

University Hospitals of North Midlands 

NHS Trust

Policy No. (C37) Trust Policy Dealing with Domestic Abuse

The following personnel have direct roles and responsibilities in the implementation of this policy:

- All Trust Staff

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Executive Lead:	Chief Nurse

Version Control Schedule

Final Version	Issue Date	Comments
1	February 2016	New Policy

FOI ref 204-1920

Statement on Trust Policies to be included in all policies

Staff Side and Trade Unions

The University Hospitals of North Midlands NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way in which we provide services to the public and the way in which we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

Equality and Diversity

The University Hospitals of North Midlands aims to promote equality and diversity and value the benefits this brings. It is our aim to ensure that all staff feel valued and have a fair and equitable quality of working life.

Equality Impact Assessment

The organisation aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment tool is designed to help you consider the needs and assess the impact of your policy.

Information Governance

Any Trust policy which impacts on or involves the use and disclosure of personal information (patient or employee) must make reference to and ensure that the content of the policy is comparable with the relevant statutory or legal requirement and ethical standards

Data Protection Bill, General Data Protection Regulations (GDPR) and the NHS Code of Confidentiality

GDPR replaces the EU Data Protection Directive of 1995 and supersedes the law of member states that were developed in compliance with the Data Protection Directive 95/45/EC. Its purpose is to protect the "right and freedom" of natural persons (i.e. living individuals) and to ensure that personal data is not processed without their knowledge, and, wherever possible, that it is processed with their consent.

Processing includes holding, obtaining, recording, using and disclosing of information and applies to all forms of media, including paper and images. It applies to confidential patient information but is far wider in its scope, e.g. it also covers personal records

While GDPR applies to both patient and employee information, the Confidentiality Code of Practice (COP) applies only to patient information. The COP incorporates, the requirements of GDPR and other relevant legislations together with the recommendations of the Caldicott report and medical ethics considerations, in some cases extending statutory requirements and provides detailed specific guidance.

Freedom of Information Act 2000

The Freedom of Information Act 2000 (FOIA) is an Act which makes legal provision and creates a legal gateway and timetable for the disclosure, to the public, of the **majority** of corporate information held (but not necessarily created) by this Trust. The Trust has a legal responsibility to proactively provide a large amount of information to the public and to pro-actively respond to specific requests for information. Information will not be disclosed when the Trust can claim legal exemption. Any non-disclosure must be conveyed in writing; quoting the relevant exemption together with signposting to internal and external methods of complaint. Locally, guidance on the DPA, FOIA and COP can be obtained from the Information Governance Manager or the Caldicott Guardian.

Mental Capacity Act

Any Trust policy which may affect a person who may lack capacity should comply with the requirements of the Mental Capacity Act 2005 (MCA)

The MCA and its associated Code of Practice provides the framework for making decisions on behalf of

individuals who lack the mental capacity to do these acts or make these decisions for themselves. Everyone working with and/or caring for adults who lack capacity, whether they are dealing with everyday matters or life-changing events in the lives of people who lack capacity must comply with the Act.

In a day to day context mental capacity includes making decisions or taking actions affecting daily life – when to get up, what to wear, what to eat etc. In a legal context it refers to a person's ability to do something, including making a decision, which may have legal consequences for the person lacking capacity, or for other people.

The Code provides guidance to all those working with and/or caring for adults who lack capacity, including family members, professionals and carers. It describes their responsibilities when acting or making decisions with, or on behalf of, individuals who lack the capacity to do this for themselves. In particular, it focuses on those who will have a duty of care to a person lacking capacity and explains how the legal rules set out in the Act will work in practice.

The Health Act: Code of Practice for the Prevention and Control of Health Care Associated Infections

The purpose of the Code is to help NHS bodies plan and implement how they can prevent and control HCAI. It sets out criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean, safe environment, where the risk of HCAI is kept as low as possible. Failure to observe the Code may either result in an Improvement Notice being issued by the Care Quality Commission, or in the Trust being reported for significant failings and placed on 'Special Measures'.

The Code relates to healthcare provided by all NHS bodies. Each NHS body is expected to have systems in place sufficient to comply with the relevant provisions of the Code, so as to minimise the risk of HCAI to patients, staff and visitors.

The Trust Board must have an agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.

Effective prevention and control of HCAI must be embedded into everyday practice and applied consistently by all staff.

Human Rights

The Trust is committed to the principles contained in the Human Rights Act. We aim to ensure that our employment policies protect the rights and interests of our staff and ensure that they are treated in a fair, dignified and equitable way when employed at the Trust.

Sustainable Development

The University Hospitals of North Midlands NHS Trust (UHNM) is committed to demonstrating leadership in sustainability and has a Trust Board approved Sustainable Development Management Plan (SDMP): Our 2020 Vision: Our Sustainable Future which sets out the route to developing a world-class healthcare system that is financially, socially and environmentally sustainable.

There are three 'Key Priorities' to aim for by 2020. With the help of employees, key partners and other stakeholders the trust will embed opportunities to:

1. Reduce our environmental impact, associated carbon emissions and benefit from a healthier environment;
2. Improve the resilience of our services and built environment as a result of severe environmental and climatic changes;
3. Embed sustainable models of care and support our local community to be well-connected, healthy, resilient, independent and managing their lives in a positive way.

The SWITCH campaign is designed to achieve these priorities. It is relevant to all departments and all members of staff. The focus is on using resources sustainably in order to provide better patient care, improve health and our working environment.

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1. INTRODUCTION

- 1.1 Domestic abuse occurs in all ages, communities and sexual orientation, evidence of which is often hidden, not only by the perpetrators but also the victims themselves. It accounts for 25% of all violent crime, (DMBC 2011) and covers offences ranging from common assault to murder. It has a massive impact on victims, their children, and the wider community (Home Office 2004)
- 1.2 Statistics and research show that women and children are the main victims and men the perpetrators; however it is recognised that one in six men also experience domestic abuse within their lifetime.
- 1.3 The negative impact of domestic abuse on the health of women and children is recognised both nationally and internationally. Living with domestic abuse raises significant child protection issues and the potential for the lifelong disadvantages in health and should be considered in the context of child protection.
- 1.4 The figures suggest:
 - 1:3 women and 1:6 men experience domestic abuse at some point in their lives (Home Office 2004)
 - More than 30% of cases first start during pregnancy
 - 40-60% of women experiencing domestic abuse are abused during pregnancy
 - In over 50% of known domestic abuse cases, children were also directly abused
 - About 750,000 children witness domestic abuse every year. Even if a child is not directly abused themselves, 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 abuse.
 - Routine enquiry about domestic abuse increases detection rates, information giving and referrals
 - There is an increasing amount of abuse perpetrated by adults on elderly parents (Home Office 2004)

An "Equality Impact Assessment" has been undertaken and no actual or potential discriminatory impact has been identified relating to this document.

This policy should be read in conjunction with:

- ASQUAM Guideline for the Management of Women at Risk of Domestic Abuse in Pregnancy
- C23 Trust Policy for Managing Risks Associated with Safeguarding Children
- C36 Policy for the Protection of Vulnerable Adults from Abuse
- NICE – Domestic Violence and Abuse: how health services, social care & the organisations they work with can respond effectively.
- Management of Violence & Aggression at Work.

This policy aims to:

- Support patients and staff to make balanced and informed decisions around the identification and reporting of instances of domestic abuse and the support provided to victims and the identification of perpetrators including perpetrator programmes.
- Ensure appropriate assessment of instances of potential abuse is always made for each person and is escalated appropriately.
- Ensure appropriate training is identified.
- Ensure appropriate actions are undertaken in the support of those where domestic abuse is suspected or identified.

- Reduce instances when domestic abuse goes unrecorded and the victims unsupported.
- Guidance on the risks of “just leave” advice.

Objectives:

- All staff will be made aware of this policy and the associated assessment documentation.
- All relevant staff will receive training in identifying, assessing and managing suspected and identified instances of domestic abuse.

2. STATEMENT

This policy aims to create a framework of action within the Trust to ensure a consistent and effective multi-professional response to the Government’s drive in tackling domestic abuse. The NHS has a particular contribution to make because it is the one service that almost all victims of domestic abuse will come into contact with at some point in their lives.

This policy acknowledges that domestic abuse can affect women, men, those in same sex relationships, siblings, children & parents.

3. SCOPE

This policy is aimed at **all University Hospitals of North Midlands staff**. It is especially important for those staff who work face to face with patients, such as therapists, doctors and nurses who are likely to be the first point of contact for those who may be experiencing abuse; are able to develop a relationship with the person over time and increase the chance of them disclosing abuse and seeking advice.

4. DEFINITIONS

The definition of domestic abuse used by University Hospitals of North Midlands is as defined by the Home Office:

‘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 (Family members are: mother, father, son, daughter, brother, sister and grandparents: directly-related, in-laws or step-family) 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; 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,

NB:

Previously, if anyone involved in an incident was under the age of 18 then the Incident was not classed as a Domestic Violence incident. Under the new standard if a minor is involved in the relationship then the qualifying age for those involved in the incident in relation to Domestic Violence will reduce to include anyone 16 years or over. Anyone falling into this new category involved in a Domestic Violence Incident should be risk assessed by completing a risk assessment and referrals considered for a Multi-Agency Risk Assessment Conference (MARAC).

Sexual violence and abuse can be defined as any behaviour perceived to be of a sexual nature which is unwanted and takes place without consent or understanding. The definition of serious sexual violence used by University Hospitals of North Midlands NHS Trust is as follows:

Serious Sexual Violence includes:

- **Rape**
- **Assault by penetration**
- **Inducement, threat or deception to procure sexual activity with a person with a mental impairment (involving penetrative activity) and**
- **Incest**

5. ROLES AND RESPONSIBILITIES

Quality & Safety Forum

The Quality & Safety Forum are responsible for signing off the policy.

Directors

The Chief Nurse has lead director responsibility for this policy.

Trust Safeguarding Steering Group

Members of the Trust Safeguarding Steering Group, together with General Managers, Associate Chief Nurses and Matrons are responsible for ensuring this policy is accurate, up to date and is understood by all staff.

Specialist Staff

The Operational Lead for Safeguarding is responsible for developing and implementing this policy and procedures.

Staff

All staff need to be aware of the policy and how it impacts on their practice. It is the responsibility of staff to ensure they keep up to date with the contents of this policy and implement when relevant.

6. Education & Training

All qualified staff will need to have an awareness of Domestic Abuse. All clinical areas will have a Safeguarding Adults Clinical Champion who will support awareness raising amongst the team.

Training should be held in the staff personal record, ideally within ESR.

7. MONITORING AND REVIEW ARRANGEMENTS

Monitoring of this policy is outlined in the table below:

MONITORING COMPLIANCE TO TRUST DOCUMENTS	
Aspect of compliance or effectiveness being monitored	The local arrangements for managing the risks associated with domestic abuse. The organisation's expectations in relation to staff training.
Monitoring method	Number of Referrals and Case reviews. Percentage compliance of staff trained in Domestic Abuse Awareness.
Individual and department responsible for the monitoring	Senior Nurse Safeguarding
Frequency of the monitoring activity	Quarterly
Committee which will receive the findings/monitoring report	Vulnerable Adults Safeguarding Working Group
Committee responsible for ensuring actions are completed	Vulnerable Adults Safeguarding Working Group

Outline the process to monitor compliance with the effectiveness of the policy. As a minimum, this should include:

- Quarterly training figure
- Monitor number of referrals

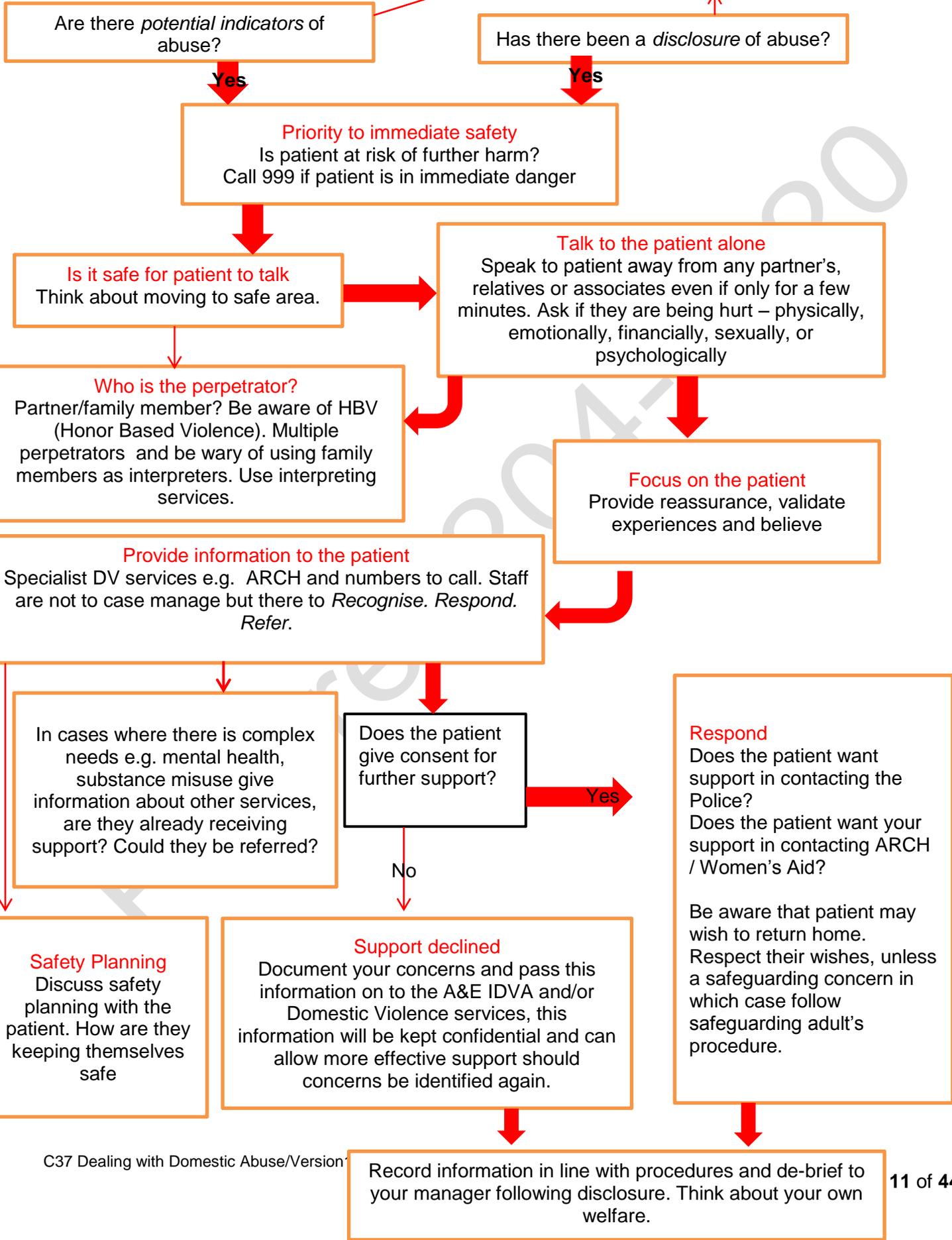
7. REVIEW

To be reviewed in one year or sooner if legislation alters

8. APPENDICES

APPENDIX 8.1

Consider if there are adult safeguarding concerns – refer to Policy C36. Are there any concerns for children including unborn – refer to Policy C23.



APPENDIX 8.2

Abuse and Violence against another person is not acceptable

Every minute in the UK an incident of domestic abuse is reported to the Police and it is estimated that on average 1 in 3 women and 1 in 6 men will experience domestic abuse at some stage in their lifetime. Domestic abuse can take many forms including physical, emotional, financial, psychological, sexual and so called "honour based" violence.

According to Walby and Allen's findings in March 2004, 64% of women and 94% of men subject to domestic abuse did not think that what had happened to them was a crime. It therefore stands to reason that the number of reported incidents is merely the tip of the iceberg.

Findings from the British Crime Survey 2009/10 indicate that serious sexual violence is most likely to be committed by someone known to the victim. For women who had been victims of serious sexual assault since they were 16, the most common offender was a partner (54%). For men who had been victims of any sexual assault since they were 16, the most common offender was a stranger (51%) or someone else known (e.g. date, friend, acquaintance or colleague; 45%).

Some specialities may be more likely to come into contact with domestic abuse than others; however it is imperative that there is an increased awareness as to the extent of domestic abuse across all sectors of healthcare.

Victims may attend Accident and Emergency due to the 24-hour access and anonymity they provide for immediate treatment of injuries. However, the emotional and psychological consequences of being abused and controlled lead to many abused women and men using mental health services or reporting depressive symptoms.

APPENDIX 8.3

Effect of Domestic Abuse in Children and Young People

Children of all ages are individuals and may respond to witnessing abuse in different ways. Some of the effects may include:

- Anxiety or depression
- Difficulty sleeping
- Nightmares or flashbacks
- Being easily startled (hypersensitive)
- Complain of physical symptoms such as tummy aches
- Enuresis
- Temper tantrums
- Behave as though they are much younger than they are (regression)
- Problems with schooling, poor school attendance/late for school
- Aggression or they may internalise their distress and withdraw from other people
- Have a lowered sense of self-worth
- Begin to play truant, run away or start to use alcohol or drugs.
- Staying at home to protect the adult victim
- A deterioration in school attainment and achievement
- Self-harm by taking overdoses or cutting themselves
- Eating disorders

Children may also feel angry, guilty, insecure, alone, frightened, powerless or confused. They may have ambivalent feelings towards both the abuser and the non-abusing parent.

Children living in households where domestic violence is happening are now identified as “at risk” under the Adoption and Children Act 2002. From 31 January 2005, Section 120 of this act extended the legal definition of harming children to include harm suffered by seeing or hearing ill treatment of others. This would include witnessing domestic abuse.

Domestic Abuse/Violence can start at any point but often starts or escalates during pregnancy putting the unborn baby at risk.

Babies under one who live with domestic violence have been shown to display poor health, poor sleeping and excessive crying.

Children and young people can be harmed in the violence or in trying to protect the victim but all children living with domestic abuse suffer emotional harm

In all cases where children & young people are known to be in the household where Domestic Abuse takes place they should be referred to Children Social Care and a plan agreed on further support and action required.

Health staff should follow Safeguarding Children procedures (Trust Policy C23 – Risks Associated with Safeguarding Children) and seek advice if you are concerned from children’s social care.

If the family resides within Staffordshire First Response on 08001313126 or the Emergency Team on 08456042886 (out of office hours)

If the family resides within Stoke on Trent Advice and Referral Team (ART) on 01782 235100 or 01782 232641(out of office hours)

If the family resides out of the area their local Safeguarding Team must be contacted.

It is imperative that staff access the Safeguarding Children Policy and procedures. The child's needs are paramount to that of the parent or guardian. If in doubt, staff must seek advice from their manager or the named professionals for Safeguarding Children or the consultant paediatrician "on call".

If there are reasons to believe that children are at risk, their protection must take precedence over confidentiality and the parents/ carer made fully aware of this and Safeguarding Children procedures followed. All staff need to be aware of the multi- agency information sharing protocol.

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APPENDIX 8.4

Teenage Relationships

Research has shown that some teenagers have worryingly high levels of acceptance of abuse within relationships and often justify the abuse with the actions of the victim, e.g. because they were unfaithful.

Some of the signs below could indicate that a young person is experiencing relationship abuse. This list is not exhaustive and young people respond differently. These signs could also be due to other causes, but it is useful to be aware of common responses:

- Physical signs of injury / illness
- Truancy, failing grades
- Withdrawal, passivity, being compliant
- Changes in mood and personality
- Isolation from family and friends
- Frequent texts and calls from boyfriend / girlfriend
- Inappropriate sexual behaviour / language / attitudes
- Depression
- Pregnancy
- Use of drugs / alcohol (where there was no prior use)
- Self-harm
- Eating disorders or problems sleeping
- Symptoms of post-traumatic stress
- Bullying / being bullied
- Being late for school / not attending (especially if abuser attends same school)
- Arriving early / staying late to avoid abuser
- Disturbed sleep affecting concentration
- Not focussed in lessons as he or she is preoccupied and worried
- Very gendered expectations of career and achievement
- Feeling unsafe as afraid of being tracked by abuser via school
- Appearing isolated and removed

In all cases involving young people less than 18 years of age you should seek advice and follow Safeguarding Children procedures.

Where there has been an actual assault of the young person consideration should be taken with the young person around reporting the incident to the Police.

APPENDIX 8.5

Signs of Domestic Abuse in Adults

Domestic abuse is physical, sexual, psychological, emotional or financial abuse that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so-called 'honour crimes'.

Signs/behaviours may include:

- **Destructive criticism and verbal abuse** - shouting, mocking, accusing, name calling, verbally threatening
- **Pressure tactics** - sulking; threatening to withhold money, taking away mobile phone, take transport away, threaten to commit suicide, take the children away, malicious reporting to welfare agencies; lying to friends and family about; refuse the right to make own decisions
- **Disrespect** - persistently being put down in front of other people; not listening or responding; interrupting phone calls; taking money without asking; refusing to help with childcare or housework
- **Breaking trust** - lying; withholding information; being jealous; having other relationships; breaking promises and shared agreements
- **Isolation** - monitoring or blocking phone calls; controlling where and when a partner can go and not go; prevention of seeing friends and relatives
- **Harassment** - stalking; constantly checking up; opening mail; being made to feel embarrassed or humiliated in public
- **Threats** - making angry gestures; using physical size to intimidate; shouting down; destroying possessions; breaking things; punching walls; wielding a knife or a gun; threatening to kill or harm partner, children, pets other family members
- **Sexual violence** - using force, threats or intimidation to make partner perform sexual acts; sex when partner is not willing; any degrading treatment based on sexual orientation
- **Physical violence** - punching; slapping; hitting; biting; pinching; kicking; pulling hair; pushing; shoving; burning; strangling

APPENDIX 8.6

Signs of Sexual Violence in Adults

Sexual Violence includes any forced or coerced involvement in sexual activity. It may involve physical contact such as:

- Rape (heterosexual, gay or lesbian), oral sex
- Kissing and unwanted touching
- Being coerced into physical activity such as masturbating the perpetrator or carrying out sexual acts for which others pay the perpetrator
- Subjected to being coerced or physically restrained in order to be forced to watch pornographic imagery

Signs may include:

- Signs of sexual activity such as sexually transmitted diseases or pregnancy
- Pain, soreness, itchiness, tears or bruises in genital or anal areas, breasts, or inner thighs
- Unusual difficulty in walking and sitting
- Signs that someone is trying to take control of their body or body image, such as head banging, self-harm, putting on or losing a lot of weight, anorexia or bulimia
- Sexualised behaviour by the person experiencing the abuse towards the perpetrator and/or towards other people
- Behaviour that indicates that the person is afraid of the perpetrator, or a change of behaviour in presence of the perpetrator or avoiding the perpetrator
- It may be that the perpetrator is observed to have an overly familiar or sexual relationship with the person experiencing abuse

APPENDIX 8.7

Disclosure by Adults

If you **suspect** abuse, but there is no disclosure:

- Decide if you are the appropriate person in your service to inquire further. If not, then report your concern to the identified colleague or manager in charge of the Ward / Department.
- Where indicated, use the appropriate procedures for safeguarding children and vulnerable adults. Please refer to Policy C36 – Protection of Vulnerable Adults and Policy C23 – Managing risks associated with safeguarding children.
- Individual service procedures should include:
 - Establishing a rapport with the person before asking sensitive questions
 - Be honest about the fact that it is routine in some circumstances to ask questions about domestic abuse because it is a health issue
 - Asking indirect questions about their situation e.g. how are things at home; do you get on well with your partner
 - Making a detailed record of your conversation and answers given within the Medical notes.
 - Providing contact details for local domestic abuse services e.g. IDVA (see section 15), workers and Women's Aid or, if a male, Support and Advice for Men (SAM) and national helpline numbers.

If abuse is **disclosed** to you, however partially, then:

- If you are not the appropriate person to assist further, offer the assistance of the appropriate colleague or manager. If the adult asks that no further action is taken, you will need to explain your own need to discuss this matter with the identified colleague or manager and document in the medical notes the discussion held and advice given.
- Where indicated use the appropriate procedures for safeguarding children and vulnerable adults
- If you are the appropriate person to make an enquiry where abuse is suspected you should follow your service procedures

Where appropriate:

- Provide emergency assistance and/or contact emergency services (dial 999) to ensure the immediate health and safety of the person concerned, yourself and others.
- Listen carefully to what the adult wants to happen as a result of talking to you. With permission and where appropriate to the disclosure, check out these immediate safety issues:
 - Does the person at risk have emergency contact numbers?
 - Does the person at risk have a safe means of contacting emergency services?
 - Does the person at risk need to move to a place of safety?
 - If not does the person at risk need to make their home more secure?
 - Can the person at risk leave some emergency money, keys and important documents with anyone safe in case they need to leave in an emergency?
 - If the person at risk has children at school, does the school know of his/her circumstances?
 - Is there someone the person at risk can talk to and trust?
 - If the person at risk has pets, can they be left with someone?
- Consider whether the person is a vulnerable adult at risk and requires a vulnerable witness interview

In all cases:

- Offer a gender appropriate person and a safe and private place for further discussion. Do not ask about domestic abuse or sexual violence in the presence of partners or other family members. Provide a trained interpreter if necessary. Do not suggest using family or friends to interpret for you
- Explain that no information will be provided about what has been discussed to family, friends or alleged perpetrator

In every case written information should be offered, which contain details of specialist support services

- Be clear about what you will do and who, if anyone, you will be contacting on behalf of the adult
- Be clear what the contact arrangements will be if further contact with you is requested

Assessment of Safety

The victim is ultimately the only one who can reliably predict the risk he or she faces and the likelihood of further incidents.

The health professional should support the person in the decisions and choices s/he wishes to make.

Assess:

- The person's current fear of the situation and his/her beliefs about immediate danger
- The safety of any children
- The availability of emotional and practical support (e.g. friends and family)
- Her/his knowledge of services available and that it is safe for him/her to take information about these services.

It is not the responsibility of the health professional to give advice on what direct action should be taken by the victim of abuse. Ill-informed advice such as to leave an abusive relationship can be positively dangerous. Women who leave their partners can face an increased risk of assault (Home Office 1999). However at a minimum the health professional should provide the person with information about where s/he can go for help.

APPENDIX 8.8

Whistleblowing at work

In cases where the perpetrator may be a work colleague or manager the health care professional has a responsibility to discuss the matter with their line manager/HR department as relevant. Always act whenever abuse is suspected including when your legitimate concern is not acted upon. Whistleblowers are given protection under the Public Interest Disclosure Act 1998.

If the victim is a member of staff, they may self-refer to occupational health who, if appropriate, may sign post the individual to appropriate professional support.

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APPENDIX 8.9

Confidentiality & Information Sharing – Children and Adults

Where there are safeguarding concerns, staff have a duty to share information. It is important to remember that in most serious case reviews, lack of information sharing can be a significant contributor when things go wrong.

Information should be shared with consent wherever possible. An individual's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or best interests e.g. in the interests of public safety, police investigation, implications for regulated service, or you believe a child is at potential risk of significant harm.

General guidance includes:

- Information should be treated in the utmost confidence and not divulged to anyone outside the organisation except where:
 - there is risk to another person
 - there is risk to the service user
 - there are child protection issues
- All information should be stored securely. It is stored as potential forensic evidence should a case be required to be presented in court.
- Clear and explicit boundaries of confidentiality must be stated from the outset of any consultation around Domestic Abuse/ Sexual Violence, including situations where confidentiality may be breached.
- No conversation about an individual should take place with anyone who does not work for the service either as a volunteer or as a paid employee **especially not in front of a potential perpetrator.**
- No personal information about an individual should be given to any third party even if the person is a member of their family.
- Confirm arrangements of future contact. Details of a 'safe' telephone number/contact details should be recorded and maintained at all times.
- Information will only be passed to another agency with the consent of the client unless exceptions as above apply.

Seven "GOLDEN RULES" for information sharing:

1. **Remember that the data protection is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case. **Speak with someone more senior if unsure**

5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

For further information on information governance refer to the link below

<https://www.gov.uk/government/the-information-governance-review>

APPENDIX 8.10

Independent Domestic Abuse Advisors (IDVA)

The main purpose of independent domestic violence advisors (IDVA) is to address the safety of victims at high risk (16+ on DASH risk assessment) of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. 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, discuss the range of suitable options and develop safety plans.

They are pro-active in implementing the plans, which address immediate safety, including practical steps to allow the client to protect themselves and their children, as well as longer-term solutions. These plans will include actions from the MARAC as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other organisations. IDVAs support and work over the short- to medium-term to put their clients on the path to long-term safety. IDVAs receive specialist accredited training and hold a nationally recognised qualification.

To contact the IDVA services please ring:

Staffordshire Women's Aid on 0870 0270 0123
ARCH (Stoke on Trent) on 01782 205500

APPENDIX 8.11

Emergency Accommodation & Refuge

Accommodation for women and children

A refuge is a safe house which offers temporary accommodation for mainly women and their children. Some refuges are specifically for women from particular ethnic or cultural backgrounds – for example Black, Asian or South American women. Some refuges have disabled access, and staff and volunteers who can assist women and children who have special needs.

All refuge addresses and most telephone numbers are confidential, so that it's difficult for the abuser to find a victim who has left home. The person will usually be unable to stay in a refuge in their local area – this is for safety reasons. The refuge staff will want to be sure that the abuser will not be able to find them. Because of this they will need to be a safe distance from the areas that the abuser has associations with.

How do I arrange refuge accommodation?

You can call **Staffordshire Women's Aid on 0870 270 0123** which is a 24 hour helpline or ARCH on 01782 222421. It is best to phone the helpline as soon as a decision is made for the victim to go into a refuge. It is much easier to find a space in a refuge during the week, and the person can go into a refuge on the same day. **The National Domestic Violence Helpline on 0808 2000 247** also operates 24 hours a day, 7 days a week and can be contacted for advice and support.

Once refuge accommodation has been arranged, a refuge worker will discuss the location of the refuge. **It is important that you keep this information confidential.**

Accommodation for males

Whilst they are fewer in number, there are some refuges for male victims of domestic abuse. Some domestic abuse services also offer dispersed accommodation for males or for females with male children over the age of 12 years.

If you are looking for accommodation for a male victim of domestic abuse please contact **National Men's Advice Line on 0808 801 0327** or contact numbers as documented in Appendix 2, Domestic Abuse Support Services.

APPENDIX 8.12

Sexual Assault Referral Centre (SARC)

A SARC is a specialist 24/7 service for men, women and children who have been raped or sexually assaulted.

They aim to provide the following services under one roof:

- Medical care and forensic examination following assault/rape
- Counselling
- Sexual health services

Services are free of charge and provided to women, men, young people and children (although not all centres may currently be able to assist children).

SARCs are mostly able to assist in the immediate aftermath of an assault, within the previous 7 days, but do not offer long term services that are provided by Rape Crisis Centres.

Most SARCs are able to offer services to anyone including those who do not wish to report the assault to the police ('self-referrals'). Service users can then choose whether they would like to inform the police at a later stage and have their samples stored whilst they are considering what to do next. It is hoped that through this option service users can take back some control over what is happening whilst allowing more time to make such an important decision.

In order to preserve any evidence that may be present it is vital that help from the SARC is accessed *immediately after* an assault. In addition, SARCs can advise on and assist with other medical needs.

The SARC in Stoke on Trent is contacted on telephone 0300 790 0166.
http://www.drconline.org.uk/s_millfield_house.php

APPENDIX 8.13

Forced Marriage

What is a 'forced marriage'?

This is a marriage that happens **without** the full and free consent of both people. 'Force' can include:

- Physical force
- Being threatened
- Being a victim of psychological abuse.

'Forced marriages' are not the same as 'arranged marriages'. In an arranged marriage, families take the lead in selecting and introducing a marriage partner and the couple have **free will** and **choice** to accept or reject the arrangement.

Warning signs

Below are some warning signs that may indicate the possibility of an impending forced marriage:

- Extended absence from school/college, truancy, drop in performance, low motivation, excessive parental restriction and control of movements and history of siblings leaving education early to marry
- Poor attendance in the workplace, poor performance, parental control of income and limited career choices
- Evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse
- Evidence of family disputes/conflict, domestic violence/abuse or running away from home

What help is available?

Where criminal offences have been committed e.g. assault, kidnap or false imprisonment the police can assist with a prosecution (see Appendix 2 for contact details for Forced Marriage Unit).

Where there is any safeguarding issues the relevant services should be contacted e.g. Adult Social Care and Children and Young People's Services.

A Forced Marriage Protection Order (FMPO) can be applied for through the civil courts in order to prevent a forced marriage from occurring.

What is a Forced Marriage Protection Order?

A victim of forced marriage, or somebody else on their behalf, can apply to a Court in England and Wales for a Forced Marriage Protection Order.

This Order is granted by a judge and can be used to prevent someone being forced into a marriage or to protect someone who has already been the victim of a forced marriage.

The Order aims to change the behaviour of anyone who is trying to force someone into marriage. It is a legal document and places conditions on their behaviour. If they disobey the Order, they could be arrested and sent to prison for up to two years.

APPENDIX 8.14

Honour Based Violence

Honour based violence occurs when an individual is punished by their family and/or community for behaving in a manner which is believed to have brought shame or dishonour. This type of violence can be distinguished from other forms of violence as it is often committed with some degree and / or collusion from the family and / or community.

Honour based violence includes acts of harassment, assault, imprisonment, unexplained death (suicide), forced pregnancy / abortion and in some cases murder. The family may perceive that the person has acted inappropriately and dishonoured the family and community, the violence carried out is to punish them for this.

Signs may include:

- Family history of missing relatives, self-harm or suicide
- Relatives making decisions on behalf of the victim
- Victims may truant or have extended absences from school due to policing at home
- Victims may report that they are being kept at home against their will
- There may be a decline in academic or work performance
- The victim may report threats to kill which tend to be credible
- Victims may report they are being emotionally blackmailed
- Victims may be isolated due to physical, financial or cultural barriers
- Victims may suffer from depression, self-harm or attempt suicide
- Psycho-somatic symptoms
- Emotional and/or physical abuse

Staff should report incidents to Police and/or Social Care as relevant.

APPENDIX 8.15

Female Genital Mutilation

- Female genital mutilation (FGM) includes procedures that intentionally alter or injure female genital organs for non-medical reasons
- The procedure has no health benefits for girls and women
- It is mostly carried out on young girls sometimes between infancy and age 15 years
- Procedures can cause severe bleeding and problems urinating, and later potential childbirth complications and new born deaths
- It is illegal to practice FGM in the UK

Multi-agency guidelines

The government has launched new guidelines to support front-line professionals such as teachers, health professional, police officers and social workers to prevent and tackle FGM. These can be found at:

<http://www.homeoffice.gov.uk/crime/violence-against-women-girls/female-genital-mutilation/>

What are the signs that someone may be at risk of FGM?

Suspicious may arise in a number of ways that a child is being prepared for FGM to take place abroad including:

- Knowing that the family belongs to a community in which FGM is practised. UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women
- Knowing that the family is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school
- The child may also talk about a 'special procedure / ceremony' that is going to take place. Girls are at particular risk of FGM during summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM

Indicators that FGM may have taken place

Indicators that FGM may already have occurred include:

- Prolonged absence from school,
- Noticeable behaviour change on return
- Long periods away from classes or other normal activities, possibly with bladder or menstrual problems.
- Some teachers have described how children find it difficult to sit still and look uncomfortable or may complain of pain between their legs

If you have concerns that a girl or young woman may be taken overseas for FGM then please contact the Foreign and Commonwealth Office on 020 7270 1500 or email fgm@fco.gov.uk. You should also consider calling, as appropriate:

- First Response on 0800 1311 126
- Staffordshire Public Protection Investigation Team on 101
- NSPCC on 0808 800 5000
- FORWARD (see Appendix 2) on 020 8960 4000

APPENDIX 8.16

Documentation

It is recommended that the health professional explains to the person the importance of documenting the information for any future legal case. It may provide “proof” of violence should s/he decide to prosecute now or in the future. Documentation should be factual and concise. Record what the service user has said about the domestic abuse rather than your assumption of what happened.

Recording

Recording details on suspected instances of domestic abuse can originate from many sources;

- Data from previous medical records which is suggestive of prior abuse.
- Time, date and place, in which the injuries were sustained, including witnesses, particularly children.
- If there are any children in the household or is the woman pregnant.
- If the person is specific who assaulted him/her write “patient states” using their own words.
- Avoid recording subjective comments such as “it was my fault because”
- The size, pattern, age description and location of all injuries should be recorded.
- Record non-bodily abuse for example torn clothes.
- Document the emotional distress.
- Record the medical attention given.
- Record what information has been given to the person and whether referrals to other agencies were made?

If you witness or are the first person to be told of the abuse ensure all the above information is documented in the medical notes.

APPENDIX 8.17

Male Victims of Domestic Abuse

1 in 6 men will experience domestic abuse at some stage in their lives. Abuse experienced by men is in many cases the same as that experienced by women.

To many, the idea of a grown man being frightened or vulnerable is a taboo, the idea of a man – usually physically the stronger – of being battered, ludicrous. Hence many male victims of abuse may feel “less of a man” for suffering abuse, feel as though they are in some way not manly enough and ought to have the ability to prevent the abuse.

Many men with children feel trapped in an abusive relationship because they fear that if they leave, they will lose contact with their children. They are aware that in most cases, residency is given to the mother, and they are afraid that even if they do disclose the abuse they have suffered in court, that they will either simply not be believed, or, worse, that their abusive partner will somehow ‘turn the tables’ on them, and they will be condemned as abusive and have an even harder time gaining any adequate contact, let alone residency of their children. There is also the very real concern of leaving children with the abuser without being able to protect them.

Men may find it difficult to disclose information if there has been incidents of abuse from their partner; generally men suffer from emotional and psychological abuse, in a heterosexual relationship, rather than physical abuse so there will not necessarily be evidence of abuse that can be seen. In situations of family abuse the abuser may be reliving an incident from his childhood that is affecting him as an adult; in same sex relationships men tolerate abuse of all kinds.

Should a man disclose that he has been a victim of abuse from his partner or a family member it is important to acknowledge that disclosure and offer assistance in finding help and support for him.

His pain is real and it will have taken a great deal of courage to disclose this information. Be aware that domestic abuse knows no boundaries and the male disclosing will need help and advice from specially trained workers who can deal with issues of male domestic abuse. He will be fearful of the repercussions of his disclosure and may not take up the offer of help immediately.

If you are looking for advice or accommodation for a male victim of domestic abuse please contact **National Men’s Advice Line on 0808 801 0327** (see Appendix 2 for additional contact numbers).

APPENDIX 8.18

Male Victims of Sexual Violence

It is estimated that around 1 in 20 men have been sexually assaulted at least once in their lifetime.

Men can be victims of sexual attack regardless of their sexual orientation. And while the attacker is more often male, men can be and are sexually assaulted by women.

Few people even realise that male rape exists. A man who is trying to come to terms with a sexual assault can feel like there is nowhere to turn. But secondly, society itself places certain expectations on men – they are supposed to be “strong” and “able to take care of themselves”. This only heightens the sense of confusion and self-doubt felt by survivors of male rape and sexual abuse; many of them end up blaming themselves specifically when the sexual abuse happened when the victim was a child. As an adult they will question themselves as to why they did not try to stop the abuser, but this is because they are now reflecting on the memory as an adult.

Because there is less awareness of males as victims of sexual assault, they may not come forward to report the assault to the police through fear that they will not be believed. Other fears include how they will be viewed by friends and family. The police know how difficult it is for victims to come forward and will be sensitive to the situation and treat the case with consideration. It is important that men report cases of sexual assault and seek the help and support they need.

Effects vary from individual to individual, but common effects include:

- Feelings of isolation, depression, anger, anxiety, issues about sexuality and gender
- Substance abuse, self-harm, eating disorders, negative body image, fears about abusing, hyperconsciousness of body and appearance, and even split or multiple personalities
- Difficulty in forming healthy relationships

All rape and serious sexual assault victims suffer in many different ways, some responses are gender specific, and some are not.

APPENDIX 8.19

Lesbian, Gay, Bisexual & Transgender (LGBT) and Domestic Abuse

Definition Same Sex Domestic Abuse – Domestic Abuse carried out by an intimate partner within a relationship where both parties are the same gender.

Domestic Abuse as a result of being LGBT – Domestic Abuse carried out by family members or former heterosexual partner against someone because of their sexual orientation or gender identity. There is a hate crime element to these crimes and incidents and in some cases honour based crime.

Key factors

- Having to 'out' themselves when reporting. In some cases repeatedly e.g. to police, health professionals, during court proceedings
- Fear of being 'outed'
 - Unintentionally – by police or service providers
 - Intentionally – by perpetrator to friends, family or work colleagues in retaliation for reporting
- Fear of a hostile or insensitive approach by service providers – this can be either justified or not by previous experience or prior community understanding
- Assumptions that there is equal power or that it is an equal fight within a same sex relationship
- Lack of knowledge on the victims' part about what domestic abuse is or that abuse is an accepted part of LGBT relationships
- Sexuality used as a tool to abuse – perpetrator may ridicule or belittle victim that they are 'not a real lesbian/gay man/woman because of...'
- Community – Victim may not report domestic abuse as doing so would mean the close knit social circle or LGBT community would find out and possibly ostracise them
- Lack of specialised services – including specialist safety planning, limited crisis housing for male victims and issues with refuges for females not allowing female perpetrators access

Further information

Male rape: information and advice for gay men guide visit

<http://www.healthygaynottingham.org.uk/pdf/files/MALERape.pdf>

Further information

Broken Rainbow policies, research and resources at <http://www.broken-rainbow.org.uk/policy.html>

CAADA Briefing on lesbian, gay, bisexual and transsexual (LGBT) domestic abuse at

http://www.caada.org.uk/practitioner_resources/Briefing%20on%20LGBT%20domestic%20abuse.pdf

Services

In addition to Domestic Violence services LGBT individuals can be referred to:

Broken Rainbow: 0845 260 4460 or www.broken-rainbow.org.uk

A helpline providing information and support to LGBT victims of domestic abuse.

APPENDIX 8.20

Domestic Homicide Review

A “Domestic Homicide Review” (DHR) is 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 themselves

Domestic violence is frequently repeated by the perpetrator and the violence can escalate over time. A domestic violence incident which results in the death of the victim is often not a first attack and is likely to have been preceded by psychological and emotional abuse. Many people and agencies may have known of these attacks – neighbours, for example, may have heard violence, a GP may have examined injuries, housing organisations may have been called repeatedly for repairs to homes, the police may have been called, there may have been previous prosecutions, or injunctions, and so on. This can sometimes make serious injury and homicide in domestic violence cases preventable with early intervention. Therefore, it follows that local agencies should have adequate policies and procedures in place to instruct agency staff on how to intervene in domestic violence cases. There should also be an emphasis on the need for specialist support for victims and their children as well as services for families, friends and others who may be affected by the homicide.

- It should be noted that an ‘**intimate personal relationship**’ includes relationships between adults who are or have been intimate partners or family members, regardless of gender or sexuality
- So called ‘**Honour**’-Based Violence, “honour crimes” and “honour killings” embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing against this code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the “shame” or “dishonour” of the family

A member of the same household is defined in section 5 (4) of the Domestic Violence, Crime and Victims Act [2004] as:

- (a) A person is to be regarded as a “member” of a particular household, even if they do not live in that household, if they visit it so often and for such periods of time that it is reasonable to regard them as a member of it;
- (b) Where a victim lived in different households at different times, “the same household as Victim” refers to the household in which Victim was living at the time of the act that caused Victim’s death.

Reference: ‘MULTI-AGENCY STATUTORY GUIDANCE FOR THE CONDUCT OF DOMESTIC HOMICIDE REVIEWS’ (Home Office April 2011).

APPENDIX 8.21

Area / Agency	Contact Details	Description of Service
Stoke-on-Trent		
Arch (North Staffs) Helpline	01782 205500 Mon – Fri 10.00am - 3.00pm (Answer phone out of hours) dv.services@archnorthstaffs.org.uk	<ul style="list-style-type: none"> • Specialist domestic abuse outreach support for men, women and children in the community • Refuge accommodation for women and children • Independent Domestic Violence Adviser (IDVA) • Accepts agency and self-referrals. • Website: http://www.archnorthstaffs.org.uk/domestic-violence-services
• Staffordshire-wide		
Staffordshire Women's Aid	0870 2700 123 24 hours	<ul style="list-style-type: none"> • Specialist domestic abuse outreach support for men, women and children in the community • Refuge accommodation for women and children • Independent Domestic Violence Adviser (IDVA) • Independent Sexual Violence Advisor (ISVA) • Accepts agency and self-referrals. • Website: http://www.archnorthstaffs.org.uk/domestic-violence-services
Savana	01782 221000 (24 hr message line – staff will return call within 2 days)	<ul style="list-style-type: none"> • Specialist sexual abuse counselling for men, women and children • Independent Sexual Violence Adviser (ISVA) • Accepts agency and self-referrals • Website: http://www.savana.org.uk
Victim Support	0300 303 1977 Mon-Fri 8.00am-8.00pm	<p>Trained volunteers offer:</p> <ul style="list-style-type: none"> • someone to talk to in confidence • information on police and court procedures • information about compensation and insurance • Website: http://www.victimsupport.org

Area / Agency	Contact Details	Dealing with Domestic Abuse Description of Service
Sexual Assault Referral Centre (SARC)	0300 7900 166 (Agency referrals – 24 hour Self-referrals 9.00am – 5.00pm)	<ul style="list-style-type: none"> • Provides access to a comprehensive forensic medical examination for men, women and children who have been sexually assaulted within the last seven days. • The service is available whether or not the client chooses to report the assault to the Police. • Accepts agency referrals (24 hour) and self-referrals (9.00am – 5.00pm)
National Domestic Violence Helpline	0808 2000 247 (24hr)	<ul style="list-style-type: none"> • Freephone 24 Hour Domestic Violence Helpline • Translation facilities for callers whose first language is not English, and a service for callers who are deaf or hard of hearing are available • Website: http://www.nationaldomesticviolencehelpline.org.uk
Broken Rainbow	0300 999 5428	<ul style="list-style-type: none"> • Support for lesbian, gay, bisexual and transgender (LGBT) people experiencing domestic violence • Website: http://www.brokenrainbow.org.uk/
Forced Marriage Unit	0207 008 0151 (24hrs)	<ul style="list-style-type: none"> • The Foreign and Commonwealth Office Forced Marriage Unit is dedicated both to preventing British nationals being forced into marriage overseas and to assisting anyone in the UK faced with the prospect of being forced into a marriage Website: http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/information-for-victims

Appendix 8.22

Employee Domestic Violence and Abuse - Guidance

Introduction

The University Hospital of North Midlands NHS Trust (The Trust) is committed to heightening awareness of domestic abuse and providing guidance to address the occurrence of domestic abuse in employee's personal lives and its effects on the workplace. The Trust is a major employer in Stoke on Trent and a number of employees will be experiencing domestic abuse at any one time. Domestic abuse occurs across our society, regardless of race, age, gender, sexual orientation and economic status.

The Trust intends to make assistance available to employees involved in domestic abuse. This assistance may include: confidential means for coming forward for help; resource and referral information; special considerations at the workplace for employee safety; work schedule adjustments or leave necessary to obtain medical, counselling or legal assistance; and workplace relocation (if available). In responding to domestic abuse, the Trust will maintain appropriate confidentiality and respect for the rights of the employee involved.

Appendix A – Provides a guide for managers to respond appropriately to employees experiencing domestic violence/abuse.

Appendix B – Provides a link to details of local agencies that offer support and advice to sufferers/survivors and/or perpetrators of domestic abuse.

What is Domestic Violence and Abuse?

Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another within an intimate relationship or a family. It is usually frequent and persistent. It can include violence by a son, daughter or any other person who has a close or blood relationship with the victim/survivor.

Domestic violence knows no boundaries as regards age, gender, race, religion, sexual orientation, wealth or geography. It is acknowledged that while it is usually women who experience domestic violence, this guidance applies equally to men to require information or support.

Domestic violence/abuse can go beyond actual physical violence. It can involve emotional abuse – for example: undermining of self-confidence; the destruction of property; threats to others, including children; controlling behaviour such as isolation from friends and family; control over access to money, personal items, food, transportation and the telephone; and stalking.

Domestic violence can include violence inflicted on, or witnessed by, children. The side adverse effect of living with domestic violence for children must be recognised as a child protection issue. The link to poor educational achievement, social exclusion and to juvenile crime, substance misuse, mental health problems and homelessness from running away.

Definition of Domestic Violence and Abuse

The Government definition of domestic violence and abuse, which is not a legal definition, is:

'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: 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.

Coerce 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.”

The Government 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.

Facts about Domestic Violence and Abuse

- Domestic violence accounts for approximately one quarter of all recorded violent crime in Staffordshire.
- It is estimated that one in three women and one in six men will experience domestic violence in the course of their lifetime.
- The Police Service attends an average of 60 domestic-related incidents per day, but recognises that there is still a large amount of under-reporting of this type of crime.
- On average, there are 2 women killed in England & Wales each week as a result of domestic violence.
- Domestic violence often starts and/or escalates during pregnancy.
- Repeat victimisation is common. No other type of crime has a rate of repeat victimisation as high.
- Victim/survivors are at greatest risk of homicide at the point of separation or after leaving a violent partner.

Domestic Abuse and the Workplace

It is important for managers to promote the understanding that everyone has the right to a life free from abuse in any form and to live without fear or violence. Domestic abuse is serious and dangerous behaviour which must be acknowledge and addressed appropriately. Domestic abuse is wholly unacceptable and inexcusable behaviour, and responsibility for the abuse lies with the perpetrator.

It may seem that domestic abuse is a personal matter and nothing to do with the person’s employer. However, home and work issues cannot always be separated and domestic violence can impact greatly on the working life of someone who is being abused. Domestic violence can result in deterioration in an employee’s performance, increased absenteeism or poor timekeeping, threatening job prospects and job security. People experiencing domestic violence are especially vulnerable once they attempt to leave abusive partners and may become vulnerable going to or coming from work or while they are at work as the abuser knows where they can be located. This can give rise to health and safety issues and an increased risk of workplace violence.

The Trust strives to create a working environment that promotes the view that abuse and violence against people is unacceptable and that such behaviour will not be condoned or made the subject of jokes or graphics. Under the Trust’s Dignity at Work and disciplinary policies and procedures, acts of harassment or bullying of fellow employees, clients, customers, suppliers or members of the public visiting the organisation are considered to be very serious and appropriate disciplinary action will be taken which could include dismissal from the organisation. Employees should also be aware that conduct outside of work could lead to disciplinary action being taken because of its impact on the employment relationship.

Confidentiality

The Trust respects an employee's right to confidentiality and recognises that, normally, employees experiencing domestic abuse have the right to complete confidentiality. However, in circumstances of child protection or the protection of vulnerable adults from abuse, the child protection and adult protection services may need to be involved. Complete confidentiality cannot be guaranteed in these situations. Employees should be made aware of this before disclosing any information.

Right to privacy

The Trust respects an employee's right to privacy in the event that they do not wish to inform the organisation that they have experienced or are experiencing domestic abuse.

Anti-discrimination

The Trust will not discriminate against anyone who is, or has been, subjected to domestic abuse, in terms of his or her existing employment or career development. The Trust will ensure that any member of staff suffering from this form of abuse is not stigmatised or victimised.

The Trust is aware that domestic abuse victims may have performance problems such as chronic absenteeism or lower productivity as a result of the abuse. When addressing performance and safety issues, the Trust will make reasonable efforts to consider all aspects of the employee's situation and/or safety problems.

Identifying Domestic Violence

Managers should be aware of possible signs of domestic violence which may include:

- Lateness or high absenteeism without explanation;
- Uncharacteristic depression, anxiety, distraction or problems with concentration;
- Changes in the quality of work performance for no apparent reason;
- The receipt of repeated upsetting calls/faxes/emails, or the individual being a victim of vandalism or threats
- Obsession with time
- Needing time off for appointments
- Inappropriate or excessive clothing
- Repeated injuries or unexplained bruising or explanations that do not fit in with the injuries displayed
- Increased hours being worked for no apparent reason

It is important to note that this is *not* a checklist. Some victim/survivors may display no signs of violence or abuse. Individuals experiencing domestic violence suffer a broad range of physical and emotional consequences. For some, the violence greatly affects their lives over a significant period of time and the process of recovery can be long and hard. Others may be able to recover and start a new life again relatively quickly after leaving an abusive relationship.

Signs of violence should not be ignored but employees should not be pressurised into disclosing any personal information that they do not feel comfortable sharing.

Safety at work

The Trust will actively provide support to employees to minimise the risk to their safety while at work, if they make it known to their manager/supervisor that they are experiencing domestic abuse. This support may include work schedule adjustments and workplace relocation (if available).

Visible resources for those involved in domestic abuse

The Trust intends to publish, maintain and post in locations of high visibility, a list of resources for survivors and perpetrators of domestic abuse.

Safety at Work and Providing Support for Employees

The Trust undertakes to ensure the safety of its employees. The Trust provides support to employees involved in domestic abuse through supervisors/managers, Human Resources representatives, the Staff Counselling Service, the Occupational Health Service and Trade Union representatives. This person's role is to be available and approachable to employees experiencing domestic abuse and to listen, reassure and support individuals (see Appendix A).

The Trust recognises that perpetrators of domestic abuse may wish to seek help and support voluntarily. They will have access, when appropriate, to help and support in accordance with that laid out in this guidance.

If required, changes should be considered within the workplace to make it a safer place for the individual. These changes could include changing work patterns, workload or just providing support.

Persons experiencing domestic violence know their abusers better than anyone else and when it comes to their own safety they should be allowed to decide what goes in the final plan.

The following is a list of possible adjustments that could be considered to help individuals experiencing domestic violence:

- If the individual is absent, a method of communication should be arranged with line managers so that they are aware that the individual is safe;
- Identifying a work contact for support and an emergency contact should the line managers be unable to contact the employee:
- Allowing the individual to change work patterns or workload, and allowing flexible or more flexible working or special leave to facilitate any practical arrangements that are required, such as seeking legal advice, attending counselling, support group meetings or to attend court;
- Diverting telephone calls;
- Diverting emails to a separate folder
- Alerting reception staff if the abuser/alleged is known to come to the workplace;
- Checking that staff have arrangements for safely getting to and from home;
- Allowing staff to use an assumed name at work;
- Ensuring communication is maintained with the employee during any absence, whilst maintaining the confidentiality of their whereabouts;
- If appropriate, facilitating a transfer to another post; with consent, advising colleagues of the situation on a need-to-know basis and agreeing what the response should be if the abuser/alleged abuser contacts the office; and
- With consent, providing a copy of any existing non-molestation order or occupation order and/or photograph of the abuser to the reception staff and childcare providers.

Managers should be aware that there may be additional issues facing employees and additional barriers to seeking help because of their ethnic background, religion, age,

sexual orientation or disability which might make them feel more vulnerable when talking about their situation.

Managers/colleagues must not give information regarding the staff member to anyone, especially over the phone.

Although managers should try to provide as much support as possible to the individual experiencing domestic violence, the employee should have a clear understanding of what is expected with regard to performance and attendance. Whilst dealing sympathetically with the issue, managers should also be aware of the Trust's policies for dealing with unsatisfactory performance and ensure that a proper record is kept of discussions.

What Can Other Employees Do?

Colleagues may recognise that a fellow employee is in an abusive situation at home. Employees should be able to speak in confidence either to their line manager or to Human Resources if they have concerns about the safety of a colleague.

It might be difficult for the individual being abused to acknowledge the problem directly to work colleagues, but all employees can take basic steps to assist friends and colleagues experiencing domestic violence. For example:

- Talking to the individual and explaining their concern and asking if there is any way they can help;
- Offering the opportunity to talk without applying pressure to reveal more details than the individual is prepared to give;
- Offering support and being a good listener but not making assumptions about the relationship, whilst being clear that the abuse is wrong;
- Trying to be supportive, but not making the individual feel judged;
- Explaining that they are not alone and that there are many others experiencing domestic violence. Acknowledging that it takes strength to trust someone enough to talk to them about experiencing abuse
- With the victim's consent, helping to report incidents to managers or Human Resources;
- Helping the individual to seek support via the 24-hour Domestic Violence Free-Phone Helpline or other support agencies (see Appendix B);

Employees, as with line managers, should recognise that they are not counsellors. It is important that they do not promise more than they are able to provide in the way of support and are aware of their own wellbeing, particularly as they may be putting themselves into a dangerous situation if the abuser becomes aware of their support.

Perpetrators of Domestic Violence in the Workplace

Perpetrators of domestic violence/abuse might use workplace resources such as telephone, fax or email to threaten, harass or abuse their current or former partners, and may involve other colleagues, who may or may not be aware of their motives, in assisting them.

Such abuse requires an effective employer response because it could be damaging and potentially dangerous for those being abused, as well as possibly bring the Trust into disrepute if the abuse is allowed to continue.

If employees are abusive to partners who are also employees of the Trust, disciplinary action would be considered. Suitability for continued employment generally or within a specific post would be considered under the Trusts' disciplinary procedures.

Where appropriate, action may need to be taken to minimise the potential for perpetrators to use their position or work resources to find out details or the whereabouts of their partners. This may include a change of duties or withdrawing access to certain computer programmes.

Training

From time to time there will be training available for staff to raise awareness and understanding of the issues surrounding domestic violence or abuse.

Raising awareness in the workplace

The Trust will raise awareness of domestic abuse through the following measures:

- Publishing, maintaining and posting in locations of high visibility a list of external resources for survivors and perpetrators of domestic abuse.
- Publishing, maintaining and posting in locations of high visibility a list of internal resources for survivors and perpetrators of domestic abuse (for example, Human Resources, the Occupational Health service, the Staff Counselling Service)
- Publicising and distributing this guidance
- Publicising a statement communicating the Trust's position on domestic abuse to all employees

Appendix A

Responding to Employees Experiencing Domestic Violence/Abuse

The Trust will provide support through supervisors/managers, Human Resources, the Staff Counselling Service, the Occupational Health Service and Trade Union representatives. This person's role is to be available and approachable to employees experiencing domestic abuse and to listen, reassure and support them. They also have a duty to report any safeguarding children/adult concerns.

When meeting with the individual find a safe place to discuss the issues –

- where you won't be interrupted
- where conversations cannot be overheard
- where there are few distractions
- where an employee will feel safe
- be prepared to listen and take seriously what the employee says

Check if she/he is happy talking to you or would she/he prefer someone else

- Keep your opinions to yourself
- Let the employee talk at her/his own pace and do not pressure her/him to make disclosures that they are not ready to share
- Let the employee choose what she/he needs, only take action with her/his consent
- Discuss the specific steps that can be taken to help this person stay safe in the workplace
- Encourage her/him to seek advice of relevant agencies (see Appendix b) or by calling 0808 200 0247, the Freephone National Domestic Violence Helpline, run in partnership between *Women's Aid* and *Refuge*
- Respect the employee's decision
- Retain confidentiality
- Remember her/his problems may be compounded by racism, cultural barriers or other people's reactions to her/his feelings
- Be trustworthy, carry out any actions you agree to undertake on her/his behalf
- Prioritise safety. Explore the steps that can be taken to increase their personal safety

Do Not

- Tell the employee what to do
- Expect too much – she/he may just want to talk
- Mislead the employee into believing you can do more than you realistically can
- Be patronising or judgemental
- Act as a go between – this can put you and the employee in danger
- Reveal a refuge address to anyone
- Give inaccurate advice – bad advice can be more damaging than none

Appendix B

Support Services

There are a number of organisations dealing with domestic violence and supporting victim/survivors and their details can be found at:

http://www.staffordshire.gov.uk/community/community_safety/domestic/further/FurtherAdvice.aspx

In case of an emergency ring 999

FOI ref 204-1920

Safety during a violent incident

If an argument seems unavoidable, try to have it in a room or area where you have access to an exit. Try to stay away from the bathroom, kitchen, bedroom or anywhere else where weapons might be available.

Practice how to get out of your home safely. Identify which doors, windows, lift or stairs would be best.

Have a bag packed ready and keep it at a relative's or friend's home in order to leave quickly.

Identify one or more neighbours you can tell about the violence and ask that they call the police if they hear a disturbance coming from your home.

Devise a code word/signal to use with your children, family, friends and neighbours when you need them to call the police.

Decide and plan for where you will go if you have to leave home (even if you don't think you will ever need to).

Use your own instincts and judgment. If the situation is very dangerous, consider giving the abuser what he/she wants to calm him/her down. You have the right to protect yourself until you are out of danger.

Always remember - you don't deserve to be hit or threatened!

THIS IS NOT YOUR FAULT!

Safety after a violent incident

Call the police if you are able to.

If your partner injures you see your doctor or attend hospital as soon as possible.

Think about speaking to a police officer from the Domestic Abuse or Community Safety Unit.

Consider seeking advice from a solicitor.