

1 Background

AC is a woman who had been subject to extreme domestic violence and financial abuse over many years from her husband. Her sister (DE) was previously known to safeguarding, following DE's death, a Management Review identified concerns about domestic violence in the household but did not establish any link to her death.

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AC had considered leaving her husband and alternative accommodation was arranged. However she later declined and was reluctant to progress referrals or participate in the safeguarding process for fear of reprisals from her husband if he were to lose access to benefits she was claiming.

3

Partnership Working and a Personalised Approach

Further concerns were raised in 2017 regarding high levels of control and violence within the home. Issues identified included benefit claims being made for a member of the household, which appeared to replace the level of benefits being paid to DE prior to her death. The Safeguarding Adult Team facilitated multiagency Safeguarding Enquiry (Care Act Section 42) meetings over many months and undertook substantial work with partner agencies (including health organisations, Police, Wearside Women in Need and Gentoo).

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Key Learning

This case demonstrates how highly complex serious cases can be managed, where the need to listen to the victim's preferences and Making Safeguarding Personal is key to achieving the best outcomes possible for the Adult at Risk. Further information regarding domestic abuse can be found in [SSAB's Multi-Agency Safeguarding Adults Procedures](#).

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Outcome

No further safeguarding concerns have been raised about AC, partner agencies maintain a discreet covert relationship to monitor her health and wellbeing and provide support should she wish to seek further assistance.

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Covert 'safe' meeting environments were established for AC in her GP practice and at routine hospital appointments; supplemented by police surveillance of the perpetrator and disruption activities.

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Consideration was also given to a Victimless Prosecution (can be used to prosecute alleged perpetrators without the victim's co-operation), evidence to support this was provided by the GP and other agencies.

