



DOMESTIC ABUSE POLICY

This procedural document supersedes: Domestic Abuse Policy - PAT/PS 12 v.2



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Target audience:	All Staff Trust-wide

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 3	12 February 2019	<ul style="list-style-type: none"> • Policy condensed. • Processes updated. • Support and advice networks updated. • Hyperlinks included. 	Elizabeth Boyle
Version 2	3 February 2015	Policy updated to reflect <ul style="list-style-type: none"> • Care Group infrastructure • NICE Guidance 2014 • Updated information on support services 	D Oughtibridge
Version 1	May 2012	New Policy to be read in full	D McKnight P Johnson A Squires

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1 INTRODUCTION

This policy will act in accordance with UK law, including The Human Rights Act (1998), the UN Convention on the Rights of the Child (UNCRC 1989). The legislative framework for safeguarding vulnerable adults and children is provided by The Care Act (2014) and Working Together to Safeguard Children (2018).

One in 3 women and 1 in 6 men will experience Domestic Abuse (DA) within their lifetime, with on average 2 women killed by their partner or ex-partner every week in the UK (SAFE LIVES 2018). The cost, in both human and economic terms, is so significant that even marginally effective interventions make an impact on reducing these costs. Domestic Abuse (DA) is a complex issue that needs sensitive handling by a range of health and social care professionals and working in a multi-agency partnership is the most effective way to approach the issue at both an operational and strategic level.

Domestic abuse has a major impact on the mental and physical health of victims, including those who witness domestic abuse, and the NHS spends more time dealing with the impact of violence against women than almost any other agency (DOH 2017). Health professionals are often in a good position to identify cases of domestic abuse, 1-1.5% of A&E attendances are due to domestic violence and 30% of domestic abuse commences during pregnancy (SAFE LIVES 2018).

This policy recognises that both men and women can be the victim or perpetrator of abuse.

1.1 Definition

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 and emotional.

It also includes issues which concern women from minority ethnic backgrounds, for example, forced marriage and female genital mutilation.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from support, exploiting them for personal gain, depriving them of independence and freedom and managing 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’.

(Home Office 2013).

The terms domestic violence and domestic abuse are interchangeable, but this policy will use the term ‘domestic abuse’ to acknowledge that domestic abuse is not solely physical violence.

1.2 Domestic Abuse and Children

Working Together to Safeguard Children (HM GOVERNMENT 2018b) states that 'professionals should in particular, be alert to the potential need for early help for a child who is in a family circumstance presenting challenges for the child such as substance misuse, adult mental health problems and domestic abuse'.

Children may suffer both directly and indirectly in households where there is domestic violence and abuse. Hearing or seeing the ill treatment of another constitutes harm. Therefore, **a referral should be made to Childrens Social Care** if a child lives in a household where it is believed domestic abuse occurs. (See PAT/PS 10 - Safeguarding Children).

1.3 Domestic Abuse and Pregnancy

Nearly one in three women who suffer from domestic abuse during their lifetime report that the first incidence of violence happened while they were pregnant. 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. (RCM 2012).

A **referral to Children's Social Care** should be made where Domestic abuse is present in pregnancy. (See PAT/PS 10 - Safeguarding Children). The Trust Named Midwife for Safeguarding should be contacted should any disclosures be from a pregnant client in any areas of the Trust outside of midwifery.

2 PURPOSE

2.1 Scope

This policy is intended for use by all members of staff employed by DBTH (Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust) and those undertaking duties on behalf of DBTH. The purpose is:

- To provide guidelines which will enable all staff to ensure that appropriate support, advice and guidance is offered to anyone subject to or affected by domestic abuse.
- To identify roles and responsibilities of staff.

This policy should be viewed in conjunction with:

- PAT/PS 8 - Safeguarding Adults Policy
- PAT/PS 10 - Safeguarding Children Policy
- Doncaster Safeguarding Children's and Safeguarding Adults policies and procedures

- Nottinghamshire Safeguarding Children's and Safeguarding Adults policies and procedures.

This policy applies to all individuals, including those who have been assessed as lacking capacity. Actions taken on behalf of these people should be done so in their best interest, in accordance with the PAT PA 19 Mental Capacity Act (2005) policy.

2.2 Where a staff member discloses domestic abuse

It is acknowledged that members of staff who are employed by Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust may be subject to Domestic Abuse on a personal level. They should be offered information and support services as outlined in this policy. Advice can be sought from the Trust Safeguarding Team. Please also see the Trusts CORP /EMP 31-Health and Wellbeing Policy.

3 DUTIES AND RESPONSIBILITIES

3.1 Responsibilities of the Trust

- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has a duty to consider [NICE Domestic violence and abuse: multi-agency working public health guidance 50 \(Feb 2016\)](#) and work as part of local authority strategic partnerships in both Doncaster and Bassetlaw.

3.2 Responsibilities of all staff

- Individual staff have a duty to follow local procedures when they have a concern about an individual who is or may be a victim of Domestic Abuse.
- All staff have a duty to respect confidentiality; however, they also have a duty to share information in order to protect the safety of individuals and the public following [HM Government advice for information sharing \(2018a\)](#)
- Staff may liaise directly with a health visitor, school nurse or GP where relevant, or via paediatric liaison systems.
- All staff have a duty to complete SET and ETR training relevant to job roles and responsibilities.

3.3 Responsibility of Divisional Managers, Ward and Departmental Managers

- Managers have a responsibility to ensure their staff are aware of and comply with this Trust policy alongside other safeguarding policies and local Domestic Abuse procedures (see section 11).

- Managers have a duty to ensure that all staff receive the level of training appropriate to their role.
- Managers also have a responsibility to support staff who are working with victims of Domestic Abuse (See section 3).
- Implementation of 'routine enquiry' in specific areas where appropriate, namely midwifery services (see section 4).

3.4 Responsibilities of Safeguarding Professionals

Safeguarding Team Manager

- Work at the strategic level fostering and promoting the Trust response to domestic abuse and working with Divisional Heads of Nursing, Midwifery and Therapy to deliver the Trust response.

Named Nurse and Named Doctor for Safeguarding Children and Safeguarding Nurse Specialists

- Will provide advice, support, supervision and guidance on the management of domestic abuse within the context of Safeguarding Children.

Lead Professional for Safeguarding Adults and Specialist Nurse for Safeguarding Adults

- Will provide advice, support, supervision and guidance on the management of domestic abuse within the context of Safeguarding Adults.

Safeguarding Team MARAC representative

- Has responsibility to share information at the Multi-Agency Risk Assessment Conferences (MARAC) and to implement safety plans as appropriate to the organisation.
- Will work together with the Named Midwife to disseminate information in support of the MARAC process
- Be a trust contact point for MARAC
- Offer appropriate advice to staff

A standard operating procedure is in place in the corporate safeguarding team in relation to MARAC processes.

3.5 Information Sharing

- All staff have a duty to respect confidentiality, however health professionals should have the confidence to share information in the best interests of their patients within the framework set out by [HM Government advice for information sharing \(2018a\)](#)

- If individuals are in any doubt about sharing information, please contact the safeguarding team who will be happy to advise.

If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they have a duty to share the information with local authority children's social care (HM Government 2018b).

4 PROCEDURE

All staff have a duty to respond to a suspicion of or disclosure of Domestic Abuse. Depending on a staff members role within the trust this response may be to share the information with their line manager who will then respond as per policy.

4.1 Recognition

To tackle domestic abuse, it is essential that victims are identified and disclose their abuse as early as possible. People experiencing domestic abuse are more likely to come into contact with health services than other public services. As a health professional you will be a first point of contact for many.

- Domestic Abuse can be disclosed anywhere within the Trust, but key areas are likely to be the Emergency Departments and Maternity Services.
- All health practitioners have a professional responsibility, if you identify signs of domestic abuse or if things are not adding up, ask patients alone and in private, whether old or young about their experience of domestic or other abuse sensitively.
- All pregnant women are routinely asked about Domestic Abuse throughout their pregnancy. Asking all pregnant women routinely helps to avoid the stigma associated with Domestic Abuse (NICE 2016). Routine enquiry into domestic violence and abuse is Department of Health policy in maternity and adult mental health services (DoH, 2017).
- Many health settings are busy places, with people passing in and out of cubicles and offices and this will not be conducive to revealing vulnerability or talking about feelings. Only ever raise the issue of domestic abuse with a patient when you are alone with them in private and, if not, ask the escort to wait elsewhere. Even if a patient is accompanied by someone of the same gender, that person could be related to the abuser or could be the abuser.
- Where there is a language barrier and independent interpreter should be accessed. Never use a relative or friend of the victim as an interpreter. Always use a professional interpreter who has had domestic abuse training or an advocate from the local specialist domestic abuse agency. The interpreter needs to be the same gender as the victim and should sign a confidentiality agreement. Look at your patient and speak directly to them – not to the interpreter. **Never** use children to interpret.

4.2 Response

It is difficult for victims of abuse to disclose it to healthcare professionals and the decision to do so is not taken lightly. If a disclosure is made, the victim should be listened to and above all believed. When responding to a disclosure or suspicion of Domestic Abuse staff have a duty to:

- Speak to the individual in private on a one to one basis, in an environment where the person feels safe and respond in a kind and sensitive manner.
- Explain the rules of confidentiality and ensure that the person understands that there are some circumstances where staff have a duty to share information. [HM Government advice for information sharing \(2018a\)](#)
- Allow enough time for the victim to make a disclosure fully. If the victim is interrupted they may not feel able to revisit the subject.
- Determine if there are any children, or if the woman is pregnant, and if so follow the Trust's Safeguarding Children's procedures (PAT/PS 10 – Safeguarding Children) and complete a referral to children's social care.
- Establish the level of further risk to the victim; by carrying out a DASH risk assessment if trained to do so or contacting either the Safeguarding team or Domestic abuse support service (out of normal working hours).

The DASH risk assessment form can be found on the safeguarding section of the Intranet under 'Domestic Abuse'. Completed forms must be sent to the MARAC rep for the Trust or the Safeguarding Midwife for submission to MARAC.

- When attending for routine or follow-up appointments they must be given the opportunity to be seen without the perpetrator and/or other friends/family members present, to give the opportunity for discussion about the abuse.

4.3 Report

Victims should be encouraged and supported to report incidents to the police, especially in the event of serious injury. However if they do not wish to do so you should report the incident to the police on 999 for emergencies or 101 if non-urgent and ask the police to record the incident as a 'non-action crime', stating the victim does not want to report the crime.

- If a child lives in a family/household where there is evidence of or a suspicion of domestic abuse a **referral should be made to Children's Social Care** in line with PAT/PS 10 Safeguarding Children Policy

- If a pregnant woman presents for care from the trust and there are suspicions of or evidence of her being subject to Domestic Abuse, a **referral should be made to Children's Social Care** in line with PAT/PS 10 - Safeguarding Children Policy
- If an adult is deemed to be at risk and in need of care and support and there are suspicions of or evidence of them being subject to domestic abuse a referral should be made to Adult social care in line with PAT/PS 8 - Safeguarding Adults Policy

Following completion of a DASH:

- If the risk is deemed standard or medium offer referral to or contact details for Domestic Abuse support services (see Intranet for contact details). If the offer of support is declined no referral can be made
- High risks cases should be referred to the IDVA service and MARAC, this can be completed without victim consent, but the victim should be informed of the referral. (Referral details are available on the intranet).

The Trust Safeguarding Team can be contacted for advice and support during normal working hours. 24 hour advice and support details are available from the Trust Intranet [safeguarding home page](#).

4.4 Record

It is important to keep accurate records detailing the allegations and any injuries due to abuse, as disclosed by the victim. This ultimately may be used in any future action taken against the perpetrator and/or case reviews.

- The victim's consent is not required to record a disclosure of Domestic Abuse in Trust patient records; however, this must not be detailed in any patient held notes.
- Always seek the person's consent to share information with other services; however information may be shared without consent if there is a risk of significant harm to the woman, her children or another. (HM Government 2018b).
- Pregnant women who disclose Domestic Abuse will have a note made within their confidential hospital records, to make relevant healthcare professionals aware of the situation. It is important that records of Domestic Abuse are not made within records that patients have access to as the perpetrator may read these records.

5 DOMESTIC HOMICIDE

The Trust has a duty to engage Domestic Homicide Reviews and this is undertaken by the Trust corporate team and is led by the Safeguarding Team Manager.

Section 9 (3) of the Domestic Violence, Crimes and Victim Act (2004) to states:

“Domestic Homicide Review” means 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.

The purpose of a Domestic Homicide Review is to:

- Establish what lessons could be learned about the way local professionals and organisations work both individually and together to safeguard victims.
- Clarify with partner agencies if any other processes are being followed eg SAR (Serious Adult Review) SCR (Serious Case Review) or SI (Serious Incident).
- Identify how and within what timescales those lessons will be acted on, and what is expected to change as a result
- Apply these lessons, including changes to policies and procedures as appropriate, publicise in the Trust and Safeguarding Newsletters. Amend any learning resources.
- Prevent future domestic abuse homicide and improve service responses for all domestic abuse victims and their children.

6 RESOURCES AND SUPPORT

For all victims, including those who are assessed as low or medium risk, provide information on support available from agencies both locally and nationally:

Police – 999 in an emergency, 101 non emergency

DBTH Safeguarding Team

01302 642437

dbh-tr.safeguarding@nhs.net

Please contact the [safeguarding homepage](#) on the Trust Intranet for Policies, referral forms and DASH forms.

Please see [safeguarding home page](#)-domestic abuse for up to date contact details for Domestic Abuse support services.

7 TRAINING/ SUPPORT

'The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.'

8 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

The Trust will monitor compliance with this procedural document by;

- Review of patient records by the trust MARAC representative as part of MARAC process
- Ongoing review of the MARAC processes.
- Audit of knowledge of policy to be included in t safeguarding audits undertaken by the Safeguarding Team.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Policy compliance	Divisional Management Teams	Annual Basis	Clinical Governance Group
Incidents where there is a domestic abuse component / Adverse incidents reported on Datix	Safeguarding team	Annual overview plus individual incident reviewed	Strategic Safeguarding People Board

9 DEFINITIONS

Adult: Any person having attained 18 years of age.

Child: Any person aged 0 to the day before their 18th Birthday.

Domestic Abuse: 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 and emotional.

IDVA (Independent Domestic Violence Advocate): Staff who have undergone intensive training commissioned by the Government. They offer support and guidance and assist high risk victims to access services to help diminish the risk, and enhance the safety of themselves and any children.

Family Member: Includes relationships across all generations, and includes step families, and those adopted into a family.

MARAC (Multi-Agency Risk Assessment Conference): The Multi-Agency Risk Assessment Conference (MARAC) is part of a coordinated local community response to domestic abuse, incorporating representatives from statutory, community and voluntary agencies working with victims/survivors, children and the alleged perpetrator.

10 EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 1

11 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Equality Analysis Policy	CORP/EMP 27
Fair Treatment for All Policy	CORP/EMP 4
Health and Safety Policy	CORP/HSFS 1
Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty (DoLS)	PAT/PA 19
Incident Management Policy	CORP/RISK 33
Privacy and Dignity Policy	PAT/PA 28
Risk Identification, Assessment and Management Policy	CORP/RISK 30
Safeguarding Adults Policy	PAT/PS 8
Safeguarding Children Policy	PAT/ PS 10
Information Records Management: Code of Practice	CORP/ICT 14
Health and Wellbeing Policy	CORP /EMP 31

12 REFERENCES

Department of Health (2017). [Responding to Domestic Abuse: A resource for health professionals](#)

HM Government (1998) [The Human Rights Act](#)

HM Government (2004) [Domestic Violence, Crimes and Victim Act](#)

HM Government (2005) [The Mental Capacity Act](#)

HM Government (2014) [The Care Act](#)

HM Government (2018a) [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers](#)

HM Government (2018b) [Working Together to Safeguard Children](#)

Home Office (2013). [Domestic Violence and Abuse: a new definition](#)

NICE (2016). [Domestic violence and abuse: multi-agency working public health guidance 50 \(feb 2016\)](#)

RCM (2012) [Interventions to reduce domestic abuse in pregnancy](#)

SAFE LIVES (2018) [Domestic Abuse Statistics](#).

United Nations (1989) [United Nations Convention on the Rights of the Child](#)

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project /Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Domestic Abuse	Safeguarding	Elizabeth Boyle	Revised policy	December 2018
1. Who is responsible for this policy? Safeguarding				
Describe the purpose of the service / function / policy / project/ strategy? Outlines principles and practice guidance in relation to Domestic Abuse				
2. Are there any associated objectives? Compliance with the Care Quality Commission Standards and safeguarding standards and NICE Guidance				
3. What factors contribute or detract from achieving intended outcomes? – Prompt recognition and adherence to policy				
4. Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact 				
5. Is there any scope for new measures which would promote equality? No				
6. Are any of the following groups adversely affected by the policy? No				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
7. Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
Date for next review: January 2022				
Checked by: Elizabeth Boyle		Date: December 2018		