multi-agency responses to domestic violence and abuse, with a particular focus on Multi-Agency Risk Assessment Conferences (MARAC) and safeguarding adults.

A large proportion of safeguarding adults concerns are about adults being abused or neglected by a member of their household, a family member, a partner or an ex-partner.

Domestic violence and abuse is defined 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 their gender and sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, financial, sexual and emotional.

Domestic abuse is predominantly perpetrated against women by men, however it can be perpetrated within same sex relationships, by women against men, and by other family members such as adult children against their parents or the extended family/community as in cases of honour based abuse. Domestic abuse impacts upon children and/or adults with care and support needs in the household whether they are abused directly by the perpetrators and by hearing, witnessing or intervening in incidents. This guidance is applicable to all victims of domestic violence and abuse.

Safeguarding adults enquiries are often used in response to concerns of domestic abuse perpetrated against adults with care or support needs. A survey by Women's Aid found that disabled women were twice as likely to be victims of domestic abuse than the female population as a whole.

The Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) have produced [guidance on adult safeguarding and domestic abuse](#).

Practitioners should consult the **multi-agency domestic violence and abuse flow-chart** for guidance on the most appropriate response to a concern or disclosure.

Multi-Agency Risk Assessment Conferences (MARAC)

MARACs are fortnightly meetings chaired by the Police, attended by a range of partner agencies including: adult and children's social care; probation; health services; and community and voluntary sector organisations.

MARACs deal with the highest risk domestic violence cases, where the victim is identified as being at serious risk of harm. In order to determine whether a case is high risk or not, practitioners should use the [CAADA-DASH Risk Identification Checklist](#). Where a case is a visible high risk (14 ticks or more) or high risk based on professional judgement, a referral should be made to MARAC via your agency's Single Point of Contact.

MARACs consider approximately 30 cases each fortnight and as such are not intended to explore risks in significant detail. A case is discussed initially, with actions agreed for each agency. The case will be further discussed at the next meeting, ensuring all actions have been completed or are ongoing. The case will not be discussed again unless risks have changed or escalated when a repeat referral should be made.

It is expected that other processes will monitor and attempt to manage ongoing risks, with the MARAC process highlighting and communicating to all relevant agencies that the case is high risk. Often safeguarding

adults procedures will run alongside a case being considered at MARAC, with information being shared between and via each process.

MARAC is a victim-led process. Wherever possible, the CAADA-DASH Risk Identification Checklist should be completed with the victim and the referral made with the consent of the victim. However, it is recognised that this will not always be possible. Where a case is felt to be high risk, consent should always be overridden and a referral made to MARAC. A specialist advocate will be arranged for each victim – this will either be an Independent Domestic Violence Advisor (IDVA) or an Independent Sexual Violence Advisor (ISVA). The IDVA or ISVA will meet with the victim following the MARAC referral to seek their views in relation to the concerns and provide practical advice and support in relation to the concerns.

Safeguarding adults procedures

As stated above, safeguarding adults procedures should be used to manage risks of domestic violence and abuse perpetrated against adults:

- aged 18 or over; and
- has needs for care and support (whether or not those needs are being met); and
- as a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

Safeguarding adults referrals to the local authority should be made in the normal way. Where MARAC criteria is also felt to be met, a referral to MARAC should be made as well as the safeguarding adults alert.

Safeguarding children procedures

Children will always be impacted upon by domestic violence or abuse that happens in their home.

Where you have a concern that domestic violence and abuse is occurring in a household where there are children are present, a referral should be made to Children's Social Care via the Initial Response Service (0191 277 2500).

MARAC referrals will be accepted for young people aged 16 and over.

Where MARAC and safeguarding procedures do not apply

This does not mean that no action should be taken to support the alleged victim. Professionals should attempt to support the victim in any way which they can. This may involve signposting them to specialist domestic violence and abuse services or devising a safety plan with the alleged victim.

A safety plan does not have to be lengthy or complicated. It may include basics such as a person knowing where to go for help in an emergency or always having their phone on charge.

Victims who state they do not want any action to be taken

A victim's consent should be overridden where the case meets MARAC criteria and/or there are children involved.

Mental capacity is a key consideration, thinking about whether the victim understands the risks AND consequences of not accepting help or support in relation to the concerns. It must be remembered that a person's decision making and ability to give consent can be impacted upon by a threatening or coercive perpetrator. Where a person lacks capacity, a best interest decision will need to be made on their behalf.

A person's decision to take no further action should always be revisited and the door always left open for the person to change their mind at a later date.

Victims can still be supported to reduce risks even if they decide to remain in an abusive relationship or situation.