

DOMESTIC ABUSE BEST PRACTICE GUIDE



UNDERSTANDING AND RESPONDING TO ADULT FAMILY VIOLENCE

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INTRODUCTION

This guide will help you to

- Learn more about adult family violence as a subtype of domestic abuse.
- Learn how to identify precursors to adult family violence and assessing the risk to the whole family.
- Learn more about the link between adult family violence and adult safeguarding.
- Learn how to support victims of adult family violence.

HOW DOES ADULT FAMILY VIOLENCE RELATE TO THE DOMESTIC ABUSE ACT 2021?

Adult family violence is a form of domestic abuse as defined in the Domestic Abuse Act 2021. In the Act domestic abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those **aged 16 or over** who are or **personally connected** to each other. The two people are “personally connected” due to being relatives.

As defined in the act, behaviour is “abusive” if it consists of any of the following—

- a. physical or sexual abuse;
- b. violent or threatening behaviour;
- c. controlling or coercive behaviour;
- d. economic abuse;
- e. psychological, emotional or other abuse;

Reminder!

Under the Domestic Abuse Act 2021, children in a household with domestic abuse are recognised as victims. They do not have to have been subject to violence directly. If a child under 16 is being abusive to a parent this is known as CAPVA.

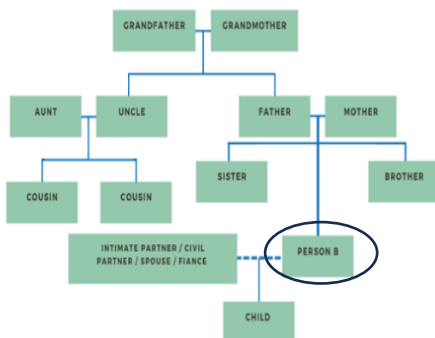
WHY IS IT IMPORTANT TO UNDERSTAND ADULT FAMILY VIOLENCE?

Reflection points:

What indicators might present for the different types of abuse?

How might protected characteristics (e.g. age, gender identity, sex, religion, ethnicity, disability) impact this?

Often, when domestic abuse is considered, the focus is on abuse between intimate partners, and abuse between family members gets overshadowed. This can lead to instances of adult family violence being missed, miscategorised, or dismissed by professionals and risk to the whole family not being fully considered.



Given the wide range of people potentially impacted by adult family violence it is important to be mindful of who would fall under the definition of personally connected.

Any of the people on this family tree would qualify as being personally connected to Person B, making any abusive behaviour between them domestic abuse. Abuse towards in-laws (whether by common law or marriage) is also domestic abuse.

WHAT DO WE KNOW ABOUT THE SCALE AND NATURE OF ADULT FAMILY VIOLENCE?

Much of what is known about domestic abuse is based on intimate partner abuse, therefore many of the tools and guidance created focus on this. This means that cases of adult family violence may be missed, dismissed, or have minimised risk.

Adult family violence prevalence, as a subtype of domestic abuse, is largely unknown. One way in which we can get an idea of the scale of AFV is analysing reviews conducted when a death occurs due to domestic violence. These reviews are a statutory requirement¹ known as Domestic Homicide Reviews (DHRs) and are co-ordinated by Sheffield City Council's Domestic Abuse Coordination Team in Sheffield.

- A national Home Office analysis of DHRs conducted between October 2019 and September 2020 found that 27% of the 113 DHRs applicable recorded a familial relationship between victim and perpetrator.²
- The National Policing Vulnerability Knowledge and Practice Programme (VKPP) found that between 23rd March 2020 and 31st March 2021, there were 184 recorded deaths which were domestic homicides and suspected victim suicides. 40 of these deaths (21.7%) were adult family homicides.

It is important to note that these numbers only reflect known cases, and in the case of domestic homicides only those that have escalated to the point of homicide.

The dynamics of adult family violence and demographics of victims and perpetrators have differences from cases of intimate partner violence. Research analysing AFV domestic homicides has found that³:

- Victims are more likely to be older (60+), and perpetrators are more likely to be younger.
- The most common relationship type between victim and perpetrator was parental, with the child being the perpetrator. (72.7%).
- Men are much more likely to be perpetrators (90%).
- Women are slightly more likely to be victims (56.1%).

Research has also indicated that there are five interlinked precursors to AFV⁴:

- 1. Mental health and/or substance misuse issues-** 39.4% of perpetrators reported mental health issues together with substance misuse problems.
- 2. Criminal behaviour-** 48.5% of perpetrators had a history of criminal offences related to DVA.
- 3. Childhood trauma-** 57.6% of perpetrators had experienced childhood trauma.
- 4. Financial issues-** 72.2% of perpetrators were unemployed, and 69.7% had housing needs.
- 5. Dynamics of care-** 45.5% of relationships were relationships where either the perpetrator or victim was caring for the other.

Sheffield Carers Centre Definition of a Carer:

A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.

¹ [Domestic homicide reviews: statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/domestic-homicide-reviews-statutory-guidance)

² [Analysis of domestic homicide reviews - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/analysis-of-domestic-homicide-reviews)

³ [Bracewell, K., Jones, C., Haines-Delmont, A., Craig, E., Duxbury, J., & Chantler, K. \(2022\). Beyond intimate partner relationships: utilising domestic homicide reviews to prevent adult family domestic homicide. *Journal of Gender-Based Violence*, 6\(3\), 535-550.](#)

⁴ [Bracewell, K., Jones, C., Haines-Delmont, A., Craig, E., Duxbury, J., & Chantler, K. \(2022\). Beyond intimate partner relationships: utilising domestic homicide reviews to prevent adult family domestic homicide. *Journal of Gender-Based Violence*, 6\(3\), 535-550.](#)

Reflection points:

How might family composition impact the risk of adult family dynamics?

What other factors and complexities might present in cases of adult family violence?

Sheffield Prevalence:

Data from IDAS, the commissioned provider of domestic abuse support shows the following picture of AFV in Sheffield. It should be noted that these are only known cases, so the true extent of AFV is likely to be higher.

Data is for 2022/23 and covers **697 victims** who were victims of domestic abuse perpetrated by a family member (not including partners):

- **20% of victims are male**, in comparison to 12% for the whole service
- **34% of perpetrators are female**, in comparison to 14% for the whole service
- **43% of victims have children**, across the whole service 62% of victims have children.
- **32% of victims are BAMER**, 26% for the whole service
- **46% of victims are over the age of 40** in comparison to 32% for the whole service.
- **16% over the age of 60** in comparison to 6% for the whole service.
- **Average age is 41** in comparison to 37 for the whole service.
- **6% of victims are LGB** in comparison to 4% for the whole service.
- **47% have a disability** compared to 42% for the whole service
- **13% have more than one perpetrator** in comparison to 25% for the whole service.
- **27% live with the perpetrator** in comparison to 21% for the whole service

Factors that might impact identification of adult family violence:

- Victim may feel a sense of protectiveness or responsibility for their relative.
- Victim may not want to criminalise the family members behaviour.
- Victim may fear wider repercussions from the perpetrator or systems such as immigration and social services.
- Victim may not identify the behaviour as 'abusive' or see themselves as a 'victim'.
- Victim may have a fear around disclosing due to lack of trust in agencies.
- Perpetrator behaviour may be normalised and minimised within the family dynamic.

LEARNING FROM SHEFFIELD- ADULT FAMILY VIOLENCE

As of April 2023, 10 Domestic Homicide Reviews or Serious Incident Reviews completed by Sheffield DACT were cases of AFV. Selected cases are briefly outlined below.

Serious Incident Review Adult 10:

- A woman in her 50s (Adult 10) stabbed by her father (Adult 10F), with whom she was sharing a home alongside her husband. Her husband was a perpetrator of domestic abuse towards her. Adult 10F had complex health needs including Alzheimer's disease, and Adult 10 had a history of mental health and substance misuse issues. Her sister was the registered carer at the time of the incident.

Known precursors: mental health/substance misuse issues, dynamics of care.

Domestic Homicide Review Adult T:

- A man (Adult T) was murdered by his brother. There had been eleven recorded incidents by the police which involved Adult T and his brother in the years leading up to the death of Adult T. Both brothers had a history containing adverse childhood experiences, both were alleged perpetrators of domestic abuse to intimate partners, and both had irregular engagement with services.

Known precursors: criminal behaviour, childhood trauma, mental health/substance misuse issues.

Serious Incident Review Adult 8:

- A 66-year-old woman (Adult 8) was seriously injured in a domestic abuse incident perpetrated by her adult son, who was experiencing a psychotic episode. He had attacked her four months previously, was furloughed from work and had a history of mental health and substance misuse issues.

Known precursors: mental health/substance misuse issues, dynamics of care, financial issues.

Domestic Homicide Review Adult F:

- A woman in her 90s (Adult F) was found dead whilst her daughter had been caring for her on a short-term basis after a fall. Her daughter had a history of mental illness and Adult F was resistant to outside help which led to her daughter feeling increasingly stressed. You can read the full learning brief [here](#).

Known precursors: mental health issues, dynamics of care.

BEST PRACTICE

- **Be professionally curious and approach the issue with sensitivity.**

Victim/survivors may not be ready to identify their relative as a perpetrator for a range of reasons as outline earlier. Ensure that you take a trauma-informed approach, listen to them, and ask questions where appropriate that may shed light on their concerns and family dynamics.

Reflection points:

Have you had training on trauma-informed approaches? If not check out the training available to Sheffield professionals by IDAS, and Sheffield Adult Safeguarding Partnership.

- **Take a holistic, whole family approach, to risk assessment and management.**

Consider the risk to the whole family when conducting a risk assessment and deciding steps to manage risk. This could look like; considering whether individuals with a history of violence should be housed with family members, completing carers need assessment, contacting and sharing information with other agencies, and building a better understanding of risk. Consider if anything disclosed would meet the criteria for a safeguarding adults referral.

- **Support safety planning and signpost.**

All agencies can provide safety planning support to the victim/survivor and signpost them to further support, regardless of whether you are able to complete a full Domestic Abuse Stalking Harassment (DASH) risk assessment or whether they have been referred to specialist support. Supporting their wider concerns may help provide further opportunities for engagement and reduce the risk to the wider family.

RESPONDING TO ADULT FAMILY VIOLENCE

1. **If abuse is disclosed, complete the DASH risk assessment, and refer to MARAC if the risk is classed as HIGH.**
2. **Consider your duties under the Care Act 2014 and make a safeguarding adult's referral if needed. Further guidance from Sheffield Adult Safeguarding Partnership can be found [here](#).**
3. **If a child present, consider the Sheffield Threshold of Need and Early Help Assessments in this context. [Sheffield Children Safeguarding Partnership - Early Help, the Early Help Assessment & Thresholds of Need \(safeguardingsheffieldchildren.org\)](#), [Sheffield Children Safeguarding Partnership - Referring a safeguarding concern to Children's Social Care \(safeguardingsheffieldchildren.org\)](#)**
4. **Create a safety plan, considering the risk to the whole family, and offer a referral into the local domestic abuse support service (IDAS).** IDAS have complex needs DVAs specifically to work with women who have additional vulnerabilities. Encourage her to engage with this support and offer a 'soft referral'. Contact the helpline while they are with you, offer a joint meeting. Where support is declined, offer again, and give them the IDAS helpline telephone number to call.
5. **Help the victim to seek support for their individual needs.** These may include making onward referrals to mental health services, substance misuse services, Sheffield Carer's Centre and housing services and supporting them to access these services.

If you need professional domestic abuse support and advice contact Sheffield Domestic Abuse Helpline 0808 808 2241 www.idas.org.uk

MORE INFORMATION?

Attend a training session on violent resistance by IDAS. Go to <https://courses.idas.org.uk/> for dates or enquire about a group session for your team.