

**Domestic Abuse Policy for Managers and Practitioners**

Issue Date	Review Date	Version
March 2017	March 2020	5

**Purpose**

To provide Trust staff with a cohesive policy to use when dealing with:

- Patients and clients experiencing domestic abuse.
- Members of staff who are victims of domestic abuse.
- To ensure sufferers of domestic abuse consistently receive information and support needed.

**Who should read this document?**

**All staff groups**

**Key Messages**

The cross-government definition of domestic violence and abuse is: Any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, emotional, Controlling behaviour or forced marriage.

Independent domestic violence advisers (IDVAs), help keep victims and their children safe. They address immediate safety, empowering victims to protect themselves.

The Multi-Agency Risk Assessment Conferences (MARAC) ensures a co-ordinated multi-agency approach to reduce risk by sharing information and planning to reduce risk.

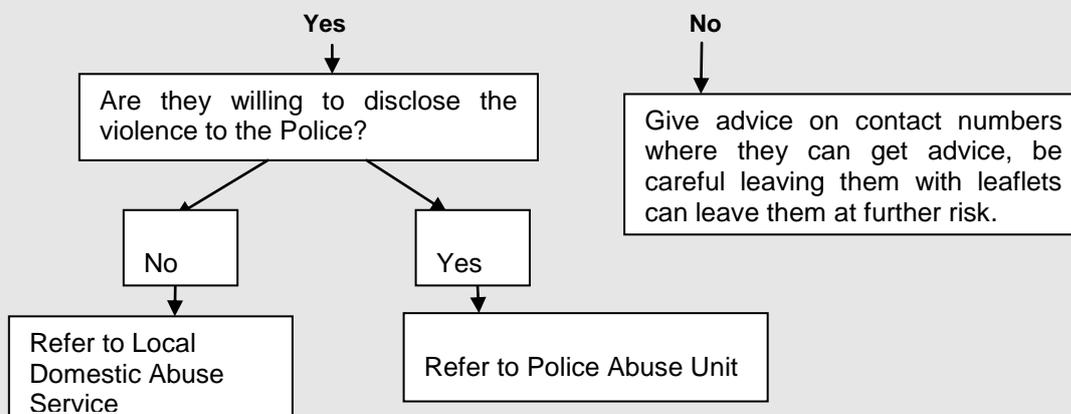
As practitioners we must be alert to the possibility of a relationship being abusive. There is no stereotype of a victim of domestic abuse, the abuse is often minimised. (SWCPP 2015)

A research review published in 2011 (Research in Practice) identifies screening questions that can encourage disclosure of domestic violence.

We need to identify who is in the family and the home, including identifying unknown males. The possible victim should be seen alone wherever possible to allow disclosure.

Risks posed should be clearly recorded and incidents not seen in isolation of other incidents or the wider family picture.

**Is the victim willing to disclose the violence?**



**Always consider the safety of a child and the public. If a child is at risk refer to Children's Social Care. If there is a risk to the public or urgent risk to children contact the police**

Core accountabilities	
Owner	Alison O'Neill Named Nurse Safeguarding Children, Head of Safeguarding
Review	Plymouth Hospitals Safeguarding Committee
Ratification	Safeguarding Steering Group
Dissemination	Trust wide
Compliance	

### Links to other policies and procedures

Management of Stress Standard Operating Procedure (SOP)  
 PHNT Induction Policy  
 PHNT Child Protection Policy  
 PHNT Safeguarding Adults  
 PHNT Policy on Whistle Blowing  
 PHNT Incident Reporting Policy  
 PHNT Risk Assessment Policy and Procedures  
 PHNT Supporting Staff  
 PHNT Safeguarding Supervision Policy

### Version History

1	Nov 2010	Document published
2	Oct 2012	Updated and republished
3	Jan 2013	EIA updated
4	March 2015	Updated and republished

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.**

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## 1 Introduction

This policy sets out the Plymouth Hospitals NHS Trust policy on domestic abuse. It is intended to give advice on the management and support of victims in abusive situations.

It is imperative that we identify Domestic abuse and recognise that it occurs.

We need to recognise the range of presentations that Domestic Abuse may take.

We need to respond sensitively and constructively when we either have subtle concerns, or clear evidence that an individual is experiencing domestic abuse.

The individual who makes a disclosure of abuse requires ongoing support and accurate information on local resources. This disclosure provides a unique opportunity and responsibility for staff to intervene constructively

## 2 Purpose

. The purpose of the policy is to:

- Clarify roles and responsibilities of the Trust Board and all staff.
- Provide clear strategic direction for service provision following national guidance.
- Ensure domestic abuse is included as a normal part of health assessment.
- Help staff respond to domestic abuse consistently and assist in decision making.
- Set best practice guidance to ensure that the health services delivered are fair, effective and of a high standard.
- To contribute to the multi-agency effort to tackle domestic abuse

Key Legislation this document is based on and refers to includes:

- Serious Crime Act 2015 section 76

Created a new offence of “controlling or coercive behaviour in an intimate or family relationship”. The offence came into force in December 2015. It closes a gap in the law around psychological and emotional abuse that stops short of physical abuse. The offence carries a maximum sentence of 5 years’ imprisonment, a fine or both.

- Domestic Violence, Crime and Victims Act 2004 (amended 2012)

Extended provisions to help stop domestic abuse and created the new offence of "causing or allowing the death of a child or vulnerable adult". This offence enables prosecutions of people who stay silent or blame someone else.

The Domestic Violence, Crime and Victims Act 2004 was amended in 2012 by the Domestic Violence, Crime and Victims (Amendment) Act 2012 to include 'causing or allowing serious physical harm (equivalent to grievous bodily harm) to a child or vulnerable adult'

## 3 Definitions

The cross-government definition of domestic violence and abuse is:

any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to:

Psychological, Physical, Sexual, Financial, Emotional, Controlling behaviour or forced marriage.

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.

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. (HMC Government 2016)

Witnessing domestic abuse is distressing for a child, and causes serious harm. (NSPCC 2015)

#### Domestic abuse and young people

The changes to the definition of domestic raise awareness that young people in the 16 to 17 age group can also be victims of domestic violence and abuse.

By including this age group the government hopes to encourage young people to come forward and get the support they need, through a helpline or specialist service. (HMC 2016)

An adult is defined as any person aged 18 and over.

A child is defined as any person up to the age of 18 years.

A parent is a person with parental responsibility.

A adult at risk is a person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; And who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation

Domestic abuse involving young people under the age of 18 years, even though they may be parents, is classified as child abuse and should be dealt with under Safeguarding Local Child Protection Procedures.

The term 'domestic abuse' includes issues such as female genital mutilation (FGM), 'honour' based crimes, forced marriages and other acts of gender based abuse, as well as elder abuse, when committed within the family or by an intimate partner.

## **4 Duties**

### 4.1 Trust Board

The Trust board is responsible for:

- Identifying a lead person at Executive Director Level with responsibility for Domestic Abuse within the Trust.
- Ensuring that the organisation is complying with statutory and national guidance regarding Domestic Abuse.

### 4.2 Duty of the Safety and Quality Committee

The Trust Safeguarding Steering Group reports through this committee to the Trust Board. The Named Nurse for Child Protection submits a quarterly update report.

### 4.3 Duty of the Safeguarding Steering Group

- To provide assurance to the Executive that the Trust is adequately safeguarding people who use services, from abuse.

- To oversee the arrangements across the Trust to ensure that service users are safeguarded against the risk of abuse through compliance with national regulatory standards.
- To oversee the development and implementation of local policies and procedures within the Trust, ensuring appropriate arrangements for safeguarding service users.
- Ensure learning from Serious Case Reviews, Serious untoward incidents and clinical audit is integrated across services/clinical practice – to improve safeguarding and protection of vulnerable people using services.
- To oversee the training needs analysis and delivery to ensure staff have appropriate knowledge and skills and ensure compliance.

#### 4.4 Duty of the Trust Safeguarding Committee

- To support the Named Professionals in their safeguarding role within PHNT and monitor attendance and representation of PHNT at multi-agency forums such as strategic Domestic abuse meetings.
- To enable the Trust to meet and discharge its responsibilities to action local and national guidance.
- To have Directorate representatives on the committee acting as a communication link with their respective divisions.
- To monitor adherence to national performance standards and to formulate action plans where standards are not being met.
- To ensure action plans are followed through to enable national performance targets to be achieved.
- To monitor the provision and uptake of safeguarding training and supervision by PHNT.
- To monitor statutory employment procedures used to screen employees whose work brings them into contact with children or adults at risk.
- To ensure that actions required as a result of Serious Case Reviews and Serious investigations are implemented within agreed timescales.

#### 4.5 Managers

Managers and practitioners must adhere to this policy when dealing with disclosures/concerns about Domestic Abuse.

Managers are responsible for ensuring that all staff have access to and are aware of this policy, in relation to staff as victims or perpetrators of domestic abuse.

In addition they must:

- Ensure that staff members have adequate and appropriate training identified as part of their Personal Development Plan.
- Be aware that staff may require further support when they are working with clients who are involved with domestic abuse.
- Be aware that the personal prejudices about domestic abuse may influence staff member's decision making, ensuring appropriate supervision is in place.
- Be aware of and understand the indicators which lead to domestic abuse.
- Be aware that domestic abuse should be considered in child protection cases.
- Work in a collaborative manner with the Trusts Domestic Abuse Leads to ensure adequate numbers of staff have Domestic Abuse Safeguarding Children's/Adult's Board recommended training- including meeting agreed DASH Training targets.
- Ensure systems are in place to maintain good record keeping.
- Ensure that posters and information cards are on display in public areas.
- Signpost staff who are victims to Staff Health and Wellbeing Department.

#### 4.6 All Health Professionals

Staff must:

- Acknowledge domestic abuse and respond appropriately to the individual's needs, promoting safety and when possible respect victim's wishes.
- Recognise that as a health worker they are a key contact for victims and are key in both screening and ensuring that victims get the appropriate help.
- Respect the wishes of clients but assess risk and act as an advocate to ensure safety of children, adults and the public as needed. –including consideration to refer to the Local Area Designated Officer (LADO) with advice if needed.
- Respect the need for confidentiality but understand the need to share information to promote safety.
- Have awareness of services provided by Staff Health and Wellbeing services for colleagues who disclose information about themselves.
- Be aware of and understand the indicators which may lead to domestic abuse.
- Be aware that domestic abuse features highly in cases of child and adult protection.
- Ensure that they attend safeguarding training to encourage recognition of abuse.
- Seek advice and carry out a safety assessment to identify the level of risk and ensure that actions do not increase risks for the individual or themselves. All staff have a duty to be aware of the contents of this policy.

#### 4.7 Domestic Abuse Leads

Within Derriford Hospital Alison O'Neill Head of Safeguarding and Named Nurse Safeguarding Children is the nominated domestic abuse lead supported by:

Safeguarding Adults Named Nurse and specialist team

Safeguarding Named Midwife and specialist team

Safeguarding Children's Specialist team

The Domestic Abuse Lead role involves:

Insuring operational and strategic partnership working in Domestic Homicide Reviews (DHR).

A DHR will be conducted following the death of a person aged 16 years or over that has, or appears to have resulted from violence, abuse or neglect by;

- a) A person to whom he or she was related or with whom they were currently, or had been in an intimate relationship, or
- b) A member of the same household as the victim.

A DHR is held with a view to identifying the lessons to be learnt from the death.

- Ensuring and monitoring Trust representation at The Multi-Agency Risk Assessment Conference (MARAC).
- Ensuring Trust representation at Multi-agency Domestic Abuse Forums
- Monitoring and ensuring the Trust engage with Domestic Abuse Training
- Monitoring and evidencing implementation of recommended policy and practice
- c) Ensure representation for the Trust at operational level at Domestic Abuse Multi-agency Risk Assessment Conferences (MARAC) to ensure information is shared on a need to know basis to ensure the safety of victims, their family and the public.

Independent Domestic Abuse Advocates (IDVAs):

Support victims of Domestic Abuse serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis, to assess the level of risk.

They:

- discuss the range of suitable options

- develop plans for immediate safety – including practical steps for victims to protect themselves and their children
- develop plans for longer-term safety
- represent their clients at the MARAC
- help apply sanctions and remedies available through the criminal and civil courts, including housing options

These plans address immediate safety, including practical steps for victims to protect themselves and their children, as well as longer-term solutions.

IDVA referral can be made via domestic abuse services.

## **5 Main Body of Policy**

### 5.1 Process and procedure

Abuse is unacceptable and should not be condoned in any circumstances.

The victims should not be blamed for the abuse. Responsibility for the abuse lies with the perpetrators.

A victim who discloses abuse should always be believed and should be treated with respect and dignity.

Staff need to consider their own personal safety and must not expose themselves to unnecessary risk.

Victims living with domestic abuse will not necessarily want to end their relationship, or may even decide to return to an abusive partner. They should be offered a choice of options, time to talk these through and given non-judgmental support in making their own choices. Mental Capacity should be considered and Safeguarding Adult processes followed if needed.

If there are children within households child protection procedures must be followed. Staff should be aware that raising child protection concerns can increase the danger and risk of further abuse for the family. However, this does not override the responsibility of staff to report child protection concerns as per existing child protection policies and procedures.

Child protection policies and procedures should be fully explained to victims/carers to enable their fears to be addressed. Those investigating child protection concerns should take care to avoid increasing the danger for victims and children.

See Trust Child Protection policy and Safeguarding Adults at Risk policy

### 5.2 Staff Experiencing Domestic Abuse

Due to the high prevalence of domestic abuse across society, it is reasonable to consider that some of our workforce will suffer abuse at the hands of someone close to them. We therefore aim to create a working environment that will support staff experiencing domestic abuse. We will do this by;

- Assisting and supporting employees who ask for help in addressing domestic abuse
- Ensuring that employees seeking assistance are confident their situation will be handled sympathetically and confidentially
- Providing guidance to managers on how to support and assist employees asking for help in addressing domestic abuse issues, including referral to domestic abuse and staff counselling services.

- Help staff and managers to understand how to manage employees who are perpetrators of domestic abuse.

Please refer to Management of Stress Standard Operating Procedure for the Trust

### 5.3 Record Keeping

It is important to document all information about domestic abuse. Records are crucial in influencing the outcome of legal cases.

This documented information must include:

- Patient and relevant medical and social history,
- All physical, emotional and behavioural indicators.
- A body map must be used to document physical injuries.
- Any direct disclosure must be documented using the victim's own words in inverted commas.
- Staff must document information clearly and accurately.
- Accurate recording will contribute to a more accurate outcome if a client is referred to other services.

All record keeping should follow the Plymouth Hospitals NHS Trust policies and meet relevant professional bodies' guidelines.

Disclosures of domestic abuse should be written as a separate report and stored in the Safeguarding section of the case notes or electronic record.

If staff are dealing with a member of the public for whom there are no case notes, they should discuss with their Line Manager on where to document a disclosure or observation. This must be recorded on a Safeguarding referral or DATIX with the relevant safeguarding team.

### 5.4 Training

The Trust adopt a proactive approach, acknowledge their responsibility to manage Domestic Abuse services with multi-agency partners. There is a responsibility to be competent and respond with appropriate information and record accurately when required to do so.

Staff competence in dealing with domestic abuse will be developed through training and education, integrated within the Continuing Professional Development framework.

It is the responsibility of all Directorate Managers to ensure staff are competent to comply with this policy and its contents.

Domestic Abuse training is incorporated in Safeguarding training at all levels.

### 5.5 Confidentiality and Information Sharing

Staff may be asked by a victim if anything they choose to say will be confidential. It is important not to make promises that cannot be kept. There may be occasions in law or to promote safety when it will be necessary to share information. On some occasions consent is not needed and it may be appropriate to share information with other agencies. Those disclosures can still be made under the Data Protection Act, the Human Rights Act and the Caldicott Guidelines. Decision to disclose must:

- be reached on a case-by-case basis
- be based on a necessity to disclose

- ensure that only proportionate information is disclosed in light of the level of risk of harm to a named individual, household or public
- be properly documented at the time a decision to disclose is made; identifying the reasons why the disclosures are being made (i.e. what risk is believed to exist); what information will be disclosed and what restrictions on use of the disclosed information will be placed on its recipients

If there are any issues relating to the safeguarding of children, health care professionals must refer to and comply with the Trust Child Protection Policy, and Plymouth Local Safeguarding Board procedures.

In all contacts with those who have disclosed domestic abuse or where it is suspected, health care professionals must ask themselves whether their intervention will leave the victim and any dependent children in greater safety or greater danger (DOH 2009).

The aim of the staff information leaflet (Appendix 3) is to give staff a quick reference guide of what to do if they suspect a person has been the victim of domestic abuse.

### 5.6 Domestic Abuse Notifications

Any domestic abuse incident which is attended by the Police, where children are present within the house, is reported via the police notification; this is to ensure outside partner agencies, including social care, education welfare, health and the youth offending service.

If a pregnant woman is involved, this information is passed to the community midwifery service. It is important that these incidents are recorded in line with the Maternity Domestic Abuse guideline.

The police use this process to gather information relating to all children and young people under the age of 18 years that 'come to the notice' of the police. This may be as a suspect, victim or witness to crime.

### 5.7 Domestic abuse screening processes

The Trust are committed to engage in recommended screening processes to ensure victims of Domestic Abuse are identified and support is given.

The Trust is committed to ensure staff are trained to be confident to ask open questions regarding Domestic Abuse and to know how to act when abuse occurs.

The Trust will engage in the Safeguarding Children's Board review of The Domestic Abuse, Stalking and Honour Based Violence (DASH) training to ensure appropriate staff are trained to risk assess thoroughly and engage victims in multi-agency support and protection services as needed.

Routine enquiry must occur at ante-natal contact. Other enquiry regarding domestic abuse will occur in response to general indicators.

Advice and support must be offered, to ensure the safety of all involved. Victims should be given time and space to make choices and be supported, whatever decision they make.

Consideration must be given to people who may have communication difficulties e.g. learning disabilities, cultural barriers, and speech, language and hearing difficulties. The appropriate translation service or format for information should be used.

Any response by practitioners must ensure that the safety of victims and children is a primary consideration.

A research review published in 2011 (Research in Practice) identifies screening questions that can encourage disclosure of domestic violence, including asking how things are at home, how arguments are settled, how decisions are reached and what happens if the adults argue. The review goes on to identify a number of open-ended questions that can be used to explore the impact of domestic abuse on children in a non-frightening way.

We need to be clear about who is in the family and the home, as well as establishing who unknown males are. The victim should be seen alone wherever possible to allow for them to talk about problems she may be experiencing. (SWCPP 2015)

## **6 Overall Responsibility for the Document**

The Named Nurse Safeguarding Children and Named Nurse for Safeguarding Adults are responsible for the development of this policy and for seeking approval from the relevant committees.

## **7 Consultation and Ratification**

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Safeguarding Steering Group and ratified by the Director of Nursing.

Non-significant amendments to this document may be made, under delegated authority from the Director of Nursing, by the nominated owner. These must be ratified by the Director of Nursing.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

## **8 Dissemination and Implementation**

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director of Nursing and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **9 Monitoring Compliance and Effectiveness**

- The Chief Executive is ultimately responsible for ensuring compliance with the Domestic Abuse Policy.

- Monitoring of the compliance of this policy will be carried out under direction of the Named Nurse for Safeguarding Children and Adults working within the PHNT Safeguarding Committee.
- Clinical Directors/Nurse Managers/Directorate Managers are accountable for ensuring their staff have received the appropriate level of training according to the Trust's Safeguarding Policies.
- The level of training and reporting needed will be agreed in association with levels determined by the Local Safeguarding Children's and Adults Boards.
- The Named Nurse will report to the safeguarding committee quarterly:
- The number of staff trained in safeguarding
- The Number of staff trained in DASH assessment
- The number of victims referred into safeguarding services
- The number of victims referred into safeguarding services following DASH assessment.
- Any shortfalls identified will be reported through the safeguarding committee and measures agreed to rectify and amend practice as needed.
- Any learning will be implemented and included in training and reported through staff groups and the safeguarding committee as appropriate.

## 10 References and Associated Documentation

- References
- ACPO Association of Chief Police Officers (2006)
- Department of Health (2005) Responding to domestic abuse: a handbook for health professionals. London, Department of Health.
- Home Office (2004) Safety and Justice: sharing personal information in the context of domestic abuse – an overview, Home Office : London
- Home Office (2009) What is Domestic Violence? London: Home Office
- HM Government (2013, 2015) Working Together to Safeguard Children, DCSF
- Laming (2009), The Protection of Children in England: A Progress Report. TSO:London
- NSPCC (2007) 'Lets see domestic violence from a child's point of view' [www.nspcc.org.uk](http://www.nspcc.org.uk)
- South West Child Protection Procedures (2015) [www.swcpp.org.uk](http://www.swcpp.org.uk)
- Government Domestic violence and abuse guidance (2016) HMC

Dissemination Plan			
<b>Document Title</b>	Domestic Abuse Policy for Managers and Practitioners		
<b>Date Finalised</b>	01.03.2017		
Previous Documents			
<b>Action to retrieve old copies</b>	On line deletion and replace with new document		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team

Review Checklist		
<b>Title</b>	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
<b>Rationale</b>	Are reasons for development of the document stated?	Yes
<b>Development Process</b>	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	No
<b>Content</b>	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
<b>Approval</b>	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A
	Does the document identify which Executive Director will ratify it?	Yes
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
<b>Document Control</b>	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	No
	Is there a plan to review or audit compliance with the document?	Yes
<b>Review Date</b>	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

<b>Core Information</b>	
<b>Date</b>	1 <sup>st</sup> March 2017
<b>Title</b>	Domestic Abuse Policy for Managers and Practitioners
<b>What are the aims, objectives &amp; projected outcomes?</b>	<p>This policy sets out guidance for all employees of PHNT of what action should be taken when dealing with victims of domestic abuse.</p> <p>Demonstrates the Trust is committed to ensuring that those who have suffered domestic abuse uniformly receive the recognition, information and support they both need.</p>
<b>Scope of the assessment</b>	
<p>The initial EIA was conducted in August 2012 with regards to the previous version of this document. The policy will be adapted if necessary to address any legislative, operational changes, future gaps or needs on equality and human rights issues</p>	
<b>Collecting data</b>	
<b>Race</b>	<p>Reasons for this category having an impact are:</p> <ul style="list-style-type: none"> <li>- Language</li> <li>- Understanding of NHS (UK health system)</li> <li>- Transient population (for some)</li> </ul> <p>Consideration should be given to people who may have communication difficulties e.g. cultural barriers, and language. The appropriate translation service or format for information will be used.</p> <p>The term ‘domestic abuse’ includes issues such as female genital mutilation (FGM), ‘honour’ based crimes, forced marriages and other acts of gender based abuse, as well as elder abuse, when committed within the family or by an intimate partner.</p> <p>Cultural issues that may arise will be identified on assessment and addressed accordingly</p>
<b>Religion</b>	<p>The term ‘domestic abuse’ includes issues such as female genital mutilation (FGM), ‘honour’ based crimes, forced marriages and other acts of gender based abuse, as well as elder abuse, when committed within the family or by an intimate partner.</p> <p>This is recognised within the policy, religious issues will be identified on assessment and addressed accordingly</p>
<b>Disability</b>	<p>Consideration must be given to people who may have communication difficulties e.g. learning disabilities, speech, and hearing difficulties. The appropriate translation service or format for information should be used.</p> <p>Any victim who discloses abuse, regardless of disability, should be believed and treated with respect and dignity</p>
<b>Sex</b>	<p>Domestic abuse can take place in any intimate relationship, abuse of men by female partners and abuse in same sex relationships does occur. The current evidence suggests that the majority of domestic abuse is perpetrated by men against women and their children.</p> <p>Pregnant women and women with children are more likely to experience domestic abuse</p> <p>Any victim who discloses abuse, regardless of sex, should be believed and treated with respect and dignity.</p>

<b>Gender Identity</b>	Domestic abuse can take place in any intimate relationship. Any victim who discloses abuse, should be believed and treated with respect and dignity
<b>Sexual Orientation</b>	Domestic abuse can take place in any intimate relationship, including same sex partnerships. Any victim who discloses abuse, regardless of sexual orientation, should be believed and treated with respect and dignity
<b>Age</b>	The policy encompasses all age groups. Staff will be aware that domestic abuse features highly in cases of child protection. The term 'domestic abuse' includes issues such as elder abuse, when committed within the family or by an intimate partner. Any victim who discloses abuse, regardless of age, should be believed and treated with respect and dignity
<b>Socio-Economic</b>	Domestic abuse is not limited to any particular class, ethnic or social group-however the experience of domestic abuse may differ as a result of these different contexts The policy for Domestic Abuse is inclusive of all patients/clients and victims, regardless of their socio-economic status.
<b>Human Rights</b>	There is no evidence of adverse impact on Human Rights. We will continue to monitor this.
<b>What are the overall trends/patterns in the above data?</b>	The policy recognises that domestic abuse is a diverse issue and that people from the different groups will have differing needs and experiences

<b>Involving and consulting stakeholders</b>	
<b>Internal involvement and consultation</b>	There has been and is ongoing consultation with other departments where patients may present as victims, affected either directly or indirectly by the abuse.
<b>External involvement and consultation</b>	Consultations with the following: Police NHS Plymouth 0-19 service Plymouth Domestic abuse forum and Safeguarding children's board
<b>Impact Assessment</b>	
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	

<b>Overall assessment and analysis of the evidence</b>	<p>The policy recognises that:</p> <ul style="list-style-type: none"> <li>• The majority of domestic abuse cases are perpetrated by men against women and their children, case do occur in lesbian and gay partnerships and by women against men.</li> <li>• Clear that any victim reporting abuse should be believed and treated with respect and dignity according to their needs regardless of sex, race, gender identity, religion, sexual orientation, disability or marital status</li> <li>• Recognises that pregnant women have an increased risk of being affected by domestic abuse</li> <li>• That domestic abuse includes cultural and religious issues such as female genital mutilation, ‘honour’ based crimes, forced marriages and other acts of gender abuse, as well as elder abuse.</li> <li>• That domestic abuse happens in all groups and sections of society. Race, sexuality, disability, age, religion, culture, class or mental health problems, may have an additional impact on the way domestic abuse is experienced, dealt with and responded to. Domestic abuse can also feature highly in cases of child abuse</li> </ul> <p>Information from Serious Case Reviews, Serious Untoward Incidents and clinical audit will be monitored to ensure the continued safeguarding and protection of vulnerable people using services from all groups.</p> <p>The Policy acknowledges the Trust’s duty to engage in the Multi-agency process and risk assessment of individuals in its care to maximise the safety of victims and their families.</p>
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Action Plan				
Action	Owner	Risks	Completion Date	Progress update

**Appendix 3**



### **Talking About Domestic Abuse**

(Guidance for Plymouth Hospital NHS Trust staff when working with victims of Domestic Abuse giving you some advice on “what to do next” and knowledge of services available in our local area)

**Domestic abuse is the physical, emotional, sexual or other abuse by someone (of a person with whom they have or have had an intimate relationship, in order to maintain power and control over the person. It may include threats to kill or harm the woman and/or her children or family members.**

**There is clear evidence that there is a strong link between domestic abuse and physical and sexual abuse of children.**

Witnessing or hearing domestic abuse has a profound effect on the emotional and physical development of children.

The abuse often continues and may escalate in severity after a victim leaves an abusing partner.

**A victim is at greatest risk when she leaves a relationship**

Imagine how it feels to be constantly criticised, threatened, slapped, punched, kicked, kept short of money. To be told that if you try and leave, you will be killed. Remember that this will be constant.

## **What should you do if you suspect domestic abuse is happening?**

**Make sure that it is safe to ask about possible abuse.**

This may mean that you need to find a way to talk to the person alone (e.g. ask for a urine specimen)

**Make sure that any action you take does not increase the risk for the victim and any children.**

### **Ask direct questions....**

**Begin by explaining why you are asking about abuse. Tell the patient that you know that domestic abuse happens and that you recognise it is often difficult for victims to talk about it.**

(e.g. "We know that nationally, one in four women experience domestic abuse. I notice that you have a few bruises.....")

**The following questions are for guidance only:**

- Could you tell me how you got those injuries?
- Have you ever been in a relationship where you have been hit or hurt in some way?
- Are you currently in a relationship where this is happening?
- Are you ever frightened of your partner or other people at home?
- Does your partner often lose their temper with you? If he/she does, what happens?
- Does your partner get jealous of you going out, seeing friends or talking to other people? If so, what happens?
- Your partner seems very concerned about you. Sometimes people react like that when they feel guilty. Was he/she responsible for your injuries?
- Does your partner ever use drugs/alcohol excessively? If so, how does he/she behave at this time?
- Has your partner ever threatened to commit suicide or harm himself/herself if you end the relationship?
- Relationships can be complicated. We can sometimes love the person but not like their behaviour. How do you feel about your partner?

### **Confidentiality**

Confidentiality is a victim's right and should not be breached .Never give information about the client without her consent,

**(EXCEPT where it is in the public interest to do so):**

- Where there are child protection issues
- Where a victim's life is in imminent danger
- Where a perpetrator is likely to put the lives of others in danger.

**Always** consult with a manager or senior colleague if you think you need to break confidentiality. Always inform the victim unless you assess that to do so will endanger her/him or put others at risk.

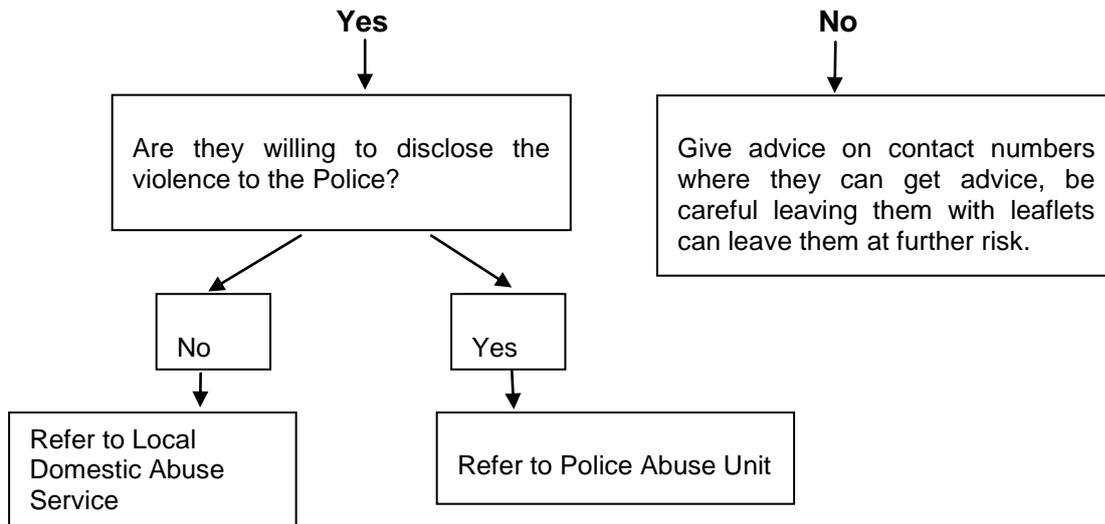
**Record Keeping:**Accurate record keeping is essential. Make sure recording is timely and objective. If there are visible injuries, chart and describe in detail. Record any disclosures using direct quotes. Remember to record the names and contact details of any professionals you talk to and record the names and dates of birth of any children and adults living in the home.

#### **Useful Contacts**

Safeguarding Children Team	<b>01752 4 39053</b>	Safeguarding Adult Team	<b>via switch board</b>
Social care (Children)	<b>Plymouth</b>	<b>01752 308600/ Out of Hours 01752 346984</b>	
	<b>Cornwall</b>	Multi-Agency Referral Unit	<b>03001231116</b>

	<b>Devon</b>	Multi- Agency Safeguarding Hub <b>03451551071</b>
Plymouth Domestic Abuse Services		<b>01752 252033</b>
Police Domestic Abuse Unit		<b>0845 2777444/01752 720518</b>
Cornwall D.V Helpline (24hrs)		<b>03458121212</b>
Housing services		<b>01752 668000</b>
Refuge		<b>01752 562286</b>
Sexual abuse services (Twelves company) (including sexual assault referral services)		<b>0345 8121212</b>

**Is the victim willing to disclose the violence?**



- If children are in the home or the victim is pregnant, complete a Safeguarding Referral via (SALUS) regardless if the victim has given consent but let them know you have made a referral to the Safeguarding Team and stress the need to ensure safety
- Following your assessment if you feel the client and/or children are at risk of immediate harm you **must** inform social care and police.
- Ensure if it is safe to do so that client is aware of what you are doing
- Discuss with senior colleague/ manager/safeguarding team

Email. [Plh-tr.safeguarding@mhs.net](mailto:Plh-tr.safeguarding@mhs.net) for further details