

# Disabled women survivors of domestic abuse, their experiences, and their absence at Multi Agency Risk Assessment Conferences:

Uncovering barriers to effective social work intervention.

# Multi Agency Risk Assessment Conferences

- ▶ Held locally (e.g. Lancaster, Preston, Blackpool).
- ▶ Meet at least once a month sometimes more depending on number of cases.
- ▶ Relevant information is shared by each agency and actions decided (recommended to take approximately 10 minutes). Has to be in the best interests of the individual or society, proportional to risk, information shared only when completely necessary.
- ▶ Identify people at high risk of homicide due to domestic violence.

# MARACs

- ▶ Police-led.
- ▶ sanction and intervene in perpetrators' behaviours.
- ▶ concerned with risk management and public protection.
- ▶ Involve multiple agencies including health, housing, substance use, social care.
- ▶ Referral largely determined by Domestic Abuse, Stalking and Honour Based violence (DASH risk assessment) and professional judgment.

# MARAC positives

- ▶ Evidence suggests a potential to prevent re-victimisation and the murder of women because they enhance a multi-agency response.
- ▶ Participants in an evaluation of MARAC in one city felt that it had increased their engagement with services (McCoy, Butler and Quigg, 2016).

# MARAC difficulties

- ▶ They are closed conferences.
- ▶ The person experiencing the abuse is not allowed to attend, nor is their consent required. The case is then closed and agencies do not review its progress at MARAC so longer term outcomes are not known (McLaughlin, Banks and Bellamy et al, 2014).
- ▶ The process has been described as disempowering (Wilson, 2013). The information discussed is largely restricted to the 'professionals' present.

# MARAC difficulties

- ▶ Survivors heard at MARAC felt alienated by the process in an assessment of the contribution of adult social care to MARAC in a Manchester case study.
- ▶ Across all interviews the theme of control emerged with many service users feeling they were done ‘to’ rather than ‘with’ and that MARAC was not an inclusive process as service users’ wishes and voices got lost”.
- ▶ Early intervention and a longer-term approach addressing issues such as trauma, fall by the wayside especially when funding is limited.

# MARAC difficulties

- ▶ A risk-focused response targets individuals and overlooks the wider social causes of the problem.
- ▶ Survivors considered at highest risk are only offered interventions and support so that allocation of support is consequently uneven.
- ▶ There is no statutory duty to attend MARAC which is a problem when input from agencies is necessary.

# MARAC information relating to disabled people

- ▶ 1 July 2016 and 30 June 2017, Only 5.4%, an increase of 0.4% from the previous year of cases heard at MARAC across the country were disabled (SafeLives, 2017). About 4,500 were women (App. 3b).
- ▶ 2015-2016 after being heard at MARAC 16% of disabled people remained with the abuser (as opposed to 9% of the general population).
- ▶ 50% compared to 58% reported that the abuse had stopped.
- ▶ The poorer outcomes of domestic abuse intervention for disabled people are in keeping with other limited and available research which found that the support offered frequently did not meet the needs of those who were disabled.

# Why are the number of disabled women referred to MARAC low in terms of the general population? – what the research suggests

- ▶ Domestic abuse has been constructed in social work as a children and family issue obscuring the role that adult social work should play.
- ▶ There is a necessity to use local safeguarding protocols and MARAC in tandem. Social workers in adult teams need to be familiar with and competent in using MARAC (Robbins, Banks and McLaughlin et al, 2016). Comprehensive guidelines for practitioners working to safeguard adults experiencing domestic abuse which reference research about the needs of disabled women strongly advocate this approach (Lewis and Williams, 2013, and Pike and Norman, 2017).

## However...

- ▶ Nationally, between 1 October 2016 and 30 September 2017 Adult Social Care were responsible for 0.7% of MARAC referrals (App.3a). Records of attendance at MARAC are not available.
- ▶ The absence of Adult Social Care may partly explain the lack of referrals to MARAC because social workers operating in this area are likely to be working with disabled women living with domestic abuse.
- ▶ Lancaster MARAC statistics for example show that Children's Social Care have made nearly 13.5% times the referrals than adult social care have.

# Why low referrals from adult social care? Disabled women as vulnerable adults?

- ▶ Studies link being disabled or in a care setting with either not believed or the incident was not taken seriously.
- ▶ Cases were dealt with in-house by staff rather than involving other agencies such as the police.
- ▶ The Care Act 2014, replaces the No Secrets Guidance of 2000 and the term vulnerable adult with adults 'at risk of abuse or neglect'. However, the terms vulnerable and vulnerability continue to be used frequently with contested meaning across organisations in relation to adult safeguarding.

# Care Act 2014

- ▶ The Care Act 2014 also makes domestic abuse an adult safeguarding duty and if a woman is being referred to an adult safeguarding board domestic violence protocols, including referrals of 'high risk' cases to MARAC should be followed (Bashall, 2016, Pike and Norman, 2017).
- ▶ **BUT**
- ▶ Safeguarding is a statutory requirement, although MARAC involvement and attendance is not.
- ▶ Are disabled women being referred to an adult safeguarding board only or the matter being dealt with in-house in a social care setting instead of being referred to MARAC?

## Gender-based violence not vulnerability

- ▶ There needs to be greater awareness of the different forms domestic abuse takes against disabled women and an awareness of the MARAC process amongst adult social workers and related services.

# Domestic Abuse Stalking Honour Based Violence (DASH) Risk Assessment

- ▶ A low DASH risk assessment score may not adequately reflect disabled women's abuse because questions do not specifically refer to the use of impairments against a woman, withholding aids, under and over medicating and withholding so called care.
- ▶ Those supporting disabled women need to be aware of these issues and include related questions in their assessments.
- ▶ Information relating to how a woman is disabled should be presented on the MARAC referral form prior to the meeting, so that her individual communication, access and support needs are understood and agencies can source appropriate support to allocate at MARAC before the meeting.

# Recommendations

- ▶ More research.
- ▶ More inclusive, less disempowering process.
- ▶ Long term provision not just risk-driven short term interventions.
- ▶ Need to recognise the different forms abuse takes especially when the role is carer.
- ▶ Increased multi-agency working between specialist domestic abuse services, disabled services, adult social care and the police.
- ▶ Disabled women are gendered beings.
- ▶ Domestic abuse is gender-based violence.