

DOMESTIC ABUSE POLICY

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DOCUMENT CONTROL

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Amendments Inclusion of coercion and control legislative changes and Clare's Law information Inclusion of honour based violence, forced marriages, sexual exploitation and female genital mutilation as sub-categories of domestic abuse Updated terminology currently in use Moved Health visitor, School Nurse, SWISH and MIU specific guidance into separate procedural guidance documents Extended guidance for managers when staff are experiencing domestic abuse and moved into separate procedural guidance Updated Sompar Domestic abuse referral pathway and MARAC responsibilities			
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DOMESTIC ABUSE

1. INTRODUCTION

- 1.1 Domestic violence and abuse against anyone is unacceptable. Health Services are involved because of the impact of domestic abuse on patients, families and individuals including children. Domestic abuse has a major impact on the mental health and physical health of victims regardless of gender.

'Violence and abuse can lead to an increased risk of poor mental health, injuries, chronic physical conditions, unwanted and complicated pregnancy, sexually transmitted infections and substance misuse, and the effects can last a lifetime and into subsequent generations.' (DOH 2010).

- 1.2 This policy has been written to support Trust staff in their identification and assessment of the impact, of domestic abuse, and to clarify Trust expectations around their responses to victims, perpetrators and their families.
- 1.3 Any member of Trust staff may identify a victim of domestic abuse and be required to take actions to assess the victim, and provide or refer to, support services for them. Responding to and supporting victims of domestic violence/ abuse is key to protecting them and stopping the violence. Legislation is in place to bring perpetrators to justice, through the Domestic Violence Crime and Victims Act 2004. The new definition of domestic violence and abuse now states: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:
- psychological
 - physical
 - sexual
 - financial
 - emotional
- 1.4 **Controlling behaviour is:**
A range of acts 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.
- 1.5 **Coercive behaviour is**
An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
- 1.6 This definition, implemented in 2013, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group (Home Office 14.02.2013). See appendix A for further information on these forms of abuse.
- 1.7 The Serious Crime Act 2015 creates a new offence of controlling or coercive behaviour in intimate or familial relationships (section 76). The new offence closes a gap in the law around patterns of controlling or coercive behaviour in an ongoing

relationship between intimate partners or family members. The offence carries a maximum sentence of 5 years' imprisonment, a fine or both.

1.8 Professionals working in the health and related services need to understand that domestic violence and abuse is not only perpetrated against women, men can also be the victims of domestic violence and abuse. Domestic abuse spans all socio economic, ethnic, religious, and age populations and no particular group is considered more vulnerable, (WHO, 2010).

1.9 Information relation to domestic abuse, mental health and substance misuse can be found in Appendix B.

1.10 Domestic Violence and Safeguarding Children

Working Together 2013 requires staff to be alert to the strong links between adult domestic violence and abuse, substance misuse and child abuse, and recognise when a child is in need of help, services or at potential risk of suffering significant harm.

1.11 Children may suffer both directly and indirectly in households where there is domestic violence and abuse. From 31st January 2005 section 120 of the Adoption and Children Act 2002 was amended to include 'harm caused by the witnessing of abuse or ill treatment of another'.

1.12 Service users and /or staff may be victims of or perpetrators of domestic abuse. Hearing or seeing the ill treatment of another constitutes harm. Therefore a referral should be made to Local Authority Children and Young People's Services if a child lives in a household where domestic violence is believed to be a factor which may lead to them being in need of support or protection.

1.13 Unborn children are at risk as research (Sterne and Poole 2010) indicates that violence towards women increases both in severity and frequency during pregnancy often involving punches or kicks directed at the women's abdomen. Once born the impact on the mother - child attachment process may be affected, as well as the child's capacity to develop normal responses to stressful situations. This can result in a fractious baby and place both mother and child at further risk from their abuser Domestic violence during pregnancy puts a pregnant woman and her unborn child in danger. It increases the risk of miscarriage, infection, premature birth, low birth weight, foetal injury and foetal death.

1.14 The risk of domestic abuse increases during pregnancy

1. over a third of domestic violence/abuse starts or gets worse during pregnancy
2. one midwife in five knows that at least one of her expectant mothers is a victim of domestic violence
3. a further one in five midwives sees at least one woman a week who she suspects is a victim of domestic abuse.

1.15 **Babies under 12 months old are particularly vulnerable to violence. Where there is domestic violence in families with a child under 12 months old (including an unborn child), even if the child was not present, professionals should make a referral to Children's Social Care if there is any single incident of domestic violence."** (Working Together 2013)

1.16 The Safeguarding Children Policy as well as Named Nurses for Safeguarding

Children in each Locality can be accessed through the SPOC on the Trust Intranet site.

2. PURPOSE AND RATIONALE

- 2.1 The purpose of this policy is to ensure all Trust staff are aware of their responsibilities to identify, risk assess and support victims of domestic abuse and their families (DH, 2010).
- 2.2 This document has been written to ensure all Trust staff, follow safe and effective processes when managing domestic abuse situations.

Current Legislation

- Crime and Disorder Act 1998.
- Domestic Violence Crime and Victims Act 2004 Amendment 2012
- Children Act 1989 and 2004
- Sexual Offences Act 2003
- Female genital Mutilation Act 2003
- Forced marriage Act 2007
- Crime and Security Act 2010
- Protection from Harassment Act 1997 amended by the Protection of freedom Act 2012 to include 2 new offences for stalking.
- Anti - Social Behaviour Crime and Policy Act 2014
- Serious Crime Act 2015

3. POLICY STATEMENT

To ensure Trust staff are aware of the processes in place to adequately identify, risk assess and provide support and advice to victims of Domestic Abuse whether they are clients or staff.

4. DEFINITIONS

- 4.1 **Multi Agency Risk Assessment Conference, (MARAC):** Regular local meetings where information about high risk domestic abuse victims, (those at risk of murder or serious harm), is shared between local agencies. By bringing all agencies together at a MARAC, and ensuring that whenever possible the voice of the victim is represented by the Independent Domestic Violence Advocate, a risk-focused, co-ordinated safety plan can be drawn up to support the victim and any dependant children or adults at risk. See domestic abuse intranet page for information on MARAC and the referral process.
- 4.2 **Independent Domestic Violence Advisor (IDVAs):** identify and assess risk to domestic abuse victims and their families and manage this with the victim, providing the most effective support. Referral to this service requires the victim to be assessed as high risk.
- 4.3 **SafeLives Domestic Abuse, Stalking and 'Honour'-based Violence (DASH) Risk Identification Checklist:** This is a consistent and simple to use tool for practitioners who work with victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in order to manage the risk. See Domestic Abuse intranet page for blank SafeLives form and associated guidance document on how to complete form.

4.4 Domestic Homicide Reviews (DHR): a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:

- a) A person to whom he/ she was related or with whom he/ she was or had been in an intimate personal relationship, or
- b) A member of the same household as himself/ herself, held with a view to identifying the lessons to be learnt from the death.

4.4.1 The Trust has a duty to engage and have regard in the process if called to do so. The Trust must ensure a co-ordinated response and adhere to agreed local authority arrangements. This is supported by the Sompar Safeguarding service which acts as the SPOC for all DHR enquiries led by the LA Safer Somerset Partnership. The Sompar Safeguarding Service also coordinate local actions plans as a result of a DHR and oversight of these LAPs are provided through the Safeguarding Steering Group and Clinical Governance Group.

4.5 Crime and Security Act 2010 Domestic Violence Disclosure Scheme “ Law”:

4.5.1 Right to Ask: an individual can ask the police to check whether a new or existing partner has a violent past. If records show that an individual maybe at risk of domestic abuse from a partner, the police can make a decision to disclose information if it is legal, proportionate and necessary to do so.

4.5.2 Right to Know: This enables an agency to apply for a disclosure if the agency believes an individual is at risk of domestic abuse from their partner. As above this is acted on by police if legal, proportionate and necessary to do so.

4.5.3 Guidance for staff re the Domestic Violence Disclosure Scheme can be found on the Trusts’ Intranet Site under Safeguarding Adults/ Domestic Abuse. Further support is also available from Sompar Safeguarding team.

4.5.4 Please note, the police are the lead agency regarding disclosure and that staff do not give information about a potential perpetrator to the new or potential partners. This is to ensure that disclosure is undertaken safely with a risk assessment and DA support when necessary.

4.6 Domestic Violence Protection Notices and Orders (DVPO’s) or (DVPN’s): DVPO’s were implemented across England and Wales in March 2014. A Domestic Violence Protection Order (DVPO) is an order applied for by the police and made by the Magistrates’ Court. It provides an immediate protection order to enable victims the opportunity to plan their next steps with support from services. It is served against a person who is over 18 years old and is believed to have been violent or has threatened violence (Home Office – Domestic Violence and Abuse Guidance Nov 2013).

5. DUTIES AND RESPONSIBILITIES

5.1 **The Trust Board** has a duty to ensure that it fulfils its statutory responsibilities to safeguard and promote the welfare of children and adults at risk of abuse and exploitation.

- 5.2 **Chief Executive** has the overall accountability for implementing the Policy within Sompar and responsibility to implement in full the duties in respect of Safeguarding Adults and Children, domestic abuse being a composite part of safeguarding.
- 5.3 **The Director of Nursing and Patient Safety** is the Executive Lead for Safeguarding Children and Adults within the Trust.
- 5.4 **The Designated Non-Executive Director** supports the Executive Lead and the safeguarding team in all aspects of the Safeguarding Children and Adults agenda, monitors activity and outcomes and provides additional assurance to the Board in this area.
- 5.5 The **Head of Safeguarding** ensures the implementation of all policies and procedures that are in place to maintain the safety of service users, staff and the public. Also leads the development and implementation of the Domestic Abuse policy and procedure.
- 5.6 **Safeguarding Adults Lead** will provide the following in the context of domestic abuse:
- An expert professional leadership role in relation to Domestic Abuse and Safeguarding Adults.
 - Work at a strategic level across the health and the social care community, fostering and facilitating multi agency working and training in respect of Domestic Abuse and Safeguarding Adults
 - Act as an expert resource on Domestic Abuse and Safeguarding Adult issues, providing accessible, accurate and relevant information to staff within Sompar.
- 5.7 **Named Nurse Safeguarding Children** will provide:
- Advice, support, supervision and guidance on the management of domestic abuse within the context of Safeguarding Children.
 - Work at the strategic level fostering and promoting the response to domestic abuse in relation to Safeguarding Children.
 - Training identifying domestic abuse and the impact on children as part of the Trust Safeguarding Training Strategy
- 5.8 **The Trust's Safeguarding Team** will provide staff and managers with support and advice regarding all domestic abuse issues, with the Safeguarding Children's Team providing support and advice in relation to those involving children and families
- 5.9 **The Trust's Safeguarding Adults at Risk Team** will provide staff and managers with advice and support about all domestic abuse issues, particularly involving vulnerable adults and MARAC processes.
- 5.10 **All staff** must take prompt action to help a child / family in trouble. Taking prompt action may prevent minor abuse escalating into something more serious.
- 5.11 **All Trust staff** must make routine enquiries about the possibility of domestic abuse affecting the families they come into contact with.

6. DOMESTIC ABUSE

6.1 Key Principles

6.1.1 The key principles are underpinned by the DOH publications 'Responding to Domestic Abuse – A Handbook for Health Professionals' and 'Improving safety, Reducing harm-A practical toolkit for frontline practitioners': NICE Public Health Guidance 50, Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively (2014)
guidance.nice.org.uk/ph50

- To ensure the safety of those abused and that of dependent children.
- To enable the healthcare professional to supply those abused with the appropriate information concerning other agencies providing support services.
- Create a healthcare environment where the abused can talk about their experience in a safe and confidential environment.
- Ensure that staff have the ability to receive disclosures of abuse and respond to such disclosures in a supportive, reassuring and appropriate manner.
- To ensure staff respond effectively to ensure compliance with the wider multiagency response to domestic abuse.
- To establish appropriate referral pathways and support for staff subjected to domestic abuse.

6.1.2 Any actions undertaken by staff in respect of domestic abuse will only be undertaken with the consent of the service user unless the risk assessment identifies that there is a significant risk or a child's health and well-being, or the capacity of the individual is such that he/she is unable to consent.

6.1.3 Professionals may need to escalate concerns based on their professional judgement following discussion with appropriate specialist professionals. Professional judgement should be used but the welfare of the child and the adult should be paramount (please refer to the Trust Safeguarding Adults and Safeguarding Children Policies, Information Sharing policy).

6.2 Routine enquiry and SafeLives Risk Assessment

6.2.1 The question about domestic abuse will be asked routinely if safe to do so, (both for the client and the staff member) as part of clinical assessment. The outcome of this question will be documented as part of the patient/ client record. Staff will listen and be non-judgemental. If a disclosure of domestic abuse is made the clinician will complete the SafeLives DASH risk assessment tool **ELECTRONICALLY** and make record on Rio summary of details particularly of time, dates and persons present of/at incident/s. Alerts and risk screening / information should also be updated by the clinician at this time.

6.2.2 **Outcome of DASH assessment** (please refer to flowchart available on the Domestic abuse intranet pages):

6.2.3 **High Risk = Score 14 +** (There are identifiable indicators of risk of imminent serious harm. The potential event could happen at any time and the impact would be serious. Risk of serious harm (Home Office 2002 and OASys 2006):

‘A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible’.

If the client is assessed as being at high risk because of domestic abuse, the clinician must complete the MARAC referral form and email both the referral form and the DASH to the Sompar Safeguarding Adults Service utilising the SPOC email: safeguardingadultsteam@sompar.nhs.uk for review and onward referral via secure email to the MARAC Co-ordinator and Somerset Integrated Domestic Abuse Service (SIDAS).

6.2.4 Professional Judgement

If risk score does not meet the threshold (10 or above) for referral into SIDAS, or the threshold for MARAC (14+) a referral can be made on professional judgement in both of these cases providing there is evidence to support this decision. Please discuss with Sompar Safeguarding Team if in doubt.

6.2.5 Medium Risk = Score 10-13 (There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, and drug or alcohol misuse).

6.2.6 The clinician should discuss with the client the potential for increased risk, because of escalating behaviours by the perpetrator. The clinician should seek consent from the client to enable sharing of this information with support agencies. Where children feature or a vulnerable adult is present the clinician follows the relevant safeguarding procedures (Sompar Safeguarding Children and Adult policies and relevant local authority safeguarding procedures).

6.2.7 If the client is assessed as being at medium risk because of domestic abuse, the clinician must complete the SIDAS (Somerset Integrated Domestic Abuse Service) referral form and email both the referral form and the DASH to the Sompar Safeguarding Service for review and onward referral via secure email. The clinician may also advise person of wider support that is available and that you are able to facilitate access to that support (supply leaflets, contact numbers or assist in making contact).

6.2.8 Further support and case discussion should be accessed through the Safeguarding Team (including Named Nurses/ Safeguarding Adult Leads/ Line Manager).

6.2.9 **Standard Risk – 9 Or below- sign post to support agencies for domestic abuse i.e. Women’s Aid**

Advise the victim of the wider support that is available and that you are able to facilitate access to that support.(supply leaflets, contact numbers or assist in making contact). Ensure that the provision of this information does not place the victim at further risk and that opportunities are available for self-referral. Seek consent to inform third party agency.

6.3 Support Services

Somerset Survivors – Somerset Domestic Abuse Freephone Helpline 0800 69 49 999. A Confidential Advice Service available over the telephone. General enquiries email: heretohelp@knightstone.co.uk

6.3.1 NATIONAL HELPLINES

Domestic Violence Tel: 0800 1974687

Male Victims of Domestic Violence: Tel: 01823 334224

LBGT - national LBGT Domestic Violence helpline (Lesbian gay bisexual and transgender) 0300 999 5428 www.brokenrainbow.org.uk

6.4 Safety Planning

6.4.1 Following the completion of a DASH risk assessment, professionals can help minimise the risk of future domestic abuse incidents by helping victims consider and develop a personal safety plan. This helps increase the safety of the victim within the relationship or if the victim decides to leave which is clearly evidenced as a high risk point for victims of domestic abuse.

6.4.2 Please refer to checklist on safety planning on the Trust intranet site within the domestic abuse guidance folder under safeguarding adults and safeguarding children.

6.4.3 Additional procedural guidance is available for the following specific services: Health Visitors, School Nurses, SWISH and MIUs and can be accessed on the Trust Domestic abuse intranet pages. Appendix C and D contain routine enquiry guidance and next steps relevant to Health Visitors.

6.5 Documentation Processes Specific to MARAC

6.5.1 MARAC representatives are responsible for communicating the relevant information to and from professionals involved with the families and children.

6.5.2 MARAC representatives will review the addition of MARAC Minutes and relevant alerts to the professional records for each member of the family.

6.5.3 Health professionals will update the relevant professional records with the progress note and alerts, denoting entries with the significant event flag.

6.5.4 Health professionals will need to consider communicating the Domestic Abuse and MARAC information to other professionals in the Trust, who have some involvement with the family, such as Integrated Therapy Services. Electronic records which are shared between services but which are accessed infrequently are not adequate communication. An email between involved professionals is an appropriate means of communication to alert colleagues to an entry about domestic abuse on the family record.

6.6 Managing Domestic Abuse in relation to Somerset Partnership employees

6.6.1 Employees who are victims or perpetrators of domestic abuse should receive services appropriate to their circumstances and assessments of risk. Line managers must be informed and will manage these situations in the first instance with support from Human Resources.

- 6.6.2 Safeguards are in place to consider risks to recipients of Trust services from either victim or perpetrator who are employed by the Trust.
- 6.6.3 Referral to the Local Authority Designated Officer, (LADO), may be required to risk assess the impact of the domestic abuse on the organisation and to manage the employment issues.
- 6.6.4 Documentation and service delivery for the victim and perpetrator and any involved children will be managed so that due protection of the privacy of the family is maintained, while ensuring appropriate agency involvement is assured and all vulnerable victims are safeguarded.
- 6.6.5 Details of specific cases will be agreed with the LADO and follow agency arrangements to manage information so it remains secure to essential and involved staff only.
- 6.6.6 Please see additional guidance document on Domestic abuse intranet page for further information on how to support employees who may be experiencing domestic abuse.

7. MONITORING COMPLIANCE AND EFFECTIVENESS

Monitoring	How	Who by	Reported to	Frequency
Raise the question re domestic abuse as part of assessments	Safeguarding Adult Record Keeping Audit Safeguarding Children Record Keeping Audit	Safeguarding Team	Safeguarding Forum on an annual basis	Annually
Meeting the agreed standard for training attendance for domestic abuse	Attendance at induction, level 2 and level 3 Training	Learning and Development team, with support from Safeguarding team	Safeguarding Forum	Annually
Increase in Referrals to MARAC from RDASH Clinicians	Information received from the MARAC for each Locality	Safeguarding team	Safeguarding Forum	Annually

- 7.1 The effectiveness of this policy is subject to scrutiny and review by the Local Safeguarding Children Board (LSCB), Somerset Safeguarding Adults Board (SSAB), Local Authority Safer Somerset Partnership and the Trust's Safeguarding Steering Group.

- 7.2 The Trust regularly reviews its safeguarding arrangements. The Director of Nursing and Patient Safety is accountable for ensuring Trust compliance against the South West Child Protection procedures.
- 7.3 The Safeguarding Adults Lead, Named Nurse and Named Doctor are responsible for ensuring any recommended changes are implemented.
- 7.4 All Trust staff should be aware of this policy. It is referred to in Safeguarding training session at all levels. The Safeguarding Adults Lead and Named Nurse will facilitate regular audits to ensure staff are aware and are following the policy and to assess whether there are any barriers in place which prevents or discourages staff from using it.
- 7.5 Where there is evidence that a staff member has not followed the correct domestic abuse procedure properly, the named professionals will follow this up accordingly and where appropriate use the DATIX reporting system. This will be reported to the **Trust Safeguarding Steering Group** where appropriate actions will be recommended and monitored. Any high scoring risks will placed on the appropriate Risk Register and monitored until the risk is reduced.
- 7.6 Trust staff also have access to the Trust Intranet Safeguarding pages which include MARAC information and relevant referral forms.

7.7 Monitoring arrangements for compliance and effectiveness

- Trust Safeguarding Steering Group

7.8 Responsibilities for conducting the monitoring

The Safeguarding Adults Lead and the Named Nurse will lead internal audit/monitoring processes to ensure compliance with this policy and related guidance.

7.9 Methodology to be used for monitoring

- random sampling of staff and by questionnaire
- internal audits/monitoring
- external auditor investigations and reports
- complaints monitoring
- DATIX incident reporting and monitoring
- clinical effectiveness monitoring

7.10 Frequency of monitoring

The Safeguarding Adults Lead and Named Nurse will provide six monthly update reports to the Trust Board to reflect progress on the above measures.

7.11 Process for reviewing results and ensuring improvements in performance occur

Audit results will be presented to the **Trust Safeguarding Steering Group** for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This Group will be responsible for ensuring improvements, where necessary, are implemented and actions monitored.

8. TRAINING REQUIREMENTS

- 8.1 The Trust will work towards all staff being appropriately trained. Domestic abuse identification and management is referenced in all level of Trust Safeguarding training including Trust corporate induction training for new starters. The Trust Safeguarding Team also provides specific domestic abuse training modules at level 3 which can be accessed via the Trust Training and Development team.
- 8.2 The Somerset Safeguarding Children Board provides multi agency domestic abuse training which staff may access as part of their mandatory safeguarding children training.
- 8.3 Staff can access training through a number of sources:
- All Trust staff will access level 1 domestic abuse as part of their Safeguarding induction.
 - Level 2 training is incorporated into level 2 Safeguarding Adults Training, which clinical staff need to complete within 6 months of their induction.
 - Alternatively there are specific Domestic Abuse face to face training courses available through the Local Authority
 - Within the Trust the training programme will be delivered by the members of the Safeguarding Team throughout the year. The timetable for this is available on the Learning and Development intranet site
 - Other sources of information, updates and evidence related to Domestic Abuse will be made available through:
 - Safeguarding Adults Policy and associated guidance documents
 - Line manager
 - Other communication methods (e.g. Team Brief/team meetings)
 - Trust intranet pages
 - Training sessions provided through the Trust Safeguarding Service
 - Training sessions provided through the Local Authority Safer Somerset Partnership
 - Local Authority Website

9. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

9.1 References

- Adoption and Children Act, 2002
- Safe-Lives Risk Indicator Checklist version 06.2013
- Children Act 1989
- Children Act 2004, Section 11
- Department of Health, (2013). Domestic violence and abuse – a professional's guide. London: Department of Health
- Department of Health, (2010). *The report from the Task Force on the health aspects of violence against women and children*. London: Department of Health
- Escalation Policy, (Somerset LSCB, 2013)
- NICE CG89 – When to suspect Child Maltreatment

- Macfarlane, A. and Dorkenoo, E. (2015) Prevalence of female genital mutilation in England and Wales: national and local estimates
- Safeguarding Children and Young people: roles and competences for health care staff. Intercollegiate Document, September 2014
- Somerset MARAC Operating Procedures version 06.2013
- The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage (Home Office 2014)
- Working Together to Safeguard Children, (DfES, 2013)
- World Health Organisation, (2010). *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva:World Health Organisation

9.2 Cross Reference to other Procedural Documents:

Clinical Supervision Policy

Confidentiality and Data Protection Policy

Information Governance Policy

Information Security Policy

Learning Development and Mandatory Training Policy

Managing Allegations Against Staff

Managing Historic Allegations of Child Abuse and Neglect Policy

Safeguarding Training Strategy

Record Keeping and Records Management Policy

Risk Management Policy and Procedure

Safeguarding Adults at Risk policy

Safeguarding and Protection of Children Policy

Staff Appraisal and Managerial Supervision Policy

Staff/Service User Relationship and prevention of abuse Policy

Untoward Event Reporting Policy and procedure

Whistle blowing Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

10. APPENDICES

- 10.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

CATEGORY OF DOMESTIC ABUSE

The following are examples of domestic abuse and are not an exhaustive list:

Physical Abuse

Shaking, smacking, punching, pushing, kicking, biting, starving, tying up, stabbing, suffocation, throwing things, using objects as weapons, female genital mutilation, 'honour violence'. Physical effects are often in areas of the body that are covered and hidden (i.e. breasts and abdomen).

Sexual Abuse

Forced sex, sexual exploitation, pressuring an individual to participate in non-consensual sexual activities, sexual insults, stopping a woman from breast feeding, coerced nudity, taking of explicit photos under duress, sexual violence, non-consensual acts during intercourse including strangulation, beating constraint and marking. The perpetrator may refuse to use protection and knowingly expose the victim to risk of infection. Indicators can be, unexplained bleeding from vagina or anus, unexplained genital infections, bruising around the genital area buttocks or thighs. Reluctance to be examined physically, nervous reactions and withdrawal can all be indicators.

Psychological Abuse

Intimidation, insulting, isolating the victim from friends and family, criticising, denying the abuse, treating them as inferior, threatening to harm children or take them away, forced marriage, controlling behaviour including obsessive checking of texts and whereabouts. In the LGBT community, sometimes the threat of 'outing' (threatening to divulge the nature of someone's sexuality to family friends or employers) is used to intimidate individuals.

Financial Abuse

Not letting a victim work, undermining efforts to find work or study, refusing to give money, asking for an explanation of how every penny is spent, making them beg for money, gambling, not paying bills. The victim may have no access to cash or cards and have their accounts or access to money tightly controlled.

Emotional Abuse

Swearing, undermining confidence, making racist remarks, making the victim feel unattractive, calling them stupid or useless, and eroding their independence. Controlling or threatening behaviour. Controlling behavior is a range of acts 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 is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Domestic Abuse Notifications are information-sharing reports generated by the Police following reported incidents of actual or threatened domestic abuse. These are shared with Health and Children's Social Care staff to ensure information is risk-assessed, and support offered in a timely way.

What is honour based violence?

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture
- Honour is the perception of shame that can be the catalyst, and that 'honour' is vague and can be different things to different individuals.

What can honour-based violence include?

Honour-based violence can include:

- Acid attacks
- Assault
- Blood feuds
- Disfigurement
- Domestic abuse
- Dowry - abuse of dowry arrangements
- False imprisonment
- Female genital mutilation
- Forced marriage
- Forced repatriation
- Harassment
- Honor killings (murder)
- Kidnap
- Stalking
- Self-harm, suicide as a result of these issues
- Rape and sexual assault

Forced marriage

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. (This is now legislated as an offense) and is recognized in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

An arranged marriage (not considered abuse) will become 'forced' if either or both parties withdraw consent and are pressured to continue with the marriage.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing

shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

The criminal offences include:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)
- Breaching a Forced Marriage Protection Order is also a criminal offence

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The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage (Home Office 2014) provides further guidance on statutory agencies responsibilities in relation to the identification, reporting and supporting cases of forced marriage.

Involving families in cases of forced marriage may increase the risk of serious harm to an individual. The family may deny that the individual is being forced to marry and they may expedite any travel arrangements and bring forward the wedding.

- Staff should recognise that they should not approach or involve families if forced marriage is suspected
- Staff should understand that family group conferences are not normally appropriate in cases of forced marriage because it will often place the child or young person at greater risk of harm.

Forced marriage is automatically handled as a child protection issue.

- Staff should have appropriate training in order to understand the importance of sharing information with other agencies at the earliest opportunity to safeguard children and young people from significant harm or to prevent a crime being committed.
- Staff should share information promptly when a child or young person is at risk of forced marriage.
- Staff must provide information to the Forced Marriage Unit, this can be done via the Trusts safeguarding service.
- Staff understand the difference between breaking confidence (involving the child or young person's family without consent) and sharing information with consent with other appropriate professionals to prevent the child or young person being at risk of significant harm.
- Recognise the importance and relevance of immediate protection.
- Recognise the risk to other siblings in the household who might also be threatened with, or already in, a forced marriage.
- Understand that under no circumstances is it sufficient to protect a child or young person by removing the alleged perpetrator from the household (as in the significant majority of cases the extended family and wider community are also involved).

- Recognise that placing the child or young person with a family member or member of the same community may place them at risk of significant harm from other family members or individuals acting on the family's behalf.

Female Genital Mutilation

"FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. The practice violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death." --World Health Organization

Female Genital Mutilation (FGM) is child abuse and illegal.

Regulated health and social care professionals and teachers are now required to report cases of FGM in girls under 18s which they identify in the course of their professional work to the police.

This is a personal duty; the professional who identifies FGM / receives the disclosure must make the report.

Within scope of DUTY:

- Girls under 18 who disclose they have had FGM
- Using all accepted terminology: Cut, circumcised, Sunna
- When you see signs/symptoms appearing to show she has had FGM
- If you have no reason to believe it was for the girl's physical or mental health or for purposes connected with labour or birth
- Remember this includes genital piercings and tattoos for non-medical reasons

Within scope of existing Trust safeguarding processes staff should also discuss cases with the Trust safeguarding service where:

- Adult woman (18 and over) has had FGM
- Parent/guardian discloses that child has had FGM
- You believe a girl is at risk of FGM
- You think a girl might have had FGM but she has not disclosed, and you have not seen any signs/symptoms

You should follow Trust safeguarding processes for these cases. You may wish to refer to the DH FGM safeguarding and risk assessment via the Trust Safeguarding intranet pages

DOMESTIC VIOLENCE, ABUSE AND MENTAL HEALTH – FUTURE INFORMATION

- Abused women are at least three times more likely to experience depression or anxiety disorders than other women.
- At least one-third of all female suicide attempts and half of those by Black and ethnic minority women can be attributed to past or current experiences of domestic violence and abuse.
- Women who use mental health services are much more likely to have experienced domestic violence/abuse than women in the general population.
- 70% of women psychiatric in-patients and 80% of those in secure settings have histories of physical or sexual abuse.
- LGBT communities experience on average a rate of suicide or self - injury which is twice that of the heterosexual population.
- Men suffering domestic abuse also suffer an increased risk of depression and anxiety. Men are often reluctant to seek help or admit that they are being abused which increases their isolation.

Domestic Abuse and Substance Misuse

For many victims the way they cope or respond to domestic abuse may manifest itself through the use of alcohol or other drug use. For substance misuse services this may mean that victims will pass through their treatment programmes having suffered/ or suffering from domestic abuse.

The clear message is that substance abuse should never be used to justify or explain the violence/abuse or be an excuse by the perpetrator for the violence / abuse.

Domestic abuse affects victims from all ethnic groups. There is evidence to suggest that some ethnic groups can be more isolated because of language and cultural barriers which can be a barrier to understanding abuse issues and seeking help.

Women's Aid (2010) provided guidance for mental health professionals titled: Principles of Good Practice for working with women experiencing domestic violence. Within this document they evidence that:

Asian women's use and misuse of alcohol is most often associated with other problems, including isolation and marital difficulties (including violence: 42% of clients at one Asian counselling service experienced domestic violence).(Women's Aid 2010)

Similarly, female drug users in all ethnic groups have a high incidence of trauma, and as many as 70% may have experienced domestic violence and abuse.

Incidents of Domestic Abuse

On average 112 women a year are killed by a male partner or former partner, and 22 men are killed by their partner. In the LGBT (lesbian gay bisexual and transgender) community the incidence of violence and homicide is the same roughly of that of the heterosexual community. All domestic abuse laws policies and procedures should be gender neutral and reflect the fact that domestic violence can occur within any intimate relationship. There are sometimes assumptions made

about the LGBT community which means that victims can be isolated and feel unable to seek help.

In any one year, there are nationally 13 million separate incidents of physical violence or threats of violence against women from partners or former partners.

Women are much more likely than men to be the victim of multiple incidents of abuse, and of sexual violence: 32% of women who had ever experienced domestic violence did so four or five (or more) times. Approximately 11% of men who have experienced domestic abuse and 89% of women had experienced 4 or more incidents of domestic violence.

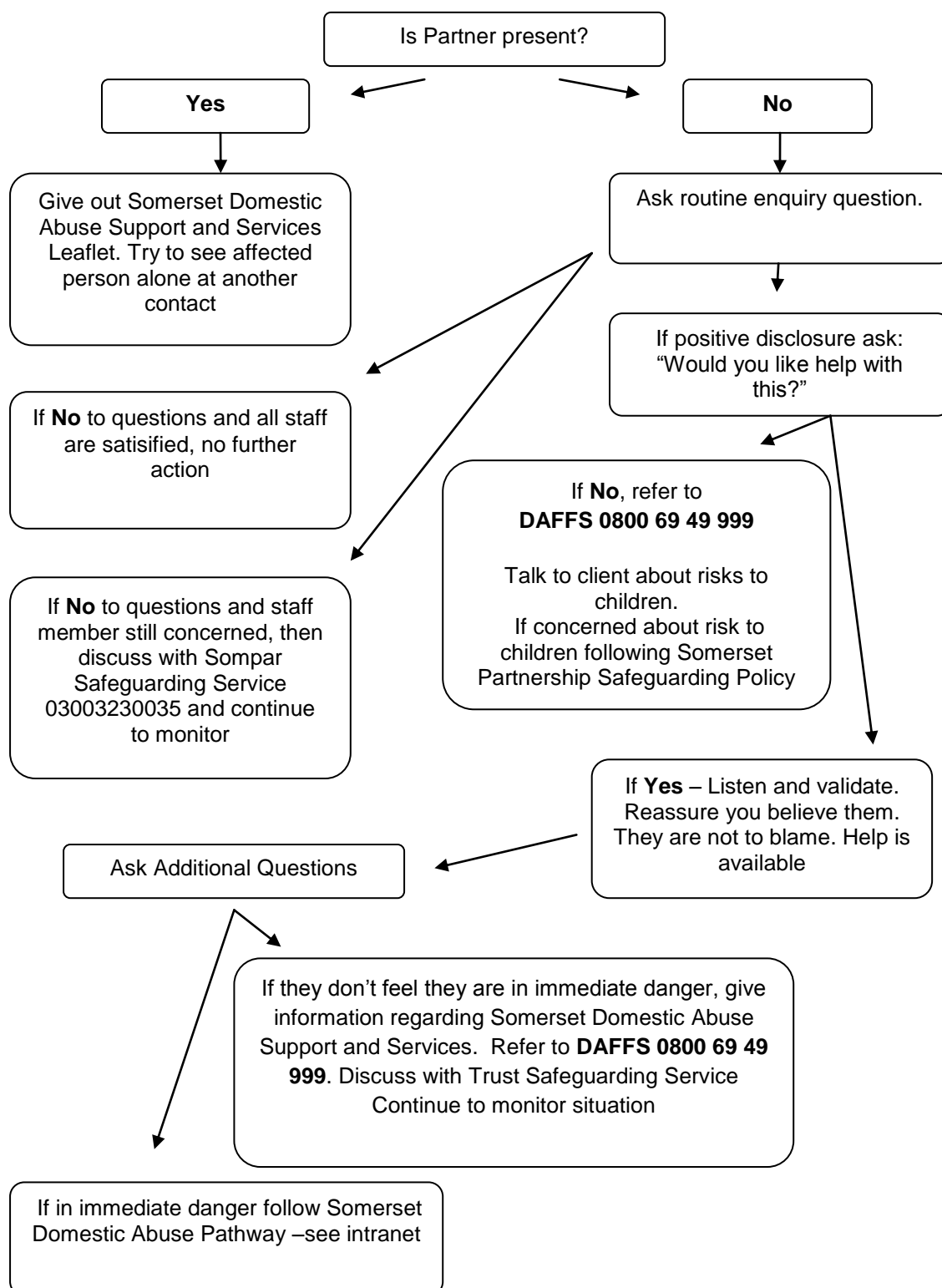
One third of men killed by their intimate partner in a domestic abuse setting were killed by another man.

Older people have similar rates of domestic abuse – this might be ‘old abuse’ from a long standing relationship which has always been abusive or from new relationships formed which result in abusive behaviour. Incidence of domestic abuse in the elderly can increase from age 80 to 89 and levels of violence can be very severe. Elder abuse can encompass many things and sometimes domestic abuse can get lost in the situation. It is important not to make assumptions and keep an open mind about worrying situations in the elderly population.

250,000 people over the age of 66 are at risk of abuse of some kind which could encompass neglect, emotional abuse, physical abuse sexual or financial abuse.

54% of UK rapes are committed by a woman’s current or former partner.

DOMESTIC ABUSE ROUTINE ENQUIRY CARE PATHWAY – INITIAL CONTACT WITH FAMILY



ROUTINE ENQUIRY QUESTIONS

Framing Question:

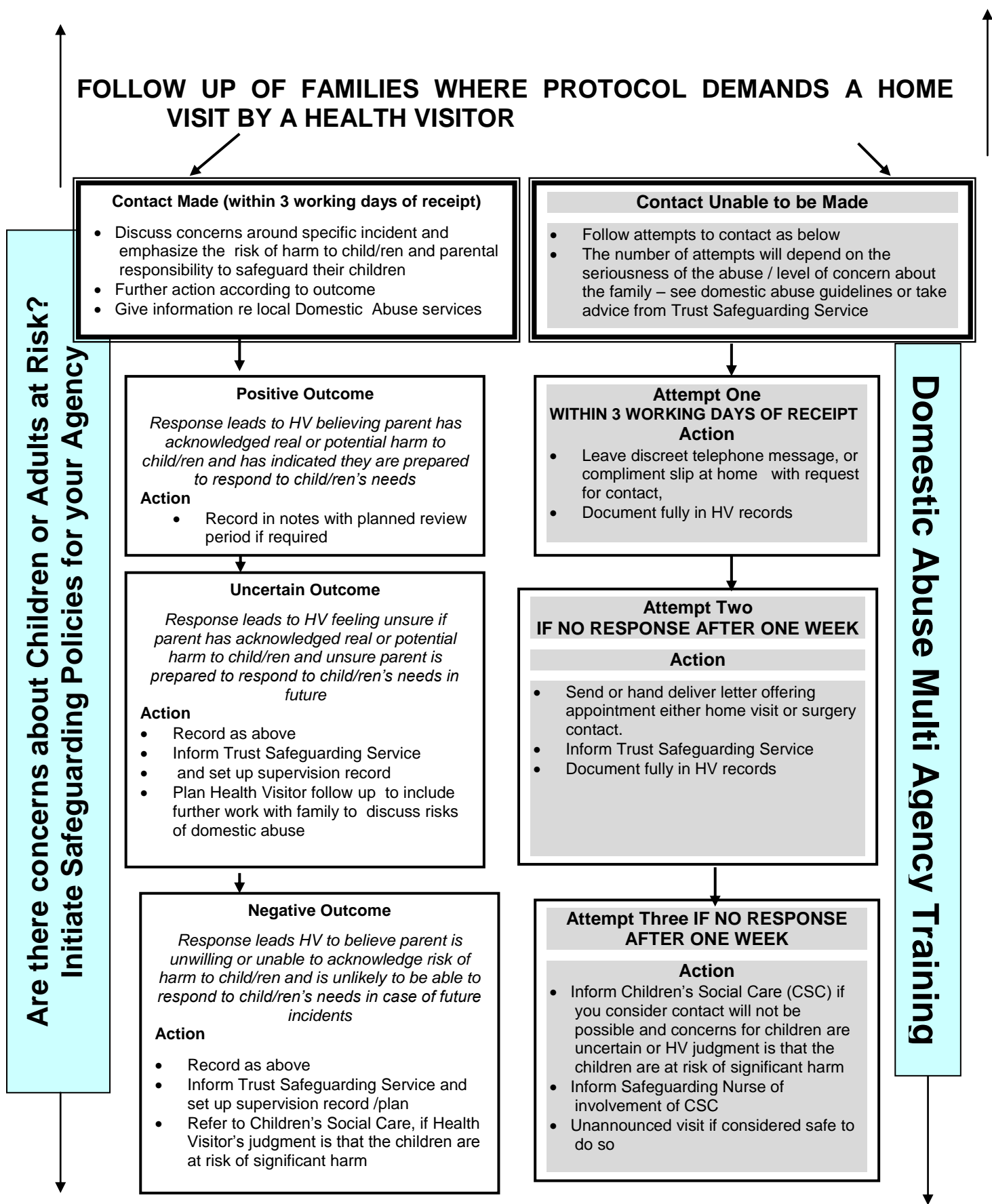
As abuse in the home is so common now, we ask these routine questions:

1. Do you feel safe in your relationship?
2. Is your partner taking care of you?
3. Is your partner supportive?
4. Do you ever feel frightened of your partner or anyone else at home?
5. Have you ever been in a relationship where you have been hit or hurt in some way?
6. Does anyone at home try to control you and put you down?
7. Are you currently in a relationship where this is happening to you?

FURTHER QUESTIONS

1. Is your partner here with you or due back soon?
2. Do you have immediate concerns for you or your children's safety?
3. Do you have a place of safety?

FOLLOW UP OF FAMILIES WHERE PROTOCOL DEMANDS A HOME VISIT BY A HEALTH VISITOR



Contact Made (within 3 working days of receipt)

- Discuss concerns around specific incident and emphasize the risk of harm to child/ren and parental responsibility to safeguard their children
- Further action according to outcome
- Give information re local Domestic Abuse services

Contact Unable to be Made

- Follow attempts to contact as below
- The number of attempts will depend on the seriousness of the abuse / level of concern about the family – see domestic abuse guidelines or take advice from Trust Safeguarding Service

Positive Outcome

Response leads to HV believing parent has acknowledged real or potential harm to child/ren and has indicated they are prepared to respond to child/ren's needs

Action

- Record in notes with planned review period if required

Attempt One

WITHIN 3 WORKING DAYS OF RECEIPT

Action

- Leave discreet telephone message, or compliment slip at home with request for contact,
- Document fully in HV records

Uncertain Outcome

Response leads to HV feeling unsure if parent has acknowledged real or potential harm to child/ren and unsure parent is prepared to respond to child/ren's needs in future

Action

- Record as above
- Inform Trust Safeguarding Service and set up supervision record
- Plan Health Visitor follow up to include further work with family to discuss risks of domestic abuse

Attempt Two

IF NO RESPONSE AFTER ONE WEEK

Action

- Send or hand deliver letter offering appointment either home visit or surgery contact.
- Inform Trust Safeguarding Service
- Document fully in HV records

Negative Outcome

Response leads HV to believe parent is unwilling or unable to acknowledge risk of harm to child/ren and is unlikely to be able to respond to child/ren's needs in case of future incidents

Action

- Record as above
- Inform Trust Safeguarding Service and set up supervision record /plan
- Refer to Children's Social Care, if Health Visitor's judgment is that the children are at risk of significant harm

Attempt Three IF NO RESPONSE AFTER ONE WEEK

Action

- Inform Children's Social Care (CSC) if you consider contact will not be possible and concerns for children are uncertain or HV judgment is that the children are at risk of significant harm
- Inform Safeguarding Nurse of involvement of CSC
- Unannounced visit if considered safe to do so

Are there concerns about Children or Adults at Risk?
Initiate Safeguarding Policies for your Agency

Domestic Abuse Multi Agency Training