# Safeguarding Policy -

# Safeguarding Children and Adults Experiencing/At Risk of Domestic Abuse and Sexual Violence

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## Introduction

**The Domestic Abuse Act (2021)**

* + 1. The Domestic Abuse Bill received royal assent in April 2021. The Domestic Abuse Act (2021):

# Creates the first statutory definition of domestic abuse which includes not only physical violence but that of emotional, coercive and controlling behaviour and economic abuse. This can be limited to a single event or a series of actions. Children will now be given statutory recognition as “victims” rather than “witnesses” if they see, hear or experience abuse in the home.

# Has extended the scope of coercive and controlling behaviour to incorporate abuse post-separation. The offence, initially introduced by the Serious Crime Act 2015, has seen cases increase each year but now the definition will widen the parameters of “personally connected” to include ex-partners and family members who do not live together.

# Creates a new criminal offence of non-fatal strangulation (which includes suffocation).  The act of non-fatal strangulation involves the intentional strangling of another person or any other act that affects a person’s breathing and could see offenders face up to 5 years imprisonment.

# Extends the scope of disclosing intimate images without the consent of the individual, also known as ‘revenge porn’, to cover the threat to disclose intimate images with the intent to cause distress. The maximum penalty of 2 years imprisonment remains in place.

# Establishes the office of Domestic Abuse Commissioner.

# Prohibits offenders from cross-examining their victims in person in the family courts.

# Creates a domestic abuse protection notice (DAPN) and domestic abuse protection order (DAPO).

# Provides a statutory basis for the Domestic Violence Disclosure Scheme (Clare’s law) guidance.

# Creates a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal courts.

# places a duty on local authorities to give support to victims of domestic abuse and their children in refuges and safe accommodation

# requires local authorities to grant new secure tenancies to social tenants leaving existing secure tenancies for reasons connected with domestic abuse.

# extends the extra-territorial jurisdiction of the criminal courts of England and Wales, Scotland and Northern Ireland to further violent and sexual offences.

* + 1. This policy demonstrates the principle that domestic abuse is behaviour that should not be accepted and that everyone has a right to live free from fear and abuse. It recognises the need to share information and work in partnership with other agencies that may have greater experience of domestic abuse in order to reduce the risk of harm to those who experience domestic abuse
		2. Domestic abuse:

# Will affect 1 in 4 women and 1 in 6 men in their lifetime.

# Leads to, on average, two women being murdered each week and 30 men per year.

# Accounts for 16% of all violent crime (Source: Crime in England and Wales 04/05 report), however it is still the violent crime least likely to be reported to the police.

# Has more repeat victims than any other crime (on average there will have been 35 assaults before a victim calls the police)

# Is the single most quoted reason for becoming homeless (Shelter, 2002).

# In 2010 the Forced Marriage Unit responded to 1735 reports of possible Forced Marriages.

* + 1. In addition, approximately 400 people commit suicide each year who have attended hospital for domestic abuse injuries in the previous six months, 200 of these attend hospital on the day they go on to commit suicide.
		2. Almost one in three women aged 16-59 will experience domestic abuse in her lifetime [Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2019) (2019) Domestic abuse in England and Wales overview: November 2019
		3. Two women a week are killed by a current or former partner in England and Wales alone [Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2018#how-are-victims-and-suspects-related) (2019) Homicide in England and Wales: year ending March 2018 (average taken over 10 years).
		4. In the year ending March 2019, 1.6 million women experienced domestic abuse [Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019) (2019) Domestic abuse victim characteristics, England and Wales: year ending March 2019
		5. Demand on domestic abuse helplines increased in the year ending March 2021 with a 22% increase in people supported by the National Domestic Abuse Helpline in England; this is not necessarily indicative of an increase in the number of victims, but perhaps an increase in the severity of abuse being experienced, and a lack of available coping mechanisms.
		6. We know that most often it is our health services through GPs, health visitors, midwives, emergency departments, ambulance and sexual health clinical staff who are the first point of contact for people suffering from abuse. Best estimates suggest that at the very least, domestic abuse costs the public services heavily, £4 billion each year with the NHS bearing almost half of this cost.
		7. People experiencing domestic abuse want help but feel that they cannot speak out. Many drop hints when using health services, because they trust the staff to pick it up and probe sensitively. This trust is crucial and shows that health professionals have the opportunity to play a pivotal role in people’s lives.

### Southend, Essex and Thurrock Domestic Abuse Board – SETDAB

* + 1. The Southend, Essex and Thurrock Domestic Abuse Board (SETDAB) is made up of representatives from agencies and organisations working to join up and better facilitate Southend, Essex and Thurrock’s vision to work together to enable everyone to live a life free from all forms of domestic abuse. The Board is responsible for designing and implementing the Domestic Abuse Strategy across Southend, Essex and Thurrock. SETDAB provides strategic leadership to address domestic abuse by providing a multi-agency framework, common ethos and co-ordinated approach to innovate, drive change and address domestic abuse. Domestic Abuse Strategy for 2020-2025 <https://setdab.org/about-us/>

## Purpose

The purpose of this policy document is to facilitate early identification of domestic abuse, inform staff of best practice when responding to domestic violence and abuse, assist staff in identifying and addressing any safeguarding issues for those experiencing domestic abuse.

The terms 'victim' and 'survivor' have both used to describe both those who are experiencing or have experienced domestic abuse. Both terms are open to different interpretations. The term ‘survivor’ may seem to emphasise an active, resourceful and creative response to the abuse, in contrast to 'victim', which may imply passive acceptance and is often perceived as negative. Thus, in this policy we will not use these terms; we will simply say ‘those experiencing domestic abuse and sexual violence.

## Scope

This policy applies to all Mid and South Essex (MSE) Integrated Care Board (ICB) members and staff (including temporary/bank/agency/work experience staff, students and volunteers).

## Definitions

**Abusive behaviour’** is defined in the Domestic Abuse Act (2021) as any of the following:

# Physical or sexual abuse.

# Violent or threatening behaviour.

# Controlling or coercive behaviour.

# Economic abuse.

# Psychological, emotional or other abuse.

* + 1. For the definition to apply, both parties must be aged 16 or over and ‘personally connected’

**Physical abuse** includes, for example, hitting, slapping, pushing, kicking, shaking, smacking, punching, kicking, biting, starving, tying up, stabbing, suffocation, drowning, throwing things, using objects as weapons, misuse of medication, restraint, or inappropriate sanctions, female genital mutilation and “honour violence”

**Emotional abuse** includes swearing, undermining confidence, making racist remarks, making a person feel unattractive, calling them stupid or useless and eroding their independence.

**Psychological abuse** includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks including friends and family, intimidation, stalking, insulting, criticising, denying the abuse, treating them as an inferior, threatening to harm children or take them away.

**Sexual abuse** includes rape and sexual assault or sexual acts where consent was not given or was given under duress or coercion e.g., forced prostitution, ignoring religious prohibitions about sex, refusal to practice safe sex, sexual insults, preventing breastfeeding

**Economic abuse** involves behaviours that interfere with an individual’s ability to acquire, use and maintain economic resources such as money, transportation and utilities. It can be controlling or coercive. It can make the individual economically dependent on the abuser, thereby limiting their ability to escape and access safety. Examples of economic abuse include:

# Having sole control of the family income.

# Preventing a victim from claiming welfare benefits.

# Interfering with a victim’s education, training, or employment.

# Not allowing or controlling a victim’s access to mobile phone/transport/utilities/food.

# Damage to a victim’s property.

**Personally connected’** is defined in the act as parties who:

# Are married to each other.

# Are civil partners of each other.

# Have agreed to marry one another (whether or not the agreement has been terminated).

# Have entered into a civil partnership agreement (whether or not the agreement has been terminated).

# Are or have been in an intimate personal relationship with each other.

# Have, or there has been a time when they each have had, a parental relationship in relation to the same child.

# Are relatives.

**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.

**Honour based violence/abuse** The Crown Prosecution Service (CPS) and the Association Chief Police Officers (ACPO) have a common definition of honour-based violence: "Honour based violence" is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour.

* + 1. Such violence can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code. A child or adult at risk of abuse in the name of honour is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing abuse directed towards a sibling or other family member.

**Forced marriage** The definition of forced marriage that the CPS use is the definition adopted by the Government and ACPO. Forced marriage as set out in A Choice by Right published by HM Government in June 2000: “Forced marriage” is a marriage conducted without the valid consent of one or both parties where duress is a factor.

* + 1. This is further expanded upon in multi-agency practice Guidelines: Handling cases of Forced Marriage (HM Government 2014): "A forced marriage is a marriage in which one or both spouses do not (or in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure."
		2. There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses. Consent is essential to all marriages – only the spouses will know if they gave consent freely

**Female genital mutilation (FGM)** is a collective term for a range of procedures which involve partial or total removal of the external female genitalia for non-medical reasons. It is sometimes referred to as female circumcision, or female genital cutting

## Roles and Responsibilities

### ICB and Board

* + 1. The ICB Board is accountable and responsible for ensuring that the ICB has effective processes to ensure compliance. The Board is assured through the work of the Quality Committee

### Quality Committee

* + 1. This committee is responsible for the detailed oversight and scrutiny of the ICB’s processes for ensuring compliance with the safeguarding guidance

### Chief Executive

* + 1. The Chief Executive has responsibility for ensuring the provision of high quality, safe and effective services within the CCG. He/she has overall responsibility and is accountable for ensuring a safe and effective response to families experiencing and exposed to domestic abuse. This role is supported by the Chief Nurse, who in turn is supported by the Designated Nurses for expert advice

**Designated safeguarding professionals**

The designated professionals will provide specialist support and advice to all staff in relation to all aspects of safeguarding people who are experiencing or exposed to domestic abuse

## Policy Detail

### Asking about domestic abuse - early identification

* + 1. Domestic abuse is a serious health and criminal issue. Health practitioners are in a key position to identify and help interrupt domestic abuse. They can do this by recognising the indicators of abuse and offering support and referral for protection as needed.
		2. People experiencing domestic abuse are more likely to come into contact with health services than other public services. As a health professional you will be a first point of contact for many. You have a responsibility to:

# Know and recognise the risk factors, signs, presenting problems or conditions, including the patterns of coercive or controlling behaviour associated with domestic abuse.

# Facilitate disclosure in private without any third parties present; to be attentive and approachable; and use selective, routine enquiry to question what you hear and decide if the presentation of the patient warrants concern.

### Sensitive enquiry

* + 1. There are a whole range of indicators to warn health professionals that a patient may be experiencing domestic abuse. Some of these are quite subtle and it is important that professionals remain alert to the potential signs and respond appropriately. Some victims also drop hints in their interactions with health and care staff and their behaviours may also be telling. They rely on staff to listen, persist and enquire about signs and cues. They need staff to follow up conversations in private, record details of behaviours, feelings and injuries seen and reported, and support them to take action suitable for their organisation’s systems and local pathways. Where the patient is an adult with mental capacity issues action is taken in line with their preferences and consent.
		2. All health practitioners, whether working in emergency, acute, primary care or community health, have a professional responsibility, if you identify signs of domestic abuse or if things are not adding up, to ask patients alone and in private, whether old or young about their experience of domestic or other abuse, sensitively. Routine enquiry into domestic violence and abuse is Department of Health policy in maternity and adult mental health services

**Privacy and direct questions**

* + 1. Many health settings are busy places, with people passing in and out of cubicles and offices, and this will not be conducive to revealing vulnerability or talking about feelings.
		2. Only ever raise the issue of domestic abuse with a patient when you are alone with them in private and, if not, ask the escort to wait elsewhere.
		3. Even if a patient is accompanied by someone of the same gender, that person could be related to the abuser or could be the abuser.
		4. Women who have been abused say they were glad when a health practitioner asked them about their relationships.
		5. Explain that you are concerned (or, if it is a routine enquiry, that you ask everyone), and respectfully ask direct questions, such as:

# Has anyone ever hit you? Who was it? What happened? When? What help did you seek?

# Are you ever afraid at home or in your relationship?

# Have you been pressured or made to do anything sexually that you did not want to?

* + 1. Where you have contact with children, give your attention to every child and talk sensitively and directly to each one to create opportunities for a disclosure.

### Using an interpreter

* + 1. Never use a relative or friend of the victim as an interpreter. Always use a professional interpreter, who has had domestic abuse training or an advocate from the local specialist domestic abuse agency. The interpreter needs to be the same gender as the victim and should sign a confidentiality agreement. Look at your patient and speak directly to them – not to the interpreter.

### The signs to look out for include:

* + 1. Inconsistent relationship with health services

# Frequent appointments for vague symptoms.

# Frequently missed appointments, including at antenatal clinics.

# Non-compliance with treatment or early discharge from hospital.

* + 1. Physical symptoms

# Injuries inconsistent with explanation of cause or the woman tries to hide or minimise the extent of injuries.

# Multiple injuries at different stages of healing or repeated injury, all with vague or implausible explanations (particularly injuries to the breasts or abdomen).

# Problems with the central nervous system – headaches, cognitive problems, hearing loss.

# Unexplained: – long-term gastrointestinal symptoms – genitourinary symptoms, including frequent bladder or kidney infections – long-term pain Reproductive/sexual health issues.

# Unexplained reproductive symptoms, including pelvic pain and sexual dysfunction.

# Adverse reproductive outcomes, including multiple unintended pregnancies or terminations/miscarriages.

# Delayed antenatal care, history of premature labours or stillbirths.

# Vaginal bleeding, recurring sexually transmitted infections or recurring urinary tract infections.

* + 1. Emotional or psychological symptoms

# Symptoms of depression, fear, anxiety, post-traumatic stress disorder (PTSD), sleep disorders.

# Self-harming or suicidal tendencies.

# Alcohol or drug misuse Intrusive ‘other person’ in consultations.

# Partner or spouse, parent, grandparent (or, for elder abuse, a partner or family member) always attends appointments unnecessarily.

# The patient is submissive or afraid to speak in front of the partner or relative, escort or spouse. The escort is aggressive, dominant or over attentive, talking for the patient or refusing to leave the room.

* + 1. None of these signs automatically indicates domestic abuse, but even if the patient chooses not to disclose at this time, knowing that you are aware of the issues and are supportive builds trust and lays the foundations for them to choose to approach you or another practitioner at a later time.

### Response to domestic abuse – assessment

* + 1. You should never assume that someone else will take care of domestic abuse issues – you may be the first or only contact.

### The “One Chance” Rule

* + 1. All practitioners working with victims of forced marriage and honour-based violence need to be aware of the “one chance” rule. That is, they may only have one chance to speak to a potential victim and thus they may only have one chance to save a life. This means that all practitioners working within statutory agencies need to be aware of their responsibilities and obligations when they come across forced marriage cases. If the victim is allowed to walk out of the door without support, that one chance might be lost.
		2. Responding effectively to disclosures of domestic violence or abuse requires nonjudgmental, supportive attitudes, knowledge of the physical and emotional sequelae of the abuse, an understanding of appropriate and inappropriate responses and having a good understanding of local domestic abuse care pathways.
		3. Following disclosure or identification of domestic abuse the person may be open to support or advice or they may refuse to discuss the situation. Regardless of their response, as a health professional you need to do the following:

# If patient is under 18 years of age or is pregnant or has children, the SET Child Protection Procedures need to be followed.

# If the patient is an adult at risk (over 18 years old, in need of community care because of a disability, mental health, age or illness or unable to protect themselves against significant harm/exploitation) SET Safeguarding Adults Guidelines need to be followed.

* + 1. Immediate response to physical injuries may be required, and referral for further assessment, treatment, specialist advice or counselling
		2. Consider immediate risks e.g., whether they are in immediate danger of serious injury or death. If so, then contact the police using 999
		3. Health care professionals also need to take into account their own safety and that of their colleagues and must minimise the risks that they may face from the perpetrator of the abuse.
		4. Once immediate needs are met an assessment of safety should be undertaken by an appropriately trained professional. A risk assessment should address

# History of abuse.

# Current fear and beliefs about immediate danger.

# Self-harm or suicide attempts by the person experiencing the abuse

# Attempts to get help.

# Availability of support.

# Availability of a safe haven.

* + 1. The Safe Lives Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment tool is a reliable method for your initial risk assessment (see Appendix B). Additional advice is also available to support risk assessment of different groups such as older people, disabled people or children.
		2. Following a risk assessment, high risk cases may be referred to MARAC. Cases falling below MARAC threshold may be offered the support of local services <https://www.essexcompass.org.uk/>.

### Additional factors in responding well to children

* + 1. Only half of all children referred to specialist domestic abuse services are known to children’s social care, so identification and referral by a health professional may be their only chance of being protected from harm. You should:
* Work on the basis that, if there is a child involved, their safety and wellbeing must be secured.
* Be guided by your local authority’s Threshold of Need guidance, which should provide information about assessment, referrals and services available for children and their families at different levels of need.Identify children’s and families’ strengths/protective factors because increased resilience can reduce the risk of harm. Key components of resilience are self-esteem and confidence, adapting to change and having a repertoire of social problem-solving skills.
	+ 1. Like direct physical harm, witnessing domestic abuse can have adverse emotional, behavioural and traumatic impacts on children. Children are now given statutory recognition as “victims” rather than “witnesses” if they see, hear or experience abuse in the home (Domestic Abuse Act 2021). Though resilient to trauma, many children go on to develop clinically significant emotional and behavioural problems. Be clear about all the impacts on physical, emotional and mental health and record the actions you will take to address them.

### Responding well to older people and people with disabilities

* + 1. Your response to an older person, or a person with disability, should be the same as for younger people, but with an added awareness that people in vulnerable circumstances face greater barriers to disclosing abuse or accepting support. Fear of unknown intervention can feel riskier than the known fear of abuse, especially where perpetrators might be depended on as carers and also as relatives or friends. It is not unusual for vulnerable people in such circumstances to deny that there is a problem, even in very serious cases

### Responding well to stalking

* + 1. Any allegation of stalking, online or in person, should be taken very seriously as it is synonymous with increased risk of serious harm or death. Stalking by partners or ex-partners is one of the most predictive factors of both further assault and of murder, even in cases where there is no history of physical violence. Stalkers will often combine physical, emotional and sexual intimidation. They may also broaden their targets to family and friends in a bid to exert control over the person’s life.

### Responding well to women from black and ethnic minority communities

* + 1. The under-reporting of domestic abuse by women, especially from black and ethnic minority communities is because they can face additional barriers to disclosure. Help women overcome the following potential barriers:

# Language barriers.

# Family or the group’s honour, shame and stigma.

# Fear of confidentiality being broken.

# Immigration status and no recourse to public funding.

# Racism – perceived or actual.

# Cultural beliefs and practices.

# Fear of rejection by their community.

# Misunderstandings of forced marriage and FGM.

# More than one perpetrator in the family or community.

# Fear of honour-based violence.

* + 1. Do not underestimate that perpetrators of honour-based violence can kill close relatives and/or others for what might seem a cultural transgression. If you are unsure how to proceed, call the following helplines for advice:
* Karma Nirvana – 0800 5999247 or 01332 604098
* Iranian and Kurdish Women’s Rights Organisation – 0207 920 6460
* HALO Project (for honour-based violence) Emergencies – 08081 788 424 (free phone) or for advice 01642 683 045
* Forced Marriage Unit – 0207 008 0151

### Interventions

* + 1. Health professionals have a responsibility to address the health impacts on people directly or indirectly affected by domestic abuse. They also have a duty to ensure that other agencies are engaged to address the social, environmental and wider impacts. People experiencing domestic abuse may choose to disclose to health professionals, including GPs Referral to specialist support services for people experiencing domestic violence or abuse

### Independent Domestic Violence Advocates (IDVAs)

* + 1. provide independent and impartial support for all high-risk victims/survivors of domestic violence. The IDVA will work in partnership with other agencies to ensure maximum service delivery to the victim/survivor with the aim of increasing the safety of the individual coordinating a multi-agency approach including risk assessment, safety planning, crisis intervention, practical and emotional support, court support and representation at Multi Agency Risk Assessment Conferences.

### Multi-Agency Risk Assessment Conference (MARAC)

* + 1. When the risk has been identified as high using the Domestic Abuse, Stalking and Honour Based Violence (DASH 2009) Risk Identification, Assessment and Management Model referral should be made to the MARAC. A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, children and adults safeguarding, housing practitioners, substance misuse services, independent domestic violence advisers (IDVAs) and other specialists from statutory and voluntary sectors.
		2. The four aims of a MARAC are as follows:

# To safeguard adults experiencing domestic abuse who are at high risk of future domestic violence/abuse.

# To make links with other public protection arrangements in relation to children, people causing harm and adults at risk.

# To safeguard staff.

# To work towards addressing and managing the behaviour of the person causing harm.

* + 1. After sharing all relevant information that they have about an adult at risk, the representatives discuss options for increasing the safety of the adult at risk and form a coordinated action plan. The MARAC will also discuss the risks posed to children and how to manage the person alleged to be causing the harm. At the heart of a MARAC is a working assumption that no single agency or individual can see the complete picture of the life of a person at risk, but all may have insights that are crucial to their safety, as part of the coordinated community response to domestic violence/abuse.
		2. The person at risk does not attend the meeting but is represented by an IDVA. Good practice indicates that all victims that are referred to the MARAC should also be referred to an IDVA. The role of the IDVA is to provide an independent domestic violence support service and advocate on their behalf at the MARAC meeting. The MARAC will seek better protection for those who disclose domestic abuse and are at highest risk of being injured or killed. Referrals will be made through the local MARAC coordinator, who will also be able to advise on the appropriateness of a referral. They will also be able to provide the local MARAC administration pack with all the documentation and guidance for making referrals, including protocols and information-sharing agreements.

**Essex:** EssexMARACReferrals@essex.pnn.police.uk

**Southend:** Southenddfpsafeguarding@southend.gov.uk

**Thurrock:**ThurrockMARAC@thurrock.gov.uk

* + 1. Any agency receiving a disclosure of domestic violence is able to refer the case to the local MARAC once they have completed a Coordinated Action against Domestic Abuse-Domestic Abuse, Stalking and Harassment and Honour-based Violence (CAADA-DASH) risk identification checklist (RIC) and identified it as a high-risk case.

### Referral to specialist services for people perpetrating domestic violence or abuse

* + 1. Health professionals responding to perpetrators of domestic abuse Identifying an abuser - You may encounter perpetrators of domestic abuse as direct service users. You may also encounter them through partners or children you know, or suspect are affected by domestic abuse. Your approach will depend on whether the perpetrator directly acknowledges their domestic abuse behaviour as a problem, seeks help for a related problem, or has been identified by others as abusive.

### Abusive people as service users

* + 1. Some people may identify their abusive behaviour directly and ask for help to deal with their violence. This is usually prompted by a crisis such as a particularly serious assault, an arrest or ultimatum from the abused partner. Even though abusers may have come voluntarily, they are unlikely to admit responsibility for the seriousness or extent of the abuse and may try to ‘explain’ the abuse or blame other people or factors. They may present with other related problems such as alcohol, stress or depression, and may not refer directly to the abuse.
		2. They present themselves as victims. They may do this because their victim has defended themselves or retaliated with violence or because they are seeking to control and isolate the victim – who may then not have access to the right type of services they need because they could be seen as ‘the perpetrator’. This pattern is sometimes observed among female perpetrators. Without resolving counter-allegations you will not be able accurately to understand the likely risks to both parties and to any children.

### Abusive young people

* + 1. A 2009 study by the National Society for the Prevention of Cruelty to Children (NSPCC) found that up to three-quarters of teenage girls and up to half of teenage boys reported emotional, physical and/or sexual violence in their intimate partner relationships, with girls experiencing more severe violence.
		2. Of the young people receiving help from the Department for Education’s National Young People’s Violence Advocacy Programme, 20% have been causing harm, most frequently to a current or ex-girlfriend, or a parent. This prevalence means that a number of the young men you come into contact with as patients will be coercive and violent towards their partners.
		3. Foshee et al, cited in the NSPCC research, found that more than half of boys perceived violence as a ‘playful and accepted’ aspect of relationship behaviour. Partner abuse by young men can also be part of a more complex picture of gang-related abuse – with the peer group often appearing to support it.

### Abusive people as partners of service users

* + 1. You may encounter people who insist on accompanying their partners to appointments or who want to speak for their partners. Likewise, for adult children accompanying their older parent. These escorts may appear to be caring and protective and very plausible; some may be carers of partners or parents with long-term health conditions. However, controlling their relative’s access to you is part of the abuse. Always find a way to see your patient on their own and only use professional interpreters where needed. Directly engaging with an abuser who is not your service user may be difficult, given the normal standards of service user confidentiality and the overriding need to avoid acting in a way that might increase the risk of harm to their relative.

### Multi-Agency Public Protection Arrangements (MAPPA)

* + 1. The Criminal Justice Act 2003 (“CJA 2003”) provides for the establishment of Multi-Agency Public Protection Arrangements (“MAPPA”) in each of the 42 criminal justice areas in England and Wales. These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the local criminal justice agencies and other bodies dealing with offenders to work together in partnership in dealing with these offenders.
		2. The purpose of the MAPPA framework is to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm. The responsible authorities in respect of MAPPA are the police, prison and probation services who have a duty to ensure that MAPPA is established in each of their geographic areas to ensure the risk assessment and management of all identified MAPPA offenders (primarily violent offenders on licence or mental health orders and all registered sex offenders).

### Domestic Homicide Reviews (DHRs)

* + 1. Domestic Homicide Reviews are part of the Domestic Violence, Crime and Victims Act 2004 and became law from 13th April 2011. They do not replace but will be in addition to the inquest or any other form of inquiry.
		2. A domestic violence and abuse 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 and abuse cases preventable with early intervention.
		3. The definition of a Domestic Homicide Review, as set out in the 2004 Act is: A review of the circumstances in which the death of a person aged 16 years or over has, or appears to have, resulted from violence, abuse or neglect by:

# A person to whom s/he was related or with whom s/he was or had been in an intimate personal relationship.

# A member of the same household as him/herself, held with a view to identifying the lessons to learnt from the death.

# ‘Intimate personal relationship’ includes relationships between adults who are or have been intimate partners or family members, regardless of gender or sexuality

* + 1. A member of the same household is defined as;

# A person is to be regarded as a “member” of a particular household, even if s/he does not live in that household, if s/he visits it so often and for such periods of time that it is reasonable to regard him/her as a member of i.

# Where a victim lived in different households at different times, “the same household” refers to the household in which the victim was living at the time of the act that caused his/her death.

* + 1. The purpose of a DHR 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 those experiencing domestic violence/abuse.

# 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.

# Prevent future domestic violence/abuse homicides and improve service responses for all those experiencing domestic violence/abuse and their children through improved intra and inter-agency working.

* + 1. DHRs are not inquiries into how the person died or into who is culpable; that is a matter for coroners and criminal courts, respectively, to determine as appropriate. The rationale for the review process is to ensure agencies are responding appropriately to those who are experiencing domestic violence/abuse by offering and putting in place appropriate support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence. The review will also assess whether agencies have sufficient and robust procedures and protocols in place, which were understood and adhered to by their staff

### Gathering and recording information

* + 1. You should record sufficiently detailed, accurate and clear notes to show the concerns you have and indicate the harm that domestic abuse may have caused. Records can be used in:

# Criminal proceedings if a perpetrator faces charges.

# Obtaining an injunction or court order against a perpetrator.

# Immigration and deportation cases.

# Housing provision.

# Civil procedures in family courts to assess the risks associated with granting an abusive parent contact with children.

# Child safeguarding practice reviews, safeguarding adult reviews and domestic homicide reviews.

* + 1. Always keep a detailed record of what you have discussed with a patient – even if your suspicions of domestic abuse have not led to disclosure. The patient might disclose information in the future.
		2. For confidentiality ensure that the record can only be accessed by those directly involved in the victim’s care. Domestic abuse should never be recorded in hand-held notes, such as maternity notes.
		3. A patient’s permission is not required for you to record a disclosure of domestic abuse or the findings of an examination. Make it clear to a person or child that, as a duty of care, you have a responsibility to keep a record of their disclosure and injuries.
		4. Data protection regulations exempt information from being released as a result of an access request which “would be likely to cause serious harm to the physical or mental health or condition of the data subject or any other person”. Even if an abuser was able to sustain a right of subject access, information provided by their wife/partner about the abuse could still be withheld on the grounds that it would be likely to result in further abusive behaviour causing serious physical or mental harm to the wife/partner.
		5. When recording information, you should:

# Describe exactly what happened. For example, patient states “my husband kicked me twice in stomach” rather than “patient assaulted”. Diagnostic codes for domestic violence will be included in electronic patient records.

# Use the patient’s own words (with quotation marks) rather than your own.

# Document injuries in as much detail as possible, using body maps to show injuries, and record whether an injury and a victim’s explanation for it are consistent.

# Take photographs (sign and date them) as proof of injuries.

### Confidentiality and sharing information

* + 1. **Confidentiality**

It is vital that information on domestic abuse is kept confidential to protect victims from injury or death. However, in some instances, failure to share information can put victims at risk. When sharing information about adult patients, breaking confidentiality has to be based on consent, unless there is a public interest or other legal justification. Confidentiality: NHS Code of Practice sets out the standards required for confidentiality of patient information and consent. The General Medical Council and other professional regulators also provide members with helpful guidance on confidentiality and consent. Be particularly careful in situations where confidentiality could accidentally be broken and cause harm, such as:

# In general practice, where health professionals might treat other members of a victim’s family – including the perpetrator of the domestic abuse. The perpetrator may punish their victim for disclosing the abuse or use the GP surgery as a source of information to track down a victim who has moved away.

# If a child who is staying at a refuge spends time in hospital and the perpetrator of the domestic abuse visits the child, you should take care that records on display do not include a contact address or any other information that could help a perpetrator track down people he has abused.

* + 1. **Sharing information**

Sharing anonymised data does not need individual consent. Consent should be sought to share personal information. Although, if the information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, then sharing accordingly will not be a breach of confidence. Where consent cannot be obtained or is refused, or where seeking it is likely to undermine the prevention or interruption of a crime, professionals may lawfully share information if this can be justified in the public interest, such as:

# Where there is a risk of harm to the victim, any children involved or somebody else if information is not passed on as a referral.

# To inform a risk assessment (where the definition of ‘harm’ to a child includes impairment caused by seeing or hearing the abuse of another person).

# When the courts request information about a specific case.

* + 1. If you do pass on information without permission, you should be completely sure that your decision does not place somebody at risk of greater violence. Record your reasons to be able to justify your decision and subsequently, record confirmation that the information you passed on has been received and understood.

### Female Genital Mutilation

* + 1. FGM is a collective term for a range of procedures which involve partial or total removal of the external female genitalia for non- medical reasons. It is sometimes referred to as female circumcision, or female genital cutting.
		2. The procedure is not required by any religion and is medically unnecessary, painful and has serious health consequences at the time and in later life. In certain communities there is a cultural expectation that women undergo FGM before being able to marry – usually this will be performed during childhood but there have been reports of young girls and women undergoing FGM just before a FM.
		3. It is an offence for anyone (regardless of their nationality and residence status) to perform FGM in the UK or to assist a girl to perform FGM on herself in the UK. It is an offence for a UK national or permanent UK resident to perform FGM, or to assist a girl to perform FGM on herself, outside the UK.
		4. Disclosure or identification of FGM in a person under the age of 18 years of age must be notified to the Police with the support of the Safeguarding Children Team within 1 month of identification/disclosure (Serious Crime Act 2015).

### Forced Marriage

* + 1. A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced (HM Government, 2014).
		2. There is a clear distinction between FM and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses. Consent is essential to all marriages – only the spouses will know if they gave consent freely.

### Honour Based Violence/Abuse

* + 1. The terms “honour crime” or “honour-based violence” or “izzat” 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 this correct 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. It can be distinguished from other forms of abuse, as it is often committed with some degree of approval and/or collusion from family and/ community members. Victims will have multiple perpetrators not only in the UK; HBV can be a trigger for a forced marriage (HM Government, 2014).

### Domestic Abuse Protection Notices (DAPNs)

* + 1. A DAPN is a notice given by the police under section 20 of the 2021 Act prohibiting a perpetrator from being abusive towards a person aged 16 or over to whom they are personally connected.
		2. A DAPN is intended to provide immediate protection from all forms of domestic abuse, not just from physical violence or the threat of physical violence. This may include sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, and psychological or emotional abuse. These behaviours are listed in section 1 of the 2021 Act.
		3. The statutory criteria for giving a DAPN are when there are reasonable grounds for believing that:

# The perpetrator has been abusive,

# to a person aged 16 or over,

# to whom they are personally connected;

# There are reasonable grounds for believing that a DAPN is necessary to protect the person from domestic abuse, or the risk of domestic abuse.

# The perpetrator is aged 18 or over.

### Domestic Abuse Protection Order (DAPO)

* + 1. Section 30 of the 2021 Act provides that a court may make a DAPO if:

# It is satisfied on the balance of probabilities (the civil standard of proof) that the perpetrator has been abusive towards a person aged 16 or over to whom they are personally connected.

# It considers that the DAPO is necessary and proportionate to protect that person from domestic abuse, or the risk of domestic abuse, carried out by the perpetrator.

# The perpetrator is aged 18 or over.

* + 1. A DAPO is a civil order and therefore no prior conviction is required in order for the court to make a DAPO.

## Arrangements for Review

This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## Equality Impact Assessment

The EIA has identified a neutral impact and is included at **Appendix A.**

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy:** Mental Capacity Act 2005 and Deprivation of Liberty Policy **Version number (if relevant):** 1.0 | **Directorate/Service**: Quality |
| **Assessor’s Name and Job Title:** Safeguarding Lead | **Date:** May 2022 |

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| --- |
| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff*  |
| The purpose of this policy document is to facilitate early identification of domestic abuse, inform staff of best practice when responding to domestic violence and abuse, assist staff in identifying and addressing any safeguarding issues for those experiencing domestic abuse, |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| N/A |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*  |
| N/A |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome***  *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | X | No impact identified |
| Disability(Physical and Mental/Learning) |  |  | X | No impact identified |
| Religion or belief |  |  | X | No impact identified |
| Sex (Gender) | X |  |  | The policy highlights that men may also experience domestic violence |
| Sexual Orientation |  |  | X | No impact identified |
| Transgender/Gender Reassignment |  |  | X | No impact identified |
| Race and ethnicity | X |  |  | The policy highlights the under-reporting of domestic abuse by women from black and ethnic minorities and how potential barriers to disclosure can be overcome.The policy also clarifies the difference between forced and arranged marriages. |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | X | No impact identifed |
| Marriage or Civil Partnership |  |  | X | No impact identified |

|  |
| --- |
| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| Analysis of complaints, claims, incidents and other relevant data. |

|  |
| --- |
| **REVIEW** |
| *How often will you review this policy / service?*  |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |