

# Multi-agency domestic abuse guidance

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# Introduction

This guidance has been developed to support all staff and managers working across agencies in East Sussex who support adults who are at risk of or experiencing domestic abuse. It provides a framework for a consistent and effective response to tackling this complex area of safeguarding practice.

No single agency can address all the needs of people affected by or perpetrating domestic abuse. For intervention to be effective, it is crucial that agencies work together in partnership to take timely action and adopt a shared responsibility for assessing and managing risk.

This guidance will:

- Provide information to raise awareness about the types and indicators of domestic abuse, and who is vulnerable to harm.
- Support practitioners to respond effectively to concerns about domestic abuse, and work in partnership to assess and manage risks.
- Ensure the principles of a safe enquiry are central to any response to domestic abuse.
- Emphasise the responsibility of all practitioners to take appropriate action to raise safeguarding concerns in relation to domestic abuse and ensure the right agencies are involved in responding.
- Signpost to additional resources.

Principles of this guidance:

- Practitioners acknowledge and respect the choices of adults experiencing domestic abuse but ensure that they fulfil their legal requirement to safeguard and support adults and children. This involves considerations about information sharing and the occasions in which consent to share information may need to be overridden in order to maintain safety and manage high risk.
- Robust and comprehensive multi-agency risk and needs assessments are undertaken by staff who are trained and competent in responding to domestic abuse.
- Positive and sustainable outcomes can only be achieved by taking a holistic and preventative approach to the needs of individuals and their families.

This guidance should be read in conjunction with the [Sussex Safeguarding Adults Policy and Procedures](#) as well as each agency's own safeguarding policy and procedures.

This guidance has been agreed by the East Sussex Safeguarding Adults Board (SAB) and is for adoption by all agencies in the public, private, community and voluntary sectors that provide adult care and support services.

## What is domestic abuse?

The definition of domestic abuse is set out in [section 1 of the Domestic Abuse Act 2021](#).

'Abusive behaviour' is defined in the Act as any of the following:

- physical or sexual abuse;
- violent or threatening behaviour;
- controlling or coercive behaviour;
- economic abuse;
- psychological, emotional, or other abuse.

For the definition to apply, both parties must be aged 16 or over and '**personally connected**'.

'Personally connected' is defined in the Act as parties who:

- are married to each other;
- are civil partners of each other;
- have agreed to marry one another (whether or not the agreement has been terminated);
- have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- are or have been in an intimate personal relationship with each other;
- have, or there has been a time when they each have had, a parental relationship in relation to the same child;
- are relatives.

The government has produced a [statutory definition of domestic abuse factsheet](#) which contains additional information.

# The impact of domestic abuse

**Physical and emotional harm** The impact of domestic abuse on adults and children can be devastating and long-lasting. It can result in physical and emotional harm which may result in life changing injuries and / or chronic health needs. Resulting mental health issues can include depression, anxiety, self-harm, post-traumatic stress disorder and eating disorders.

Ongoing trauma may not always be recognised in victims who can present as chaotic or have difficulties engaging with support, particularly those victims with disabilities, cognitive impairment, mental ill health and / or issues with substance misuse.

**Substance misuse** Some victims may use drugs or alcohol to help cope with the domestic abuse they are experiencing. For some, substance misuse may progress to addiction. Perpetrators can also exploit and sustain addictions to keep their partner controlled and dependent on them, as well as manipulate the threat of exposing this to agencies.

**Homelessness** There is a clear link between domestic abuse and homelessness, with women who are homeless being particularly vulnerable to being further targeted by perpetrators of both physical and sexual abuse. The risk of homelessness can also prevent a victim from leaving a home shared with a perpetrator, and they may remain in an abusive situation in order to avoid becoming homeless.

**Economic disadvantage** Domestic abuse can lead to economic disadvantage. This can limit a victim's choices and cause severe and long-term debt.

**Pregnancy** increases the risk to the woman and her unborn baby. It is estimated 4 – 9 in every 100 pregnant women are abused during their pregnancy or soon after the birth (Angela Taft, 2002). There is also a link between abuse during pregnancy and a woman's chance of being killed by her perpetrator (J. McFarlane et al. 2002). The NHS has produced [guidance on domestic abuse in pregnancy](#).

**Adults with multiple complex needs** experiencing domestic abuse can face additional barriers in seeking help or accessing support services. It is therefore crucial professionals understand their daily lived experience and how domestic abuse affects them and their children or other family members.

# The role of Safeguarding Adult Reviews and Domestic Homicide Reviews

## Safeguarding Adult Reviews (SARs)

The [Sussex SAR Protocol](#) outlines the statutory duty which SABs have under the Care Act 2014 to undertake a SAR when:

- An adult has died (including death by suicide), and abuse or neglect is known or suspected to be a factor in their death, **or**
- an adult has experienced serious abuse or neglect which has resulted in permanent harm, reduced capacity or quality of life (whether because of physical or psychological effects), or the individual would have been likely to have died but for an intervention, **and**
- there is concern that partner agencies could have worked more effectively to protect the adult.

## Domestic Homicide Reviews (DHRs)

A DHR is a review of the circumstances of the death of a person aged 16 or over which is, or appears to be, as a result of violence, abuse or neglect by:

- a person to whom the victim was related or with whom they were or had been in an intimate personal relationship,
- a member of the same household as the victim.

This also includes incidents of suicide when there are concerns about the impact of domestic abuse, including coercion and control, even if a suspect was not charged with an offence or they were tried and acquitted.

Themes from SARs and DHRs highlight the importance of ensuring a holistic, whole-family approach to working with people experiencing domestic abuse, including:

- Multi-agency working and sharing of information without delay.
- Robust risk assessment considering risk to the person experiencing abuse and risk to others, and completion of the Domestic Abuse, Stalking and Honour Based Violence (DASH) risk identification form.
- Using principles of professional curiosity and critical thinking.
- Ensuring the person is spoken to alone.

- Timely, accurate and clear recording with consideration of the language used. This should accurately describe behaviour and ensure that context to this is provided. Good practice is to include the words used by the person and / or abuser.
- Provide information, advice and support to the individual who is experiencing domestic abuse and their children.
- Make referrals to specialist domestic abuse support services wherever possible and consider the person's needs for advocacy support, including a referral to an Independent Domestic Violence Advocate (IDVA).

## **Impact of COVID-19**

Whilst the coronavirus pandemic and accompanying lockdowns have had an unprecedented impact on all areas of daily life, there were particular concerns about increased incidents of domestic abuse with fewer opportunities to seek help and support. The risks around domestic abuse were compounded by restricted contact with friends and family, reduced contact with agencies, and children not being in school for extended periods.

Calls to domestic abuse helplines increased from the start of the pandemic, with incidents becoming more complex and serious, and higher levels of physical violence and coercive control in many cases. The impact of the pandemic on domestic abuse will inevitably last well beyond the lifting of restrictions.

Practitioners need to remain vigilant and take opportunities to make careful observations and ask questions where possible. Where a practitioner is concerned about an adult's vulnerability to domestic abuse, they should report these concerns.

## **Legislative framework**

The legal framework for keeping adults safe from domestic abuse is to be found within a wide range of statutes, regulations, and policies. Specific legislation and policies include (this is not an exhaustive list):

- Domestic Abuse Act 2021
- Care Act 2014
- Serious Crime Act 2015
- General Data Protection Regulations (GDPR) and Data Protection Act 2018
- Mental Capacity Act 2005
- Equality Act 2010

## Domestic Abuse Act 2021

The [Domestic Abuse Act](#) came into effect in April 2021 and gives police, local authorities and the courts wider powers and greater accountability concerning the protection of people experiencing domestic abuse.

The language in the Domestic Abuse Act has changed from domestic violence to domestic abuse, and encourages people to consider that domestic abuse can present in many ways and is not just classified as physical violence.

Key provisions under the Act include:

- The extension of the offence of coercion and controlling behaviour. There is no longer a requirement for perpetrators and those experiencing domestic abuse to still be in a relationship or to still live together.
- The recognition of children as victims of domestic abuse in their own right if they see, hear or experience the effects of domestic abuse and are related to the person being abused or the perpetrator.
- The implementation of special measures for victims of domestic abuse in criminal, civil and family courts, including screens in court or providing evidence via a video link. Perpetrators will not be able to cross examine victims in family and civil courts.
- The introduction of a national perpetrators strategy, including a new Domestic Abuse Protection Notice (DAPN) and Domestic Abuse Protection Order (DAPO) to help prevent reoffending and provide immediate protection for victims.
- A new criminal offence of ‘non-fatal strangulation’, which is punishable by up to five years’ imprisonment.
- A duty on local authorities to provide support to victims of domestic abuse and their children in refuges and other forms of safe accommodation.
- An amendment to homelessness legislation to give victims of domestic abuse automatic priority need status for settled housing, without needing to fulfil the vulnerability test.
- The Domestic Violence Disclosure Scheme (DVDS), commonly referred to as Clare’s Law, being put on a statutory footing for the first time.

## Care Act 2014

The [Care Act 2014](#) specifies that freedom from abuse and neglect is a key aspect of a person’s wellbeing. The broad meaning of wellbeing, and clear inclusion within that of prevention and protection from abuse, emphasises the overlap between domestic abuse and safeguarding adults work.



There are specific adult safeguarding duties under section 42 that apply to any adult who is 18 years or over who:

- has care and support needs, and
- is experiencing, or is at risk of, abuse or neglect, and
- is unable to protect themselves because of their care and support needs.

Prevention is a key aspect of the Care Act, and it provides a discretionary power to raise a safeguarding concern for preventative work where other safeguarding concerns may be a factor, for example the impact of trauma from childhood or coercion and control.

The principles of person-centred working and empowerment are central to undertaking section 42 enquiries. This includes assessment, intervention and multi-agency meetings to help co-ordinate responses for individuals even if services are not able to engage with them. This may be particularly important for adults with multiple and complex needs experiencing domestic abuse who find it difficult to engage with services and where a co-ordinated response is required to maximise opportunities to keep individuals safe.

## **Serious Crime Act 2015 – coercion and control**

There is a criminal offence under [Section 76 of the Serious Crime Act](#) in relation to coercive and controlling behaviour within the context of domestic abuse. This sets out the importance of recognising the harm and cumulative impact on the victim caused by these patterns of behaviour.

**Controlling behaviour** is 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** includes assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the victim.

Examples of coercion and controlling behaviour include:

- Controlling or monitoring the victim's daily activities, including making them account for their time, dictating what they can wear, what and when they can eat, when and where they may sleep.
- Isolating the victim from family, friends and professionals who may be trying to support them, and intercepting messages or phone calls.
- Intentional undermining of the victim's role as a partner, spouse or parent.

- Using children to control their victim, for example, threatening to remove children, manipulating professionals to increase the risk of children being prevented from having contact with the victim or having children's social care involvement.
- Using pets to control or coerce the victim, for example, harming, or threatening to harm or give away pets.
- Threats to expose sensitive information, for example, sharing sexual images or providing false information to family members, religious or local community.

The Home Office Statutory Guidance [Controlling or coercive behaviour in an intimate or family relationship](#) provides information on identifying coercive and controlling behaviour, where the offence applies and the types of evidence that can support this offence.

## **General Data Protection Regulation (GDPR) and Data Protection Act 2018**

Practitioners who encounter victims of domestic abuse often need to assess whether and how to share personal information with other professionals. Lawful and responsible information sharing can be vital to help keep victims and their families safe and to help bring perpetrators to justice.

The GDPR and Data Protection Act 2018 set out the parameters for sharing information appropriately and safely. Any personal information can be shared on the basis that it is:

- Necessary for the purpose for which it is being shared.
- Shared only with those who have a need for it.
- Accurate and up-to-date.
- Shared securely and in a timely fashion.
- Not kept for longer than necessary for the original purpose.

Confidentiality is an important principle that enables people to feel safe in sharing their concerns and asking for help. However, the right to confidentiality is not absolute. In practice, consent should always be sought if possible and if it is safe to do so. However, practitioners must make a decision as to whether sharing information about risks relating to domestic abuse without consent is necessary if it is to protect the vital interests of the victim and / or their family.

If consent is not obtained, disclosures can still be made under the Data Protection Act in accordance with the following principles:

- Decisions must be reached on a case-by-case basis.
- Decisions are based on a necessity to disclose.
- Only proportionate information is disclosed in the light of the level of risk of harm to an individual.
- Decisions are fully documented at the time a disclosure is made, identifying the reasons why the disclosure is being made, what information will be shared and what restrictions on the use of the disclosed information will be placed on its recipients.

Further information regarding best practice in relation to information sharing can be found in the [Sussex Information Sharing Guide and Protocol](#).

## **Mental Capacity Act 2005**

The [Mental Capacity Act](#) contains a range of safeguards and legal approaches, which can be used to support people experiencing domestic abuse. The five key principles of the Act must be applied:

1. Start from the assumption that a person is able to make their own decisions and has the capacity to make the specific decision in question.
2. Ensure that you make every effort to provide support to enable the person to make decisions for themselves.
3. Remember, a person who makes unwise decisions may still have capacity.
4. Any actions taken on behalf of a person who lacks capacity must be done in their best interests.
5. The less restrictive option must be considered to ensure that any actions taken on behalf of the person lacking capacity interfere as little as possible with the person's rights and freedoms.

Decisions taken with, and on behalf of, adults who need safeguarding because of domestic abuse may be serious and have far-reaching consequences, including leaving the family home, ending a relationship with the perpetrator or having restricted contact with other family members. Where a decision must be taken in the person's best interests, the individual must be involved as far as possible in making decisions and plans about their safety and wellbeing. Practitioners should consider the role of advocacy services to support those who lack mental capacity to make decisions in respect of safety planning.

Further guidance on the understanding and application of the Mental Capacity Act in practice is detailed within the [East Sussex Mental Capacity Multi-Agency Policy and Procedures](#).

## **The impact of coercion, control and influence on mental capacity**

Assessing capacity can be particularly challenging in domestic abuse situations where the person is cared for by, or lives with, a family member or partner who is seen to be making decisions on their behalf which put them at risk of danger.

When a person chooses to stay in an abusive relationship, skilled assessment and intervention is required to judge whether they are making that choice free from undue influence of the person who is causing them harm. A decision not to leave may be based on a realistic fear of the behaviour the perpetrator has threatened if the victim were to disclose abuse or try to leave the relationship. It should be considered that impaired mental capacity may be a consequence of cumulative trauma and abuse, and a thorough assessment undertaken to establish whether a person is making unwise or unsafe decisions, or whether decisions are made under duress, coercion and control.

Some people may experience fluctuating capacity, for example, they have a condition which gets worse on occasions and affects their ability to make decisions. It is important to consider issues relating to a person's physical health, mental health and substance misuse, which can all increase vulnerability to domestic abuse, and decision making may be further compounded if capacity fluctuates.

Where there are concerns an adult may be experiencing coercion and control that may be impacting on the decisions they make about their safety, the adult must be offered an opportunity to meet with a practitioner in private and separately from family members or carers.

Case law has clarified that there is scope for local authorities to use 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 constraints in their circumstances, coercion or undue influence.

Research in Practice has published useful guidance on [The inherent jurisdiction of the High Court](#) which aims to support health and social care practitioners, including those who work in adult safeguarding, to understand the circumstances in which the use of inherent jurisdiction may be appropriate.

## **Equality Act 2010**

The [Equality Act 2010](#) provides a legal framework to tackle disadvantage and discrimination. People who experience domestic abuse may have rights under the provisions of the Equality Act, for example, if a victim develops anxiety or depression as a result of the abuse.

The Act identifies protected characteristics as:

- Age including transition from child to adult and older people.

- Disability including physical, learning disability and mental health.
- Gender reassignment.
- Marriage and civil partnership.
- Pregnancy and maternity.
- Race including race, colour, nationality, citizenship, ethnic or national origins.
- Religion or belief.
- Sex.

## **Types of domestic abuse**

Domestic abuse can include, but **is not** limited to:

### **Sexual abuse**

- Rape and attempted rape, including non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth.
- Indecent assault.
- Indecent exposure.
- Forced involvement in making or watching pornography.
- ‘Rough sex’ including the infliction of pain or violence, simulated or otherwise, with the aim of providing sexual gratification for the parties involved.
- Any sexual activity that the person lacks the capacity to consent to.
- ‘Corrective’ rape (the practice of raping someone with the aim of ‘curing’ them of being lesbian, gay, bisexual or transgender – LGBT)
- Intentional exposure to HIV or sexually transmitted infections.
- Deception over the use of birth control or restricting access to birth control.

### **Physical abuse, including violent or threatening behaviour**

- Assaults including being kicked, punched, pinched, pushed, dragged, shoved, slapped, scratched, bitten, burned, scalded or poisoned.
- Use of weapons or objects including knives, irons or other implements.
- Non-fatal strangulation or suffocation.

- Harming someone deliberately while performing caring duties through deliberate rough handling, excessive restraint or inappropriate use of medication.

## **Psychological or emotional abuse**

- Withholding affection.
- Turning children and friends against the victim.
- Distorting a child's memories of the victim, their mother or father.
- Keeping the victim awake or preventing them from sleeping.
- Using violence or threats towards pets to intimidate the victim and cause distress.
- Persuading the victim to doubt their own sanity or version of events – known as 'gaslighting'.

## **Technological abuse**

Perpetrators can use technology and social media as a means of coercive control. This is particularly common amongst younger people. Examples of online abuse include:

- Posting false or malicious information about the victim online.
- Creating false social media and email accounts in the victim's name.
- 'Trolling' or 'catfishing' the victim online with abusive, offensive or deliberately provocative messages, or messages to try to obtain details of whereabouts.
- Threats and / or distribution of non-consensual private sexual images and films with the intent to cause the person distress (known as 'revenge porn').
- Hacking into, monitoring or controlling email accounts, social media profiles and phone calls, including blocking the victim from using their own accounts.
- Hacking internet-enabled devices such as games consoles, tablets, smart watches and smart home devices to gain access to accounts or trace information including location, with the aim of controlling and frightening the victim.
- Use of spyware or GPS locators on items such as phones, computers, wearable technology, in vehicles and on pets.
- Use of hidden cameras.

## **Financial or economic abuse**

- Limiting the victim's access to their own income, and requiring them to ask for money.
- Controlling the family income.
- Accruing bills and debts, for example, credit or store cards in the victim's name.
- Refusing to contribute to the household income.
- Preventing the victim from claiming welfare benefits or forcing them to commit benefit fraud.
- Interfering with the victim's education, training, employment or career.
- Not allowing the victim to have access to a mobile phone, car or utilities.
- Deliberately forcing the victim to go to the family courts so they incur additional legal fees to resolve contact and residence issues.
- Interfering with or preventing the victim from resolving their immigration status so they are economically dependent on the perpetrator.

## **Stalking and harassment**

Stalking can be defined as persistent and unwanted attention that makes you feel harassed. It includes behaviour that happens two or more times, directed at or towards a victim by another person, which causes feelings of alarm, distress and fear. Individuals may have to change their day-to-day routine in an attempt to avoid contact.

Stalking is a pattern of four behaviours:

- fixated,
- obsessive,
- unwanted, and
- repeated.

These behaviours can include:

- Unwanted communications from the person stalking or harassing the victim.
- Seeing the person loitering near the victim's home or workplace.
- Being monitored or spied on.
- Items or gifts being sent, left or moved.
- Home and personal property is accessed or damaged.

- Goods or services ordered or cancelled.
- Having vexatious reports or complaints made against the victim.

An escalation in behaviours may occur following a separation increasing the risk of further physical harm or death.

The [Stalking Protection Act 2019](#) introduced Stalking Protection Orders (SPO), a civil order which police can apply for through the magistrate's court. Applications for interim or full orders can be made where:

- The threshold to start criminal proceedings for the committing of an offence has not yet or will not be met. This allows for early police intervention in stalking cases.
- Where a suspect has been charged. An SPO is not an alternative to prosecution for stalking offences under the Protection from Harassment Act 1997. In such circumstances, an SPO can be used to complement the prosecution of a stalking offence.

Within an application for an SPO or an interim order, police can request both prohibitions and / or requirements to protect the victim from the risk of stalking.

## Signs and indicators of domestic abuse

### The eight-step timeline in domestic homicides

In research published in 2019, [Intimate Partner Femicide Timeline](#), Dr Jayne Monckton Smith reviewed 372 domestic violence killings in the UK which showed an eight-stage timeline of events before a homicide takes place.

To conduct her study, Dr Monckton Smith looked at all cases on the Counting Dead Women website where the woman had had a relationship with the perpetrator. Her study highlights the eight stages of the domestic homicide timeline that flag up the potential for perpetrators to kill their victims, a risk that is particularly heightened when a victim may attempt to leave the abusive situation. Dr Monckton Smith discovered in almost all of the killings she studied were:

- Pre-relationship history of stalking or abuse by the perpetrator.
- The romance developing quickly into a serious relationship.
- The relationship becoming dominated by coercive control.
- A trigger to threaten the perpetrator's control, for example, the relationship ends, or the perpetrator gets into financial difficulty.



- Escalation – an increase in the intensity or frequency of the partner's control tactics, such as by stalking or threatening suicide.
- The perpetrator has a change in thinking, choosing to move on, either through revenge or by homicide.
- Planning – the perpetrator might buy weapons or seek opportunities to get the victim alone.
- Homicide – the perpetrator kills his or her partner, and possibly hurts others such as the victim's children.

## **Possible behavioural indicators where abuse may be happening**

Domestic abuse involves different types of patterns and abuse and whilst not exhaustive, general indicators that an individual may be experiencing domestic abuse include:

- Changes in behaviour and physical presentation or incongruent behaviour.
- Not communicating with or seeing friends and family.
- Presenting as withdrawn with symptoms of anxiety and / or depression.
- Person is never seen alone without their partner or family member.
- Repeated health attendances or missed appointments.
- Sexually transmitted infections.
- Non-compliance with medication or over-medicating.
- Inappropriate clothing to hide injuries, for example, wearing a polo neck or long sleeves in warm weather.
- Injuries which may be explained as a fall or a tendency to bruise easily.

There are a variety of behaviours an adult experiencing domestic abuse may display. Some early warning signs within an interpersonal relationship may include:

- The individual has low self-esteem to the point they feel dependent on their abuser.
- Self-criticism, thinking they are stupid, fat, unattractive, or lucky to have a partner.
- Believing their abuser is always right, deferring to them or overreliance on them for decision making.

- Feeling unable to share an opinion for fear of consequences and needing to 'walk on eggshells'.
- Feeling under pressure to change or move the relationship on quickly.
- High levels of stress manifesting in physical symptoms including nausea, butterflies in their stomach, poor appetite, lack of sleep and headaches.
- Not being able to see a future and possible suicidal ideation.

## **Barriers to disclosing domestic abuse**

Research has shown there could be many incidents of abuse before a person makes a disclosure for the first time, or an increase in attempts to seek help before a person feels confident enough to leave a relationship.

It is important to understand why people remain in abusive relationships, and reasons why they may not take up offers of help.

Barriers to seeking help include reasons personal to the individual such as the emotional or psychological impact of the abuse, practical and / or social or cultural reasons. Whilst not exhaustive, the following are examples of why an adult may not disclose:

- Fear of being pressured to pursue a criminal case.
- Not wanting to get their abuser into trouble or for them to have a criminal record.
- Love, loyalty or attachment towards the abuser, and a hope they will change.
- Loss of own identity and inability to imagine life without the abuser.
- Low self-esteem and self-worth, feelings of shame or failure.
- Fear of isolation, loneliness and losing contact with children, family and friends.
- Fear of false allegations being made against them.
- The individual may be in denial or lack capacity around the abuse happening.
- The victim has been told they are the abuser.
- Previous experience of, or fear of, being judged or not being believed.

- Lack of awareness about how to access support services.
- Pressure not to disclose from family, children, friends and / or community.
- Lack of experience of positive action from statutory agencies, including the courts.

## **The impact of domestic abuse on specific groups of people**

### **Families and inter-generational abuse**

Abuse by family members can involve abuse by any relative or multiple family members. There is no requirement for the victim and perpetrator to live together within the Domestic Abuse Act.

Child to parent abuse (CPA) can involve children of all ages and this does not exclusively involve physical violence. If the child is over 16 years of age, CPA is considered domestic abuse in accordance with the statutory definition under the Act.

It is important to remember this form of abuse, though commonly referred to as child to parent abuse, can also include parents, grandparents, siblings, extended families and carers with parental responsibility. CPA can have serious and at times fatal consequences, and agencies need to be aware of risks posed by this form of domestic abuse and take appropriate steps to safeguard and support those at risk.

### **Domestic abuse involving young people**

Domestic abuse is one of a number of adverse childhood experiences (ACEs) which can have a long-lasting and detrimental effect on young people transitioning into adulthood. They may struggle to understand healthy relationships and may replicate behaviours learnt during childhood. Signs and indicators include:

- Challenging behaviour including aggression and violence towards partners, family, friends and the wider community.
- Concerns and preoccupation around the safety of family members and future relationships, which may also impact on their ability to engage in education or employment.
- Difficulty interacting with others, including withdrawal and fear of conflict.
- Depression and anxiety.

- Suicidal ideation, self-harm and suicide attempts.
- Increased risk of criminal exploitation, including grooming, sexual exploitation, gangs and county lines.
- Risk taking behaviours including substance and alcohol misuse, going missing and sexually harmful behaviour.
- Failure to recognise exploitation or abuse as any rewards, including gifts or status, outweigh the impact of harm being experienced.

It is important to ensure young people at risk are referred to Children's Services, and consideration is given to additional risks with them being a young carer, or a young person who is transitioning into adulthood.

## Older people

According to Age UK, in 2017, over 200,000 people aged 60 to 74 experienced domestic abuse in England and Wales. Data from the Crime Survey of England and Wales (for the year ending March 2020) showed 4.4% of women aged 60 – 74 were victims of domestic abuse. Two in three victims were female and four in five perpetrators were male. Older people were as likely to be killed by a partner or spouse as they were by their children or grandchildren. In addition, one in four victims of domestic homicide were over 60. While evidence suggests older women experience domestic abuse at similar rates to younger women, no data is collected about domestic abuse survivors over 74 and the true prevalence of domestic abuse amongst the older population is unknown.

The Office of National Statistics showed half of male victims (49%) fail to tell anyone they are a victim of domestic abuse and are two and a half times less likely to tell anyone than female victims (19%). Only 4.4% of victims being supported by local domestic abuse services are men according to SafeLives data. According to East Sussex MARAC figures, men aged 60 and over are five times more likely to experience domestic abuse than younger men.

Assumptions regarding age and gender can mean injuries are considered the result of falls or unintentional rough handling while personal care is taking place. An adult presenting as unhappy or depressed may be seen as having health or social care needs, but this can result in domestic abuse being overlooked.

Older adults may face particular barriers in seeking support including:

- Not believing emotional and psychological abuse is domestic abuse.
- Historic police responses to domestic abuse.
- Dependency on the perpetrator, including lack of economic independence, and traditional attitudes towards marriage and gender roles.

- Abuse which starts when the adult's health deteriorates, where they become reliant on their partner or adult children and may feel they are to blame.
- Not able to remember incidents because of declining memory and undiagnosed conditions, for example, dementia.
- May have experienced domestic abuse in a new relationship for the first time and not know how to seek support.

## **Carers**

Family and friends as carers may be involved in situations which require a safeguarding response, for example:

- A carer may witness and report abuse is happening involving paid carers or family members.
- A carer may experience intentional or unintentional harm from the adult they are trying to support, or from professionals and organisations they are in contact with.
- A carer may intentionally, or unintentionally, harm or neglect the adult they support either on their own or with others. Assessment of both the carer and the adult they care for must include consideration of the wellbeing of both of them. In these situations, the aim of any safeguarding response will be to support the carer to provide support and help to make changes in order to decrease the risk of further harm to the person they are caring for
- A carer may be experiencing domestic abuse by the person they are caring for and should be offered an assessment if a need is identified.

## **Disability (physical, learning disability and mental health, including substance and alcohol misuse)**

### **Physical disability**

Disabled adults and women in particular are more likely to experience domestic abuse than non-disabled people and are twice as likely to have previously planned or attempted suicide. They are also more likely to experience domestic abuse for longer than non-disabled people.

### **Sensory impairment**

Many deaf people do not identify as being part of a disability group. The deaf community is a linguistic minority based on their language, and may experience issues similar to other minoritised groups, such as a distrust of the police and a fear of rejection from the wider community. Additional barriers around language

and communication can impact on them engaging with support services and having to relive trauma.

Adults who are visually impaired or blind may find it difficult to access information in a suitable font or braille formats.

### **Learning disability**

Adults with learning disabilities are more likely to experience abuse than others. Research has highlighted women with learning disabilities are between four and eight times more likely to experience sexual abuse, mostly by people who provide their care.

Specific barriers to disclosing for those with disabilities include:

- Lack of specialist provision and accessible environments, including refuges.
- Lack of specific support with communication and advocacy.
- Total dependency on caregivers due to lack of capacity.
- Fear they will be placed in residential care or children removed from them.

SafeLives has produced [guidance in relation to disabled people and domestic abuse](#).

### **Mental health**

People with poor mental health are more likely to experience domestic abuse. Conversely, domestic abuse can have a detrimental effect on a victim's mental health, which may be compounded by their abuser or others minimising this. Indicators may include:

- Depression and anxiety.
- Self-harm or suicide.
- Post-traumatic stress disorder (PTSD).

Research also highlights:

- A third of all female suicide attempts, including half of those by ethnic minority women, can be attributed to past or current experiences of domestic abuse.
- Women who use mental health services are much more likely to have experienced domestic abuse than women in the general population.

## **Substance misuse**

Individuals experiencing domestic abuse may use alcohol or drugs to try to cope with their situation or 'block out' what is happening to them. Access to treatment or prescribed medication may be withheld and adults may be forced into drug or alcohol misuse by the perpetrator to intensify control and dependency.

It is important to recognise the relationship between domestic abuse, poor mental health and substance misuse. Professionals should take great care to:

- Undertake an holistic assessment of need, while taking into account difficulties the adult may have around understanding specific risks posed to them.
- Respect the adult's wish to address the impact of domestic abuse before tackling their substance misuse, and provide reassurance regarding this.
- Understand that if the perpetrator goes through a detoxification programme, risks can increase.

## **LGBTQ+ community**

Research highlights there are significant levels of domestic abuse within the LGBTQ+ community but it is underreported. Furthermore, adults from the LGBTQ+ community are disproportionately underrepresented in domestic abuse services, including the criminal justice system.

LGBTQ+ people may experience unique forms of coercive control targeted at their sexual orientation or gender identity, for example, the threat of being 'outed' to friends and family who may not be aware.

Barriers to disclosure that the LGBTQ+ community face when experiencing domestic abuse include:

- Sexual orientation or gender identity being disclosed.
- Belief that 'intimate partner violence' doesn't happen in same-sex relationships.
- Concerns about homophobia and transphobia in service provision.
- Belief that non-LGBTQ+ services are not for LGBTQ+ people.
- Professionals assuming their clients are heterosexual and cisgender.
- Poor understanding and awareness of professionals around unique forms of coercive control targeted at sexual orientation or gender identity.

## **Culture, ethnicity and race**

Women's Aid highlights while there is no evidence to suggest women from some ethnic or cultural communities are at higher risk of domestic abuse, the form of abuse experienced may vary, including forced marriage or female genital mutilation (FGM).

### **Forced marriage**

Forced marriage occurs when individuals, regardless of their age, have been forced to marry against their will. A forced marriage differs from an arranged marriage, in which both parties consent to their parents or a third party choosing a spouse.

Forced marriage is illegal, and can happen in secret, but can also be planned within the community by parents, extended family or religious leaders. Individuals may be trafficked to marry against their will, and individuals are also trafficked to and from the UK for sham marriages.

Forced marriage can be a particular risk for young people, adults with learning disabilities or people lacking capacity.

Resistance can result in emotional abuse, coercion, and restrictions on movement.

### **Honour-based violence**

Honour-based violence (HBV) is defined as 'a violent incident or crime committed to protect or defend the perceived honour of the family or community'. It is designed to punish an individual for behaving in a way not in keeping with traditional or cultural beliefs, or refusal to agree to a marriage. It is often committed with some involvement or co-operation from the family and / or community.

### **Spiritual abuse involving religion or beliefs**

Spiritual abuse refers to the manipulation of religion or spirituality to perpetrate or justify abuse and mistreatment. Spiritual abuse can be perpetrated by a partner or family members, as well as community and religious leaders or figures.

Spiritual abuse may include:

- Religious discrimination, including verbal abuse and mockery around beliefs.
- Destroying someone's religious texts and articles.
- Forcing someone to eat foods forbidden by their religion or deliberately providing food they would not otherwise consume without their knowledge.



- Preventing someone from attending their place of worship.
- Preventing someone from worshipping or forcing them to relinquish their religion.
- Forcing someone to attend ceremonies for a religion they do not practice.
- Forcing someone to partake in a spiritual activity against their wishes.

### **Traveller communities**

Ethnic groups include gypsies, travellers and nomadic ethnic groups who have a separate identity, culture, language and history. The experience of domestic abuse within traveller communities is more hidden and may be compounded as the community is often marginalised within wider society.

### **The impact of cultural norms and expectations**

Cultural norms and expectations often mean women are unaware they are experiencing abuse, and examples of coercion and control may include:

- Preventing the victim from learning a language or making friends outside of their ethnic or cultural background.
- Refusing to interpret, and / or hindering access to communication.
- Threatening the immigration status of the victim by withholding documents or giving false information to a victim about their visa or visa application, or using immigration law to threaten the victim with potential deportation.

### **Cultural and ethnicity-related barriers to disclosure**

Barriers to disclosure can include:

- Women from Black, Asian or minority ethnic communities may be unwilling to seek help from statutory agencies including police, social services or housing because of concerns about institutionalised racism.
- Cultural and religious beliefs may result in a woman being pressured by her family and community to remain in an abusive relationship as this is accepted, or the community may manage the situation without the intervention of agencies or contacting the police.

If a relationship ends this can result in a woman being ostracised by her family and community, and at increased risk of further physical harm.

- The adult may perceive abuse as justified in scripture. This may result in their experience of abuse being intensified by the wider faith community which reinforces the abuse and subsequently dismisses it.

- If the person has not grown up in the UK, there may be language and cultural differences which affect their understanding of the systems and support available.
- A migrant victim may fear being deported if they seek assistance.
- Service providers may avoid intervening for fear of being perceived as racist.

## **Safe enquiries – identifying and responding to risk**

### **Responding to disclosures**

Where domestic abuse is disclosed, it is important to deal with any immediate needs the person may have such as seeking medical help, police assistance, and access to domestic abuse services that can provide immediate support.

If a person is in immediate danger, dial **999** and ask for the police.

### **Enabling the person to talk about their experience**

When a disclosure is made, care is needed not to ask leading questions and to give the person time to talk about what has happened. It is important to gather an account so appropriate support can be offered, and to avoid compromising any criminal investigations. Open questions in response to a disclosure or potential disclosure should follow the principle of 'tell me what happened' or 'what, when, why, where and how'.

Research indicates those who experience abuse, including coercion and control, and are finding it difficult to disclose their experiences, may want practitioners to ask direct questions as it can be easier to respond to a direct question than offer information independently. It is important to ensure questions are open so the person is able to provide an account in their own words. Such questions could include:

- I've noticed you have this injury. How did it happen?
- Do you feel frightened of anyone?
- Do you feel safe living here?
- Who makes decisions about what you can and cannot do?
- Some of the things you have told me today concern me. Is somebody hurting you or are you afraid someone might hurt you in the future?

## **Professional curiosity and critical thinking**

Professional curiosity is the capacity and communication skills to explore and understand what is happening within a family rather than making assumptions or accepting things at face value. Professionals also need to manage uncertainty, consider and analyse all possible explanations, and be prepared to 'think the unthinkable'.

It is important to ascertain whether information aligns with known details or is contradictory, and whether information can be verified by other professionals involved. Triangulating information will help to provide a coherent account of what is happening in a person's life and will support the process of risk assessment and safety planning.

## **Trauma-informed practice**

We are all impacted by our past experiences, which can have a lasting effect on the way we view and experience the world.

Trauma can be defined as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing." (Substance Misuse and Mental Health Services Administration, 2014).

### **Barriers arising from trauma**

Trauma is often the result of adverse childhood experiences including childhood abuse and neglect, parental mental health and substance misuse, domestic abuse, and sexual abuse.

Adults with multiple complex needs have usually been exposed to repeated traumatic events and may find it very difficult to engage with professionals because their threat perception system is heightened, and they may be in a constant flight or fight mode. This survival response has three possible outcomes:

- Fight (being aggressive or hostile).
- Flight (withdrawing or shutting down).
- Freeze (the forgotten response, unable to do anything).

### **The principles of trauma-informed practice**

Trauma-informed practice is a strengths-based framework grounded in an understanding of, and responsiveness to, the impact of trauma. It emphasises physical, psychological, and emotional safety for everyone, and creates

opportunities for survivors to rebuild a sense of control and empowerment (Hopper et al., 2010).

Trauma-informed practice encourages professionals to consider 'what has happened', rather than 'what is wrong'.

Professionals should put these principles into practice by:

- Giving individuals choices which enable them to regain control over decisions.
- Recognising strengths and understanding resistance.
- Understanding substance misuse, aggression and self-harm is often the clearest indication a person has experienced trauma.
- Being open, honest, and predictable.
- Valuing a collaborative approach and keeping people informed.
- Giving space and time to the person to explore their feelings, and to validate these.

## **Making Safeguarding Personal (MSP)**

Clear and transparent communication with the adult is key to building trust and confidence in the support that can be offered, and in maximising opportunities for participation.

Important principles in MSP include:

- Showing a disclosure is believed.
- Clarifying which other agencies are involved and trusted professionals who know most about the person's situation, so they do not have to repeat information.
- Asking the adult or their advocate about next steps and desired outcomes.
- Not making assumptions or telling the person what to do.
- Clarifying consent for information sharing, highlighting from the outset duties to share information in certain circumstances.
- Ensuring safe contact arrangements are established from the start.
- Providing information and advice about the range of services available, including work-based support.

- Keeping the adult or their advocate informed throughout a professional's involvement.

## **Best practice to ensure safety and confidentiality**

To ensure the safety of the person, it is important to:

- Ensure the person is seen or spoken to alone before enquiring into possible abuse. Never ask in front of a partner, child or friend.
- Allow sufficient time and ensure any discussions will not be interrupted.
- Ensure mental capacity has been considered including the need for further assessment and advocacy.
- Do not arrange meetings if the person lacks capacity unless an advocate is present.
- Document the person's responses, but not in client or patient-held records, or organisational systems which the perpetrator may have access to.
- If an interpreter is required, use professional interpreters, taking into account any cultural needs including the person's history and variations in dialect.
- Do not take action that will increase risk. Follow safeguarding procedures and seek advice from your line manager or safeguarding lead.

## **Think Family**

The 'Think Family' agenda recognises and promotes the importance of a whole-family approach to safeguarding, and includes the following principles:

- 'No wrong door' – contact with any service offers an open door into a system of joined-up support. This is based on more coordination between adult and children's services.
- Looking at the whole family – services working with both adults and children take into account family circumstances and responsibilities. For example, an alcohol treatment service combines treatment with parenting classes while supervised childcare is provided for the children.
- Providing support tailored to need – working with families to agree a package of support best suited to their particular situation.
- Building on family strengths – practitioners work in partnership with families, recognising and promoting resilience and helping them to build their capabilities. For example, family group conferencing is used to empower a family to negotiate their own solution to a problem.

A family focus alone may not be enough to address the problems faced by some parents with a mental health problem nor will it necessarily prevent a child from suffering harm. However, joined-up working will ensure relevant information around risks is shared and services are co-ordinated to provide adults and children with the most appropriate support to meet their needs.

## **Information sharing**

Information sharing between partner agencies is particularly important due to the potential high level of risk linked with domestic abuse. There should be effective communication and joint working with multi-agency partners alongside positive partnership and collective responsibility.

Recording should be contemporaneous, in the individual's own words and meet the requirements of individual agency recording systems and guidance.

When recording third party information regarding concerns or disclosures of domestic abuse, it is important to capture not just what the victim says, but also to describe their appearance and presentation, including emotional, psychological and physical signs of injury or distress. This information could then be used to support the police with evidence-led prosecutions, particularly in situations where the victim is unable or not willing to give evidence themselves.

## **Domestic abuse, stalking and honour-based violence (DASH) risk identification forms**

An assessment of risk should take place in all situations where an adult is experiencing domestic abuse. The DASH form is a tool used to assess risk, and to make referrals to appropriate agencies. The form has two sections: the referral form, and a Domestic Abuse Risk Indicator Checklist (RIC). This is a universal checklist used by agencies which identifies and assesses the risks posed to an individual. There are 24 questions, each question has a tick box for a 'Yes', 'No' or 'Don't know' response.

This is not a full assessment although it will provide valuable information about the risks. The presence of children (particularly stepchildren) or other vulnerable adults increases the wider risks of domestic abuse.

If 14 or more questions are answered 'Yes' and there has been a recent incident (within approximately the last three months), the Multi-Agency Risk Assessment Conference (MARAC) referral criteria is met. If there are fewer than 14 'Yes' answers but the practitioner feels, based on professional judgement, the victim or their family are at significant risk of harm, then they should also refer to MARAC.

The [Safe in East Sussex website](#) provides links to the DASH forms and further information about the process.

## **Working with individuals who are hard to reach and at higher risk of harm**

Contact can be difficult to establish with some adults and where possible it is important to be persistent in attempts to build a relationship. Some adults may be unable to accept calls as they feel unsafe, and an abuser may prevent them from engaging with services. However, subsequent attempts may prove successful. SafeLives has referred to the 'One Chance' rule, which may be particularly relevant in forced marriage and honour-based violence, which emphasises the importance of using what is sometimes a very limited window of opportunity to work with someone to support them to stay safe.

Risk assessment should be clear and robust, and include contingency planning if contact is difficult or unsafe to make. This could include identifying safe methods of contact including days and locations for meetings. Flags or warning markers could also be added to recording systems identifying that domestic abuse is a concern and staff should be vigilant regarding this.

It is important to discuss safety planning with the individual, and they may have already made a plan to keep themselves safe. Key contacts may include the police, domestic abuse groups, friends or the local refuge. Individuals should be advised to keep a log or diary of incidents especially where stalking behaviours are known, and checks should be made about how information can be kept in a safe place.

The police can issue equipment such as door jammers, panic alarms, door and window alarms and in some high-risk cases CCTV. History markers on addresses and telephone numbers can be put in place or requested via 101. The police can also issue money for a victim to get a rail ticket to a refuge or assist with travel if the adult has no access to money.

The police recommend that where possible phones are always charged and immediately available. There is an app which police can activate on a smartphone, but access to this will be limited to the high-risk cases discussed at MARAC. There are also some free apps available. In an emergency, silent calls can be made to 999, followed by 55, which will alert the operator that talking may not be possible but the person may be able to communicate need for assistance through pressing keys on their phone.

If a perpetrator has been arrested or removed as a short-term measure, it should not be assumed the risk to the victim has reduced. Risk of serious harm or death is heightened immediately after separation or within the first year post-separation. So, risk should not be downgraded on the basis a relationship has ended.

## **Safety of professionals working with domestic abuse victims**

Risk assessments should be considered for the professional network as there may be times when threats are made to specific members of staff or there is a

risk this could happen. The following should be considered to minimise the risk of harm occurring:

- General risk assessments and allocation of workers when referrals are accepted.
- Considering joint working, including the need for police attendance during visits.
- Risk markers or warning flags on recording systems identifying any risks to staff.
- Individual risk assessments and safety plans if threats have been made.
- Police warning markers on home addresses and office locations.
- Time for debriefs following visits and during supervision, including the impact of vicarious trauma and individual triggers affecting staff working with high-risk domestic abuse cases.

## **Multi-agency risk assessment conference (MARAC)**

The MARAC is a multi-agency meeting that brings together representatives from a number of statutory and voluntary sector agencies in East Sussex to discuss the safety, health, and wellbeing of people over the age of 16 who are experiencing domestic abuse. This includes their children and wider networks.

It is important to remember that MARACs are not substitutes for safeguarding enquiries and consideration should always be given to raising a safeguarding concern where it is identified that an adult is experiencing domestic abuse.

### **MARAC referral process**

Any agency can make a referral to MARAC if a DASH form highlights domestic abuse is medium to high risk, that is with a DASH score of 14 and above, or where a worker involved makes a professional judgement that the risks are high enough for MARAC to consider the need for additional safety planning.

Where an adult is the subject of a safeguarding enquiry, the MARAC referral should include information on relevant history, progress of the enquiry, and clarify additional support being sought.

A MARAC referral does not eliminate the risks faced by the individual and does not replace the interventions carried out as part of a safeguarding enquiry. While referrals should not be made for resolving an immediate crisis, high risk cases should always be referred for consideration.



Consent is not always sought to make a referral, but action may be taken afterwards to ensure the victim is informed. This may include raising a new safeguarding concern.

## **MARAC meetings**

A named professional may be asked to attend MARAC to provide updates, or information may be shared by a MARAC representative on behalf of their agency.

It is important to remember that the adult is not invited to these meetings but is likely to be represented by an Independent Domestic Violence Advocate (IDVA).

Meetings will focus on a discussion of key concerns and risks followed by safety planning including individual agency actions to minimise or remove risk.

Information sharing with other agencies, including consideration of other adults at risk will need to be agreed by MARAC. The meeting will also consider Domestic Violence Disclosure Scheme (DVDS) referrals where the police or a key worker will share a summary of risk agreed by partner agencies with an adult who may be at risk of domestic abuse from a new or current partner.

MARAC will identify which agency is the lead professional and will make a number of recommendations for referrals to additional support services where required.

There is no formal review process unless a repeat referral is made.

# Appendix 1: Specialist domestic abuse services

## Local services

### Sussex Police

**In an emergency, call the police immediately on 999**

For non-emergency, telephone: 101

Sussex Police referrals should be sent to the relevant Multi-Agency Safeguarding Hub (MASH) team:

- For referrals for Eastbourne / Lewes / Wealden:  
Telephone: 01323 747373  
Email: [MASH.Eastbourne@sussex.pnn.police.uk](mailto:MASH.Eastbourne@sussex.pnn.police.uk)
- For referrals for Hastings / Rother:  
Telephone: 01424 724144  
Email: [MASH.Hastings@sussex.pnn.police.uk](mailto:MASH.Hastings@sussex.pnn.police.uk)

### East Sussex County Council (ESCC)

**To raise a safeguarding concern about an adult contact Health and Social Care Connect.**

Open seven days a week, 8.00 am – 8.00 pm (including bank holidays)

Telephone: 0345 60 80 191

Mobile SMS text: 07797 878111

Email: [Health and Social Care Connect](#)

Use the [online form](#) accessed via the ESCC website

**To raise a concern relating to a child contact Children's Services – Single Point of Advice (SPOA).**

Open 8.30 am – 5.00 pm Monday to Thursday and 8.30 am – 4.30 pm on Friday

Telephone: 01323 464222

Email: [0-19.SPOA@eastsussex.gov.uk](mailto:0-19.SPOA@eastsussex.gov.uk)

Children's Emergency Duty Service (EDS) – evenings, weekends and bank holidays

Telephone: 01273 335905 or 01273 335906

## **Change, Grow, Live (CGL)**

[CGL](#) provides a single point of contact for victims and survivors of domestic or sexual abuse and violence living across East Sussex. It can also give advice and support to friends, families, and professionals.

Telephone: 0300 323 9985

Eastbourne office number: 01323 417598

Hastings office number: 01424 716629

Email: [ESDomesticAbuse.Info@cgl.org.uk](mailto:ESDomesticAbuse.Info@cgl.org.uk)

Referral forms are available on the [CGL website](#).

## **Survivors' Network**

[Survivors' Network](#) provides the specialist rape and sexual abuse service for Sussex.

Telephone: 01273 203 380

Email: [info@survivorsnetwork.org.uk](mailto:info@survivorsnetwork.org.uk)

Referrals should be sent to: [referrals.sn@survivorsnetwork.cjsm.net](mailto:referrals.sn@survivorsnetwork.cjsm.net)

## **Sexual Assault Referral Centre (SARC)**

The SARC has access to specialist doctors who undertake examinations of victims of rape and sexual assault for criminal investigations. It is open 24 hours a day all year round. Police will allocate a specialist officer to support victims through the process.

Individuals who may not want police involvement in the first instance can make self-referrals during office hours (9.00 am – 5.00 pm). This can include referrals via other services for example GPs, sexual health services and voluntary services.

Telephone: 01293 600469 (answerphone outside office hours)

Email: [info@saturncentre.org](mailto:info@saturncentre.org)

## **Veritas Stalking Advocacy Service**

[Veritas](#) provides advice and support, training and workshops as well as advice on cyber and online safety

Telephone: 01273 234773

Email: [info@veritas-justice.co.uk](mailto:info@veritas-justice.co.uk)

## **RISE**

[RISE](#) is an independent, Brighton-based charity that helps people affected by domestic abuse. They offer practical help ranging from advice to refuge

accommodation for those who are at risk. RISE also offers [translation services](#) on its website.

Their helpline is available Monday evenings 5.00 pm – 7.00 pm and Tuesday and Wednesday mornings 9.30 am – 12.30 pm.

Telephone: 01273 622 822

## **Mankind**

[Mankind](#) offers a confidential helpline for male victims of domestic abuse and sexual abuse across the UK with a local point of contact in Brighton and Hove.

Telephone: 01273 911680

## **Housing**

Within East Sussex the following housing teams can explain housing options, which may include helping victims to stay safe in their own home or helping to find accommodation.

### **Eastbourne Borough Council**

Telephone: 01323 410000 (Customer First Team)

### **Hastings Housing Options Team**

Telephone: 01424 451212

### **Lewes District Council**

Telephone: 01273 471600 (Customer First Team)

### **Rother Housing Options Team**

Telephone: 01424 787999

### **Wealden Housing Options Team**

Telephone: 01323 443501 or 01323 443362

## **National services**

### **National Centre for Domestic Violence (NCDV)**

Service for survivors of domestic abuse who are seeking an injunction.

Telephone: 0800 9702070

Email: [office@ncdv.org.uk](mailto:office@ncdv.org.uk)

Website: [www.ncdv.org.uk](http://www.ncdv.org.uk)

## **Victim Support**

[Victim Support](#) provides free and confidential support 24 hours a day, seven days a week for people affected by crime and traumatic events.

Telephone: 0808 1689 111

## **Home Office Female Genital Mutilation (FGM) Unit**

The FGM Unit provides outreach support to local areas to support them in developing their response to fighting FGM.

Email: [fgmenquiries@homeoffice.gsi.gov.uk](mailto:fgmenquiries@homeoffice.gsi.gov.uk)

## **Forced Marriage Unit**

The Forced Marriage Unit offers information and support to those who fear they will be forced into marriage, and can talk with them about their options.

Telephone: 0207 0080151

Email: [fmufco.gov.uk](mailto:fmufco.gov.uk)

## **Karma Nirvana**

[Karma Nirvana](#) offers support through a helpline and direct support for victims of honour-based violence and forced marriage.

Telephone: 0800 5999247

Email: [info@karmanirvana.org.uk](mailto:info@karmanirvana.org.uk)

## **Daisy Chain Project**

The [Daisy Chain Project](#) provides legal advice and education on domestic abuse for people who do not qualify for legal aid. This includes advice, support, and representation on matters including emergency ex-partner injunctions, non-molestation orders, child contact and divorce in domestic abuse situations.

Telephone: 01903 918764

## **Domestic abuse services for older people**

### **Hourglass**

[Hourglass](#) provides a free and confidential helpline for older victims of abuse. The helpline is also available to relatives, friends and professionals.

Telephone: 0808 8088 141

Free text: 078 6005 2906

Email: [helpline@wearehourglass.org](mailto:helpline@wearehourglass.org)

## Domestic abuse services for LGBTQ+ people

### National LGBT Domestic Violence Helpline

A confidential helpline for LGBT victims of domestic abuse which includes:

- **Galop** – a national helpline for LGBTQ+ people who have or are experiencing domestic abuse, and people supporting a survivor.

Telephone: 0800 999 5428

Email: [referrals@galop.org.uk](mailto:referrals@galop.org.uk)

- **Switchboard** – which provides information, support and a referral service for lesbians, gay men, and bisexual people from all backgrounds across the UK.

Telephone: 0300 030 0630

## Domestic abuse services for the Black, Asian and ethnic minority community

### Southall Black Sisters

The [Southall Black Sisters](#) provides specialist advice, information, advocacy, counselling, and self-help support.

Telephone: 0208 5719595

### Sistah Space

[Sistah Space](#) is a community-based, non-profit initiative created to bridge the gap in domestic abuse services for African heritage women and girls. It provides advice and support as well as practical help.

Telephone: 020 7846 8350

Email: [info@sistahspace.org](mailto:info@sistahspace.org)

### IKWRO

[IKWRO](#) provides advice and support to Middle Eastern, North African and Afghan women in the UK who are facing honour-based violence, domestic abuse, forced marriage and FGM.

Telephone: 0207 9206460

## **Nour**

[Nour](#) provides support and advice to the Muslim community on domestic violence. This includes access to legal advisors, counselling, and psychological support.

Email: [info@nour-dv.org.uk](mailto:info@nour-dv.org.uk)

## **Domestic abuse services for refugees and asylum seekers**

### **Refugee Council**

The [Refugee Council](#) provides a range of services for refugees and asylum seekers.

Telephone: 0808 1967272

### **Migrant Help**

[Migrant Help](#) provides support and advice for asylum seekers and refugees.

Telephone: 0808 8010 503

## Appendix 2: Useful resources

[Adult safeguarding and domestic abuse: A guide to support practitioners and managers](#) (Local Government Association and ADASS, 2015)

[Coercive Control \(Research in Practice for Adults\)](#)

[Coercive control statutory guidance](#)

[Domestic Abuse Act statutory guidance](#)

[East Sussex mental capacity multi-agency policy and procedures](#)

[Multi-agency statutory guidance on FGM](#)

[Multi-agency practice guidelines: Handling cases of forced marriage](#) (HM Government, 2014)

[Information sharing guide and protocol](#)

[Resources for MARAC meetings \(SafeLives\)](#)

[Help and advice about domestic abuse \(Safe in East Sussex\)](#)

[SafeLives](#)

[Sussex Safeguarding Adults Policy and Procedures](#)

[Think child, think parent, think family: A guide to parental mental health and child welfare](#) (Social Care Institute for Excellence)

### East Sussex Safeguarding Adults Board learning briefings

- [Domestic abuse](#)
- [Professional curiosity](#)
- [Complex cases](#)
- [Information sharing](#)



## **Appendix 3: Domestic abuse training opportunities**

The East Sussex Adult Social Care Training Team, in partnership with the SAB, provides a range of e-learning and training courses, which are open to staff across SAB partner agencies. Details of training courses are available on the [East Sussex County Council website](#).

For further safeguarding adults training, please refer to your own agency's requirements on what safeguarding training you should attend.