Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

DOMESTIC ABUSE POLICY

This procedural document supersedes: Domestic Abuse Policy - PAT/PS 12 version 1.

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Author/reviewer: (this version)	**Deborah Oughtibridge** **Head of Safeguarding**
Date written/revised:	**December 2015**
Approved by:	**Strategic Safeguarding People Board**
Date of approval:	**February 2016**
Date issued:	**3 February 2016**
Next review date:	**December 2018**
Target audience:	**All Staff Trust-wide**

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 2	3 February 2015	Policy updated to reflect • 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

Contents

1. INTRODUCTION

In March 2013 the government announced a shared definition of domestic violence and abuse:

"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

Controlling behaviour is defined as:
"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 defined as:-
"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".

This definition, which is not a legal definition, 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 2013).

Context and background
Domestic violence and abuse against anyone is unacceptable. Health Services are often 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 and the cost to the nation is many millions of pounds.

Domestic Abuse is a widespread and often concealed problem. Domestic abuse takes place across all socio-economic, cultural and gender groups. Domestic Abuse encompasses a wide range of abuse, and discriminates against no one. It includes issues which concern women from minority ethnic background, for example, forced marriage (as opposed to arranged marriage) and female genital mutilation (female circumcision); it can take place between partners, (or ex-partners) between siblings, between generations. Domestic violence and abuse is not only perpetrated against women, men can also be the victims of domestic violence and abuse. Victims can be male, and perpetrators can be female. There is an increasing amount of abuse perpetrated by adults on elderly parents. Pregnancy may

trigger or exacerbate male violence and it is estimated that 30% of domestic abuse commences during pregnancy (RCM 2006).

National figures suggest that Domestic Abuse will affect one in four women, and one in six men at some time throughout their lifetime (Home Office 2004).

Children are often at risk. At least 750,000 children per year witness Domestic Abuse and in over 50% of cases, the children suffer directly from abuse. This then becomes a child protection issue. Even if a child is not directly abused itself, the impact of being part of a family involved in Domestic Abuse can be devastating, and they will almost certainly suffer short term, and even long term psychological trauma from witnessing the violence.

Domestic violence and abuse is a complex issue that needs sensitive handling by a range of health and social care professionals. The cost, in both human and economic terms, is so significant that even marginally effective interventions make an impact on reducing cost. Working in a multi-agency partnership is the most effective way to approach the issue at both an operational and strategic level.

'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).

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. From December 2015 the Government has introduced a new criminal offence of coercive control carrying a maximum sentence of five years' imprisonment. This recognises the harm caused by non-violent domestic abuse.

This Policy

The policy is for staff and others whose work may bring them into contact with people who experience domestic violence and abuse.

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 Mental Capacity Act (2005) policy - PAT/PA 19.

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.

DBHFT forms part of the strategic partnerships across localities, committed to responding effectively to domestic violence and abuse in line with NICE Public Health Guidance 50 - Domestic Violence and Abuse: how health services, social care and the organisations they work with can respond effectively (Feb 2014).

The Terms domestic violence and domestic abuse are interchangeable. The term domestic abuse is used throughout this document.

2. PURPOSE

This policy is intended for use by all members of staff across the trust. Its purpose is:

- To provide guidelines which will enable the practitioner to ensure that all patients subject to, or affected by Domestic Abuse receive appropriate support, advice and guidance.

- To identify roles and responsibilities of staff.

Although applying equally to both sexes, for simplicity throughout the policy, the victim will be referred to as female.

Where a staff member discloses Domestic Abuse
It is acknowledged that on occasion, members of staff who are employed by Doncaster & Bassetlaw 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.

Please see the Trusts Health and Wellbeing Policy - CORP /EMP 31 for information in relation to staff.

3. DUTIES AND RESPONSIBILITIES

3.1 Responsibilities of all staff

- Staff have a duty to treat adult patients, children and young people, relatives and carers with respect and dignity at all times and to ensure that modesty of patients is preserved. This is in line with the Trust's Privacy & Dignity Policy (PAT/PA 28).
- Individual staff have a duty to follow local procedures when they have a concern about an adult 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.

3.2 Responsibility of Care Group Managers, Ward and Department Managers

- Managers have a responsibility to ensure their staff are aware of and comply with this Trust policy, local Domestic Abuse procedures (see references) and that their staff receive the level of training appropriate to their role (See section 4).

- Managers also have a responsibility to support staff who are working with victims of Domestic Abuse (See section 3).

- Trust staff at all levels, from strategic to operational, have a part to play in the work arising from the local Crime and Disorder /Community Safety Partnership Boards within Doncaster and/or Nottinghamshire according to their role and location of work.

3.3 Responsibilities of Safeguarding Professionals

Head of Safeguarding

Works at the strategic level fostering and promoting the Trust response to domestic abuse and working with Care Group Heads of Nursing, Midwifery and Therapy to deliver the Trust response.

Lead Professional for Adult Safeguarding
Provides the following in the context of domestic abuse:

An expert professional leadership role in relation to Safeguarding Adults.

Works at a strategic and operational level across the health and the social care community, fostering and facilitating multi agency working and training in respect of Safeguarding Adults

Acts as an expert resource on Safeguarding Adult issues, providing accessible, accurate and relevant information to staff within DBHFT.

Named Nurse and Named Doctor Safeguarding Children
Will provide:

Advice, support, supervision and guidance on the management of domestic abuse within the context of Safeguarding Children.

Multi Agency Risk Assessment Conference (MARAC)

DBHFT has responsibility to share information in the Multi-Agency Risk Assessment Conferences (MARAC) and the Multi-Agency Public Protection Arrangements (MAPPA) and to implement safety plans as appropriate to the organisation. The safeguarding adults' team and named midwife work together disseminating information in support of the process, being a trust contact point for MARAC, and offering appropriate advice to staff.

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

3.4 Information Sharing

The Care Act 2014 states that all commissioners or providers of services in the public, voluntary or private sectors should disseminate information about the multi-agency policy and procedures.

- The duty to share information can be as important as the duty to protect confidentiality. Health care professionals should have the confidence to share information in the best interests of the victims or any children within the family unit. Confidentiality must not be confused with secrecy, but information will only be shared on a 'need to know' basis when it is in the best interests victim or children

- Informed consent should be obtained but, where possible. However, there may be occasions when workers need to assess whether sharing information would jeopardise a victim and their children's safety or if it is in the public interest to share that information (for example, there is a high risk that perpetrator is about to attack the victim or child or another person). Workers are advised not to seek consent and to share relevant information with relevant partner agencies who have 'a need to know' in these instances.

- Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis. - Remember always share information to protect the safety of the victims and their children. If it is not for this reason do not share it. Information should not be shared for the sake of sharing information. You should only share sufficient personal information that will enable another agency to work safely to support the survivor and their children.

4. PROCEDURE

Domestic Violence and Safeguarding Children
Working Together 2015 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.

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 Social Care 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.

Domestic Violence and Pregnancy
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. 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.

A referral into Social Care should be made where Domestic abuse is present in pregnancy.

The Trust Named Midwife should be contacted (extension 642791) should any disclosures be from a pregnant client in any areas of the Trust outside of midwifery. Please also see Maternity Services Guideline 37 'Guidelines and care pathway for addressing the issue of Domestic abuse'

4.1 Operational Procedures

- All staff have a duty to respond to a suspicion of, or disclosure of Domestic Abuse.

- Depending on the staff member's role within the organisation, this response may simply be passing the information on to their line manager. However, maintaining the victim's safety and that of any dependent children is of paramount importance.

- Where a victim is assessed as being at high risk of further abuse, information should be shared with professionals working to protect the person and any children. In these cases the consent of the individual is not required, and the police and social care as appropriate should be informed. If a child is involved a Social Care referral should be made. .

- If the person has not been assessed as high risk, information may only be shared with their consent. Contact numbers for support services should be given, (See section 4.4).

- Such information, if recorded on paper, or electronically should be stored securely, and destroyed/deleted when no longer required (Please see CORP/ICT 14 - Information Records Management: Code of Practice).

4.2 Recognition

- People who are victims of Domestic Abuse often place more reliance upon healthcare than those who don't have such experiences. Common indicators may be:
    - Presentation with Injuries, with inadequate or infeasible explanations, or vague, non specific symptoms.
    - Sleeping/eating disorders.
    - Lack of ability to cope with minor everyday situations.

- Extreme nervous disposition.
- Dependence on alcohol, drugs (Prescribed and/or illicit) or other substances.

- In addition there is often vehement denial of Domestic Abuse.

- This is not an exhaustive list, and it should not be assumed that Domestic Abuse is a factor if one or more are present. It may indicate that further exploration of the situation should be attempted.

- In order to recognise when Domestic Abuse may be a factor, staff should attend training sessions on Domestic Abuse, relevant to their role within the organisation (see section 4).

- For further information see guidance, (appendix 1).

4.3 Identification

- Domestic Abuse can be disclosed anywhere within the Trust, but key areas are likely to be the Emergency Departments, and Maternity Services.

- 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.

- Emergency Departments should implement a system of routine enquiry (NICE 2014)

- In all other areas where staff suspect that a patient is the victim of domestic abuse they should be spoken to alone and asked about their circumstances.

- Any discussion around Domestic Abuse should take place in a quiet, calm environment, with the victim alone. Safety should be optimised at all times.

- Where language barriers occur, a professional interpreter should be accessed. Friends or family should not be used.

- Staff should explain the confidentiality policy, and ensure that the person understands that there are some circumstances, eg child protection, when they must disclose information.

4.4 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 dealing with a victim of Domestic Abuse you should:

Ensure that the conversation takes place in privacy, (not behind a curtain).

- Allow sufficient 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 and Promoting the Welfare of Children).

- Establish the level of further risk to the victim; by carrying out a risk assessment (see page 16 and appendix 2).

The DASH risk assessment form can be found on the safeguarding section of the Intranet under 'Domestic Abuse'.

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, and you have assessed the case as high risk, a referral to MARAC may be made without the victims' consent. You should inform the victim that you are making a referral to MARAC due to the level of risk.

Key individuals within the Trust will attend MARAC training in order to become confident in making that referral. However, advice can be obtained 9am-5pm, Monday to Friday, as below:

- Doncaster IDVA Service
- Bassetlaw Women's Aid

4.5 Documentation

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 action taken against the perpetrator. The victim's consent is not required to record a disclosure of Domestic Abuse; however, this must not be detailed in any patient held notes:

- Always seek the person's consent to share information. Information may be passed on without consent when there is a risk of significant harm to the woman, her children or another if the information is not passed on (DOH 2012).

- Pregnant women who disclose Domestic Abuse will have a note made within hospital notes, to make relevant healthcare professionals aware of the situation. It is important that records of Domestic Abuse are not made within patient held files, as the perpetrator may have access this file.

- When attending for routine or follow-up appointments they must be seen without the partner present, to give the opportunity for discussion about the abuse.

5. NATIONAL GUIDANCE

Domestic Violence and abuse: How Health services, Social Care and the organisations they work with can respond effectively NICE (Feb 2014) is specific guidance provided by NICE.

This guidance aims to help identify, prevent and reduce domestic violence and abuse. Violence and abuse perpetrated on children by adults ('child abuse') is not dealt with in this guidance, but it does include support for children who are affected by domestic violence and abuse.
The standards within the NICE Guidance are as follows:-

1. Plan services based on an assessment of need and service mapping.
2. Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse.
3. Develop an integrated commissioning strategy.
4. Commission integrated care pathways.
5. Create an environment for disclosing domestic violence and abuse.
6. Ensure trained staff ask people about domestic violence and abuse.
7. Adopt clear protocols and methods for information sharing.
8. Tailor support to meet people's needs.
9. Help people who find it difficult to access services.
10. Identify and, where necessary, refer children and young people affected by domestic violence and abuse.
11. Provide specialist domestic violence and abuse services for children and young people.
12. Provide specialist advice, advocacy and support as part of a comprehensive referral pathway.
13. Provide people who experience domestic violence and have a mental health condition with evidence-based treatment for that condition.
14. Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse.
15. Provide specific training for health and social care professionals in how to respond to domestic violence and abuse.
16. GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse.
17. Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse.

More details are provided on the standards that have specific implication for DBHFT in appendix 3.

5.1 Domestic Homicide Reviews

In April 2011, the Government placed a statutory obligation on Community Safety Partnerships to conduct Domestic Homicide Reviews. 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 Trust has a duty to engage in work for a co-ordinated response and support to agreed local authority arrangements. This takes place via the Trust corporate team and is lead by the Head of Safeguarding.

The purpose of a Domestic Homicide Review is to:

Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims; Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;

Apply these lessons to service responses including changes to policies and procedures as appropriate; and

Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

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

Support Services

Doncaster
Women's Aid - Advice Help Line 01302 326411. A Confidential Advice Service is available by face to face appointments or over the telephone.
IDVA service – At the Safer Doncaster Partnership – Tel: 01302 737080
Multi Agency Domestic Abuse Services – **www.doncasterdomesticabuse.co.uk**
single point of contact for male and female services Tel: 01302 326411
Doncaster Domestic Abuse Helpline: 01302 326411 or
http://www.doncasterdomesticabuse.co.uk/
Doncaster IDVA Service (High risk only) 01302 737080
Doncaster ISVA Service (Sexual Abuse) 01302 341572

Nottinghamshire

Nottinghamshire Women's Aid (formerly known as Bassetlaw Women's Aid)
Refuge, supported housing, resource centre, drop-in and outreach services
Provides specialist services across the whole of Bassetlaw.

01909 533 610
www.nottswa.org
enquiries@nottswa.org

Nottinghamshire Domestic Violence Helpline
0808 800 0340 – 24 hour free phone
Text phone 0808 800 0341(for people who are deaf or hard of hearing)9am-5pm, Mon-Fri

This link provides a log of useful contacts:
http://cms.nottinghamshire.gov.uk/contactsfordvservices.pdf

National
National Domestic Violence Helpline: 0808 2000 247 (run in partnership between Women's Aid and Refuge) 24 hour free phone
Domestic Violence Tel: 0800 1974687
Male Victims of Domestic Violence: Tel: 01823 334224
LBGT - national LGBT Domestic Violence helpline (Lesbian gay bisexual and transgender) 0300 999 5428 www.brokenrainbow.org.uk
Respect Not Fear: http://www.respectnotfear.co.uk/
Men's Advice Line 0808 801 0327
http://www.mensadviceline.org.uk/mens_advice.php
Polish Domestic Violence Helpline 01270 260106

Please also see the Domestic Abuse section within the safeguarding section on the DBHFT intranet.

The DASH risk assessment form can be found on the safeguarding section of the Intranet under 'Domestic Abuse'.

7. TRAINING/ SUPPORT

Internal Trust training – A Domestic abuse awareness session is now part of the Trust Safeguarding training.

2 hour awareness session level 1
This is appropriate for non-clinical staff i.e. those who do not have direct patient contact/ care delivery. This includes brief information on domestic abuse.

OR

Full day training
This is appropriate for clinical staff i.e. – those who do have direct patient contact/care delivery. This includes a specific session on Domestic Abuse.

External training in Doncaster is now provided by www.doncasterdomesticabuse.co.uk
The courses are:-

Domestic abuse Level 1&2
This is suitable for all staff and volunteers who need an understanding of domestic abuse.

- Domestic Violence and abuse introduction :- E Learning (level 1)
- Domestic Violence and abuse overview : 3 hours classroom (level1)

The e-learning and brief overview are suitable for anyone needing a basic introduction to domestic violence and abuse offering a choice of learning methods. Content is similar but not identical. They stand alone, or can step up to level 2 and 3 courses.

Domestic Violence and abuse – Level 2-
Full day formerly called Awareness. This includes discussion of the latest research on types of domestic violence and abuse, cycle of change, barriers to leaving etc.

Risk assessment and MARAC training – Level 3
This course will equip participants to use a DASH risk assessment tool to assess risk in domestic violence and abuse cases, and also to participate in making referrals and providing information to the Multi Agency Risk Assessment Conference (MARAC). You must have and awareness and understanding of domestic abuse, and up to date knowledge of service provision in Doncaster to do this course.
You do not necessarily have to attend the level1 or 2 courses if you have an understanding of domestic abuse gained from previous training (i.e. Trust Safeguarding study day) or through work. Risk Assessment and MARAC course is very focused, and will not cover general information about domestic abuse.

External training in Bassetlaw is available via
http://www.nottinghamshire.gov.uk/nscb/training/external-training-opportunities

Courses include:-

- Understanding and responding to domestic violence and abuse
- Challenging Domestic violence and abuse- working with perpetrators (delegates must have attended the first course within 3 years)
- Improving skills for working with male perpetrators of Domestic violence (Delegates must have attended both the above courses)
- A range of specialist multi-agency courses are also available via equation. Please visit site for details.
- Via the Nottinghamshire council site –
- Responding effectively to the impact of Domestic violence on children and young people.

Basic Awareness training (level 1) – Appropriate for all staff who work in the organisation, who do not have regular, day to day contact with patients or members of the public, e.g. admin and clerical staff working in non patient areas. Achieved by; Induction, Awareness leaflet.

Awareness training (level 2) - Appropriate for all Clinical Staff, and those who regularly working in patient care areas or departments, including some admin and clerical, e.g. Ward Clerks and Receptionists. Achieved by: accessing an E-Learning programme by emailing dscbtraining@doncaster.gov.uk

Opening the link above which will open an – email. Send request for access to on-line DV training, stating your name, role and employing organisation. Log in details and password will then be sent to you.

(Please note there will be a charge to the organisation for non-completion)

Level 3 Domestic Abuse risk Assessment and MARAC training- Appropriate for key individuals within ED and Maternity Services as determined by the Care Groups.

Training can be accessed via the Doncaster Safeguarding Children's Board (DSCB) or the Nottingham Domestic Violence Forum (NDVF) which is now known as Equation. Equation provide multi agency training across Nottinghamshire free of charge.

Training in Nottinghamshire:

- http://www.nottinghamshire.gov.uk/nscb/training/external-training-opportunities

Training in Doncaster:

- www.doncasterdomesticabuse.co.uk

8. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

The Trust will monitor compliance with this procedural document by;

- Ongoing review during MARAC processes.
- Quarterly monitoring of training compliance to be undertaken by Head of Safeguarding.
- Audit of knowledge of policy to be included in the safeguarding Audit undertaken by Safeguarding Team.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Training	Head of Safeguarding- Trust overview Care Group Heads of nursing – care group overview	On a quarterly basis or more frequently if issues identified	SSPB Care Group Governance groups

Policy compliance	Care Group Management Teams	Annual Basis	Care Group Governance Group
Incidents where there is a domestic abuse component / Adverse incidents reported on Datix	Head of Safeguarding and safeguarding team	Annual overview plus individual incident reviewed	Strategic Safeguarding People Board
MARAC Adherence to Standard Operating Procedure	Head of Safeguarding	Annual Review	SSPB

9. DEFINITIONS

Adult: Any person having attained 18 years of age.

Domestic Abuse: Any Incident of threatening behaviour, violence or abuse (Psychological physical, sexual, financial, or emotional) between adults who are, or have been, intimate partners, or family members, regardless of their gender or sexuality.

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.

MAPPA (Multi-Agency Public Protection Arrangements): Support the assessment and management of the most serious sexual and violent offenders. The aim of MAPPA is to ensure that a risk management plan drawn up for the most serious offenders. MAPPAs were introduced in 2001 and bring together the Police, Probation and Prison Services.

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 3.

11. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Equality Analysis Policy	CORP/EMP 27
Health and Safety Policy	CORP/HSFS 01
Mental Capacity Act 2005 Policy and Guidance including DoLS	PAT/PA 19
Policy for the Reporting and Management of Incidents and Near Misses	CORP RISK 13
Privacy and Dignity Policy	PAT/PA 28
Risk Identification, Assessment and Management Policy	CORP/RISK 30
Safeguarding Adults Policy	PAT/PS 8
Safeguarding and Promoting the Welfare of Children	PAT/ PS 10
Information Records Management: Code of Practice	CORP/ICT 14
Health and Wellbeing Policy	CORP /EMP 31

Please also see :
Maternity Services Guideline 37 'Guidelines and care pathway for addressing the issue of Domestic abuse'

Current Legislation
1. Crime and Disorder Act 1998.
2. Domestic Violence Crime and Victims Act 2004 Amendment 2012
3. Children Act 1989 and 2004
4. Sexual Offences Act 2003
5. Female genital Mutilation Act 2003
6. Forced marriage Act 2007
7. Crime and Security Act 2010
8. Protection from Harassment Act 1997 amended by the Protection of freedom Act 2012 to include 2 new offences for stalking.
9. Anti - Social Behaviour Crime and Policy Act 2014

12. REFERENCES

DOH (2002) Domestic Violence: A Resource Manual for Heath care Professionals, *Department of Health*, London

DOH (2005) Responding to Domestic Abuse: a handbook for health professionals, *Department of health*, London

DOH (2012) Striking the Balance: Practical Guidance on the application of Caldicott Guardian Principles to Domestic Violence and MARACs (Multi Agency Risk Assessment Conferences), *Department of Health*, London, [online] Accessed 13 May 2012, Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133594.pdf

Doncaster Health Community (2010) Safeguarding Adults Training and Education Strategy 2010 – 2013, *DHC*, Doncaster

Doncaster Metropolitan Borough Council (2011) Safer Doncaster, Partnership, Domestic violence strategy 2008 - 2011, *DMBC*, Doncaster

Home Office Violent Crime Unit (2004) Developing Domestic Violence Strategies – A Guide for Partnerships, Home Office, London

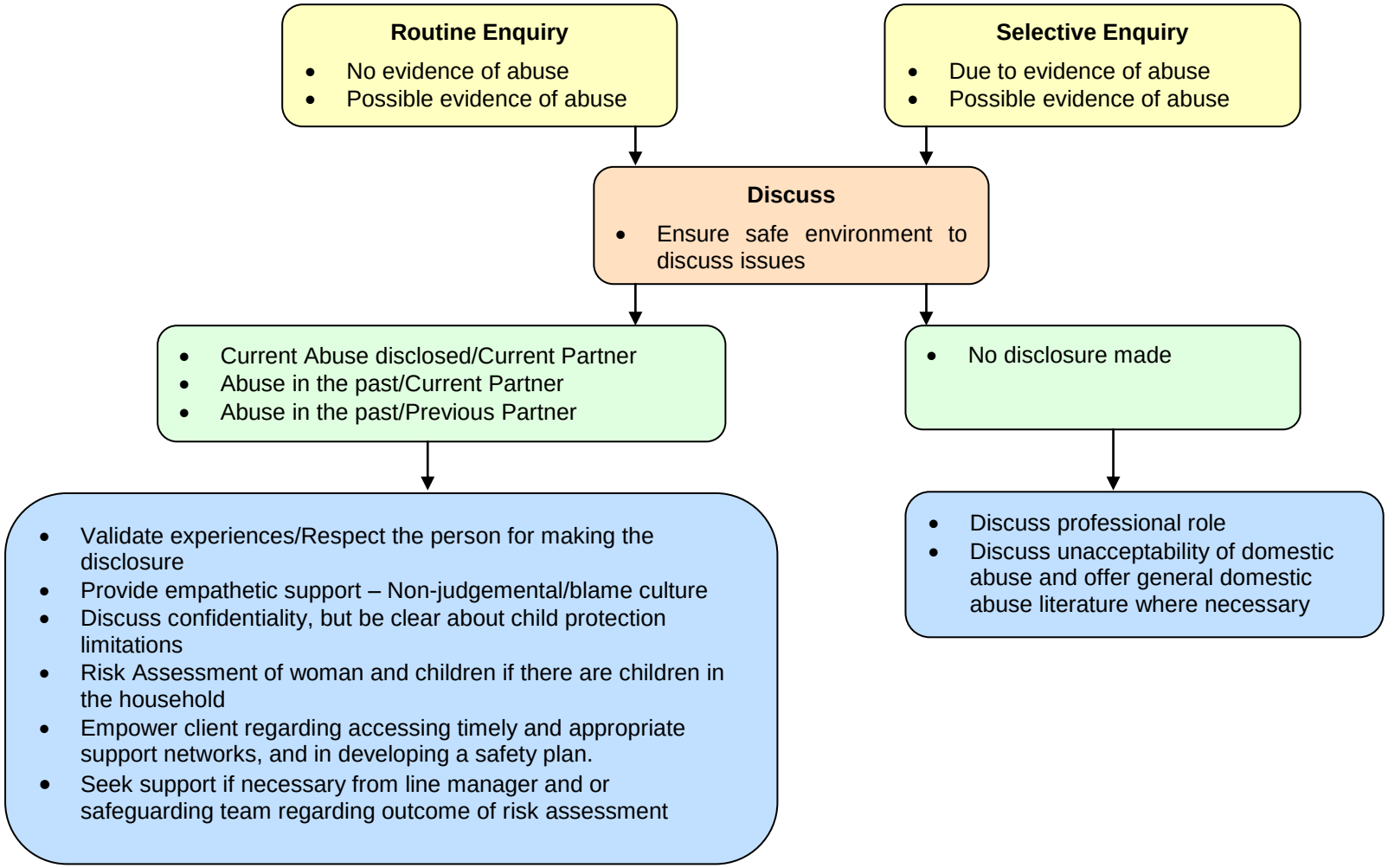
National Institute for Health and Clinical Excellence (2010) Pregnancy and Complex Social Factors: A model for service provision for pregnant women with complex social factors, *Royal College of Obstericians and Gynaecologists*, London

RCM (2006) Domestic Abuse: pregnancy, Birth and the Peurperium, Position Paper 11, *Royal College of Midwives*, London http://www.rcm.org.uk/info/docs/DomesticAbusePosition_Statement_1.pdf

NICE guidelines [PH50] (February 2014) - Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively.

APPENDIX 1

Care Pathway for Domestic Abuse Victims



APPENDIX 2

Risk Assessment Framework

Responding to Domestic Abuse: a handbook for health professionals, *Department of health*, London (2005)

APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Domestic Abuse	Safeguarding	Deborah Oughtibridge	Revised policy	December 2015

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 Gidance

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

- **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: December 2018

Checked by: **Deborah Oughtibridge** **Date: December 2015**

APPENDIX 4

The NICE 2014 recommendations that are particularly relevant to DBHFT are as follows:

Recommendation 6

Health and social care service managers and professionals.

Recommendation 7

Health, social care, education, criminal justice, probation and voluntary and community sector commissioners and service providers involved with those who experience or perpetuate domestic violence and abuse.

Recommendation 8

Managers of domestic violence and abuse services: staff in all health and social care settings, including the public, voluntary and community sectors, and those they work with. The latter includes: criminal justice, including prisons, early years and youth services, housing, the police, schools and colleges, and services for older people.

Recommendation 9

Health and social care commissioners and service providers in the public, voluntary and community sector; managers and commissioners of interpreting services.

Recommendation 10

Local safeguarding children boards and other local partnerships with a responsibility for safeguarding children; providers of services where children and young people who are affected by domestic violence and abuse may be identified in the public, community and voluntary sectors. The latter includes: accident and emergency departments, child and adolescent mental health services, dental services, GP practices, health visiting, maternity services, sexual health services and other health services; early years services, schools and colleges, school nursing services; social care; specialist paediatric services for child safeguarding and looked after children; alcohol and drug misuse services; youth justice services.