POLICY NAME	**Domestic Abuse Recognition and Response**
POLICY REFERENCE	**TW16-022**
VERSION NUMBER	**1.2**
APPROVING COMMITTEE	**Safeguarding Committee**
DATE THIS VERSION APPROVED	**September 2016**
RATIFYING COMMITTEE	**PARC (Policy Approval and Ratification Committee)**
DATE THIS VERSION RATIFIED	**October 2016**
DATE THIS VERSION AMENDED	New DASH referral Form August 2017
AUTHOR(S) (JOB TITLE)	**HEAD OF SAFEGUARDING CHILDREN AND NAMED NURSE, NAMED MIDWIFE AND HEAD OF SAFEGUARDING ADULTS AND VUNERABLE ADULTS LEAD**
DIVISION/DIRECTORATE:	**CORPORATE**
TRUST WIDE POLICY (YES/NO)	**YES**
Links to other Strategies, Policies, SOP's, etc.	**Safeguarding Adults Policy TW10-032** **Safeguarding/ Child protection & Young people Policy TW11-031,** **Mental Capacity Act Policy** **Domestic Violence SOP TW14-037** **Obstetric guideline 75** **WWL NHS FT Obs 127 Dec 2015 care of women affected by female genital mutilation** **WWL NHS FT Management of Children, Young People and Neonates with Suspected Abuse TW11-031 SOP 4** **Obs guideline 75 Identification and Provision of Support to Women Experiencing Domestic Abuse in Pregnancy,** **Obs guideline 54 Local Guidelines for Safeguarding Children.**

Date(s) previous version(s) approved: (if known)	**Version:**	**Date :**
DATE OF NEXT REVIEW:	**Extended to June 2021**	
Manager responsible for review:	**DIRECTOR OF NURSING**	

AT ALL TIMES, STAFF MUST TREAT PATIENTS WITH RESPECT AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY.

1. INTRODUCTION

1.1 Wrightington Wigan and Leigh NHS Foundation Trust (WWL) has a responsibility to safeguard and protect adults and children and recognises that victims of domestic abuse should receive the same high standard of care irrespective of age, race, gender, culture, sexuality, religion or ability and that equality underpins all its service provision.

1.2 WWL is committed to promoting the health and wellbeing of patients and staff and, as such, recognises that domestic abuse is a crime. The trust is therefore committed to ensuring that domestic abuse is identified and recognised, and that patients and staff are provided with information and support to minimise risk.

1.3 WWL recognises that domestic abuse is a serious public health issue within our society and that it adversely affects many people's lives.

1.4 Each year around 2.1m people suffer some form of domestic abuse - 1.4 million women (8.5% of the population) and 700,000 men (4.5% of the population) ONS (2015), Crime Survey England and Wales 2013-14. London: Office for National Statistics.

1.4.1 Domestic abuse occurs every eight and a half minutes in Greater Manchester, according to figures released by Greater Manchester Police (GMP) in February 2015.

1.4.2 Living with domestic violence and abuse raises significant public health and child protection issues. The costs in providing the services to support people experiencing domestic violence impact on the Criminal Justice System, Health Care, Social Services, Housing and Civil Legal and are estimated at some £3.1 billion per year.

1.4.3 Domestic violence and abuse can lead to an increased risk of poor mental health, injuries, chronic physical conditions, unwanted and complicated pregnancy, sexually transmitted infections and substance misuse, and the effects can last a lifetime and into subsequent generations.(Department of Health 2010).

1.4.4 Individuals experiencing domestic abuse present frequently to health services and this provides an ideal opportunity to identify and support individuals experiencing domestic abuse (NICE guideline PH 50 Recommendation 6 (2014) -Ensure trained staff ask people about domestic violence and abuse).

2. POLICY STATEMENT

2.1 WWL is committed to raising awareness of domestic violence and abuse.

2.2 The purpose of this policy is to support all Trust staff in their identification and assessment of the impact of domestic abuse, and to clarify Trust expectations around their responses to victims, perpetrators and their families.

2.3 It is to be read in line with adults and children's WWL child and adult safeguarding policies and maternity guidelines, accessible on the Trust intranet.

2.4 This policy demonstrates the principle that domestic abuse and violence is unacceptable behaviour and that everyone has a right to live free from fear and abuse. It recognises the need to share information and work in partnership with other agencies with greater experience of domestic abuse in order to reduce the risk of harm to victims and to comply with current national guidance to identify and support victims and perpetrators of domestic

abuse and to support local strategic partnership delivery plans for addressing domestic abuse.

2.5 This includes compliance with agreed information-sharing procedures and Trust policies relating to confidentiality, data protection and record keeping.

3. KEY PRINCIPLES

3.1 To increase awareness within WWL of all aspects of domestic abuse, and to increase staff knowledge and understanding of the impact of domestic abuse.

3.2 To develop staff confidence within WWL in recognising and responding to concerns or disclosures of abuse by our service users.

3.3 To actively promote early identification of domestic abuse, carry out the risk assessment and referral.

3.4 To ensure that all wards/departments understand and are aware of their role in addressing and responding to issues surrounding domestic abuse.

3.5 To increase staff knowledge and understanding of multiagency working and services available which support the safeguarding of adults and/or children from abuse and neglect (Wigan co-ordinated community response domestic abuse tool 'CCRM'-see appendix 1)

3.6 To actively promote the empowerment and well-being of service users affected by domestic abuse utilising a multi-agency partnership approach by working in partnership with other organisations including participation in the process Integrated Safeguarding and Public Protection Team (ISAPP)

3.7 To ensure that processes are in place to support actions plans developed following a domestic homicide review**.**

3.8 Domestic abuse is not only an issue for service users, there is also a need to address domestic abuse issues for all staff, when they themselves may be current or past victims of domestic abuse, or are perpetrators of domestic abuse. (Domestic violence SOP TW14-037)

4. RESPONSIBILITES

4.1 **Chief Executive and the Trust Board**

It is accepted that ultimate responsibilities lie with the Chief Executive and the Trust Board. The Trust Board will ensure, through line management structures that this policy is applied fully and is consistently adhered to, ensuring that domestic abuse recognition and response is identified as a key priority.

4.2 **Director of Nursing**

To ensure the implementation of all policies and procedures that are in place to maintain the safety of service users, staff and the public and to support in the development and implementation of domestic abuse policy and procedure.

4.3 **Safeguarding Adults Team**

4.3.1 Will provide an expert professional leadership role in relation to Safeguarding Adults.

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

4.3.3 Act as an expert resource on Safeguarding Adult issues, providing accessible, accurate and relevant information to staff within WWL advice, support, supervision

and guidance on the management of domestic abuse within the context of Safeguarding Adults.

4.3.4 Deliver training relating to domestic abuse recognition and response.

4.3.5 Participate in the ISAPP process, as and when required.

4.4 **Safeguarding Children's Team**

Will provide the following in the context of domestic abuse:

4.4.1 An expert professional leadership role in relation to Safeguarding Children.

4.4.2 Work at a strategic level across the health and the social care community, fostering and facilitating multi agency working and training in respect of Safeguarding Children.

4.4.3 Act as an expert resource on Safeguarding Children issues, providing accessible, accurate and relevant information to staff within WWL.

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

4.4.5 Deliver training relating to domestic abuse recognition and response.

4.4.6 Participate in the ISAPP process (integrated safeguarding public protection team).

4.5 **IDVA (Independent Domestic Violence Advocate)**

4.5.1 To support staff and patients in relation to domestic abuse concerns within the context of WWL.

4.5.2 To co-ordinate the information sharing process in relation to the ISAPP team.

4.6 **Heads of Nursing and Matrons**

Heads of Nursing/Matrons/Department leads are responsible for ensuring that:

4.6.1 All staff within their divisions are familiar with recognising domestic abuse and are aware of their role in addressing and responding to issues surrounding domestic abuse.

4.6.2 All staff within their directorate are familiar with policies and procedures in relation to domestic abuse, including the risk assessment tools and referral processes

4.6.3 All staff under their supervision access domestic abuse training, this will include the use of the risk assessment tool.

4.6.4 All staff completing clinical risk assessments will routinely ask about domestic abuse in accordance with NICE guidance PH 50, particularly within the areas of maternity, gynaecology and emergency care settings.

4.6.5 Offer appropriate advice, support and direction to staff members experiencing domestic abuse and to provide the appropriate support to staff who have domestic abuse disclosed to them.

4.7 All Relevant Trust Staff

4.7.1 All relevant staff need to be aware of the policy and how it impacts on their practice.

4.7.2 It is the responsibility of staff to ensure they keep up to date with the contents of this policy and implement when relevant.

4.7.3 Staff must access and undertake training relating to Domestic Abuse to ensure that they are able to complete the risk assessment tool and access support and refer accordingly.

4.7.4 All relevant staff to refer to the domestic Abuse screening aid and flow chart (Appendix 2) when enquiring about domestic abuse with patients.

5. DEFINITION OF DOMESTIC ABUSE

5.1 The Government's definition of domestic violence and abuse states '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'.

5.2 This can encompass, but is not limited to, the following types of abuse:

5.2.1 Psychological
5.2.2 Physical
5.2.3 Sexual
5.2.4 Financial
5.2.5 Emotional
5.2.6 Controlling behaviour
5.2.7 Coercive behaviour
5.2.8 Female Genital Mutilation (FGM)
5.2.9 Forced Marriage
5.2.10 Honour Base Violence
5.2.11 Modern Slavery

5.3 **Controlling behaviour**: 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.

5.4 **Coercive behaviour**: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. (Home Office, Domestic Violence and abuse (March 2015)

5.5 See Appendix 3 for further definitions

6. DOMESTIC VIOLENCE AND ABUSE IN RELATION TO SAFEGUARDING CHILDREN

6.1 Working Together 2015 requires staff to be alert to the strong links between adult domestic violence and abuse, substance misuse and child abuse, and recognise when a child is in need of help, services or at potential risk of suffering significant harm.

6.2 Children may suffer both directly and indirectly in households where there is domestic violence and abuse. From 31st January 2005 Section 120 of the Adoption and Children Act 2002 was amended to include 'harm caused by the witnessing of abuse or ill treatment of another'.

6.3 Hearing or seeing the ill treatment of another constitutes harm. Therefore a referral should be made to Children's Social Care if a child lives in a household where domestic abuse is believed to be a factor which may lead to them being in need of support or protection.

6.4 Babies under 12 months old are particularly vulnerable to violence and abuse. Where there is domestic abuse in families with a child under 12 months old (including an unborn child), even if the child was not present, professionals should make a referral to Children's Social Care if there is any single incident of domestic violence. (Working Together 2015)

7. DOMESTIC VIOLENCE AND ABUSE IN RELATION TO SAFEGUARDING ADULTS AT RISK

7.1 There is a high proportion of adult safeguarding that relates to the abuse or neglect of people with care and support needs living in their own home, domestic abuse can take many forms and be perpetrated by a range of people.

7.2 Where a patient lacks capacity under the Mental Capacity Act (MCA) to take part in discussions or make decisions regarding abuse or neglect, any decision made by professionals on behalf of that person must be made in their best interest.

7.3 Where a patient who lacks capacity has no one close to them with whom health professionals can consult, a referral should be made to the local Independent Mental Capacity Advocacy service for an Independent Mental capacity Advocate (IMCA) to be appointed for the patient.

8. DOMESTIC HOMICIDE

8.1 A domestic violence and abuse incident which results in the death of the victim is often not a first attack and is likely to have been preceded by psychological and emotional abuse. Many people and agencies may have known of these attacks.

8.2 Local agencies should have adequate policies and procedures in place to instruct agency staff on how to intervene in domestic violence and abuse cases.

8.3 There should also be an emphasis on the need for specialist support for victims and their children as well as services for families, friends and others who may be affected by the homicide.

8.4 Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13th April 2011.

8.5 The purpose of a DHR is to establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.

9. HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this policy and they have, where appropriate, been fully reflected in its wording.

10. EQUALITY AND DIVERSITY

The Policy has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any Equality Target Group.

11. MONITORING AND REVIEW

11.1 Policy to be reviewed every 3 years.

11.2 Report of number of referrals/concerns of Domestic Abuse will be presented to the Trust at Safeguarding Committee, Wigan Clinical Commissioning Group and Trust Quality and Safety Committee on a bi-monthly basis.

12. ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.
For more details, please contact the HR Department on 01942 77 (3766) or email equalityanddiversity@wwl.nhs.uk

Wigan Co-Ordinated Community Response
Domestic Abuse Tool
For Front Line Staff

Wigan CCRM DV Tool

Open the document and simply click on any area for information
Use the home key to return to the front page
Press escape to come out of the tool

APPENDIX 2

DOMESTIC ABUSE SCREENING AID

To be used as a prompt to assess risk when enquiring about domestic abuse.

Home Office Definition:

'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, ethnicity or sexuality.'

This can encompass, but is not limited to, the following types of abuse:
Physical Sexual Financial Emotional Psychological.

This also includes Honour based violence, FGM and forced marriage.

.

The following questions need to be asked with the person when they are alone in a safe/private environment taking language and communication barriers into consideration.

1. Are you ever afraid of your partner/ family member/anyone else you are, or have been in an intimate relationship with?

2. Has anyone at home hit, kicked, punched or otherwise hurt you?

3. Has anyone at home often put you down, humiliated you or tried to control what you can do?

4. Has anyone at home threatened to hurt you?

If yes to any of the above questions, complete DASH with the person and offer information on local/national support services
(See pathway overleaf)

DASH- Domestic Abuse Stalking Harassment Tool (Safe-lives 2015)

- Ask the questions on the Domestic Abuse Screening Aid

  Only ask when alone/take out of the room/cubicle

•If Answers NO but obvious domestic abuse concerns

- Consider Completing the DASH detailing the injury/concerns/number of admissions etc
- Contact the IDVA
- Seek advice from the safeguarding team
- Ring/refer to adult social care if vulnerable adult
- Children social care referral if children in the family/ in the care of the adult

If Answers NO and no concerns

- No further action, but give domestic abuse advice leaflet

If Answers YES

- Complete the 'safe lives' DASH Risk assessment checklist
- Contact the IDVA to see whilst patient still in hospital

HIGH RISK

- If score is 14 ticks or more
- Or on professional judgment in view of injuries/disclosure

REFER TO ISAPP (At risk of Serious harm/homicide- generates a multi-agency response) by;

- Alerting the IDVA/SAFEGUARDING TEAM that a dash has been completed
- Send completed form to IDVA/safeguarding team ASAP
- Consider safety planning/admit or discharge to a place of safety
- Contact the police
- Refer to children's social care if children linked to the family
- Refer to adult social care if vulnerable adult

Domestic Abuse Enquiry Pathway ADVICE AVAILABLE FROM CHILDREN'S SAFEGUARDING TEAM 01942 822821/773060/778782
ADULT SAFEGUARDING TEAM 01942 822333

ISAPP-Integrated safeguarding and public protection-(WIGAN MARAC)
IDVA – independent Domestic Abuse Advocate 01942 778789
MARAC-Multi –agency Risk Assessment conference.
DASH- Domestic Abuse Stalking Harassment Tool.

Appendix 3

WIGAN DASH FORM / ISAPP REFERRAL *V.AUG 2017*

- *MARAC referrals need be uploaded to the relevant SharePoint site.*
- *Boxes marked with * must be completed. If the requisite information is not given, the referral will be withdrawn and the referring agency requested to re-load a completed form.*
- *Referrals will only be accepted in Microsoft Word format.*
- *Referral documents must be named as the name of the victim and date of referral as shown below:*
- *SURNAME [surname in upper case] Forename [First letter upper case, remainder in lower case] Date of referral in a number format e.g.* **BISHOP Amanda 01022013**
- *If the question is not applicable or the victim is unable to respond, please indicate this on the form.*

Date of referral*			
Referring agency*			
Contact name(s)*			
Telephone / Email*			
Date of most recent DV incident*			
THE VICTIM:			
Victim name*		Victim DOB*	
Other names			
Address*		Diversity Data (if known) B&ME ☐ Disabled ☐ LGBT ☐ Gender M / F	
If the above address is temporary, please give details of the victim's last permanent address			
Telephone number*		Is this number safe to call?*	Yes/No (*delete as appropriate*)
Please insert any relevant contact information e.g. times to call			

GP Details (if known)			
The Perpetrator:			
Perpetrator(s) name*		Date of Birth*	
Perpetrator(s) address*		Relationship to victim*	
Other Addresses Perpetrator frequents (detail of relationship i.e. friends, parents etc.)			

The Children:						
Children*	DOB*	Sex*	Relationship to victim*	Relationship to perpetrator*	Address *	School

Was the children at the premises when the incident occurred?*	Yes/No (*delete as appropriate*)	Did the child/ren witness the incident? *	Yes/No (*delete as appropriate*)

Is there any potential new incidents or criminal offences within this form that you believe have not been reported to police (please provide times and dates), also outline the victims wishes of what they would like to do with this incident or crime.*	

What are the victims wishes from services?*	
Any additional information that may support services to work with the perpetrator to address his / her behaviour	
Please Outline any safeguarding already completed by yourselves*	
Reason for completing this DASH (i.e. following a referral from ISAPP, New Referral, A&E attendee).*	

Reason for Referral / Additional Information – This section must be completed in full*

Visible high risk (*14 ticks or more on CAADA - DASH RIC*)	Yes/No (*delete as appropriate*) Comments:		
MARAC repeat (further incident identified within twelve months from the date of the last referral). If this is a repeat referral, please provide the date it was last at MARAC	Yes/No (*delete as appropriate*) Comments:		
Potential escalation – please explain	Yes/No (*delete as appropriate*) Comments:		
Professional judgement If the reason for the referral is Professional Judgement please explain fully why you feel the victim is at risk of murder or serious harm	Yes/No (*delete as appropriate*) Comments:		
Is the victim aware of MARAC referral?	Yes/No (*delete as appropriate*)	If no, why not?*	
Has consent to the MARAC referral been given?	Yes/No (*delete as appropriate*)		
Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)			
Vulnerability of the victim e.g. physical or learning disability, old age, mental or significant mental illness.			
Have there been any threats of arson? If so, please give details.			
Is there any other relevant information from victim or professional that may increase risk levels?			
Has the victim been referred to any other MARAC previously?	Yes/No	If yes where / when?	

Definition of a 'Repeat' at MARAC

CAADA defines a case at MARAC as one between the same victim and perpetrator(s), where the victim has been identified as meeting the MARAC threshold for that area.

A repeat MARAC case is one which has been previously referred to the same MARAC and at some point in

the twelve months from the date of the last referral a further incident is identified. Any agency may identify this further incident (regardless of whether it has been reported to the police).

A further incident includes any one of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour:

- Violence or threats of violence to the victim (including threats against property), or
- A pattern of stalking or harassment, or
- Rape or sexual abuse

Where a repeat victim is identified by any MARAC agency, that agency should refer the case back to the MARAC, regardless of whether the behaviour experienced by the victim meets the local referral threshold of visible high risk, escalation or professional judgement.

To identify repeat victims of domestic abuse regardless of to whom it is reported, all MARAC agencies should have the capacity to 'flag and tag' their files following the latest referral so that they are aware if a service user/client experiences a repeat incident.

The definition does not include cases which are being referred for a second time for any other reason than where there has been a repeat incident. There are specific instances where a second referral might be made but no repeat incident has occurred, such as, for example, where a perpetrator is about to be released from jail, where potential risks are identified but no specific threats have been made and the case is discussed in order to make sure that every agency is aware and able to put in place any appropriate safety measures.

Incidents that occur more than 12 months after the last MARAC referral do not constitute a repeat incident.

CAADA-DASH Risk Identification Checklist (RIC)

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies for MARAC case identification when domestic abuse, 'honour'-based violence and/or stalking are disclosed.

MPORTANT INFORMATION

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 Frequently Asked Questions and Answers[2]. These can be downloaded from www.caada.org.uk/marac.html

[1] For further information about MARAC please refer to the CAADA MARAC Implementation Guide www.caada.org.uk.

[2] For enquiries about training in the use of the form, please email training@caada.org.uk or call 0117 317 8750.

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 stepchildren 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.

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.

Put a cross [x] in the box if the factor is present.

Please add comments where indicated. It is assumed that your main source of information is the victim. If this is <u>not the case</u> please add this to your comment.

The boxes will expand as you type text into them.

There is space at the end of the form for additional information where appropriate.

		YES	NO	REFUSED
CURRENT SITUATION				
1.	**Has the current incident resulted in injury?** (Please state what and whether this is the first injury) Comment:			
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 the abuser might do and to whom, including children). KILL (specify self, children or other) FURTHER INJURY AND VIOLENCE (specify self, children or other) Comment:			
4.	**Do you feel isolated from family/friends i.e. does the abuser try to stop you from seeing friends/family/doctor or others?** Comment:			
5.	**Are you feeling depressed or having suicidal thoughts?** Comment:			

		YES	NO	REFUSED
6.	**Have you separated or tried to separate from the abuser within the past year?** Comment:			
7.	**Is there conflict over child contact?** (Please state the nature of the conflict) Comment:			
8.	**Does the abuser 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. This question is relevant even if the parties are living together) Comment:			
CHILDREN/DEPENDANTS				
9.	**Are you pregnant or have you recently had a baby (within the last 18 months)?**			
DOMESTIC VIOLENCE HISTORY				
10.	**Is the abuse happening more often?** Comment:			
11.	**Is the abuse getting worse?** Comment:			
12.	**Does the abuser try to control everything you do and/or is he/she excessively jealous?** Comment:			
13.	**Has the abuser ever used weapons or objects to hurt you?** Comment:			

		YES	NO	REFUSED
14.	**Has the abuser ever threatened to kill you or someone else and you believed them?** Comment:			
15.	**Has the abuser ever attempted to strangle/choke/suffocate/drown you?** Comment:			
16.	**Does the abuser do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?** (Please specify who and what) Comment:			
17.	**Is there any other person who has threatened you or of whom you are afraid?** (Consider extended family if honour based violence and please specify who) Comment:			
18.	**Do you know if the abuser has hurt anybody else?** (Children, siblings, elderly relative, stranger, other partners – consider honour based violence and please specify who) Comment:			
19.	**Has the abuser ever mistreated an animal or the family pet?** Comment:			
ABUSER				
20.	**Are there any financial issues? For example, are you dependent on the abuser for money? Has the abuser recently lost his/her job? Are there any other financial issues?** (Please specify what) Comment:			

		YES	NO	REFUSED
21.	**Has the abuser had problems in the past year with drugs (prescription or other), alcohol or mental health issues that has created problems in leading a normal life?** Drugs ☐ Alcohol ☐ Mental Health ☐ Comment:			
22.	**Has the abuser ever threatened or attempted suicide?** Comment:			
23.	**Has the abuser ever breached bail/an injunction and/or any agreement for when they can see you and/or the children?** (Please specify what) Bail Conditions ☐ Non molestation/civil order ☐ Child contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐ Comment:			
24.	Do you know if the abuser has ever been in trouble with the police or has a criminal history? (If yes, please specify) Comment:			
PLEASE CALCULATE THE NUMBER OF "YES" RESPONSES and enter in the box to the right				

Do you believe that there are reasonable grounds for referring this case to Marac?	Yes/No (*delete as appropriate*) Comments:

Do you believe that there are risks facing the children in the family*	Yes/No (*delete as appropriate*)	Date of Referral	
If Yes Can you confirm you have made a referral to safeguard the children (i.e.CYPS)	Yes/No (*delete as appropriate*)		

Do you believe there is any vulnerability facing the adults in the family?*	Yes/No (*delete as appropriate*)	Date of Referral	
If Yes Can you confirm you have made a referral to safeguard the Adult/s (i.e. Adult Social Care)	Yes/No (*delete as appropriate*)		

IF COMPLETED IN HOSPITAL PLEASE ENSURE THE SAFEGUARDING TEAM ARE AWARE OF ANY OF THE ABOVE CONCERNS.

For consideration by professional:	
Is there any other relevant information (from a victim or professional), which may increase risk levels? Consider victim's situation in relation to vulnerability, disability, substance misuse, mental health issues, cultural/language barriers, 'honour'-based systems and minimisation. Are they willing to engage with your service? Describe: Consider abuser's occupation/interests – could this give them unique access to weapons? E.g. ex-military, police, pest control etc. Describe:	
Is there anything else you would like to add to this? E.g. if the victim has refused to answer any questions, also use this section to provide any brief outline of any incident or information that lead to this referral. Comment:	
Your name:	Date:

Definitions :

FGM: all procedures involving partial or total removal of the external female genitalia for non-medical reasons. Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ("the 2003 Act"). It is a form of child abuse and violence against women.

Forced Marriage: a marriage in which one, or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced.

Honour Based Violence *(HBV):* embraces a variety of crimes of violence, including assault, imprisonment and murder. The crown prosecution service (CPS) uses the following definition: "a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community."

Modern Slavery*:* includes human trafficking, slavery, servitude and forced and compulsory labour. Exploitation takes a number of forms, including sexual exploitation, forced manual labour and domestic servitude, and victims come from all walks of life.

ISAPP (Wigan MARAC): Multi agency working in response to domestic abuse has developed rapidly since 2006/2007 with the introduction of Multi-Agency Risk Assessment Conferences (MARAC), supported by the Independent Domestic Violence Advocate roles (IDVA). MARAC is a multi-agency risk assessment conference which involves agencies such as police, probation, housing, **health**, social care, fire safety officers, IDVA 's, to discuss high risk cases of domestic abuse, referred in by a DASH risk assessment checklist (domestic abuse stalking and harassment tool) to prevent a domestic homicide.

APPENDIX 5

EQUALITY IMPACT ASSESSMENT FORM – STAGE 1

INITIAL ASSESSMENT (PART 1)

POLICY

Department:	WWL Safeguarding Team			**Division:**	Corporate
Title of Person(s) Completing Form	Heads of Safeguarding Children/Adults & Midwifery			**New or Existing Policy?**	NEW
Title of Policy being assessed:	Domestic abuse recognition and response			**Implementation Date (Policy)**	
What is the main purpose (aims / objectives) of this policy?	To ensure WWL NHS Trust adopts a safe, consistent and quality approach to recognising and responding to domestic abuse.				
Will patients, carers, the public or staff be affected by this policy?		**Yes**	**No**	**If staff, how many individuals / Which Groups of Staff are likely to be affected?**	
	Patients	x		All staff groups	
	Carers	x			
	Public	X			
	Staff	X			
Have patients, carers, the public or staff been involved in the development of this policy?	**Patients**			**If yes, who did you engage with? Please state below:**	
	Carers				
	Public				
	Staff	x			
What consultation method(s) did you use?	Discussion in the wider safeguarding team				
How are any changes / amendments to the policy communicated?	Clinical Cabinet/Divisional/ Department meetings/regular domestic abuse training/safeguarding bulletin				

QUESTIONS YOU MUST CONSIDER when completing the following Equality Impact Assessment Table:

- Are there any barriers which could impact on how different groups might benefit from this policy?
- Does this policy promote the same choices for different groups as everybody else?
- Could any of the following group's experience of this policy be different?
- Does this policy address the needs and potential barriers of these groups?

EQUALITY IMPACT ASSESSMENT TABLE – POLICIES (PART 2)

Protected Characteristic	**Positive Impact** High Low None	**Negative Impact** High Low None	**Reason/Comments for Positive Impact** **(Why it could benefit any / all of the protected groups)**	**Reason/Comments for Negative Impact** **(Why it could disadvantage any / all of the protected groups)**	**Resource Implication** **Yes / No**
Men					
Women					
Younger People (17-25) and Children					
Older People (60+)					
Race or Ethnicity					
Learning Disability					
Hearing Impairment					
Visual Impairment					
Physical Disability					
Mental Health Need					
Gay/Lesbian/ Bisexual					
Transgender					
Faith Groups (specify)					
Marriage & Civil Partnership					
Pregnancy & Maternity					
Carers					
Other Group (specify)					
Applies to ALL Groups	None	None			None

High: There is significant evidence of a negative impact or potential for a negative impact.
Low: Likely to have a minimal impact / There is little evidence to suggest a negative impact.
None: A Policy with neither a positive nor a negative impact on any group or groups of people, compared to others.

INITIAL ASSESSMENT (PART 3)

(a) In relation to each group, are there any areas where you are unsure about the impact and more information is needed?

NO

(b) How are you going to gather this information?

N/A

(c) Following completion of the Stage 1 Assessment, is Stage 2 (a Full Assessment) necessary?

Have you identified any issues that you consider could have an adverse (negative) impact on people from the following protected groups?

Age (Younger People (17-25) and Children / Older People (60+)		**NO**
Sex (Men / Women)		**NO**
Race		**NO**
Disability (Learning Disabilities / Hearing Impairment / Visual Impairment / Physical Disability / Mental Illness)		**NO**
Religion / Belief		**NO**
Sexual Orientation (Gay / Lesbian / Bisexual)		**NO**
Gender Re-assignment		**NO**
Marriage & Civil Partnership		**NO**
Pregnancy & Maternity		**NO**
Carer		**NO**
Other		**NO**

(Please delete as appropriate)

Any Other Comments

Assessment Completed By: Job Title: .Named Nurse/named midwife /Midwife Safeguarding Children ..…… **Date Completed:**……10/05/2016…

IF 'NO IMPACT' IS IDENTIFIED Action: No further documentation is required.

IF 'YES IMPACT' IS IDENTIFIED Action: Full Equality Impact Assessment Stage 2 Form must be completed. Refer to Link below:

http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp

PLEASE RETURN COMPLETED FORM VIA E-MAIL TO:
DEBBIE JONES, INCLUSION AND DIVERSITY PROJECT LEAD (for Service related policies) equalityanddiversity@wwl.nhs.uk

PHILIP MAKIN, INCLUSION AND DIVERSITY PROJECT LEAD (for HR / Staffing related policies)
equalityanddiversity@wwl.nhs.uk

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an EIA. By stating that you have NOT identified a negative impact, you are agreeing that the organisation has NOT discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

Wrightington, Wigan and Leigh NHS
NHS Foundation Trust

POLICY MONITORING AND REVIEW ARRANGEMENTS

NAME OF POLICY/SOP or CLINICAL GUIDELINE:

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
	Training figures reported and recorded	On going process	Trust safeguarding adult and children's team	As per training session	Safeguarding committee	Data presented to safeguarding committee And audit trial	Safeguarding database and learning and development
	To check the domestic abuse policy is being adhered to	Numbers of referrals and outcome	Trust safeguarding adult and children's team	ongoing	Safeguarding committee	Data presented to safeguarding committee And audit trail	Safeguarding database