South London and Maudsley NHS
NHS Foundation Trust

Domestic Abuse Policy

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Document History

Version Control

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1.0	December 2012			
2.1	23rd April 2016	Complete rewrite of policy	Major	Paul Archer
2.2	14th June 2016	Section added on working with perpetrators	Minor	Paul Archer
2.3	30th July 2016	Minor changes	Minor	Paul Archer

Consultation

Stakeholder/Committee/ Group Consulted	Date	Changes Made as a Result of Consultation
Domestic Abuse steering group	18th July 2016	Inclusion of a section on working with perpetrators and minor rewording
Safeguarding Children Committee	6th September 2016	No changes made
Safeguarding Adults Committee	6th September 2016	No changes made
Service Users/Carers consulted	**Date**	**Changes Made as a Result of Consultation**
Domestic Abuse Support agency service users	6th September 2016	No changes made

Plan for Dissemination of Policy

Audience(s)	Dissemination Method	Paper or Electronic	Person Responsible
Trustwide	Trustwide communication Safeguarding Children	Electronic	Paul Archer

	Committee Safeguarding adults committee Intranet		

Key changes to policy:

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1. Introduction

1.1 Domestic Violence and Abuse (DVA) is a significant issue with 7.1% of women and 4.4% of men estimated to have experienced DVA in the last year (2014), equivalent to an estimated 1.15 million females and 720,000 male victims. 30% of women and 16.3% of men have experienced DVA since the age of 16. These figures were equivalent to an estimated 4.9 million female victims of DVA and 2.7 million male victims (February 2014 - Produced by the Mankind Initiative).

1.2 This policy recognises that both men and women can be victimised through Domestic Violence and Abuse. Although a greater proportion of women experience all forms of DVA, and are more likely to be seriously injured or killed by their partner, ex-partner or lover. The effects of DVA can be wide-ranging and people experience it regardless of their social group, gender, age, ethnicity, marital status, disability, sexuality or lifestyle. In particular, DVA has significant health implications including serious injury, exacerbation of other medical conditions, stress and mental illness.

1.3 The legal obligations, which underpin this policy, include the duties within the Human Rights Act (1998), the European Convention on Human Rights to protect life and to protect individuals from inhuman and degrading treatment, and The Care Act (2014), introduced in April 2015, which extended the categories of abuse to include 'domestic violence and abuse', demonstrating a recognition of the significance of DVA and the impact on both children and adults. An Adult at Risk definition under the Care Act 2014 is a person aged 18 or over and at risk of abuse or neglect because of their needs for care and support. The person does not need to be receiving any particular service in order for the safeguarding duties to apply.

1.4 The document, "Striking the Balance", Practical Guidance on the application of Caldicott Guardian Principles to Domestic Abuse and MARACs (Multi Agency Risk Assessment Conferences) (Department of Health 2012), is intended to assist those involved in information sharing between agencies about Domestic Violence and Abuse to make decisions. It identifies the underlying ethical considerations so that tensions between confidentiality and information sharing may be resolved.

1.5 The Domestic Violence Disclosure Scheme –known as Clare's Law – is intended to provide information that could protect someone from being a victim of attack. The scheme allows the police to disclose information on request about a partner's previous history of domestic violence or violent acts. The Mental Capacity Act (2005) introduced 'deprivation of liberty safeguards' through amendments in 2007 and has extended the rights of victims by amending the Domestic Abuse Crime and Victims Act (2004)

1.6 The Department of Health and NHS Employers are founding members of the UK Corporate Alliance against Domestic Violence (UK CAADV). This alliance aims to encourage public and private sector employers to commit to promoting better awareness of Domestic Violence and Abuse in their own workforce.

2. Definitions

2.1 Following a wide consultation, the cross government definition of Domestic Violence and Abuse was agreed and implemented in March 2013. Domestic violence and abuse is defined as:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or violence 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 violence: psychological; physical; sexual; financial; emotional.'

2.2 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.

2.3 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, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group (Home Office 2012).

2.4 The Care Act (2014) Care and Support Statutory Guidance (2016 outlines that many people think of domestic abuse being perpetrated by intimate partners but the abuse itself may not involve a partner or ex-partner, but rather members of the individual's family perpetrating abuse or violence.

3. Purpose and Scope of the Policy

3.1 This policy applies to all SLaM employees. It must be used in conjunction with current Local Safeguarding Children Board practice guidance, London multi agency safeguarding adults policy and procedures, ADASS guidance (2015) and Trust safeguarding policy and procedures, and the Department of Health (2013) Guidance for health professionals on Domestic Violence.

2.2. In fulfilling these obligations, this policy recognises that appropriate partnership working with criminal justice agencies and other statutory and voluntary sector services is essential.

2.3. Adults to whom the S42 safeguarding duty applies may also be subjected to Domestic Violence and Abuse. The principles contained within this policy must be followed to ensure that adults are afforded the same protection from domestic violence and abuse.

2.4. This policy will be applied without discrimination, regardless of gender/transgender, race, disability, sexual orientation, age, religion/belief or cultural practice.

4. Roles and Responsibilities

4.1 **Trust board executive member for safeguarding children and adults** has overall responsibility delegated from the chief executive for ensuring that effective systems and processes are in place to address the safeguarding agenda and chairs the Trust safeguarding children and safeguarding adults committees.

4.2 **Trust Director of Social Care** The Director of Social Care is responsible for the supervision and management of the Trust Safeguarding Adults Lead, the Trust Named Nurse and Doctor for Safeguarding Children and has strategic responsibility for the implementation of the Trust safeguarding strategy, the quality assurance framework, s.11 compliance and reporting systems are in place to work in partnership with local safeguarding children boards [LSCB] and local Safeguarding Adults Boards [LSAB].

4.3 **Trust Named Nurse for safeguarding children, Trust Named Doctor for safeguarding children and the Trust Safeguarding Adults Lead.** Report to the Director of Social Care and the Trust executive member for safeguarding. They are responsible for the co-ordination, management, development, and implementation and monitoring of the safeguarding strategy on behalf of the Trust board. The roles include

liaising with partner agencies and ensuring that the Trust systems for safeguarding including education and training, risk and assurance frameworks, annual board report are in place and responsive to relevant guidance. The Executive Director, Director of Social Care and the named professionals are responsible for ensuring appropriate representation on the Local Safeguarding Children and Adults Boards and relevant subgroups and for ensuring attendance at Clinical Commissioning Group Safeguarding Committees and to be in regular communication with the Designated leads in the CCG.

4.4 **Safeguarding lead roles, CAMHS lead consultants, AMH specialist roles** The Trust has a structure of Lead roles for safeguarding across each Borough/CAG service. They report to the Trust Safeguarding Committees. Their function is to implement policy, monitor safeguarding performance data, and to provide advice and support within each Borough/CAG.

4.5 **CAG responsibility**. Each CAG has identified a senior manager/clinician to take a lead safeguarding and domestic violence and abuse role to ensure CAG compliance with policy, training and good practice

5. General Support to all Victims of Domestic Violence and Abuse

5.1 SLaM endorses the Government's view that violence and abuse within the domestic context amounts to a fundamental breach of trust and contravenes an individual's right to feel safe both in their home and within a personal relationship (Department of Health 2005). The Trust is therefore committed to ensuring that domestic violence and abuse is recognised, and that service users and staff are provided with information and support to minimise risk. To underpin this, the Trust will engage with partner agencies in working towards the reduction of domestic violence and abuse.

5.2 If you become aware of an adult at risk of domestic violence and abuse, consider any children who may also be at risk (see section 6).

5.3 SLaM recognises that domestic violence and abuse is not only unacceptable but it also involves criminal activity. Staff should consider informing the Police of any incidents of domestic violence and abuse taking into account issues of mental capacity and the client's wishes. Where children are involved, their welfare is paramount and overrides the client's wishes for confidentiality if they are at risk of significant harm.

6. Domestic Violence and Abuse and Children

6.1 Where it is identified that a child is suffering or is likely to suffer significant harm due to domestic abuse, an immediate referral to Children Services (Social Care) is required. This will ideally be undertaken with the involvement of the adult victim to help empower them. However, it must always be remembered that the rights of the child are paramount and that consent is not needed to refer a case into children's social care. The referral forms are located on the Trusts safeguarding intranet site.

6.2 Domestic Violence and Abuse is a significant safeguarding children issue. The issue of children living with domestic violence and abuse is now recognised as a matter of concern in its own right by both Government and key children's services and agencies. The impact of domestic violence and abuse on an individual child will vary according to the child's resilience and the 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 of any intervention for children living with Domestic Violence and Abuse are:

- To protect the child/children

- To empower the victim to protect themselves and their child/children

6.3 It is recognised that children are at increased risk of physical, social and emotional abuse or neglect if they live in a household with domestic violence and abuse. (Department of Health 2009, Practical toolkit for frontline professional)

6.4 Where it is known that child/ren are living with Domestic Violence and Abuse, it is important to assess the risk of harm to the parent and child/ren. Staff should always consider a referral to Children's Social Care (see Safeguarding Children Policy). SLaM staff can seek advice and guidance from the safeguarding leads within each CAG and borough as well as the Trusts MARAC representatives. Where it is identified that an adult is experiencing or is likely to suffer significant harm due to domestic violence and abuse, staff can access advice and support from the safeguarding adult leads in each CAG and borough as well as the Trusts MARAC representatives.

7. Domestic Violence and Adults

7.1 The aim of this policy is to ensure that service users who have experienced domestic violence and abuse in the past or present are supported safely and appropriately.

7.2 Staff should consider any risks and take appropriate actions to manage identified risks of harm. Careful consideration by staff is needed as interventions may place the individual and child/ren at an increased level of risk.

7.3 Staff should deliver their service response to specific issues, appropriate to the level of risk. If the risk is high, SLaM staff should refer to MARAC (Multi Agency Risk Assessment Conference) and if the adults has care and support needs, consider a referral to the Local Authority (Adult Services) as per the SLaM Safeguarding Adults Policy.

7.4 Regardless of the level of risk to the client (low, medium or high) the client should be offered a referral to a domestic abuse support agency. Details of the support agencies can be found here

7.5 Staff need to consider the mental capacity of their client, 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 abuse can often limit an individual's ability to safeguard themselves (ADASS, Adult Safeguarding and Domestic Abuse: a guide to support practitioners and managers, 2015). This can prevent individuals from acknowledging the risks they face and prevent them from taking steps to keep themselves safe, including leaving or ending an abusive relationship, for example.

7.6 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 (ADASS, 2015). 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, enhance safety and continue to support the victim in accordance with the service user's wishes and clinical needs.

7.7 Consider discussing your concerns with the Trusts MARAC representatives or the borough and CAG safeguarding adult leads.

7.8 Further guidance on domestic abuse can be found on the Trusts domestic abuse intranet site.

8. Identifying Domestic Violence or Abuse

8.1 27% of women and 11% of men in contact with mental health services have experienced domestic abuse in the last year (Khalifeh et al, 2014). Therefore, domestic abuse must be discussed as part of all routine clinical assessments regardless of if domestic abuse is suspected (NICE, 2016).

8.1.1 As part of routine enquiry, below are some examples of the questions staff could be asking:

- Have you ever been hit, punched or slapped by your partner or other family member?
- Do you feel safe at home?
- Are you scared of your partner of other family members?
- Do you feel controlled or harassed by your partner or any other family member?

8.2 Healthcare staff should consider Domestic Violence and Abuse when there are unexplained injuries, and/or Substance Misuse and Mental Health Issues. Additionally, non-engagement with services can also be a sign of domestic abuse.

8.3 All clinical staff are given a brief introduction to domestic violence and abuse as part of both safeguarding children and safeguarding adults mandatory training. In addition to this, staff can also access e-learning around domestic abuse via the trusts domestic abuse intranet site and should be encouraged to attend face to face training. All domestic violence and abuse champions must attend specific training to undertake that role. This training will be provided by either the local safeguarding children's boards or the domestic abuse voluntary sector.

8.4 Further guidance on recognising signs of domestic abuse can be found in appendix 1

9. Creating an environment for disclosing domestic violence and abuse.

9.1 The Trust must clearly display information in waiting areas, toilets, and other suitable places about the support on offer for those affected by domestic violence and abuse. This includes contact details of relevant local and national helplines.

9.2 The information on where to get support must be available in a range of formats and locally used languages. The former could include braille and audio versions and the use of large font sizes. Staff should arrange the use of a professional interpreter (never a family member) when assessing a non-English speaking client. This will enable the clinician to explore and establish or risks of domestic abuse with the client.

9.3 Staff need to ensure that people who use the service are given maximum privacy when discussing domestic abuse issues so they cannot be overheard by other service users, members of the public or family members.

10. Working with perpetrators of domestic violence and abuse.

10.1 Research shows that healthcare professionals are one of the few groups of people that perpetrators may disclose to about domestic violence.

10.2 People can be abusive without being violent and this too can have devastating effects on their partners and children. Perpetrators may be patients that you have a good professional relationship with or who you have cared for over many years.

10.3 A high proportion of domestic abuse perpetrators who are attempting to access help will often present with problems such as stress, anger, depression or alcohol problems. They may also access services at life-changing times i.e. when a relationship breaks down or their partner is pregnant. They may also seek help once the police have become involved.

10.4 30% of domestic abuse begins during pregnancy. This is more common than gestational diabetes or pre-eclampsia

10.5 It is important that professionals ask their clients about their relationships to identify any difficulties they may be having. This can be done by asking questions such as:

- How is the relationship with your partner??
- What happens when you argue with your partner or other members of your family?
- Have you ever pushed, slapped or hit your partner?
- What are you most ashamed about doing to your partner?

10.6 It is important to acknowledge a client's disclosure as an important first step towards finding a way out of abusive behaviour. It is also important to note that there are many triggers that can cause domestic violence and abuse to occur e.g. alcohol use, mental ill health, and history of being a victim of abuse. Therefore, it is important that a careful assessment is undertaken to establish potential drivers of the abuse to enable signposting to appropriate services.

10.7 Depending on the disclosure, you may need to share this information with other professionals such as forensic services. Please refer to safeguarding children and safeguarding adult policies for further guidance.

10.8 Further support can be offered to your client via the Respect Phone line: 0845 122 8609 who will be able to signpost your client to a perpetrator program in their local area as well as offering confidential advice and support.

10.9 Further NHS guidance on supporting perpetrators of domestic abuse can be found here.

11. Domestic Violence and Abuse and Employees

11.1 All employers have a responsibility to provide a safe and healthy working environment for their staff. SLaM recognises that the effects of domestic violence and abuse can not only impact on mental wellbeing but also on punctuality, attendance, health and safety, work performance and productivity. SLaM is committed to the welfare of its employees and seeks to support and assist any employee who is experiencing problems related to domestic violence and abuse.

11.2 SLaM has a legal responsibility to protect the health, safety and welfare of all employees whilst at work. Where the victim is an employee of SLaM the main responsibility for support will lie with the employee's immediate line manager.

11.3 Where an employee discloses Domestic Violence and Abuse, managers should refer to the Mental Healthy and Stress in the Workplace Policy.

12. Dealing with Employees who are Accused of Domestic Violence and Abuse.

12.1 Where it is alleged that an employee of SLaM is the perpetrator of domestic violence and abuse then the manager should refer to the managing safeguarding allegations against staff policy.

12.2 Employees should be made aware that conduct outside of work could lead to an investigation under SLaM Disciplinary Policy; careful consideration must be given as to whether the individual role or the reputation of SLaM has been unduly affected. In addition, such conduct may make certain duties inappropriate, for example, it may be inappropriate for an employee accused of domestic violence and abuse to be providing services to adults at risk or children. In this event, the manager, in consultation with the Director of Nursing, should consider temporary restrictions of practice, redeployment or exclusion from work whilst an investigation is carried out. Such action must be carried out in line with Managing Safeguarding Allegations Against Staff Trust policy and after taking advice from Human Resources and the Safeguarding Team.

12.3 Every care must be taken to ensure that the focus of the internal investigation is the impact on SLaM and the employee's suitability to undertake their role. The investigation needs to take into account the sensitive and personal nature of the issues involved and the fact that a Police investigation may be underway. The investigating officer should be supported by a senior member of Human Resources.

12.4 The employee concerned should be reminded of the right to be supported by a Trade Union Representative or a workplace colleague during any meetings connected with an internal investigation. The manager should also ensure that they are aware support available through employee services.

12.5 In a situation where both the victim and the alleged perpetrator work for SLaM or where a victim of Domestic Violence and Abuse needs to access services at a location where the alleged perpetrator is employed, there is a need to handle this sensitively. Ensuring the safety of the victim and any relevant colleagues in the workplace may involve the suspension or redeployment of the alleged perpetrator pending a disciplinary investigation.

13. Information Sharing and Confidentiality in Relation to Domestic Violence and Abuse

13.1 Information Governance policy/procedures promote appropriate sharing of information and should not be a barrier to sharing information. Best practice is to share information with consent when possible. Even without consent you can still share under certain circumstances, being open and honest should be standard practice unless this would put you or others at risk. You should share information in order to prevent:

- A serious crime

- A danger to a person's life
- A danger to others
- Danger to the community
- Danger to the health of the person

13.2 Staff must ensure that the information shared is relevant, timely, proportionate and on a need to know basis. Staff must be able to justify actions and record exactly what has been shared, with whom and why. (Striking the Balance, 2012)

13.3 The Data Protection Act (1998) 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. Staff must never assume sharing is prohibited – it is essential to consider the balance in every case.

13.4 Sharing of information between practitioners and organisations is essential for effective identification, assessment, risk management and service provision. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children, young people and adults at risk of abuse or neglect.

13.5 Where the perpetrator is in a position of trust (e.g. Nurse, Doctor, or Teacher) a referral to the Local Designated Officer (LADO) should be considered in respect of safeguarding children. This needs to be undertaken in consultation with the safeguarding children's lead within the Trust. If the perpetrator is abusing a vulnerable adult, further advice needs to be sought from the safeguarding adult lead within the Trust to consider a referral to the local authority.

14. Response and Risk Assessment Following Disclosure of Domestic Abuse

14.1 Following disclosure of domestic violence and abuse, a professional assessment has to be made regarding the level of threat, danger and violence posed to the victim and or any children and the appropriate action taken. For those staff trained, the formal risk indicator assessment SAFELIVES (previously known as CAADA) DASH Risk Indicator Form can be used (Appendix 2). Appendix 3 provides additional risk factors to consider.

15. Safety Planning

15.1 It is vital that when health professionals are working with victims of domestic violence and abuse that they appreciate: 'Women are at greatest risk of homicide at the point of separation or after leaving a violent partner' (Lees 2000 cited by Hanmer, J and Itzin (2001). It is therefore necessary for health professionals to recognise the limitations in their knowledge and signpost victims to relevant support services.

15.2 Staff should consider the following points when discussing safety planning with victims: (Further advice on www.womensaid.org.uk)

- Have a phone to use in an emergency, and try to keep it with you
- Rehearse an escape plan and plan in advance how you might respond to different situations, including crisis situations
- Copy all major documents (including passport) and store them safely (friend or family members if appropriate)
- Have a cash fund if possible for emergency use

- Extra set of keys for house/car (kept in safe place)
- Teach children to call 999 in an emergency and what they would need to say (full name address and telephone number)
- Leaving or getting ready to leave– take legal documents, birth certificate, car documents, money, credit cards, keys, benefit books, medicines, children clothes and special toys, health records
- Pack an emergency bag for yourself and children, and hide it somewhere safe (for example at a neighbour or friend's house) try to avoid mutual friends or family
- Safe place to go or stay should they need to leave

15.3 It is also important that staff help the victim explore options and not discharge them from on-going treatment if the victim decides to stay with the perpetrator.

15.4 When staff are communicating with their client, it is important that letters or other sources of information are not given to service user where domestic abuse is specifically mentioned, unless it is known how the service user will keep this information safe.

16. Monitoring Compliance

What will be monitored i.e. measurable policy objective	Method of Monitoring	Monitoring frequency	Position responsible for performing the monitoring/ performing co-ordinating	Group(s)/committee (s) monitoring is reported to, inc responsibility for action plans and changes in practice as a result
Posters in toilets and clinical areas	Audit	Annually	Named Nurse for Safeguarding Children	Domestic abuse steering group
Staff undertaking routine enquiry	Audit	Annually	Named Nurse for Safeguarding Children	Domestic abuse steering group
Staff's understanding of domestic abuse	Audit	Annually	Named Nurse for Safeguarding Children	Domestic abuse steering group
Staff compliance with domestic abuse training	Local safeguarding children's board and Wired training reports	Quarterly	Named Nurse for Safeguarding Children	Domestic abuse steering group

What will be monitored i.e. measurable policy objective	Method of Monitoring	Monitoring frequency	Position responsible for performing the monitoring/ performing co-ordinating	Group(s)/committee (s) monitoring is reported to, inc responsibility for action plans and changes in practice as a result

17. Associated Documentation

Safeguarding Children Policy
Safeguarding Adults Policy
Managing Safeguarding Allegations Against Employees Policy

18. References

Association of Directors of Adult Social Services (ADASS) Adult Safeguarding and Domestic Abuse: a guide to support practitioners and managers (2015) available at http://www.local.gov.uk/c/document_library/get_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/211018/9576-TSO-Health_Visiting_Domestic_Violence_A3_Posters_WEB.pdf

Department of Health (2012) Striking the Balance" Practical Guidance on the application of Caldicott Guardian Principles to Domestic Abuse and MARACs (Multi Agency Risk Assessment Conferences).

Department of Health (2009) Improving safety, Reducing harm A practical toolkit for front-line practitioners: The Stationery Office.

Department of Health (2005) Responding to domestic abuse: a handbook for health professionals.

Home Office (2012) Cross-Government Definition of Domestic Abuse – A Consultation Summary of Responses.

Home Office (March 2013) Information for Local Areas on the change to the Definition of Domestic Violence and Abuse.

Lees, S. (2000). “Marital rape and marital murder”. In Hanmer, J. and Itzin, C. (ed.) Home truths about domestic violence: feminist influences on policy and practice – a reader (London: Routledge).

Mankind Initiative (2014) Statistics about male victims of domestic abuse or violence.

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

19. Freedom of Information Act 2000

All Trust policies are public documents. They will be listed on the Trusts FOI document schedule and may be requested by any member of the public under the Freedom of Information Act (2000).

APPENDIX 1

What are the signs of domestic abuse?

If someone is forced to change their behaviour because they are frightened of their partner then they are being abused. If they are experiencing any of the following then it's likely that they are being abused:

- Is the partner jealous and possessive?
- Does the partner cut the victim off from family and friends and try to isolate them?
- Is the partner charming one minute and abusive the next? Do they have sudden changes of mood – like Dr Jekyll and Mr Hyde?
- Does the partner control the victims life – for example, their money, who they should see, what they should wear?
- Does the partner monitor movements?
- Does the partner blame the victim for the abuse?
- Does the partner humiliate or insult the victim in front of others?
- Does the partner verbally abuse the victim?
- Does the partner constantly criticise the victim?
- Does the partner use anger and intimidation to frighten the victim and make them comply with demands?
- Does the partner tell the victim they are useless and couldn't cope without them?
- Has the partner threatened to hurt the victim or people close to them if they leave?
- Does the victim change their behaviour to avoid making the partner angry?
- Does the partner force the victim to have sex when they doesn't want to?

There are many different ways of being abusive. Here are a few examples:

- Damaging possessions
- Smashing up the furniture
- Threatening to harm or kill the pets
- Threatening to kidnap or get custody of the children if they leave
- Locking the victim out of the house during an argument
- Terrorising the victim by driving fast or through red lights at high speed because they knows it frightens the victim

The aim of the behaviour, whether conscious or unconscious – is to take control of the victim's life. Domestic violence is an abuse of power – it's all about power and control.

APPENDIX 2

Ending domestic abuse

SafeLives Dash risk checklist

Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the Marac[1] process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from: http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended referral criteria to Marac

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to Marac. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.

2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the Marac referral criteria.

3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at Marac. It is common practice to start with 3 or more police callouts in a 12 month period but **this will need to be reviewed** depending on your local volume and your level of police reporting.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

What this form is not

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

[1] For further information about Marac please refer to the 10 principles of an effective Marac: http://www.safelives.org.uk/marac/10_Principles_Oct_2011_full.doc

Name of victim: Date: Restricted when complete

SafeLives Dash risk checklist for use by Idvas and other non-police agencies[2] for identification of risks when domestic abuse, 'honour'- based violence and/or stalking are disclosed

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column	YES	NO	DON'T KNOW	State source of info if not the victim (eg police officer)
1. Has the current incident resulted in injury? Please state what and whether this is the first injury.	☐	☐	☐	
2. Are you very frightened? Comment:	☐	☐	☐	
3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:	☐	☐	☐	
4. Do you feel isolated from family/friends? Ie, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:	☐	☐	☐	
5. Are you feeling depressed or having suicidal thoughts?	☐	☐	☐	
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	☐	☐	☐	
7. Is there conflict over child contact?	☐	☐	☐	
8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.	☐	☐	☐	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	☐	☐	☐	
10. Is the abuse happening more often?	☐	☐	☐	
11. Is the abuse getting worse?	☐	☐	☐	
12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.				
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	☐	☐	☐	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You ☐ Children ☐ Other (please specify) ☐	☐	☐	☐	

[2] Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

Name of victim: Date: Restricted when complete

Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	☐	☐	☐	
16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.	☐	☐	☐	
17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.	☐	☐	☐	
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children ☐ Another family member ☐ Someone from a previous relationship ☐ Other (please specify) ☐	☐	☐	☐	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	☐	☐	☐	
20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	☐	☐	☐	
21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known. Drugs ☐ Alcohol ☐ Mental health ☐				
22. Has [name of abuser(s)] ever threatened or attempted suicide?				
23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. Bail conditions ☐ Non Molestation/Occupation Order ☐ Child contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐				
24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify: Domestic abuse ☐ Sexual violence ☐ Other violence ☐ Other ☐	☐	☐	☐	
Total 'yes' responses				

Name of victim: Date: Restricted when complete

For consideration by professional

Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe.	
Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.	
What are the victim's greatest priorities to address their safety?	

Do you believe that there are reasonable grounds for referring this case to Marac?		Yes ☐ No ☐	
If yes, have you made a referral?		Yes ☐ No ☐	
Signed		**Date**	
Do you believe that there are risks facing the children in the family?		Yes ☐ No ☐	
If yes, please confirm if you have made a referral to safeguard the children?	Yes ☐ No ☐	**Date referral made**	
Signed		**Date**	
Name			

Practitioner's notes

This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women's Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool Marac for their contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are very grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.

Appendix 3

What you would see if the risk to the child is moderate

- Single or up to 3 minor incidents of physical domestic abuse which were short in duration and the victim did not require medical treatment
- Occasional intense verbal abuse
- Children were not present or not drawn into the incident
- Victim's relationship to the child is nurturing, protective and stable
- Abuser accepts responsibility for the abuse indicting remorse and willingness to engage in services to address abusive behaviour.

What you can do if the risk is moderate

- Consult your manager
- Provide single agency family support
- Complete an Early Help Hub (EHH) referral (if not already completed)
- Complete safety plan with/for victim and child/ren
- Refer perpetrator for intervention if willing
- If EHH refused review risk level with manager

What you would see if the risk to the child is moderate to serious

- History of minor/moderate incidents of physical violence of short duration
- Victim received minor injury that did not lead to medical attention being sort
- Evidence of intimidation/bullying behaviour to victim but not towards the child/ren
- Destruction of property
- Family, relatives, neighbours report concerns regarding the victim and children
- Intense verbal abuse
- Abuser attempts to control victim's activities or movements
- Children were present in the home during the incident but did not directly witness it
- Mental health issues for victim or abuser
- Substance misuse for victim or abuser
- Victim's relationship to the child is nurturing, protective and stable and despite abuse was not prevented from attending to the child/ren's needs

What you can do if the risk is moderate to serious

In addition to the actions above:

- Attend a multi agency team around the child (TAC)
- Implement and monitor single agency or joint actions from TAC
- Seek Children's Social Care views on whether this is a Child in Need

What you would see if the risk to the child is serious

- Incidents of serious and/or persistent physical violence increasing in severity, frequency and duration
- Victim and/or children indicate that they are frightened of the abuser
- Victim required medical attention or explanation for injuries implausible
- Requests for police intervention
- Incidence of abuse occur in presence of children
- Threat of harm to children/and or adult victim
- Physical assault on a pregnant woman
- Abuser has history of domestic abuse in previous relationships
- Mental health issues for victim or abuser
- Substance misuse by victim and/or abuser
- Strong likelihood of emotional abuse of children e.g. may display behaviour problems/ self harm
- Abuser suspected of physically abusing child/ren
- Minimisation by abuser, lack of remorse/guilt
- The DASH assessment indicates the level of risk to be HIGH and there are children in the household.

What you can do if the risk is serious

If analysis of what you see indicates that child is suffering or at risk of suffering significant harm...

- Refer for assessment and planning led by Children Social Care
- Refer for a Multi Agency Risk Assessment Conference (MARAC)

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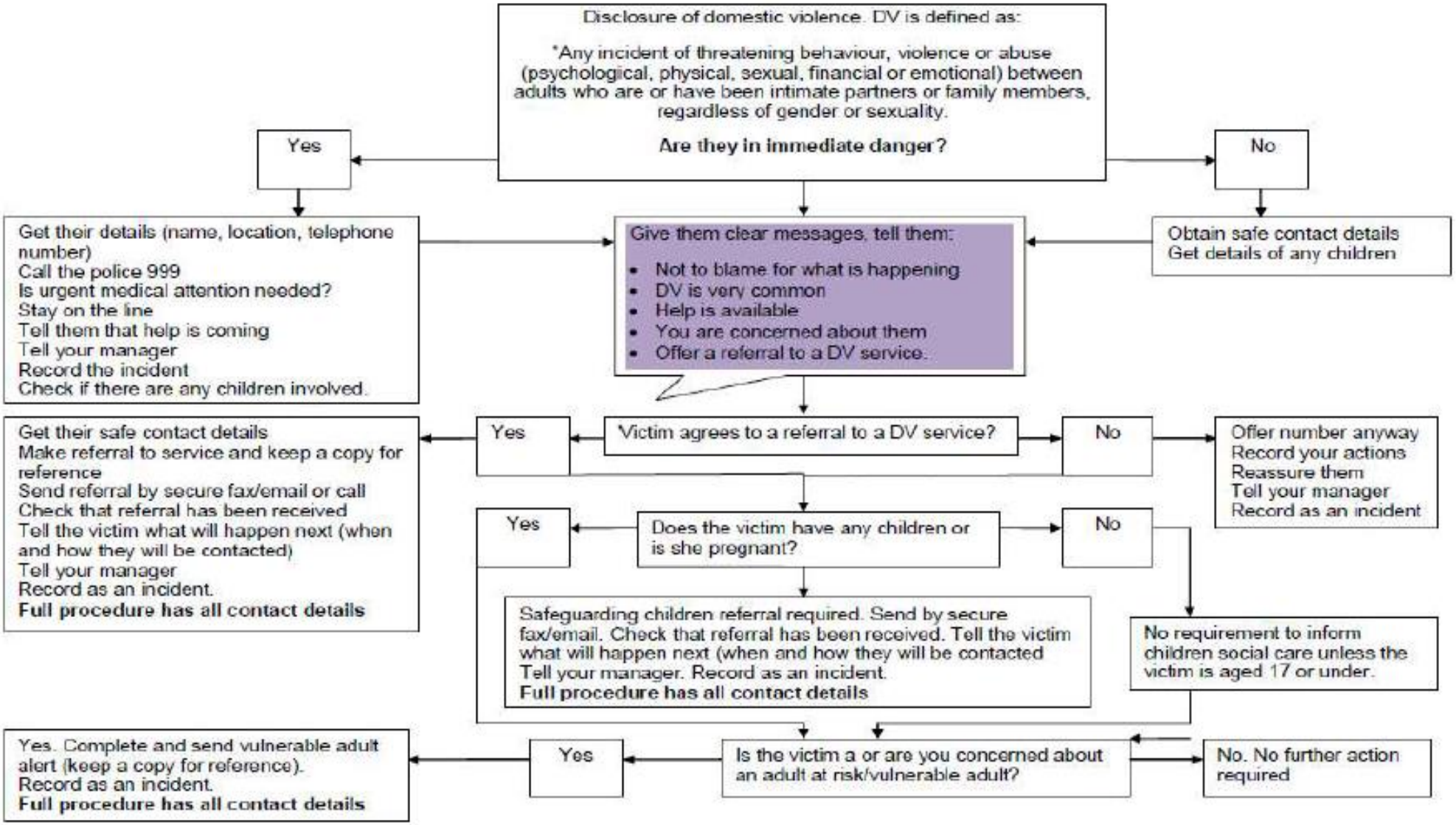
Disclosure of domestic violence. DV is defined as:
*Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.
Are they in immediate danger?
Yes
No
Get their details (name, location, telephone number)
Call the police 999
Is urgent medical attention needed?
Stay on the line
Tell them that help is coming
Tell your manager
Record the incident
Check if there are any children involved.
Give them clear messages, tell them:
Not to blame for what is happening
DV is very common
Help is available
You are concerned about them
Offer a referral to a DV service.
Obtain safe contact details
Get details of any children
Get their safe contact details
Make referral to service and keep a copy for reference
Send referral by secure fax/email or call
Check that referral has been received
Tell the victim what will happen next (when and how they will be contacted)
Tell your manager
Record as an incident.
Full procedure has all contact details
Yes
Victim agrees to a referral to a DV service?
No
Offer number anyway
Record your actions
Reassure them
Tell your manager
Record as an incident
Yes
Does the victim have any children or is she pregnant?
No
Safeguarding children referral required. Send by secure fax/email. Check that referral has been received. Tell the victim what will happen next (when and how they will be contacted
Tell your manager. Record as an incident.
Full procedure has all contact details
No requirement to inform children social care unless the victim is aged 17 or under.
Yes. Complete and send vulnerable adult alert (keep a copy for reference).
Record as an incident.
Full procedure has all contact details
Yes
Is the victim a or are you concerned about an adult at risk/vulnerable adult?
No. No further action required

Appendix 4

PART 1: Equality relevance checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?
- Does it relate to any of the following 2013-16 equality objectives that SLaM has set?
    1. All SLaM service users have a say in the care they get
    2. SLaM staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
    3. All service users feel safe in SLaM services
    4. Roll-out and embed the Trust's Five Commitments for all staff
    5. Show leadership on equality though our communication and behaviour

Name of the policy or service development: Domestic Abuse Policy

Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?

Please select yes or no for each protected characteristic below

Age	**Disability**	**Gender re-assignment**	**Pregnancy & Maternity**	**Race**	**Religion and Belief**	**Sex**	**Sexual Orientation**	**Marriage & Civil Partnership** *(Only if considering employment issues)*
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	

If yes to any, please complete Part 2: Equality Impact Assessment

If not relevant to any please state why:

Date completed: 10/10/2016
Name of person completing: Paul Archer
CAG: Corporate
Service / Department: Safeguarding Children

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 2: Equality Impact Assessment

1. Name of policy or service development being assessed?

Domestic Abuse Policy

2. Name of lead person responsible for the policy or service development?

Paul Archer

3. Describe the policy or service development

What is its main aim?

To describe to Trust staff their roles and responsibilities in relation to domestic violence and abuse.

What are its objectives and intended outcomes?

For staff to be able to identify victims and perpetrators of domestic violence and abuse and take appropriate action.

What are the main changes being made?

Domestic abuse policy has been rewritten in-line with newly issued NICE guidance

What is the timetable for its development and implementation?

Policy development took place with service user involvement from April-September 2016.

4. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?

(Evidence can include demographic, ePJS or PEDIC data, clinical audits, national or local research or surveys, focus groups or consultation with service users, carers, staff or other relevant parties).

NICE Guidance on Domestic Abuse (2016)

Safeguarding Children Policy (2015)

Safeguarding Adult Policy (2015)

Pan-London Safeguarding children procedures (2016)

The Care Act (2015)

The Children Act (1989, 2004)

5. Have you explained, consulted or involved people who might be affected by the policy or service development?

The policy was developed by the domestic abuse working group and consultation was undertaken with the safeguarding children and safeguarding adults committees. In addition to this, consultation was sought from domestic abuse service users via the domestic abuse support agencies. Feedback from these groups resulted in some minor amendments to the wording of the policy but were overall pleased with the content of the policy.

6. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?

(Please select yes or no for each relevant protected characteristic below)

Age	**Positive impact:** Yes	**Negative impact:** No
Please summarise potential impacts: The term domestic abuse covers anyone over the age of 16 years who is in an abusive relationship. Although children under the age of 16 are not covered by the term domestic abuse, they are covered under the children act 1989, 2004 and can still be victims of domestic abuse in their own right (physical abuse, emotional abuse).		
Disability	**Positive impact:** Yes	**Negative impact:** No
The policy recognises that anyone can be the victim of domestic abuse including someone with a disability. There is an increased risk of domestic abuse where the victim has some form of disability as it will impede their ability to leave/ seek help/live independently. This policy seeks to support this vulnerable group of people by identifying victims of domestic abuse and then taking appropriate action to ensure the safety of the victim.		
Gender re-assignment	**Positive impact:** Yes	**Negative impact:** No
The policy recognises that anyone can be the victim of domestic abuse including someone who has undergone gender reassignment. People from the LGBT community are at particular risk of hate crimes, which can also include domestic abuse. The policy directs staff to appropriate support agencies for victims of domestic abuse who are from the LGBT community.		
Race	**Positive impact:** Yes	**Negative impact:** No
The policy recognises that anyone can be the victim of domestic abuse regardless of race.		
Pregnancy & Maternity	**Positive impact:** Yes	**Negative impact:** No
Research suggests that in 40-60% of cases that involve women as victims, the domestic abuse started in pregnancy. Therefore the policy identifies this as a potential risk factor when considering domestic abuse.		
Religion and Belief	**Positive impact:** Yes	**Negative impact:** No
The policy recognises that anyone can be the victim of domestic abuse regardless of religious beliefs.		
Sex	**Positive impact:** Yes	**Negative impact:** No
The policy recognises that anyone can be the victim of domestic abuse regardless of gender. It is however recognised women represent the highest incidence of domestic abuse. This is reflected in the number of domestic abuse services aimed at women. The policy directs staff to support agencies that support both men and women who have been victims of domestic		

abuse		
Sexual Orientation	**Positive impact:** Yes	**Negative impact:** No
The policy recognises that anyone can be the victim of domestic abuse regardless of sexual orientation. Research suggests that there is an increased risk of domestic abuse within single sex relationships. This policy sign posts staff to appropriate support agencies including GALOP.org which is a national LGBT domestic abuse support agency.		
Marriage & Civil Partnership *(Only if considering employment issues)*	**Positive impact:** Yes or No	**Negative impact:** Yes or No
N/A		
Other (e.g. Carers)	**Positive impact:** Yes or No	**Negative impact:** Yes or No
N/A		

7. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified?

YES:

NO: *This policy has been written in-line with national guidance and legislation to ensure that children and adults who are the victims or perpetrators of domestic abuse are appropriately identified, supported and managed. Although people are positively discriminated against based on pregnancy, this is in-line with research that suggests 40-60% of domestic abuse cases start in pregnancy.*

8. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?

Audit plan is in place to ensure that routine enquire is taking place around domestic abuse and that the policy is been implemented in the Trust.

Date completed: 10/10/2016
Name of person completing: Paul Archer

CAG: Corporate
Service / Department: Safeguarding Children

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 3: Equality Impact Assessment Action plan

Potential impact	Proposed actions	Responsible/ lead person	Timescale	Progress

Date completed: 10/10/2016
Name of person completing: Paul Archer
CAG: Corporate
Service / Department: Safeguarding children

Please send an electronic copy of your completed action plan to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

Appendix 5 – Human Rights Act Assessment

To be completed and attached to any procedural document when submitted to an appropriate committee for consideration and approval.

If any potential infringements of Human Rights are identified, i.e. by answering Yes to any of the sections below, note them in the Comments box and then refer the documents to SLaM Legal Services for further review.

For advice in completing the Assessment please contact Tony Konzon, Claims and Litigation Manager (Anthony.Konzon@slam.nhs.uk)

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
The Human Rights Act allows for the following relevant rights listed below. Does the policy/guidance NEGATIVELY affect any of these rights?		
Article 2 – Right to Life (Resuscitation /experimental treatments, care of at risk patients)	No	
Article 3 - Freedom from torture, inhumane or degrading treatment or punishment (physical & mental wellbeing - potentially this could apply to some forms of treatment or patient management)	No	
Article 5 – Right to Liberty and security of persons i.e. freedom from detention unless justified in law e.g. detained under the Mental Health Act (Safeguarding issues)	No	
Article 6 – Right to a Fair Trial, public hearing before an independent and impartial tribunal within a reasonable time (Mental Health Act Tribunals/complaints/ grievances)	No	
Article 8 – Respect for Private and Family Life, home and correspondence/ all	No	

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
other communications (Right to choose, right to bodily integrity i.e. consent to treatment, Restrictions on visitors, Disclosure issues)		
Article 9 - Freedom of thought, conscience and religion (Drugging patients, Religious and language issues)	No	
Article 10 - Freedom of expression and to receive and impart information and ideas without interference. (withholding information)	No	
Article 11 - Freedom of assembly and association	No	
Article 14 - Freedom from all discrimination	No	

Name of person completing the Initial HRA Assessment:	Paul Archer
Date:	10/10/2016
Person in Legal Services completing the further HRA Assessment (if required):	N/A
Date:	N/A