

Domestic Abuse and Safeguarding Adults
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Not them, us.

Domestic abuse is pervasive, chances are that you or someone you know has experienced or is currently living with domestic abuse.

Home | Refuge National Domestic Abuse Helpline (nationaldahelpline.org.uk)

0808 2000 247

Men's Advice Line **0808 801 0327**

Confidential helpline for male victims of domestic violence and abuse

National LGBT Domestic Abuse Helpline 0800 999 5428

Emotional and practical support for LGBT+ people experiencing domestic abuse

National Stalking Helpline 0808 802 0300

Not them, us.

Domestic abuse is pervasive, chances are that you or someone you know has experienced or is currently living with domestic abuse.

Reigate and Banstead, Mole Valley and Tandridge

East Surrey Domestic Abuse Service (ESDAS) – (9am – 4pm) 01737 771350

Epsom & Ewell, Elmbridge and Spelthorne

North Surrey Domestic Abuse Service (NSDAS) – (9am – 4pm) 01932 260690

Woking, Runnymede and Surrey Heath

Your Sanctuary (9am – 9pm) 01483 776822

Guildford and Waverley

South West Surrey Domestic Abuse Outreach Service (9am - 4pm) 01483 898884

Out of hours call Surrey Domestic Abuse on 01483 776822 between 9am-9pm and online chat Surrey Against Domestic Abuse (SADA) Website

Aims

To have a greater understanding of how care and support needs impact experience of Domestic Abuse

To understand the law in Adult Safeguarding

To know what we mean by "care and support needs"

To know when to make a referral

Domestic Abuse Act (2021)

- Definition of "domestic abuse"
- ▶ (1)This section defines "domestic abuse" for the purposes of this Act.
- (2)Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if—
 - (a)A and B are each aged 16 or over and are personally connected to each other, and
 - (b)the behaviour is abusive.
- (3)Behaviour is "abusive" if it consists of any of the following—
 - (a)physical or sexual abuse;
 - (b) violent or threatening behaviour;
 - (c)controlling or coercive behaviour;
 - (d)economic abuse (see subsection (4));
 - (e)psychological, emotional or other abuse;

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

- ▶ (4)"Economic abuse" means any behaviour that has a substantial adverse effect on B's ability to—
 - (a)acquire, use or maintain money or other property, or
 - (b)obtain goods or services.

What is Controlling and Coercive Behaviour?

Controlling or Coercive Behaviour is now a Criminal offence under Serious Crime Act 2015 Section 76

Coercive control is now recognised as the most prominent behaviour that underpins the majority of domestic abuse cases

It is a pattern of behaviour which seeks to take away the victim's sense of self, minimising their freedom of action and violating their human rights

What does it look like in reality?

- > Is a continuous course of conduct
- Its aim is to oppress / restrict survivors' free will
- > It is measured by the level of entrapment achieved
- > The abuse is 'personalised'
- > It is most often committed by men
- Survivors may not be aware that it is abuse.

VIOLENCE Sexual

POWER

CONTROL

Physical

COERCION AND THREATS:

Threatening to hurt the person: withold basic support and rights; terminate relationship and leave the person unattended; report noncompliance with the program; use more intrusive equipment. Using consequences and punishments to gain compliant behavior. Pressuring the person to engage in fraud or other crimes.

CAREGIVER PRIVILEGE:

Treating person as a child, servant. Making unilateral decisions. Defining narrow, limiting roles and responsibilities. Providing care in a way that accentuates the person's dependence and vulnerability. Giving an opinion as if it were the person's opinion. Denying the right to privacy. Ignoring, discouraging, or prohibiting the exercise of full capabilities.

ECONOMIC ABUSE:

Using person's property and money for staff's benefit. Stealing. Using property and/or money as a reward pr punishment in a behavior program. Making financial decisions based on agency or family needs. Limiting access to financial information and resources resulting in unnecessary impoverishment.

WITHHOLD, MISUSE, OR DELAY NEEDED SUPPORTS:

Using medication to sedate the person for agency convenience. Ignoring equipment safety requirements. Breaking or not fixing adaptive equipment. Refusing to use or destroying communication devices. Withdrawing care or equipment to immobilize the person. Using equipment to torture

INTIMIDATION:

Raising a hand or using looks, actions, or gestures to create fear. Destroying property and abusing pets. Mistreating service animals. Displaying weapons.

EMOTIONAL ABUSE:

Punishing or ridiculing. Refusing to speak and ignoring requests. Ridiculing the person's culture, traditions, religion, and personal tastes. Enforcing a negative reinforcement program or any behavior program the person doesn't consent to.

ISOLATION:

Controlling access to friends, family, and neighbors. Controlling access to phone, TV, news. Limiting employment possibilities because of caregiver schedule. Discouraging contact with the case manager or advocate.

MINIMIZE, JUSTIFY. AND BLAME:

Denying or making light of abuse. Denying the physical and emotional pain of people with disabilities. Justifying rules that limit autonomy, dignity, and relationships for program's operational efficiency. Excusing abuse as behavior management or as due to caregiver stress. Blaming the disability for abuse. Saying the person is not a "good VIOLENCE Sexual

"I didn't think of myself as being vulnerable or having needs."

How do perpetrators use care and support needs against someone

- Belittling "No one else would want you" "She has mental health problems"
- Restrict access to medication
- Not support or allow support with washing and dressing
- Take away continence products
- Not take to health appointments
- Gaslighting exacerbating mental health
- Not allowing equipment in the house
- ► Taking full control of care services Grooming professionals
- "You couldn't look after the children alone"

"Talking about how I cannot care for myself is difficult and embarrassing"

Adult Family Abuse

Jan 2020 – Thematic Review of Homicides across London

Completed by SCIE, commissioned by Mayor's Office for Policing And Crime (MOPAC)

- In all but two cases, the relationship between victim and perpetrator was that of parent-child. Four were mothers killed by sons, two were fathers killed by sons, and one father was killed by his daughter. The remaining two cases were of siblings.
- victims in this category had a considerably higher average age than any of the other categories, with the **majority being over 65**.
- Nearly all the perpetrators in the cases of adult family violence we reviewed had serious mental health problems, and in one case the perpetrator also had a learning disability
- In six of the cases reviewed, there was a **caring relationship between the victim and perpetrator**. In five cases the victim was the main carer for the perpetrator
- The cases of adult family violence often featured behaviours meeting the definition of domestic abuse, including destruction of property, emotional and physical abuse, and financial abuse. However, these were rarely recognised by practitioners as such, and specialist domestic abuse support was not involved in any of the cases we reviewed

How does this fit into Safeguarding?

Care and
Support statutory
guidance

"Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect" (paragraph 14.7)

Section 42 Care Act 2014

- Where a local authority has reasonable cause to suspect that **an adult in its area** (whether or not ordinarily resident there)
 - has needs for care and support (whether or not the authority is meeting any of those needs),
 - is **experiencing, or is at risk of, abuse or neglect**, and
 - > as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
- ► The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom

Categories of abuse in the Care and Support guidance

- Physical
- Sexual
- Domestic Violence
- Psychological
- Financial or material
- Modern slavery
- Discriminatory
- Organisational
- Neglect and acts of omission
- Self-neglect

"Police and other agencies did not recognise me as being vulnerable"

Who has Care and Support needs?

'An adult with care and support needs may be

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.'

SCIE "Adult Safeguarding Practice Questions"

This definition also appears in LGA / ADASS "Understanding what constitutes a safeguarding concern ..." guidance

"Care and Support"

The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers.

Care and Support statutory guidance -Appendix F - Glossary

Care and Support (Eligibility Criteria) Regulations

"An eligible care and support need is one that

- 1) Arises from or is related to a physical or mental impairment or illness
- 2) Results in the adult being unable to achieve two or more of the outcomes specified in the regulations; and
- Which has, or is likely to have, a significant impact on the adult's well-being"

Surrey SAB Policy and Procedure: "Items (2) and (3) relate to the degree of the need, which is not relevant to determining whether a duty arises under section 42 of the Care Act, but item (1) relates to the nature of the need."

Surrey SAB Policy and Procedure

"Unless and until the statutory guidance or case law say otherwise, the position of the Board is that a starting point for understanding care and support needs in the context of adult safeguarding issues is:

- ► The adult falls within the examples given in the SCIE guidance or has needs arising from or are related to a physical or mental impairment or illness; and
- The adult has needs which impact on one or more of the outcomes listed"

Care and Support (Eligibility Criteria) Regulations

Care and support needs have an impact on the following outcomes:

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
- Carrying out any caring responsibilities the adult has for a child"

Surrey SAB P&Ps: "In the context of adult safeguarding, any impact on one or more of these outcomes may be relevant. There is no threshold of it being a significant impact."

"I thought that if I told people how much I struggled that they would say I couldn't look after my child" An adult safeguarding enquiry has to meet the objectives

Paragraph 14.94 of the Care and Support statutory guidance

Establish facts

- Ascertain the adult's views and wishes
- Assess the needs of the adult for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the adult
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
- ► Enable the adult to achieve resolution and recovery

Care Act (2014) Section 11

S11 Refusal of assessment

- 1 Where an adult **refuses a needs assessment**, the local authority concerned is not required to carry out the assessment
- 2 But the local authority may not rely on subsection (1) (and so **must carry out a needs assessment**) if
 - the adult **lacks capacity to refuse** the assessment and the authority is satisfied that carrying out the assessment would be in the adult's best interests, **or**
 - b) the adult is experiencing, or is at risk of, abuse or neglect.

What does that mean?

Paragraph 6.20 of the Care and Support statutory guidance says "Where the adult who is or is at risk of abuse or neglect has capacity and is still refusing an assessment, local authorities must undertake an assessment so far as possible and document this. They should continue to keep in contact with the adult and carry out an assessment if the adult changes their mind, and asks them to do so."

"I want to be helped to advocate for myself within a system that is often adversarial rather than supportive"

Two elements to ASC response to an adult safeguarding concern

Deciding what others do

- S42 Care Act adult safeguarding enquiry
- If the s42(1) criteria are met, there must be an enquiry
- Purpose of the enquiry is for us to decide what actions, if any, are required and if so by whom

Deciding what they do

- Assessment under s9 Care Act 2014
- S11(2)(b) Care Act applies: If an adult with care and support needs is experiencing or at risk of abuse or neglect
 - They cannot refuse the s9 assessment
 - We must assess
- Doesn't include "unable to protect themselves" test

What can adult social care do?

- Adult Safeguarding Enquiry Section 42
- Assessment of needs Section 9
- Assessment of needs as a carer Section
 10
- Provide care through care agencies or personal assistants paid for by direct payments.
- Equipment to assist with daily living.
- Day Services
- Supported living
- Residential or nursing care
- Signposting to other services

"I didn't want a care agency with lots of people in and out, knowing where I lived. Our safety was the priority"

Case example

▶ An OT visits a woman who has MS, she lives with her ex partner, they jointly own the house and neither wish to sell the house or move out. He provides care for her, meal preparation and administers her medication. She discloses to the OT that he has been leaving her in soiled clothes, withholding her medication and food. He was controlling and had a terrible temper before she became unwell but things have become worse. Making SG personal her desired outcomes were explored, a needs led approach was adopted. A DFG was secured to adapt her kitchen to allow her to make her own meals and a support plan put in place to provide care so she was not reliant on her ex partner, her outcomes were met and the situation improved for her.

"Don't assume that I cannot do anything, don't take over everything, find my strengths."

Case example

A woman in her 20s with both existing health needs and further needs caused by the abuse from her husband, flees with her child. She has contact with children's services, police, mental health services, DA outreach services and health services. All of whom are aware that she is fleeing domestic abuse and are aware of the impact of her health needs on her daily life. No professionals recognised her as having care and support needs, no referrals are made to Adult Social Care and no Safeguarding Enquiry is undertaken. There was a significant delay in her receiving the support she needed. She was then supported by a personal assistant 28 hours a week who provided support with personal care, nutrition, cleaning, and all other activities of daily life allowing her to parent her child.

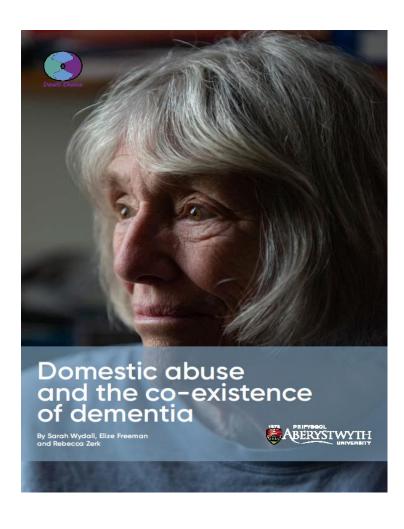
"being eloquent was a barrier, people thought that because I could express myself that I didn't need help."

"It was exhausting, they said "ring us tomorrow and let us know how you are getting on."

Case example

➤ Two men, both with Learning Disabilities are married and live together in Supported living accommodation with 24 hour support. The mother of one of them has control of her son's finances, calls constantly, dictates to the support workers where and when her son and husband go out. She does not approve of their same sex relationship and visits the home to check if they have been sharing a bed. If she is challenged she can become verbally abusive to staff, her son and his husband. ASC, police, outreach and support workers have supported the couple to set clear boundaries with the mother and explain what is important to them and what they want to do, including in terms of their relationship.

Domestic Abuse and Dementia



Domestic Abuse and Dementia

Across the world, domestic abuse affects one in three women, and every three seconds, someone develops dementia. Yet despite the prevalence of both these issues, little attention is given to what happens when they are combined. As a result, older people living with dementia are often the forgotten survivors of domestic abuse.

Dementia can result in a lack of inhibition. So whereas previously a victimsurvivor may have deliberately hidden their abuse from people, having developed dementia they may talk openly about their experiences, causing a perpetrator to be fearful of public exposure or prosecution. —

Domestic abuse and the co-existence of dementia, Sarah Wydall, Elize Freeman and Rebecca Zerk 2022

Case example

The day centre for people with dementia reported that a woman's husband and carer appeared overbearing, would not let her out of his sight and declined any services which meant them being separate. He spoke about her disrespectfully and at times had become aggressive with staff. She presented as having advanced dementia and limited speech. Her husband was very resistant and would not let workers speak to her alone. ASC established a relationship with her husband as a carer and established trust to the point that they were able to drive her to look at some other day services without him present. During these journeys she disclosed high levels of coercion and control and violence from her husband. Her presentation was a way to keep herself safe. Plans were made with her to go into "respite care" and not return to the home. ASC supported her to make contact with her estranged sons. On the day she planned to leave her husband refused her to go, this resulted in ASC and police attending and supporting her to leave.

Domestic Abuse and Dementia

"survivor with dementia, perpetrators of domestic abuse can deliberately act to cause confusion and disorientation, undermine capacity and promote fears that the individual will not be believed if they disclose abuse."

"A perpetrator with increased physical frailty and dependency should not be viewed as posing less risk to a victim-survivor. "

Domestic abuse and the co-existence of dementia, Sarah Wydall, Elize Freeman and Rebecca Zerk 2022

Survivor voice

"People think he is caring and attentive. They think he is under stress because of looking after me."

Case example

A woman was being abused by her then partner. They both drank and took drugs. She was not an addict when she met him. He very much encouraged her intake. When she realised she was being abused, she was an addict. She has said numerous times that when she tried to disclose, she was seen as 'that problem woman', rather than a woman with a problem. she disclosed to 16 GP's in a 13 month period. No one ever saw past her addiction. She was highly vulnerable and trying to get clean when she left. However, she was given accommodation in a mixed hostel and was sexually assaulted whilst there. She now lives clean, sober and is an outreach worker.

Survivor voice

"alcohol and drug addiction is a barrier to people seeing and acknowledging the coexistence of domestic abuse"

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SCIE "Adult Safeguarding Practice Questions"

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Commissioned by Surrey SAB and Reigate and Banstead Borough Council

Published July 2021

"Mary" Domestic Homicide Review Safeguarding **Adults Review**

What happened?

- "Mary" died in 2017. At an inquest into her death the Coroner found "She had tied a ligature around her neck and died by hanging. She had drunk considerable amounts of alcohol and taken cocaine. It is not possible to determine whether she intended to kill herself."
- In the months leading up to her death, she had contacted the police on fourteen occasions in 2017 reporting that her relationship had become abusive and violent.
- In the period before she died, her oldest child went to live with his father and her two youngest children were taken in to foster care

Learning for Adult Social Care: Recognising an adult safeguarding concern

- ► There were five occasions events were reported to ASC that they should have recognised as an adult safeguarding concern which met the s42(1) criteria so there should have been an adult safeguarding enquiry
- Two of the referrals explicitly mentioned coercion and control

Learning for Adult Social Care: The decisions they made

- ASC decision making conflated three different decisions
 - Is this an adult safeguarding concern?
 - Have the statutory criteria for a s42 enquiry been met?
 - Was there abuse or neglect?
- ▶ ASC treated a referral of an adult safeguarding concern as a referral for an assessment. The person turned down the assessment when ASC contacted them. They did not carry out an assessment even though they knew they were experiencing or at risk of abuse. ASC should have carried out an assessment even though they did not want one.

Survivor voice

"Ask the questions. Do you have any health or mental health needs? Are there things you struggle with?"

What can I do?

- Get training in Domestic Abuse.
- Notice the signs and be aware how to make a "safe enquiry" Safe enquiry means ensuring the potential perpetrator is not and will not easily become aware of the concerns
- Make sure that you ask survivors about any health conditions or care and support needs.
- If you think someone **may** have care and support needs and **may** be experiencing domestic abuse make a referral to MASH (Multi Agency Safeguarding Hub)
- ▶ Make sure referrals to Adult Social care describe care and support needs clearly.
- ▶ Be prepared to challenge, use the knowledge you now have about the statutory duty of Adult Social Care under Section 42 and Section 11(2)(b) Care Act (2014)
- Recognise the different needs for people with who need care and support e.g. more time, communication methods.
- Work with other organisations, seek advice from outreach services or Adult Social Care or MASH.

- Home | Safelives
- Understanding Coercive Control with Professor Evan Stark YouTube
- CountingDeadWomen (@CountDeadWomen) / Twitter
- ► Home | Luke and Ryan Hart (cocoawareness.co.uk)
- www.esdas.org.uk
- Our approach: Change That Lasts Womens Aid

- Dash risk checklist quick start guidance FINAL.pdf (safelives.org.uk)
- MARAC FAQs General FINAL.pdf (safelives.org.uk)
- Domestic Violence Protection Notices (DVPNs) and Domestic Violence
 Protection Orders (DVPOs) guidance GOV.UK (www.gov.uk)
- Stalking Protection Orders | The Crown Prosecution Service (cps.gov.uk)

- A survivor's plea to end child marriage | Payzee Mahmod | TEDxLondonWomen
 YouTube
- A survivor's plea to end child marriage | Payzee Mahmod | TEDxLondonWomen
 YouTube
- ► BASW England releases new Domestic Abuse Guidance for social workers
- Banaz Mahmod An Honour Killing (Crime Documentary) video Dailymotion

- Southall Black Sisters Southall Black Sisters
- Karma Nirvana
- The Issue White Ribbon Alliance
- Male Victims of Domestic Abuse Please call 01823 334244 to speak to us confidentially - (mankind.org.uk)
- Microsoft PowerPoint Jane Monckton Smith Powerpoint 2018 [Compatibility Mode] (womensaid.ie)

Refuge Against Domestic Violence - Help for women & children.

https://youtu.be/A-luJWp2_SI - TRIGGER WARNING Video encouraging perpetrators to get help, scenes of violence

Help For Domestic Violence Perpetrators | Respect Phoneline UK