

## Domestic Abuse Policy and Procedures

<b>Scope</b>	Trust wide
<b>Owner</b>	Patient Safety Group
<b>Contact</b>	Head of Safeguarding
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### Search summary:

The term Domestic Abuse (DA) is defined as any incident 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 their gender or sexuality. This includes psychological, physical, sexual, financial and emotional abuse and also includes 'Honour'-based violence and Forced marriage.

This policy refers to both service users and staff as survivors or perpetrators of DA.

This policy does not cover violence or abuse directly perpetrated against children and young people under the age 16 but recognises that DA has a significant impact on their safety and wellbeing.

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## VERSION CONTROL

### Document Location

Oxleas NHS Foundation Trust Intranet	See <i>under</i> Policy and Document Library
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### Change History

Version	Owner	Changed by	Change summary	Date
1.0	Safety Management Group	N/A	First issue of policy	15/11/2006
2.0	Safeguarding Children Committee	Sarah Turner	Review of Policy and Procedure to reflect London Safeguarding Children Board supplementary procedure	30/03/2010
2.1	Safeguarding Adult and Children Committees	Jane Downing, Rebecca Saunders	Review of the Policy and to reflect changes in government guidance and legislation.	13/10/2016
2.2	Safeguarding Adult and Children Committees	Jane Downing Karen Laffar, Stacy Washington	Review of the Policy and to reflect changes in government guidance and legislation.	Oct 2018
3.0	Safeguarding committee	Ida Bradford	Review of the policy to broaden the scope to all ages and increased recognition of staff wellbeing. Record keeping requirements have been reviewed and strengthened. Newly developed Safe enquiry flowcharts included in Appendix 1.	Dec 2020

### Responsibility for distribution of this document

<b>Head of Safeguarding</b> <b>Heads of Nursing</b> <b>Heads of Services</b> <b>Team managers</b>
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## Policy statements

- 1.1 Oxleas NHS Foundation Trust will support staff in the identification and management of Domestic Abuse (DA) issues. The safety of members of staff and service users will be seen as a priority and identification of risk will be a core business for the Trust.
- 1.2 Staff will work collaboratively with other agencies involved with supporting victims and perpetrators of DA and base their practice on national and local guidance.
- 1.3 Oxleas NHS Foundation Trust will support staff who are experiencing DA through commitment to staff wellbeing and safety, as well as that of service users.
- 1.4 The Board of Oxleas NHS Foundation Trust will ensure that the policy and procedures are implemented and that staff are supported in this work.

## Scope of the policy

- 2.1 The policy and the following procedures apply to all Trust staff; clinical, support and administrative, including bank and agency staff and others not directly employed e.g. volunteers.
- 2.2 This policy should be read in conjunction with the Safeguarding Children Policy and Procedures and Safeguarding Adults guidance.
- 2.3 The policy is reflective of the four quality standards outlined by the Domestic violence and Abuse NICE guidance.

## Roles and responsibilities

- 3.1 **Chief Executive** – the Chief Executive has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are in place and adhered to.
- 3.2 **Director of Nursing** – the Director of Nursing is the Executive Lead for Safeguarding will ensure that adherence to the Policy is overseen by the Safeguarding Committee.
- 3.3 **Directors** – are responsible for the effective implementation of the Policy within their directorates.
- 3.4 **Senior Managers** – are responsible for ensuring that all their staff have read and are made aware of their roles and responsibilities in relation to this policy and be aware of what actions they need to take to identify any additional training and support needs required to enable their teams to perform their duties. Senior managers are responsible for following correct procedures to support staff members who are victims of DA or perpetrators.
- 3.5 **Individual Responsibilities** –
  - 3.5.1 All staff working for Oxleas NHS Foundation Trust must familiarise themselves with and follow this policy and associated procedures and guidelines. Where indicated, complete any additional learning and/or updating identified either to maintain and/or develop their safeguarding competence in line with children or adults who are at risk or experiencing DA.

- 3.5.2 Staff with information about an adult or child which may impact on the welfare or safety of a child, have a duty to share that information. The welfare of the child is the paramount consideration in all cases. The Children Act (1989) permits the disclosure of information necessary to safeguard children.
- 3.5.3 For adults at risk, their wishes should be respected and other ways of ensuring the adult's safety explored. Where the sharing of information to prevent harm is necessary, lack of consent to information sharing can also be overridden. Keep information relevant, timely, proportionate and on a need to know basis. Justify your actions and record exactly what you have shared, with whom and why.
- 3.5.4 The Data Protection Act 2018 and General Data Protection Regulation (GDPR) does not prohibit the collection and sharing of personal information. It does, however, provide a framework to ensure that personal information about a living individual is shared appropriately. In particular, the Act balances the rights of the information subject (the individual whom the information is about) and the need to share information about them. Never assume sharing is prohibited – it is essential to consider the balance in every case.

## Introduction

- 4.1 Domestic abuse is defined as: 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, psychological, physical, sexual, financial or emotional abuse.
- 4.2 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.
- 4.3 Coercive behaviour is: “an act or a pattern of acts of assault, threats, humiliation and intimidation or other violence that is used to harm, punish, or frighten their victim.” This definition, which is not a legal definition, includes so called 'Honour' based violence (HBV), Female genital mutilation (FGM) and Forced marriage (Home Office 2012).
- 4.4 In addition to the types of abuse, there are also a range of related issues that may lead to abuse or neglect of an adult. These include radicalisation, adult sexual exploitation and hate crime.
- 4.5 This policy recognises that DA affects women and men regardless of their age, ethnicity, gender, lifestyle, social group and sexual orientation; DA occurs in both heterosexual and same sex relationships. The abuse itself may not involve a partner or ex-partner, but rather members of the individual's family perpetrating abuse or violence (Care Act 2014).
- 4.6 The legal obligations which underpin this policy are;

**The Care Act (2014)** extended the categories of abuse to include DVA and recognises the significance of DVA and its impact on adults. It defines adult safeguarding as protecting an adult's right to live in safety, free from abuse and neglect and makes links between adult safeguarding and domestic abuse.

**The Children Act (1989 & 2004)** principle is based on the child being of paramount consideration and the child should be safe and protected by effective intervention if at risk of significant harm.

**The Adoption & Children Act (2002)** extended the definition of significant harm to include “impairment suffered from seeing or hearing the ill treatment of another”. The Act recognises that witnessing DA can have serious implications for children’s development.

**The Human Rights Act (1998)** recognises the importance of the principle to protect life and to protect individuals from inhumane and degrading treatment.

**Claire’s Law (2014)** defines The Domestic Violence Disclosure Scheme. The scheme allows the Police to disclose information on request about a partner’s previous history of DA or violent acts.

**The Serious Crime Act (2015)** has added legislation to include the offence of controlling and coercive behaviour in a family or intimate relationship. The behaviour must be repeatedly or continuously carried out by the perpetrator, having a serious effect on the victim, causing fear and affecting day to day activities.

## Background

- 5.1 An estimated 2.4 million adults aged 16 to 74 years experienced DA in the year ending March 2019 in England and Wales (1.6 million women, 786,000 men<sup>1</sup>). However, it is also widely recognised that DA continues to be under-reported, with many more offences committed than are reported to and recorded by the police. The latest available estimates from the Crime Survey for England and Wales estimated that around four in five victims (79%) of partner abuse did not report the abuse to the police.
- 5.2 Women are much more likely than men to be the victims of high risk or severe DA and are at greatest risk of being killed at the point of separation or after leaving a violent partner<sup>2</sup>.
- 5.3 Nearly one in three women who suffer from DA during their lifetime report that the first incidence of violence happened while they were pregnant; 30% of DA begins or escalates during pregnancy<sup>3</sup>.
- 5.4 DA can be perpetrated by anyone who is a relationship with the victim and may be the victim’s child or wider family members.
- 5.5 Those under 25 are the most likely to suffer interpersonal violence<sup>4</sup>. DA is higher amongst those who have separated, followed by those who are divorced or single<sup>5</sup>.

## Domestic abuse and health

- 6.1 Domestic abuse is an increasing world-wide public health problem due to its health consequences that can be immediate and acute, long-lasting and chronic, and/or fatal - affecting physical, mental and behavioural health that may persist long after the abuse/violence has stopped<sup>16</sup>.
- 6.2 People with mental ill health and/or learning disabilities may be more dependent upon their abuser and so feel less able to leave. They may fear discrimination or not being believed if they seek help. 40% of high risk victims of abuse report mental health difficulties<sup>3&5</sup>.

- 6.3 Disabled people are much more likely to experience DA than non-disabled people. Both women and men with a long-term illness or disability are more likely to be victims of any form of DA. For people with disabilities, their abuser may also be their carer. They may worry that if they leave a home which has been adapted for their needs, they will not be able to live independently.
- 6.4 Victims of abuse have a higher rate of drug and/or alcohol misuse (whether it starts before or after the abuse). At least 20% of high risk victims of abuse report using drugs or alcohol<sup>5</sup>.

### **Impact on children**

- 7.1 Evidence suggests that as many as 1 in 7 children in the UK live with DA<sup>9</sup>.
- 7.2 The impact of DA on an individual child will vary according to the child's strengths and weaknesses of their particular circumstances, as well as a range of factors in respect of the abuse/acts of violence. The two key imperatives are:
- To protect the child/children
  - To empower the victim to protect themselves and their child/children
- 7.3 62% of children living with DA are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others<sup>6</sup>.
- 7.4 Parenting is likely to be affected by DA as it impacts on their emotional availability as care givers and is associated with mental health and wellbeing<sup>7</sup>. This in turn will impact on the health and development of the child<sup>8</sup>.
- 7.5 Children living in households where there is DA are more likely to suffer other forms of abuse as well. DA is also a key indicator of child abuse and neglect with children 3 to 4 x more likely to experience physical violence and neglect<sup>9</sup>. In addition, child contact may provide a route for the perpetrator to continue or escalate violence.
- 7.6 DA during pregnancy has been identified as a prime cause of miscarriage or stillbirth, premature birth, foetal psychological damage from the effect of abuse on the mothers' hormone levels, foetal physical injury and foetal death<sup>10</sup>.
- 7.7 Where it is identified that a child is suffering or is likely to suffer significant harm due to DA, an immediate referral to MASH (Social Care) is required.

### **DA awareness**

- 8.1 DA occurs across the whole of society and there are many barriers to seeking help. In some circumstances they may blame themselves or their illness for the abuse.
- 8.2 Health staff should be aware of the signs that could indicate DA and its effects and should undertake relevant training (Oxleas DA training on the Gold fish).
- 8.3 Never dismiss abuse as part of a culture; DA is present in all cultures. Culture is not an excuse for abuse.
- 8.4 Information on DA should be routinely available giving local and national helpline numbers to support 24 hour access. Information about resources should be in a format

and venue that supports confidentiality as if seen by the perpetrator, it could provoke further abuse.

- 8.5 Display general DA awareness posters in public areas such as waiting rooms. Materials targeting women are best placed where perpetrators cannot see them i.e. women's toilets and/or relevant language specific or easy read materials.

## **Employees and DA**

- 9.1 There will be staff employed in the trust who are experiencing or who have experienced DA. Employees who experience abuse should be supported regardless of gender and the type of abuse<sup>11</sup>. Oxleas are committed to the welfare of employees and will seek to support and assist any employee who is experiencing problems related to DA. Their safety is a priority and they should be referred to specialist DA services for support.
- 9.2 Consideration of safe working arrangements can be made with support of HR<sup>12</sup>., priority should be given to health and safety while recognising the impact on work colleagues and employers. Risks associated with remote working and/or working from home should be taken into account. Line managers, in consultation with their HR Business Partner, should conduct a risk assessment to formulate a work safety plan<sup>17</sup>. In addition to local support services, staff can also access support at work through the confidential counselling service 'Care First'.
- 9.3 If an employee is accused of being the perpetrator of DA, they must disclose this to their line manager. Employees should be aware that conduct outside of work could have an impact on their employment. For example, it may be inappropriate for an employee accused of DA to provide services to adults at risk or children. In this event, the line manager, in consultation with the Director of Workforce, should consider appropriate safety planning through relevant HR processes. Referral to specialist services for people perpetrating DA should be offered<sup>17</sup>.
- 9.4 In a situation where both the victim and the alleged perpetrator work for Oxleas, or where a victim of DA needs to access services at a location where the alleged perpetrator is employed, there is a need to handle this sensitively. In this event, Line managers, in consultation with the Director of Workforce, should consider appropriate safety planning through relevant HR processes.
- 9.5 Should a child be at risk of harm when in a relationship with either perpetrator or victim, safeguarding procedures must be followed.

## **Asking about DA routinely**

- 10.1 Victims are likely to disclose DA to a health care professional than to the police. Research shows that women are assaulted an average of 35 times before they report it to the police<sup>13</sup>.
- 10.2 Health staff should ask people directly about DA whenever safe to do so, explaining the limits of confidentiality and safeguarding responsibilities to the victim. Use a professional interpreter if English is a second language and only ask when the client is alone or with children under the age of 2 (having limited communication skills). By asking the question at assessments you are saying it is okay to talk about violence and abuse. NICE Guidance (2014) advises that routine questioning provides windows of opportunity<sup>14</sup>.



- 10.3 Routine enquiry about DA may uncover hidden cases of abuse including sexual abuse. The likelihood of disclosure increases if routine enquiry is made at a number of consultations including the point of referral and assessment, as a routine part of ongoing risk assessment. Please refer to Appendix 1 for a flowchart on Safe enquiry (both face to face and virtually)
- 10.4 The reasons why clients may stay in abusive relationships are complex. DA is the responsibility of the perpetrator, never blame the abused person – it's not their fault (see Appendix 2, reasons why victims stay/hide the abuse).
- 10.5 Consider mental capacity, establish the individual's wishes and wherever possible, try to speak with the individual on their own to support the person to speak freely. Being at high risk of harm can often limit an individual's ability to safeguard themselves<sup>15</sup>.
- 10.6 If an individual who appears to have mental capacity chooses to stay in an abusive, high risk relationship, staff must carefully consider if they are making that choice free from influence of the person perpetrating harm or others<sup>15</sup>. The person may perceive the relationship to be more important than the abuse itself. Whilst the decisions made by the individual may be at odds with our own views regarding safety, support options need to be explored to minimise risks as far as possible in accordance with the person's wishes.
- 10.7 If the adult involved is considered to have care and support needs in their own right and, as such are unable to safeguard themselves, for example, if the alleged abuser is their main carer, staff should always consider Raising a safeguarding adults concern.

### **What to do after a disclosure**

- 11.1 If a person discloses abuse:
- Make an immediate decision, where possible, about whether an adult or child requires a referral to emergency services for treatment or protection.
- Offer support and information.
  - Let the person know that you believe them; the abuse is not their fault.
  - If safe to do so, encourage her/him to make a safety plan (see Appendix 2, Safety Plan).
  - Talk about the risks/effects on their own and their children's health and wellbeing.
- 11.2 Risk assess using the SafeLives DASH risk assessment tool<sup>16</sup> Refer to the Domestic Abuse handbook for reference, which can be found on the Oxleas Intranet. This is a tool to support practice. Always use professional judgment to assess risk as this may be minimized by the victim.
- 11.3 Whether or not a person discloses; when a professional becomes aware of DA in a family or relationship, the professional should consult with Children's Social Care Multi Agency Safeguarding Hub (MASH) or the Oxleas Safeguarding Team in order to assess and attend to immediate safety issues for the child/ren and adults.
- 11.4 If a referral to Children's Social Care is indicated, it should contain if possible:
- The nature of the abuse.
  - If there are children in the household. If so, the number of children and whether any are under 7-years or have special needs (young children and those with special needs are especially vulnerable because they do not have availability to

implement safety strategies and are dependent on their parent/care giver to protect them).

- Whether the perpetrator is still with the victim.
- Where the children are.
- What the child or parent/carer's immediate fears are.
- Whether there is a need to seek immediate assistance.
- Whether the child/ren and the parent/carer have somewhere safe to go.

11.5 Where there has been disclosure, ask the child and/or parent/carer;

- What strategies the person has for keeping themselves safe.
- Record the information and discuss with your line manager or named professional for safeguarding adults and children.

11.6 Consider a referral to the local MARAC (Multi Agency Risk Assessment Conference; referral form available in the Domestic abuse handbook on the OX).

### **Recording**

12.1 Record your observations, client disclosures and actions on RiO as per the Record keeping policy and Safeguarding record keeping guidance.

12.2 Staff in all services must ensure that their assessment includes information about all child/ren living with or in the client network and record the information on the appropriate form on RiO.

12.3 Ensure that where the victim's address needs to be kept secure, the Alert box is completed to flag the risk.

12.4 Be aware of PO Box addresses being used for the most vulnerable victims who are in need of shielding. Do not disclose without appropriate authority.

12.3 Follow Oxleas Safeguarding Policy and Procedures for referral for child or adult safeguarding.

### **Monitoring statement**

13.1 The Trust will monitor compliance with this document via the Safeguarding Adult and Safeguarding Children Committees which report to the Patient Safety Group.

13.2 The Safeguarding Committee will oversee the implementation of

- The Safeguarding Adults and Children Strategy.
- Safeguarding adults and children auditing.
- Safeguarding adults and children training.
- Safeguarding adults reviews/serious case reviews and incidents.
- The Safeguarding adults and children risk register.

## Monitoring statement

This may include clinical or non-clinical audit, spot checks or the development of key performance indicators. Where appropriate, consideration should be given to utilising the trust Clinical Audit Programme or Internal Audit Programme. If clinical audit or internal audit is to be used, it is the responsibility of the policy lead to request for the audit to be formally included in the Audit Programme.

Compliance with and monitoring of policies is assessed externally by the NHS Litigation Authority. Policy authors are advised to contact the Risk Manager for advice on any specific monitoring requirements as part of the policy development process.

<b>Key elements to be monitored</b>	<b>How will the monitoring be carried out</b>	<b>Frequency</b>	<b>Responsible person</b>	<b>Reported to</b>	<b>How will shortfalls be addressed and lessons learnt?</b>

## **Other relevant policies, procedures and guidelines**

This guidance should be followed in these cases of DVA and should be read in conjunction with:

Oxleas Safeguarding Children Policy and Procedures

Oxleas Safeguarding Adults Guidance

Oxleas Incident Reporting Policy

Oxleas Lone Working and Personal Safety Policy

HM Government 2018: Information Sharing Guidance

NICE Domestic Violence & Abuse Quality Standard 2016 QS116

London Multi-Agency Adult Safeguarding Policy & Procedure.

London Child Protection Procedures + supplementary procedures (London Safeguarding Children Board and Local Safeguarding Children Boards).

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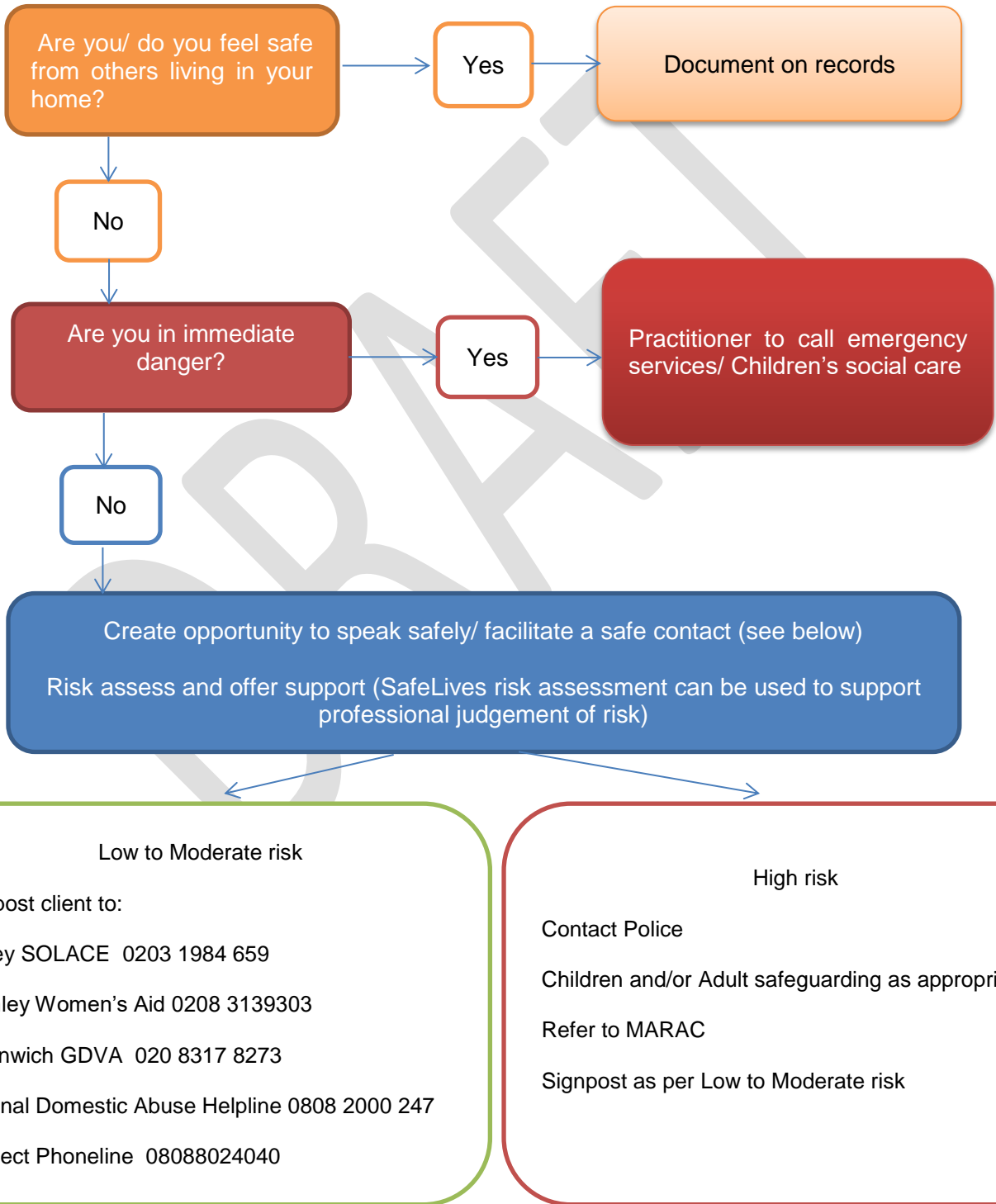
**Appendix 1 Domestic abuse – Guidance on asking questions**



Ask if it is safe to talk

Utilise telephone contact/ be mindful of conversations via loud speakers and video facilities

Always ask who else is present and whether there are children in the family



## Domestic/familial abuse – asking the question

1. Ask at key touch points or if suspecting abuse

Consider if it is safe to ask –

Are there any other people or children over 2 years old around?

2. Frame the question

For example: “As violence and control in the home is so common we now ask questions routinely.”

“We know that many of our service users have experiences of being hurt or frightened by a partner or family members, we ask everyone about these issues.”

“Have you ever been in a relationship in the past or present where you have been hurt physically, verbally or sexually?”

3. Ask

For example: Are you in a relationship with someone who hurts or threatens you?”

“Do you ever feel scared of anyone in your home?”

If injuries are seen directly question, “did some-one cause these injuries to you?”

4. Validate

For example: “You are not alone.”

“You are not to blame for what is happening to you.” “You do not deserve to be treated this way.”

**Do not offer direct advice for victim to leave home.**

Need advice?

Speak to your Line manager/ Safeguarding lead

Contact the Safeguarding team  
01322 625 009  
[oxl-tr.adultsafeguarding@nhs.net](mailto:oxl-tr.adultsafeguarding@nhs.net)  
[oxl-tr.safeguardingchildren@nhs.net](mailto:oxl-tr.safeguardingchildren@nhs.net)

## Appendix 2 Safety Plan – This can be supported by local DA support services.

The plan must be led by the victim in their own time; the steps will then feel more achievable. Do not leave this list with victims if the perpetrator lives with them or visits as this will increase the risk of harm.

1. Have important phone numbers nearby for you and your children. Numbers to have are the police, hotlines, friends and the local shelter.
2. Friends or neighbours you could tell about the abuse. Ask them to call the police if they hear angry or violent noises. If you have children, teach them how to dial 999. Make a code word that you can use when you need help.
3. How to get out of your home safely. Practice ways to get out. Call the police as soon as possible, don't wait until incidents happen, it may be too late.
4. Move away from places in your home where there are no exits and potential weapons such as the kitchen. If you feel abuse is going to happen, try to get your abuser to one of these safer places.
5. Put together a bag of things you use every day (see the checklist below). Hide it where it is easy for you to get.

If you consider leaving your abuser, think about .....

1. Places you could go if you leave your home.
2. People who might help you if you left. Think about people who will keep a bag for you. Think about people who might lend you money. Make plans for your pets.
3. Keep your phone charged or consider a pay as you go spare phone for emergencies.
4. Opening a bank account or getting a credit card in your name.
5. How you might leave. Try doing things that get you out of the house – taking out the rubbish, walking the family pet or going to the shop. Practice how you would leave. Don't tell your partner you are leaving.
6. How you could take your children with you safely. There are times when taking your children with you may put all of your lives in danger. You need to protect yourself to be able to protect your children.
7. Putting together a bag of things you use every day. Hide it where it is easy for you to get.

To take with you (if safe to do so)

- Money
- Keys to car, house, work
- Extra clothes
- Medicine
- Address book
- Pictures, jewellery, things that mean a lot to you
- Items for your children (toys, blankets etc.)

Important documents for you and your children to consider copying/taking

- Birth certificates
- Social security cards
- School and medical records



- Bank books, credit cards, driving license
- Car registration
- Welfare identification
- Passport
- Lease/rental agreement, mortgage payment book, unpaid bills
- Insurance papers
- Divorce papers, custody orders

If you have left your abuser, think about ....

1. Your safety – you still need to:
2. Get a phone. Get a court order to protect you. Keep a copy with you all the time. Give a copy to the police, people who take care of your children, their schools and your boss.
3. Change the locks. Consider putting in stronger doors, smoke and carbon monoxide detectors, a security system and outside lights, the local DV service can help you with this.
4. Tell friends and neighbours that your abuse no longer lives with you. Ask them to call the police if they see your abuser near your home or children.
5. Tell people who take care of your children the names of people who are allowed to pick them up. If you have a court order protecting your children, give their teachers and babysitters a copy of it.
6. Telling someone at work about what has happened. Ask that person to screen your calls. If you have an order that includes where you work, consider giving your boss a copy of it and a picture of the abuser. Think about and practice a safety plan for your workplace. This should include to and from work.
7. Try not to use the same shops or businesses that you did when you were with your abuser. Use different routes if possible.
8. Think of someone that you can tell if you feel down. Consider accessing a support group or workshop.
9. Find a safe way to speak with your abuser if you must. This may be through a third party.
10. Consider risks of using social media; they may be able to trace your moves.

**WARNING: Abusers try to control their victim's lives. When abusers feel a loss of control, like when victims try to leave them, the abuse often gets worse. Take special care when you leave. Keep being careful even after you have left.**

## References

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- <sup>1</sup> Office for National statistics (2019) Domestic prevalence and trends, England and Wales: Year ending March 2019. Accessed at <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenlandandwales/yearendingmarch2019> [09/06/2020]
- <sup>2</sup> SafeLives (2018). *Key Statistics about Domestic Abuse* <http://www.safelives.org.uk/>
- <sup>3</sup> SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives
- <sup>4</sup> Walby, S. and Allen, J. (2004), Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey. London: Home Office
- <sup>5</sup> Humphreys C. Regan L. Thiara R. (2005) *Domestic Violence and Substance use: Overlapping issues in separate services?* London. Greater London Authority.
- <sup>6</sup> Stanley N. (2011). Children experiencing Domestic Violence: A research Review. Research in practice. Dartington: University Of Sheffield
- <sup>7</sup> Cleaver H. (2015) Child Protection, Domestic Abuse and Parental Substance Misuse: family experiences and effective Practice (Quality matters in Childrens Services). London: Jessica Kingsley
- <sup>8</sup> Stanley N. (2011). Children experiencing Domestic Violence: A research Review. Research in practice. Dartington: University Of Sheffield
- <sup>9</sup> Radford L. and Hester M. (2015) More Than a Mirage in Stanley N and Humphreys C. (Eds) Domestic Violence and Protecting Children. New Thinking and Approaches.
- <sup>10</sup> Mezey G (1997) Domestic Violence in Pregnancy in Bewley S. Friend J. and Mezey G. (eds.) Violence against women. Royal College of Obstetricians and Gynecologists.
- <sup>11</sup> Responding to Colleagues Experiencing Domestic Abuse. Department of Health. Practical Guidance for Line Managers, Human Resources and Employee Assistance Programmes
- <sup>12</sup> Health and Safety at Work etc. Act (1974). Management of Health and Safety at Work Regulations 1999 (the 1999 Regulations). Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Health and Safety (Consultation with Employees) Regulations 1996.
- <sup>13</sup> The Independent (9th September 2013) 'Successful prosecutions for domestic violence involve more than just good police work'
- <sup>14</sup> National Institute for Health and Care Excellence NICE 2014. Domestic Violence and Abuse :multi-agency working PH50
- <sup>15</sup> Adult Safeguarding and Domestic Abuse: a guide to support practitioners and managers (2015)
- <sup>16</sup> World Health Organisation (2002)
- <sup>17</sup> SafeLives (2020) Healthcare Pathfinder Toolkit. Available at: <https://safelives.org.uk/health-pathfinder>
- <sup>18</sup> National Institute for Health and Care Excellence NICE 2016. Domestic Violence and Abuse: Quality standard (QS 116).

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## Useful links

Refer to the Safeguarding Children page on the intranet for further information

Refer to your local Safeguarding Board website for details of your local service provision.

Safelives toolkits <http://www.safelives.org.uk>

Womens Aid <https://www.womensaid.org.uk/>

Refer to Domestic Abuse and MARAC handbook (on the Ox)

## Useful telephone lines

The Men's Advice Line – Freephone for men experiencing DVA 0800 801 0327

Rights of Women – Free legal advice 0207 251 8887

National DVA helpline (24 hour) 0800 200 0247 for all victims of DVA

Childline - 0800 1111 - free confidential helpline for young people

Broken Rainbow - 08452 604460 - Helpline for lesbian, gay, bisexual and transgender people experiencing DVA

**Always call the police on 999 for emergency assistance or 101 to report a non urgent crime**