Welcome to our Research and Policy Update, RiPfA’s monthly digest of documents useful for implementing the Care Act. Each month features research articles that are themed on a particular issue related to Care Act implementation, as well as the last month’s policy highlights. We’d be really interested in your feedback – please drop us a line at help@ripfa.org.uk if you’d like to comment.

The theme of this month’s issue is **safeguarding and domestic abuse**. Domestic abuse has been recognised as a category of abuse in the Care Act guidance (section 14.17), raising questions in practice about how best to see safeguarding and domestic abuse as not separate but parallel areas of practice. It’s important to remember that this does not mean that everyone who experiences domestic abuse will be the responsibility of safeguarding; safeguarding duties only apply to people who

- have care and support needs (whether or not the local authority is meeting any of those needs) and;
- are experiencing, or at risk of, domestic abuse; and
- as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience domestic abuse

Due to the amount of policy and guidance that has recently developed on this issue, we’ve focussed this month’s policy section on domestic abuse too. We’d like to thank colleagues from **Women’s Aid** who helped in signposting us to relevant materials.

We note that many of the pieces included have a focus on women as survivors of domestic abuse, and men as perpetrators. The majority of research focuses on this gender dynamic, although guidance (e.g. the recent LGA guidance) recognises that men can be victims too.

The research featured this month includes papers on:

- how domestic abuse, adult social care and Multi Agency Risk Assessment Conferences (MARACs) interlink
- the experience of domestic abuse for women who are disabled
- an exploration of service responses to domestic abuse among older people
- how social workers understand and respond to domestic abuse
- a review of intimate partner violence in later life.

Additionally, the British Journal of Criminology is offering an open access, virtual issue focussed on Domestic Violence research. This collection of 18 papers illustrates how research and discourse has evolved over half a century of study. You can access the issue here:

This month’s policy review includes:

- A Parliamentary briefing paper giving an overview of domestic abuse in England and Wales
- details of a new law covering coercive and controlling behaviour
- a Citizens Advice Bureau report into support for victims of domestic abuse
- a report on specialist support services available for women with disabilities who experience domestic abuse
- a Women’s Aid report into disability and domestic abuse
- the LGA’s most recent update of their guidance on safeguarding and domestic abuse
- news of the Domestic Violence Disclosure Scheme and Domestic Violence Protection Orders
- an information guide on adolescent to parent violence and abuse.

RiPfA resources on safeguarding and domestic abuse

RiPfA has been working with Women’s Aid to develop a research messages workshop on the issue of safeguarding and domestic abuse. RiPfA partners can attend the workshops as part of their membership, and non-partners can purchase places at the links below:

- Research messages workshop: safeguarding and domestic abuse. 12th June, Manchester and 14th July, London.

You can also watch our recorded webinar featuring Polly Neate from Women’s Aid and Cathie Williams from ADASS discussing domestic abuse and safeguarding, here.

Other resources related to this topic:

- Practitioner’s Handbook: Good Assessment
- Practice Tool: Supporting Good Assessment
- Key Issue: Making an outcomes approach work in practice
- Practice Tool: Working with outcomes
- Customer Guide: What are outcomes?
- Practitioners’ handbook: Good Decision Making
- Customer guide: What is the Mental Capacity Act?
- Strategic Briefing: Making decisions on capacity and best interests
- Key issue: Well-being
- Practice tool: Getting the most out of supervision
- From RPU issue 92: Caring dads, safer children – an evaluation
Research summaries


Full text available online: http://www.sscr.nihr.ac.uk/PDF/Findings/RF44.pdf

Key words: Safeguarding, domestic violence, MARACs, Multi-agency working

This research findings summary, whilst not peer reviewed, is of interest to social care practitioners. It concentrates on identifying the factors which influence the effectiveness of social care involvement in Multi-Agency Risk Assessment Conferences (MARACs), and seeks to address the scarcity of research around this issue. It provides helpful insight into the introduction of MARACs and defines the aims of these as to:

1. Safeguard adult victims
2. Make links with other public protection arrangements in relation to children, perpetrators and vulnerable adults
3. Safeguard agency staff
4. Address the behaviour of the perpetrator

Around 20 cases are discussed at each MARAC with 10 minutes allotted for discussion on each of these. The summary provides examples of agencies involved in MARACs and uses Greater Manchester as a case study site. It also explores to an extent the links between MARACs and Multi-Agency Public Protection Arrangements (MAPPA) and safeguarding of adults and children.

A variety of data collection methods were employed including:

- Observation via attendance at MARACs
- Interviews with:
  - 24 Representatives of agencies who attend the MARACs (this also included interviews with some agencies that did not attend)
  - 12 Social care practitioners involved in MARACs
  - 13 People whose cases were the discussed at MARACs - interviews were carried out at the time of the MARAC but also requested again six months later, however, response to these was limited to 4 people
- Focus groups with:
  - Survivors of domestic abuse
  - Specialist domestic violence support practitioners e.g. Independent Domestic Violence Advocates (IDVAs) or support workers from refuges

Whilst the study incorporates contributions from a reasonable number of people and agencies it did focus on the Greater Manchester area only and this could be considered a limiting factor as working practices in relation to MARACs may well differ across the UK.
Key findings with implications for practice are:

- Adult social care has an important role within the MARAC process – however this needs to be better defined and articulated to all stakeholders.
- Involvement in MARACs is often adjunct to the main role of agency representatives and most reported feeling unsupported by their employing agency in this area of work.
- There is a lack of management information on MARAC activity e.g. basic demographic data but also actions and outcomes agreed at the MARAC. Thus evaluating impact and effectiveness is difficult.
- The MARAC process is often unclear to the people whose cases are discussed there – they report feeling they have little control over, or input to, the process.
- Domestic violence support services are generally available to people initially, at the point of crisis, but these tend to dissipate after this point leaving people to make difficult decisions unsupported.
- There seems to be a disparity of understanding of domestic violence and MARAC across those interviewed and all participating workers felt that specific training would be beneficial.
- Further work is required where both domestic violence and safeguarding processes need to run alongside each other.
- MARACs should concern themselves with “information sharing, management of risk and allocation of resources. The ideal MARAC attendee is not a front-line worker, but a manager able to command the allocation of resources to MARAC cases for their agency”.

This study illustrates the challenges in using MARAC in a context of safeguarding that is changing towards ‘making safeguarding personal’ – something that arguably, MARACs are not.

References:


Available online: http://aff.sagepub.com/content/early/2014/03/11/0886109914522626.abstract

Keywords: accounts, physical disabilities, partner violence, domestic abuse, stigma

Women with disabilities are more likely than women in the general population to experience physical, sexual and emotional abuse. This paper presents the accounts of nineteen women with physical disabilities who have experienced intimate partner violence, exploring their coping strategies and their reasons for staying in the relationship.

The paper suggests that women with physical disabilities who are experiencing physical abuse are ‘dually stigmatized’, as social expectations around how women’s bodies should be can have a powerful influence on them, and victims of partner violence can be judged or held responsible. Because of this, they are motivated to develop ‘survival’ strategies.

The US – based research sought participants through a radio and print advertising campaign between 2005 and 2006. Only people who had been ‘free of’ their abusive partner for over a year were interviewed, and counselling was made available to participants. 19 of 25 participants approached by telephone agreed to take part in an interview. Open ended questions were used to initiate discussion of broad topics.

Participants’ disabilities were varied and 12/19 had more than one disability. The abuse they had experienced included rape, molestation, assault, stalking, and domestic violence. Perpetrators were all male, with or without disabilities themselves.

Narratives were sorted into themes following content analysis.

- My disability caused the abuse

Although perpetrators may seek out partners with disabilities in order to be able to overpower them more easily, many interviewees framed their disability as an unexpected hurdle in the relationship. This led to guilt over unattractiveness and restrictions on partners’ lifestyles. They saw the disability as victimising both them and their partner. Many felt unworthy of love and the abuse confirmed this. The participants saw their mere existence as an incitement to violence.

- The abuser was/is disabled

This narrative framed the abuser as broken, disabled or damaged, and so deserving of forbearance. Partners were generally not overtly disabled, and the authors suggest that the women took on the persona of the ‘healer’ to restore a sense of competency following the abuse.

- The abuse was accidental

Some respondents reasoned that if they were not disabled, the abuse would not have hurt them – they were more physically sensitive. Some described incidents ending in hospitalisation as accidents. This perspective had been reframed after the women left the relationship.
- **The abuse was bearable**

Some framed the abuse as bearable in the context of their disability and all that came with it – e.g. medical procedures. Their disability had toughened them to withstand abuse, making them conclude it wasn’t so bad. As emotional distress is often seen as the only credible reaction to abuse, such victims may not receive the appropriate support.

- **The abuse was protective.**

Some framed their abusers’ suspiciousness and overprotectiveness as a positive – for example looking out for them by not allowing them to run errands alone. This could lead to women losing life skills, becoming dependent as their partner took on more responsibilities. Partners could be seen as devoted while actually controlling and deskilling the women.

Other themes identified included; Being ‘one of the girls’, where the abuse afforded a rare opportunity to feel ‘sisterhood’ with non-disabled women who had had similar experiences; being a ‘caretaker’ to a petulant partner; and in the case of sexual abuse being an ‘object of desire’, when women with disabilities are often viewed as asexual.

**Implication for practice are offered by the authors:**

- Disability can shape a woman’s experience of abuse. Social workers should appreciate the uniqueness of the person’s perspective

- An empowering and strengths based approach should be used by social workers, who should bear in mind that accounts given by victims of domestic abuse could be attempts to cope with difficult situations.

- Attitudinal barriers (e.g. that people who are disabled are unlikely to be in sexual relationships) need to be addressed. Social workers should ask about love and partnership as well as abuse, and sexuality and relationship education should be promoted.

- In this research, participants who shared their experiences with non-disabled women identified ‘with a larger sisterhood’. Careful consideration should be given to whether separate support groups should be set up for disabled women who experience domestic abuse.

- The absence of ways to exit abusive relationships prevents people from doing so. Social workers should advocate for accessible supports for people experiencing domestic abuse.
This paper recognises domestic violence as “a largely hidden phenomenon” which comprises multiple forms of harm or abuse by people who are or have been intimate partners. It seeks to address the lack of research evidence in this area – in particular in relation to people those aged 59 years and above where the authors feel there is a greater deficit of information. Whilst there is acknowledgement that domestic abuse has become a higher priority for government, barriers to effective practice still remain and further research is justified.

Given that domestic violence largely occurs ‘behind closed doors’, and that people who are experiencing or have experienced it are often reluctant to identify themselves, the study also included the views of interested statutory and voluntary agencies. Nonetheless, the study attempts to gather evidence from the perspective of older people with experience of domestic abuse.

The researchers used questionnaires and semi-structured telephone interviews for agencies, while only semi-structured telephone interviews were offered to older people. Eighteen agencies completed the questionnaires with thirteen of these taking part in telephone interviews. However, only three older people agreed to take part which limits the extent to which conclusions can be drawn.

The data analysis identified three key themes:

1. **A lack of conceptual clarity between domestic violence and elder abuse:** whilst the study found all agencies had clear policies in place the definitions used to classify types abuse within these differed according to the specific nature of their service provision. The results suggest that there is lack of clarity and consistency when defining abuse of older people leading to domestic abuse defined as elder abuse and so affecting service responses – i.e. safeguarding referral is made not a domestic violence referral. There is recognition that in many cases that elements of both may be occurring.

2. **The complexity of family dynamics and abusive relationships:** The findings identified that where abuse was intergenerational this contributed a layer of complexity which compounds the issue of what is domestic abuse and what is elder abuse. The authors highlight the added impact that some physical or mental health conditions might have on abusive behaviour, for example, where an abusive relationship existed but development of dementia then escalates this. These factors may conceal domestic abuse.
3. **Deficit in dedicated service recognition and provision for older people**: The study found that there was a clear deficit of services which might meet the needs of older people experiencing or surviving domestic abuse. It could be argued that the lack of recognition and clarity around domestic abuse combined with the fact it is often undisclosed or masked make it difficult for agencies to respond. However, the study suggests that in some cases services may be promoted in a way which leads older people to believe they are not eligible or that they may simply not be appropriate or easily accessible, and so don’t reach older people. Also in some agencies a lack of recording of detailed demographics meant that it was not possible to identify older people amongst those accessing services.

This small scale study highlights some fundamental issues around domestic abuse involving older people which practitioners and those developing services could usefully have regard to. Questions to reflect on in terms of individual or organisational practice might be:

- What are your definitions of elder abuse and domestic violence?
- Does how you categorise abuse – as elder abuse or domestic violence – affect your response and/or what services you offer to people?
- What would your response be where there is a combination of domestic abuse and elder abuse occurring?
- How might you unpick the complexities of intergenerational abuse, or abuse where physical or mental health conditions might be a contributing factor?
- What services in your local area offer support to older survivors of domestic abuse?

Available online: http://isw.sagepub.com/content/57/6/688.full.pdf+html

Keywords: definitions of domestic violence, domestic violence, organizational policy, social work practice, training

Given the likelihood that social workers in all areas will come across people who have suffered domestic violence (DV), this research seeks to understand their responses or lack thereof, in order to identify what is needed in terms of law, policy and best practice.

The present study drew on responses from social workers to a wider survey of health and social care workers, exploring respondents’ views on DV. The 22-item questionnaire underwent a three-phase pilot study. Care was taken to ensure that respondents were supplied with helpline numbers and that responses were kept secure and anonymous. 181 social workers (83% female) responded to the questionnaire. The questionnaire included the option of an hour-long semi-structured follow-up interview. 19 respondents, all female, went on to be interviewed.

The aims of this study were:

1) to examine British social workers’ abilities to recognize incidents of interpersonal violence;
2) to examine how much domestic violence training social workers typically receive; and
3) to explore how awareness of organizational policies and practice experiences impact workers’ attitudes about domestic violence.

In relation to aims 1 and 2, the authors were satisfied that all respondents understood the nature and causes of DV and were concerned for the overall welfare of women and children who have experienced it (which the authors link to the UK government’s work to counter DV). However, the study noted that the frequency of incidents of DV among their clients which respondents reported were lower than would be expected, given respondents’ beliefs about the prevalence of DV in the wider community. The authors infer from this that cases of DV are not being identified, which they attribute to inadequate training in how to screen individuals for domestic violence. Respondents’ views of their own training back this up, with less than a quarter having had post-qualifying training that they regarded as adequate.

In relation to the third aim, although a majority of respondents were aware of organisational policies and guidance, only a third said they had used them.

The authors caution against extrapolating from this single-location study, and identify for future research:

- the relation of gender to perceived causes of DV. The authors found more women attributed DV to substance abuse, more men to childhood exposure to DV.
- whether their finding is repeated elsewhere that women are more likely than men to underestimate frequency of interpersonal violence in the UK.
- how such perceptions influence the way social workers intervene.
Recommendations

- Academic and experiential training is necessary to ensure effective screening for people experiencing DV.
- Multi-agency training is needed for those who often come into contact with people who experience DV.
- There should be a community-wide collaboration among those providing this training.
- Training needs to be ongoing, not one-off, to build the skills and knowledge-base.
- Local authority and academic training should be mutually supporting, grounded in evidence and guided by persons who have experienced DV.
- Community initiatives should be developed to raise awareness of different kinds of abuse and their indicators.
- Service-learning should be adopted as a pedagogical approach.

Available online: http://vaw.sagepub.com/content/early/2014/01/27/1077801213517564.full.pdf+

Key words: Domestic violence, elder abuse, older women, spousal abuse

This article reviews ten years of empirical literature from the USA across scholarly and professional publications which address intimate partner violence (IPV) in late life.

IPV includes physical, sexual and psychological abuse. The review found that, although reports of IPV decrease with age, the problem does not disappear completely and the authors suggest that in an aging Baby Boom population, incidence and prevalence of IPV in late life may increase. The review found that in most reported cases of IPV, women are the victims and men the perpetrators.

US data sources included in the review:

- **National Crime Victimization Survey 1993-1999**
  118,000 cases of IPV committed against women 55 years or older (2% of the 7.5 million surveyed).

- **The Women’s Health Initiative**
  Data from women aged 50-79 (majority of whom were married) 2% experienced physical abuse and 10% reported verbal abuse in the year prior to the study.

- **The National Social Life, Health and Aging Project (Laumann et al, 2008)**
  This study of 3005 community dwelling adults aged 57-85 found that 270 (9%) reported verbal mistreatment in the last 12 months and of those 70 identified a spouse or romantic partner as the perpetrator.

Limitations of the data

A clearly defined and cohesive body of literature addressing IPV in late life does not exist, which presented the researchers with some challenge. Often older women are invisible in scholarly investigations of domestic violence (DV) and IPV is often overlooked in investigations into elder abuse (EA), with focus given to abuse perpetrated by adult children and caregivers, as opposed to intimate partners. The authors also found that many articles addressing IPV were not underpinned by a clear theoretical framework.

**Methodology**

A systematic search of the literature was conducted on IPV in late life. The review focused on 57 articles which focused primarily on IPV on persons aged 50 and over.

**Key findings**

**Late-life patterns of violence.**

- Physical and sexual violence often declines in later life, but research shows the persistence of non-physical IPV, with some research showing that this type of violence may even increase, as partners aged and physical violence dissipates. Some women described abuse by husbands over decades, with an increase in controlling behaviour after their husbands retired.

- Power dynamics persist, long after the perpetrator becomes weakened by illness or disability and the victim enters a care giving role.
IPV - Long-term negative health outcomes

- Findings show that a lifetime of physical or sexual violence may present in victims as general physical ailments or depressive symptoms.
- Women experiencing IPV over a long period of time showed increased odds of reporting bone or joint problems, digestive problems, depression or anxiety chronic pain, high blood pressure or heart problems. They were also at higher risk of HIV.

Coping with IPV in late life

- In contrast to younger victims, who may have more financial, social and psychological ability to leave abusive situations, increased financial dependence, deep social ties to neighbourhoods and a strong sentimental attachment to place made leaving abusive situations less likely for older women.

Considerations for practice

- Practitioners need to consider the ethical dilemmas faced by those experiencing IPV in later life, as both victim and care giver.
- Psychological abuse seems to escalate in later life, as physical and sexual violence declines. But psychological (verbal and emotional) abuse is especially difficult for older people to identify in their own lives.
- Older women have the same basic needs as younger woman, a safe environment; emotional support; advocacy; information and peer support. But health factors and situational factors (a strong rooting in home, neighbourhood and community), need strong consideration when implementing interventions for older women in violent and abusive relationships.

Considerations for service planning

- Often service provision is designed around younger women’s needs and desires to leave abusive relationships, which is at odds with older women’s desire to manage their abusive relationship without leaving home.
- Scholars across disciplines agreed that community-wide education campaigns, primary prevention and multidisciplinary collaboration and cross-agency training are essential in developing an effective response to IPV in late life.
- The views of researchers, practitioners and victims need to be built into a multi-agency response to IPV in late life, to produce sustainable programmes/services that meet victim’s needs.
- Although individuals perpetrate violence, IPV occurs in a community context and as such, responses and solutions must include not only the victim, but also the broader community.
**News & Parliamentary Business**

**New domestic abuse law to cover coercive and controlling behaviour**

*Key words: domestic abuse law, coercive and controlling behaviour, legislation*

Back in December 2014 the Home Secretary, Theresa May, announced a new domestic abuse offense of coercive and controlling behaviour. The new legislation will protect survivors of behaviours that are not physically violent but are nonetheless aggressive and intimidating. Survivors of such behaviours often have every aspect of their lives controlled by their partners and are subjected to daily ridicule, humiliation and intimidation. The maximum penalty for such crimes is 5 years imprisonment.


**Parliament Briefing paper on Domestic Violence**

*Key words: domestic abuse, law, new definition*

This briefing report provides a high level overview of domestic violence in England and Wales in 2013 with recent updates made this year (2015). Statistics from 2012/2013 show that 30% of women and 16.3% of men will experience domestic violence in their lifetime.

In addition to providing general statistics on domestic violence this briefing report also covers the recent reforms such as the expanded definition to include coercive and controlling behaviour, new domestic violence protection orders, disclosure scheme, and homicide guidance. The report also includes a summary of

- the government’s response to an HMIC report, which found that the police’s response to domestic violence incidents is not good enough
- the current spending on services for survivors
- new legal remedies.

www.parliament.uk/briefing-papers/sn06337.pdf

**Women’s access to justice: from reporting to sentencing.**

*Key words: domestic violence, justice system, person centred approach, risk assessment*

The All Party Parliamentary Group on Domestic and Sexual Violence released a report in March 2014 that highlighted how women experiencing domestic violence are still failed by the criminal justice system. The report outlines recommendations for how the criminal justice system can adopt a more person (or ‘victim’) centred approach to encourage greater access. For example, risk assessments should be centred on the individual woman, not on filling out a form. There should be greater awareness of the different forms of domestic violence and abuse including that between intimate partners, child to adult, adult to child, elder abuse, ‘crimes of honour’, and those involving coercive control over survivors’ decision making capacity. It calls for comprehensive person/women-centred training on domestic violence for all staff involved in criminal, family and civil
justice system. It puts forward policy recommendations to close legislative gaps, for example by criminalising coercive control and patterns of abusive behaviour which currently are not covered in law.

http://www.womensaid.org.uk/page.asp?section=0001000100100029

**Women with disabilities excluded from domestic abuse law, reports the Guardian**

**Key words: care, coercion, exclusion, disability, women**

On 28th January 2015 the Guardian reported that many women with disabilities were excluded from the new domestic abuse legislation. Carers, reports the Guardian, who can prove they are working in their partners “best interests” could escape punishment under the new laws of coercive and controlling behaviour. Campaigners argue that women with disabilities are particularly vulnerable to this type of offense. Women’s Aid, reports the Guardian, state that building a defence around such a subjective concept as “best interests” leaves too much room for interpretation and tougher safeguarding measures are needed to ensure perpetrators are properly convicted.

Consultations, Reports and Reviews

Citizen’s Advice Bureau Report into Support for Domestic Abuse Victims

Key words: domestic violence, legal aid, perceptions of abuse, victim support

The Citizen’s Advice Bureau has published a report on support for victims of domestic violence. The survey of CAB advisors found that, despite government commitments and increasing public awareness of the problem of domestic violence, cuts to services and changes to legal aid present challenges to victims receiving support. The research report found that:

- many victims of domestic abuse come to the attention of CAB for other issues, such as debt, benefits or housing.
- a pilot of a general question about experience of abuse to all visitors increased the rate of disclosure significantly
- advisers reported that many clients did not perceive their experience as abuse, despite it including emotional or financial abuse or coercive behaviour.
- cases are difficult for CAB advisors to resolve due to emotional and practical barriers, including access to housing, custody of children and access to finance.
- there is a lack of services for abuse victims to be referred to, particularly those with English as an additional language, male victims and those needing services to suit their specific religious and cultural needs.
- changes to legal aid have reduced access to legal support due to the requirements to provide evidence and to make a contribution to fees when assets are held jointly with the perpetrator. This can lead to victims representing themselves in court, or not taking legal action at all.

http://bit.ly/1Doq37d

Access to Specialised Victim Support Services for Women with Disabilities

Key words: disability, domestic violence, types of abuse, women

A report written by the Ludwig Boltzmann Institute of Human Rights (2014) highlights the findings from research carried out across four European countries (Austria, Germany, Iceland and the U.K.) into the experiences of domestic violence amongst disabled women and their use of specialist support structures.

The findings are broken down into the types of abuse experienced such as physical, sexual, different forms of abuse in institutions, and psychological abuse. The report then explores the types of support structures available to them and barriers to access for example:

- Formal and informal support
- Personal resources and strength
- Women’s knowledge about their rights and access to services
- The barriers preventing women accessing services
- The experiences of service providers and methods for encouraging use
This report will be particularly useful for service providers seeking to improve accessibility to their service, and for those wishing to understand the complex needs and experiences of women with disabilities who experience domestic abuse.

http://www.gla.ac.uk/media/media_394354_en.pdf

**Women’s Aid report into Disability and Domestic Abuse**

**Key words: disability, service provision, domestic violence**


This is the final report on the first ever national UK study of the needs of disabled women experiencing domestic violence and of the services available to meet these needs. The aims of the research were to produce evidence and key recommendations that could lead to:

- Practical improvements in both disability services and domestic violence services.
- Ideas for good practice in all sectors.
- Recommendations for input into the strategic agenda nationally and locally.

Evidence in the report suggests that good practice stems from better inter-agency collaboration, working directly with survivors to develop multi-agency strategies and initiatives, and to develop good practice guidelines on community care packages in terms of practice provision when disabled women have to leave home due to domestic violence (Pages 72 – 78 highlight areas of best practice). Much centres on the policies of the day such as using Local Area Agreements (which are no longer in existence) and the Supporting People programme (which has been much reduced in recent years). However the report still holds useful learning for working with women who are disabled and experiencing domestic abuse.

 Structures, Initiatives and Guidance

**LGA guidance on safeguarding and domestic abuse**

*Key words: domestic abuse, care, safeguarding, violence*

The LGA has published revised guidance on safeguarding and domestic abuse for social care practitioners and managers. The purpose of the guide is to improve the information and support given to adults who need safeguarding because of domestic abuse. The guide does not seek to replace existing safeguarding procedures but should be read in conjunction with local procedures and protocols. The guidance provides support on:

1. Making the connections between adult safeguarding and domestic abuse
2. Identifying domestic abuse, who needs safeguarding, and how the two link together
3. Understanding the impact of domestic abuse
4. Barriers and challenges to ending abusive relationship
5. Working with people needing care and support who are experiencing domestic abuse
6. Mental capacity, adult safeguarding and domestic abuse
7. How to conduct safe enquiries
8. Assessing and managing the risks of domestic abuse in safeguarding circumstances
9. Domestic abuse support services and legal action
10. Working with perpetrators of domestic abuse
11. What councils and organisations can do to support good practice

The guidance will be useful for practitioners and managers in councils and partner agencies engaged in working directly or indirectly with people who have care and support needs. The report appears to be comprehensive in its approach, although lacks information on how guidance can be integrated into local procedures and protocols.

http://www.local.gov.uk/publications/-/journal_content/56/10180/3973717/PUBLICATION

**The changing landscape of domestic and sexual violence services**

*Key words: data collection, funding, governance, leadership, diversity, domestic and sexual violence*

Women’s Aid (2015)

The All-Party Parliamentary Group (APPG) on Domestic and Sexual Violence and the Women’s Aid and Rape Crisis England and Wales have published a report arguing that funding for violence against women services is ‘not fit for purpose.’ The report summarises the APPG’s Inquiry into domestic and sexual violence service provision, which received both written and oral evidence from over 60 organisations and more than 100 survivors of domestic and sexual violence. The report draws four conclusions: (1) there has been little improvement in data collection on women’s access to justice; (2) funding for specialist domestic and sexual violence services is severely under-funded; (3)
ministerial leadership is weak; and (4) little attention is paid to the needs of different groups, especially for specialist domestic, sexual and Black and Minority Ethnic services. From this, the report makes five recommendations:

1. Government needs to review data collection procedures
2. A sustainable and secure funding model needs to be developed
3. A new Minister of State for the prevention of violence against women needs to be created
4. An equitable needs-led approach that guarantees access to the most suitable services needs to be developed
5. Joint guidance on the co-commissioning of domestic and sexual violence services should be issued by a coalition of government bodies consisting of the Department of Communities and Local Government, the Ministry of Justice, the Department of Health and local government authorities.

The report will be of interest to those wishing to understand the wider picture of care and safeguarding in the context of domestic violence and some of the financial and political pressures facing it.

http://www.womensaid.org.uk/page.asp?section=0001000100100029&sectionTitle=APPG+on+Domestic+and+Sexual+Violence

**Change that Lasts: Transforming responses to domestic abuse**

**Key words: care pathways, domestic violence, listening to victims, prevention**

Women’s Aid is developing a new approach to domestic violence prevention called ‘Change that Lasts.’ Women’s Aid argues that current approaches fail to take women’s own experiences and ideas seriously, and this leads to women remaining trapped within abusive relationships. Moreover, approaches that do listen to women have often been dismissed as being too complicated or too expensive to implement, Women’s Aid suggests. Women’s Aid have develop some infographics to show women’s journeys when accessing prevention and care services, and journeys they could have taken. According to Women’s Aid, ‘These illustrate the enormous cost, in human and financial terms, of not listening to women and responding to their needs.’ The infographics provide a clear picture of care pathways and the factors that make them successful and unsuccessful. They will be of interest to all those involved in the design and provision of services for women at risk of, or suffering from, domestic violence.

http://www.womensaid.org.uk/page.asp?section=00010001001400130011&sectionTitle=Routes+to+Change

**Domestic Violence Disclosure Scheme**

**Key words: disclosure, domestic violence, police, right to ask, right to know**

The Domestic Violence Disclosure Scheme (DVDS) was launched on 08 March 2014, giving members of the public a ‘right to ask’ Police where they have a concern that their partner may pose a risk to them or where they are concerned that the partner of a member of their family or a friend may pose a risk to that individual. Commonly known as Clare’s Law, the DVDS is named after Clare Wood who was murdered in 2009 by her boyfriend. The DVDS will give 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. If an application is made under the scheme, Police and partner agencies will carry out checks and if they show that the partner has a record of abusive offences, or there is other information to indicate that there may be a risk from the partner, the Police will consider sharing this information.


**Domestic Violence Protection Orders**

**Key words: domestic violence, police, prevention**

Domestic violence protection orders (DVPOs) are a new power introduced by the Crime and Security Act 2010, and enable the police to put in place protection for the victim in the immediate aftermath of a domestic violence incident. Under DVPOs, the perpetrator can be prevented from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim a level of breathing space to consider their options, with the help of a support agency. This provides the victim with immediate protection. The Domestic Violence Protection Orders approach has two stages:

- Where the police have reasonable grounds for believing that a perpetrator has used or threatened violence towards the victim and the victim is at risk of future violent behaviour, they can issue a DVPO on the spot, provided they have the authorisation of an officer at Superintendent rank.

- The magistrates’ court must then hear the case for the DVPO itself – which is the second step – within 48 hours of the DVPO being made. If granted, the DVPO may last between a minimum of 14 days and a maximum of 28 days. This strikes the right balance between immediate protection for the victim and judicial oversight.


**Information guide: adolescent to parent violence and abuse (APVA)**

**Key words: parent abuse; violence; domestic abuse; guidance**

This guidance document provides information and advice on Adolescent to Parent Violence and Abuse (APVA). Also known as, ‘adolescent to parent violence (APV)’ ‘adolescent violence in the home (AVITH)’, ‘parent abuse’, ‘child to parent abuse’, ‘child to parent violence (CPV)’, or ‘battered parent syndrome’.

Whilst there is no legal definition of APVA, it is widely recognised as a form of domestic abuse and depending on the age of child can be covered under existing domestic violence legislation. Outlining the prevalence and complications around the reporting of such behaviour, the guidance aims to encourage better recognition of APVA among those working in social services. It outlines the complexities and tensions that exist for parents suffering from APVA and the isolation they can feel. The guidance also provides clear support on how to intervene in cases of APVA and some of the cues practitioners can look out for.

Domestic Abuse and Visa Applications to Settle in the UK

Key words: domestic violence; migrants; visa; resettlement

The Government has recently produced an online eligibility tool to assess applications to settle in the UK. A key part of the application process highlights that applicants may be eligible to apply for a visa to settle if they have experienced domestic violence perpetrated by “a British citizen, a person settled in the UK or a member of HM Forces who has served for at least 4 years”.

Several conditions must be met for full eligibility to be granted for example, applicants must be able to prove their relationship to the perpetrator was genuine during the time of their last application. Moreover, it also outlines the circumstances in which a visa might be refused such as if the applicant has a criminal record. This information will be useful for those working in adult services with diverse caseloads.