

Domestic Abuse and Harmful Practices Policy

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This policy relates to how East London Foundation (NHS) Trust (ELFT) will ensure that its service users, employees and those in the care of patients and employees (such as adults at risk and children) are supported and protected. This policy is intended to ensure a swift response through identification and response to Domestic Abuse and providing protection for survivors and their children.

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INTRODUCTION

1.1 This policy is intended to provide clear guidance for all East London Foundation Trust (ELFT) employees including bank staff on how to identify and respond to domestic violence and abuse.

1.2 This policy recognises that all groups of adults, children and young people can be victimised through Domestic Violence and harmful practices. Although a greater proportion of women experience all forms of Domestic Abuse, and are more likely to be seriously injured or killed by their partner or ex-partner; the effects of Domestic Abuse can be wide-ranging. People experience Domestic Abuse regardless of their social group, gender, age, ethnicity, marital status, disability, sexuality or lifestyle. In particular, Domestic Abuse has significant cost and health implications including serious injury, exacerbation of other medical conditions, stress and mental illness. Domestic Abuse has negative and lasting impact on families.

2.0 **LEGAL OBLIGATION**

2.1 The legal obligations which underpin this policy include the duties within the Human Rights Act (1998), the European Convention on Human Rights (2021) to protect life and to protect individuals from inhuman or degrading treatment.

The Care Act (2014) which extended the categories of abuse to include 'domestic violence and abuse' demonstrating a recognition of the significance of Domestic Abuse and the impact on children and adults at risk. An 'Adult at Risk' as defined under the Care Act (2014) is a person aged 18 or over with care and support needs who is at risk of or is experiencing abuse or neglect and as a result of care and support needs is unable to protect themselves.

The Domestic Abuse Act 2021¹, which created the first statutory legal definition of domestic abuse to ensure that domestic abuse is fully understood, considered unacceptable and actively challenged across statutory agencies and in public attitudes. The Act has created a genderless, broad definition which states that:

- behaviour must be "abusive" and the parties involved must be "personally connected" to each other
- personally connected includes relationships where the parties have been or are married, engaged, civil partners, in a relationship, or are related
- The Act recognises children as victims of domestic abuse. This recognises the detrimental effects of children experiencing domestic abuse within the home and how they are classed as the "invisible victims." Section 3 defines "Children as victims of domestic abuse" as an individual under 18 years who "sees or hears, or experiences the effects of the abuse" and is related to both or one of the parties.
- abusive behaviour is defined as: physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour; economic abuse, psychological, emotional or other abuse
- It does not matter whether the behaviour consists of a single incident or a course of domestic abuse
- The definition applies to young people over the age of 16 years if the victim and perpetrator are at least 16 years old.

¹ [Domestic Abuse Act 2021 \(legislation.gov.uk\)](https://legislation.gov.uk)

Emotional abuse	Coercive control
Financial Abuse	Stalking
Harassment	Rape
Sexual abuse	Sexual Violence
Historic abuse and abuse in childhood	Physical Abuse
Forced Marriage	Female Genital Mutilation
Sexual exploitation	Child Sexual Abuse
Revenge Porn	Sexual harassment
Up-skirting	Sexual exploitation
Honour-based violence	Drug-facilitated sexual assault

Young people can experience domestic abuse within their relationships. Teenage relationship abuse is not a term that is defined by the Domestic Abuse Act, or elsewhere in law. However, if the victim and perpetrator are at least 16 years old, abuse in their relationship can fall under the statutory definition of domestic abuse. Whilst young people under the age of 16 can experience abuse in a relationship, it would be considered child abuse as a matter of law. Abusive behaviours by one young person toward another, where each are aged between 16 and 18 could be both child abuse and domestic abuse as a matter of law. Ultimately, in responding to cases of abuse involving those under 18, child safeguarding procedures should be followed.

3.0 POLICY PRINCIPLES

To ensure that ELFT adopts a safe, consistent and quality approach to domestic violence and abuse in line with current legislation, local and national guidance, this policy is underpinned by the Home Office (2022) Domestic Abuse Act 2021 Statutory Guidance and Department of Health (2017) Responding to Domestic Abuse: a resource for health professionals and the Working Together to Safeguard Children (2018) documents.

In fulfilling these obligations, this policy recognises that appropriate partnership working with other statutory and voluntary sector services is essential. The Trust fully participates in the Multi-Agency Risk Assessment Conference (MARAC) arrangements.

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

4.0 TARGET AUDIENCE

All staff, volunteers and students who work within the Trust.

5.0 DEFINITIONS

5.1 Survivor

The terms “victim” and “survivor” are both used, depending on the context. “Survivor” is, however, preferred as it emphasises an active, resourceful and creative response to the abuse, in contrast to “victim”, which implies passive acceptance (Women’s Aid Survivor’s Handbook 2019)

Research shows the majority of Domestic Abuse is committed by men against women but domestic violence occurs in same sex relationships and can be perpetrated by women to men ([Male Victims - Domestic and Partner Abuse Statistics](#)).

5.2 Perpetrator

A perpetrator of Domestic Abuse is a person who engages in abusive or controlling behaviour that would meet the definition of Domestic Abuse.

5.3 Think Family

The 'Think Family' approach promotes co-ordinated thinking and delivery of services to safeguard children, young people, adults and their families/carers. This approach recognises that neither children, young people nor adults exist or operate in isolation; it therefore promotes the importance of building on family strengths as practitioners work in partnership with families to promote resilience and helping them to build their capabilities.

The Think Family approach ensures that the needs of children, young people, adults, families and carers are taken into consideration in order to secure better outcomes for all by coordinating the support they receive from all services across the Trust.

5.4 Trio of Vulnerabilities

This term is used to describe the overlapping issues of domestic violence, parental mental ill-health and substance misuse. These three factors have been identified as common features in families where the increased risk of harm to women and children has been identified. The Trio of Vulnerabilities has been present in Domestic Homicide Reviews and Serious Care Reviews and should be considered when assessing risks and completing safety planning with survivors of Domestic Abuse.

5.5 Domestic Abuse

Sections 1 to 3 of the Domestic Abuse Act 2021 create a statutory definition of domestic abuse, which is set out in the box below:

Section 1: Definition of “domestic abuse”

(1) This section defines “domestic abuse” for the purposes of this Act.

(2) Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if— (a) A and B are each aged 16 or over and are “personally connected” to each other, and (b) the behaviour is abusive.

- (3) Behaviour is “abusive” if it consists of any of the following—
- a) physical or sexual abuse;
 - b) violent or threatening behaviour;
 - c) controlling or coercive behaviour;
 - d) economic abuse (see subsection (4));
 - e) psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.

- (4) “Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to —
- a) acquire, use or maintain money or other property, or
 - b) obtain goods or services.

(5) For the purposes of this Act, A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

(6) References in this Act to being abusive towards another person are to be read in accordance with this section.

(7) For the meaning of “personally connected”, see section 2.

Section 2: Definition of “personally connected”

- (1) Two people are “personally connected” to each other if any of the following applies —
- a) they are, or have been, married to each other;
 - b) they are, or have been, civil partners of each other;
 - c) they have agreed to marry one another (whether or not the agreement has been terminated);
 - d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
 - e) they are, or have been, in an intimate personal relationship with each other;
 - f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));
 - g) they are relatives.

- (2) For the purposes of subsection (1)(f) a person has a parental relationship in relation to a child if —
- a) the person is a parent of the child, or;
 - b) the person has parental responsibility for the child.

- (3) In this section —
- “child” means a person under the age of 18 years;
 - “civil partnership agreement” has the meaning given by section 73 of the Civil Partnership Act 2004;
 - “parental responsibility” has the same meaning as in the Children Act 1989;
 - “relative” has the meaning given by section 63(1) of the Family Law Act 1996

Section 3: Children as victims of domestic abuse

(1) This section applies where behaviour of a person (“A”) towards another person (“B”) is domestic abuse.

(2) Any reference in this Act to a victim of domestic abuse includes a reference to a child who—

- a) sees or hears, or experiences the effects of, the abuse, and
- b) is related to A or B.

(3) A child is related to a person for the purposes of subsection (2) if—

- a) the person is a parent of, or has parental responsibility for, the child, or
- b) the child and the person are relatives.

(4) In this section—

“child” means a person under the age of 18 years;

“parental responsibility” has the same meaning as in the Children Act 1989 (see section 3 of that Act);

“relative” has the meaning given by section 63(1) of the Family Law Act 1996.

It may be unclear to victims what counts as domestic abuse – for example, it may be thought to include physical violence only. The above definition provides a clear definition of domestic abuse to professionals and members of the public. It recognises domestic abuse can take many forms and does not need to include physical abuse to be described as domestic abuse.

Section 1(5) of the Domestic Abuse Act provides for ‘indirect abuse’, where the abuse is directed towards “towards” B despite the fact that it consists of conduct directed at another person – for example B’s child, other family member, friend or colleague.

Section 2 of the Domestic Abuse Act provides the definition of “personally connected” and this includes those who would constitute a “relative” of the victim. The definition of “relative” has the meaning given under section 63(1) of the Family Law Act 1996 (‘the 1996 Act’) which includes immediate biological family, stepfamily and extended family of an individual including such family members of their present or former spouse, civil partner or cohabiting partner. “A” and “B” do not need to be living together, or co-habiting, to be “personally connected” under the 2021 Act.

Section 3 makes clear that a child (a person under the age of 18 years) is recognised as a victim of domestic abuse if they see, hear, or experience the effects of the abuse, and is related to “A” or “B”.

The 2021 Act does not create a single criminal offence of domestic abuse, however there is range of existing legislation and safeguards to protect children. This includes common assault, assault occasioning actual bodily harm, and causing, or allowing, death or serious harm, or child cruelty, neglect, and violence. This last offence, under section 1 of the Children and Young Person Act 1933 was amended in 2015, to include causing a child emotional or psychological suffering, including through exposure to domestic abuse.

Section 70 of the Domestic Abuse Act 2021 (‘the 2021 Act’) amended Part 5 of the Serious Crime Act 2015 to create an offence of non-fatal strangulation.

5.4 **Physical abuse**

Physical abuse and violent or threatening behaviour can involve but is not limited to:

- Being, or threatened to be, kicked, punched, pinched, pushed, dragged, shoved, slapped, scratched, strangled, spat on and bitten;
- Use, or threats of use, of weapons including knives and irons; • Being, or threatened to be, burned, scalded, poisoned, or drowned;
- Objects being thrown at or in the direction of the victim;
- Violence, or threats of physical abuse or violence, against family members;
- Causing harm by damaging or denying access to medical aids or equipment – for example a deaf person may be prevented from communicating in sign language or may have their hearing aids removed; and
- Harming someone whilst performing ‘caring’ duties, which are often performed by relatives. This is especially relevant for individuals who are heavily dependent on others, such as disabled and older people and may involve force feeding, over-medication, withdrawal of medicine or denying access to medical care.

Section 70 of the Domestic Abuse Act 2021 (‘the 2021 Act’) amended Part 5 of the Serious Crime Act 2015 to create an offence of non-fatal strangulation. Non-fatal strangulation can be used as a form of assault in domestic abuse and a history of strangulation can increase the risk of an eventual fatality. Visible marks are not always present; the absence of marks should not undermine an account of non-fatal strangulation. Non-fatal strangulation is often used to instil fear and exert power and control. Victims who experience non-fatal strangulation may believe at the time that they will die as a result. Loss of consciousness, even temporary, can cause brain damage, this includes long-term neurological damage such as memory loss and facial droop. In addition, loss of consciousness can create an increased risk of miscarriage and stroke.

5.5 **Sexual abuse**

Victims of domestic abuse may experience behaviour that is sexually abusive. This abuse can involve:

- Rape and sexual assaults;
- Being pressured into sex, or sexual acts, including with other people;
- Being forced to take part in sexual acts because of threats to others, including children;
- Unwanted sexual contact or demands;
- ‘Corrective’ rape (the practice of raping someone with the aim of ‘curing’ them of being LGBT);
- Intentional exposure to HIV (human immunodeficiency virus) or sexually transmitted infections;
- Being pressurised or being tricked into having unsafe sex, including deception over the use of birth control;
- Forced involvement in making or watching pornography;
- Hurting a victim during sex including non-fatal strangulation.

Sexual abuse can coexist with sexual exploitation. Forced sex acts may involve activities such as being forced to perform pornography or to strip in person, via webcam or live streaming platform. Perpetrators may force or coerce a victim into exchanging sex for drugs, alcohol, or money, or coerce them into committing a crime, such as theft, to pay, for example, for the perpetrator’s drugs or alcohol.

“Rough sex”, including sadomasochistic activity, can involve the infliction of pain or violence, simulated or otherwise with the aim of providing sexual gratification for the parties involved. This type of activity can encompass a wide range of behaviours. Although it may occur in private and be consensual, section 71 of the Domestic Abuse Act, states that the infliction of serious harm resulting in actual bodily harm (ABH) or other more serious injury, means that the person responsible for those injuries will be liable to a criminal prosecution, irrespective of whether consent had been given by the person in receipt of the injuries or not.

Victims of domestic abuse can also be the subject of reproductive coercion, which can involve:

- restricting a partner’s access to birth control;
- refusing to use a birth control method;
- deception regarding the use of birth control including falsely claiming to be using
- contraception;
- forcing a partner to get an abortion, IVF or other related procedure; or denying access to such procedures.

Reproductive coercion can take less overt forms – for instance, a perpetrator may not actively force the victim to have an abortion, but the general cycle of abuse may leave them feeling they have no choice. Forced abortion could also part of ‘Honour’ based abuse.

5.6 Coercive and controlling behaviour

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Controlling or coercive behaviour can amount to an offence under section 76 of the Serious Crime Act 2015. The offence carries a maximum penalty of five years imprisonment. It is only applicable where:

- The victim and perpetrator are “personally connected” at the time the behaviour takes place;
- The behaviour has had a serious effect on the victim, meaning that it has caused the victim to fear violence will be used against them on two or more occasions, or it has had a substantial adverse effect on the victim’s usual day to day activities; and
- The behaviour takes place repeatedly or continuously.
- The perpetrator must have known that their behaviour would have a serious effect on the victim, or the behaviour must have been such that he or she ought to have known it would have that effect.

The following examples are within the range of behaviours that might be considered controlling or coercive behaviour. This list is not exhaustive:

- Controlling or monitoring the victim's daily activities and behaviour, including making them account for their time, dictating what they can wear, what and when they can eat, when and where they may sleep;
- Controlling a victim's access to finances, including monitoring their accounts or coercing them into sharing their passwords to bank accounts in order to facilitate economic abuse;
- Isolating the victim from family, friends and professionals who may be trying to support them, intercepting messages or phone calls;
- Refusing to interpret and/or hindering access to communication;
- Preventing the victim from taking medication, or accessing medical equipment and assistive aids, over-medicating them, or preventing the victim from accessing health or social care (especially relevant for disabled victims or those with long-term health conditions);
- Using substances to control a victim through dependency, or controlling their access to substances;
- Threats to expose sensitive information (e.g. sexual activity or sexual orientation) or make false allegations to family, friends, work colleagues, community and others;
- Intimidation and threats of disclosure of health status or an impairment to family, friends, work colleagues and wider community – particularly where this may carry a stigma in the community;
- Preventing the victim from learning a language or making friends outside of their ethnic or cultural background;
- Threatening precarious immigration status against the victim, withholding documents, giving false information to a victim about their visa or visa application, e.g. using immigration law to threaten the victim with potential deportation;
- Using the victim's health status to induce fear and restrict their freedom of movement;
- Threats of institutionalisation (particularly for disabled or elderly victims); and
- Physical violence, violent or threatening behaviour, sexual abuse, emotional or psychological abuse, economic abuse and verbal abuse;
- Using children to control the victim, e.g. threatening to take the children away;
- Using animals to control or coerce a victim, e.g. harming or threatening to harm, or give away, pets or assistance dogs.

5.7 Psychological and emotional abuse

The action or process of manipulating someone by psychological means. This can include:

- Manipulating a person's anxieties or beliefs or abusing a position of trust;
- Hostile behaviours or silent treatment as part of a pattern of behaviour to make the victim feel fearful;
- Being insulted, including in front of others. This includes insulting someone about their race, sex or gender identity, gender reassignment, sexual orientation, disability, age, faith or belief or undermining an individual's ability to parent or ability to work;
- Repeatedly being belittled;
- Keeping a victim awake/preventing them from sleeping;
- Threatening to harm third parties (for example family, friends or colleagues);
- Using social media sites to intimidate the victim;
- Persuading a victim to doubt their own sanity or mind (including 'gaslighting').

5.8 Economic abuse

Economic abuse refers to behaviour that has a substantial adverse effect on an individual's ability to acquire, use or maintain money or other property, or to obtain goods or services. This can include an individual's ability to acquire food or clothes, or access transportation or utilities. These behaviours can include an attempt to control through restriction, exploitation and/or sabotage.

Economic abuse can make a victim economically dependent on the perpetrator, and/or create economic instability, thereby limiting their ability to escape and access safety. This can result in a victim staying with a perpetrator and experiencing more abuse and harm as a result. Some forms of economic abuse may take place or persist after the victim has separated from the perpetrator.

Children can experience the effects of economic abuse; this includes where it creates an environment where they lack essentials, and which may in cases escalate to severe forms of deprivation or child poverty.

Examples of economic abuse might include the following:

- Controlling the family income;
- Not allowing a victim to earn or spend any money unless 'permitted';
- Denying the victim food or only allowing them to eat a particular type of food;
- Running up bills and debts such as credit or store cards in a victim's name, including without them knowing;
- Refusing to contribute to household income or costs;
- Deliberately forcing a victim to go to the family courts so they incur additional legal fees;
- Interfering with or preventing a victim from regularising their immigration status so that they are economically dependent on the perpetrator;
- Preventing a victim from claiming welfare benefits, or forcing someone to commit benefit fraud or misappropriating such benefits;
- Interfering with a victim's education, training, employment and career so that they are economically dependent on the perpetrator;
- Not allowing a victim access to mobile phone/car/utilities;
- Damaging the victim's property;
- Coercing the victim into signing over property or assets;
- Refusing to make agreed or required payments, for example mortgage repayments or child maintenance payments;
- Deliberately frustrating the sale of shared assets, or the closure of joint accounts or mortgages.

5.9 Technology facilitated abuse

Perpetrators can use technology, including social media to abuse victims. This can happen during and after the relationship:

- Placing false or malicious information about a victim on their or others' social media;
- Setting up false social media accounts in the name of the victim;
- 'Trolling' with abusive, offensive or deliberately provocative messages via social media platforms or online forums;

- Image-based abuse – for example, the creation of false/digitally altered images and the non-consensual distribution, or threat thereof, of private sexual photographs and films with the intent to cause the person depicted distress ('revenge porn');
- 'Upskirting' which involves someone taking a picture under another person's clothing without their knowledge;
- Hacking into, monitoring or controlling email accounts, social media profiles and phone calls;
- Blocking the victim from using their online accounts, responding in the victim's place or creating false online accounts;
- Use of spyware or GPS locators on items such as phones, computers, wearable technology, cars, motorbikes and pets;
- Hacking internet enabled devices such as PlayStations or iPads to gain access to accounts or trace information such as a person's location;
- Using personal devices such as smart watches or smart home devices (such as Amazon Alexa, Google Home Hubs, etc) to monitor, control or frighten; and • Use of hidden cameras.

Section 69 of the Domestic Abuse Act, amended the offence under section 33 of the Criminal Justice and Courts Act 2015. This means it is now a criminal offence for an individual to threaten to share intimate images without the consent of the individual depicted, with the intent to cause distress.

5.10 Stalking and harassment

There is no statutory definition of harassment but it includes repeated attempts to impose unwanted communications and contact upon a victim, in a manner that could be expected to cause distress or fear. It is generally acknowledged that harassment involves behaviour that is intended to cause a person alarm or distress or to cause them to fear violence when the perpetrator knows or ought to know that their conduct amounts to harassment. Where there is evidence to show that such conduct has occurred on more than one occasion, the perpetrator could be prosecuted under the Protection from Harassment Act 1997.

Similarly, there is no statutory definition of stalking. Below is a list of examples that could be defined as stalking. The list is not an exhaustive one but gives an indication of the types of behaviour that may be displayed in stalking. The listed behaviours are:

- following a person;
- contacting, or attempting to contact, a person by any means;
- publishing any statement or other material relating or purporting to relate to a person, or originate from a person;
- monitoring the use by a person of the internet, email or any other form of electronic communication;
- loitering in any place (whether public or private);
- interfering with any property in the possession of a person;
- watching or spying on a person.

Source: Crown Prosecution Service (CPS) 2015

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

5.11 MARAC (Multi Agency Risk Assessment Conference)

MARAC is a multi-agency risk assessment meeting of Police, Women's Aid, Social Care, Probation, Health, Substance Misuse, Education and any other relevant partners. The primary focus of the meeting is to increase the safety of the survivor and any dependants.

- When a DASH-RISK scores 14 ticks or above (High Risk) a MARAC Referral is required
- Each case is discussed and agency actions agreed
- MARAC is not a case management process
- All agencies have 8 days to complete their actions.

The purpose of the DASH – RISK checklist is to give a consistent and simple tool for practitioners who work with adult victims of Domestic Abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made. The DASH risk assessment does not replace professional judgement and in some cases a DASH risk assessment may not indicate a high risk. This may be the case if the victim feels too scared to share the level or nature of abuse. If you still think there is a high risk of harm you can refer to MARAC based on your professional judgement.

This checklist can be used for lesbian, gay, bisexual relationships and for situations of 'honour'-based violence or family violence.

The DASH and MARAC forms are available on the ELFT intranet and SafeLives page <http://www.safelives.org.uk/> (Please see Appendix 1). SafeLives have developed a Dash risk checklist specifically for young people, which can be found here: [Young people's Dash risk checklist](#).

5.12 MAPPA (Multi Agency Public Protection Arrangements)

Multi Agency Public Protection Arrangements is the name given to arrangements in England and Wales for the 'responsible authorities' tasked with the management of registered sex offenders, violent and other types of offenders who pose a serious risk of harm to the public. This is managed by the Police.

5.13 Domestic Violence Disclosure Scheme (DVDS)

The Domestic Violence Disclosure Scheme (DVDS) also referred to as "Clare's Law", after the tragic case of Clare Wood who was murdered by her former partner in Greater Manchester in 2009, was rolled out across all 43 police forces in England and Wales in March 2014. The scheme is intended to provide information that could protect someone from being a victim of abuse. The scheme allows the police to disclose information on request about a partner's previous history of domestic violence or violent acts (Home Office 2016).

5.14 Domestic Homicide Review (DHR)

Two women a week die as a result of Domestic Abuse. In cases where Domestic Abuse is thought to have contributed to the death of a person a DHR is commenced.

DHRs are managed by the Home Office and are meant to identify learning to prevent future harm.

A 'domestic homicide review' means a review of the circumstances in which the death of a person aged sixteen or over has, or appears to have, resulted from violence, abuse or neglect by:

- A person to whom he/she was related or with whom he/she was or had been in an intimate personal relationship, or;
- A member of the same household as himself/herself, held with a view to identifying the lessons to be learnt from the death.

6 HARMFUL PRACTICES

Harmful practices are a violation of human rights that put women's and children's sexual and reproductive health and rights at great risk. They are discriminatory practices committed regularly over such long periods of time that communities and societies begin to consider them acceptable.

A variety of harmful practices exist, including female genital mutilation (FGM), Modern Slavery, Child Sexual Exploitation (CSE), belief in witchcraft and spirit possession, child and/or forced marriage, crimes committed in the name of so-called honour and dowry-related violence. Child and/or forced marriage, CSE and FGM have an especially significant impact on the enjoyment of sexual and reproductive health.

6.1 Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Response to identification of CSE should include making a referral to Children's Social Care, contact with relevant partner agencies and recording in line with ELFT's Health Records Policy. For further information on how to respond to CSE, please ELFT's Safeguarding Children Policy, including the risk assessment toolkit. The ELFT Safeguarding Children Policy can be found on the [intranet](#).

6.2 Belief in Witchcraft and Spirit Possession

Where parents, families and the child themselves believe that an evil force has entered a child and is controlling them, the belief includes the child being able to use the evil force to harm others. This evil is variously known as black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah. Children are called witches or sorcerers. For further information on how to respond to concerns about belief in witchcraft and spirit possession, please ELFT's Safeguarding Children Policy. The ELFT Safeguarding Children Policy can be found on the [intranet](#).

6.3 Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is a collective term for procedures, which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy.

FGM is practised in at least 29 countries across Africa, parts of the Middle East and South East Asia. FGM is practiced by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or young woman. It is estimated that 60,000 girls under 15 are at risk of FGM in the UK, and 137,000 women and girls in the UK have already been subjected to it.

FGM is illegal in the UK and is recognised as a form of child abuse.

It is an offence to:

- perform FGM (including taking a child abroad for FGM);
- help a girl perform FGM on herself in or outside the UK;
- help anyone perform FGM in the UK;
- help anyone perform FGM outside the UK on a UK national or resident;
- fail to protect a girl for whom you are responsible from FGM.

Anyone who performs FGM can face up to fourteen years in prison. Anyone found guilty of failing to protect a girl from FGM can face up to seven years in prison.

6.4 Mandatory Reporting

There are mandatory reporting procedures in place for all regulated professionals in health, social care and education to report all cases of FGM to the Police for children under 18. The duty to report applies in specific situations:

Either:

A health professional is informed by a girl under 18 that an act of FGM has been carried out on her;

Or

A health professional observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth. All Trust employees should refer to the publication "Mandatory Reporting of Female Genital Mutilation – procedural information HM Gov. (2015; Please also see appendix 2 for FGM safeguarding pathway).

6.5 Sharing information with the Police

- Professional who initially identified the FGM in female under 18 should make a report to the Police on 101 (999 for immediate safety) clearly stating their name, contact details, role and place of work;
- Details of the girl in question including name, age/date of birth and address;
- If applicable confirm that safeguarding actions have been undertaken or will be undertaken;

- Complete DATIX form;
- If staff members are unsure how to proceed, advice should be sought from the line manager or Trust Safeguarding Team.

6.6 'Honour' Based Violence (HBV)

The terms 'honour crime' or 'honour-based violence' embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for actually or allegedly undermining what the family or community believes to be the family honour by not following the correct code of behaviour.

In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family. It can be distinguished from other forms of abuse as it is often committed with some degree of approval and/or collusion from family and/or community members.

The Metropolitan Police definition of so-called honour based violence is: 'a crime or incident, which has or may been committed to protect or defend the honour of the family and/or community.'

This type of violence and abuse includes physical, emotional, financial and sexual abuse of the victims. Victims may have multiple perpetrators not only in the UK. Honour Based Violence can be a trigger for a forced marriage.

Professionals should respond in a similar way to cases of honour violence as with domestic abuse and forced marriage (i.e. in facilitating disclosure, developing individual safety plans, ensuring the individual's safety by according them confidentiality in relation to the rest of the family)

6.7 Forced marriage

Forced marriage is an offence under section 121 of the Anti-social Behaviour, Crime and Policing Act 2014. Forced marriage typically occurs in the context of 'honour'-based abuse, and involves the use of violence, threats or any other form of coercion against a person with the intention or belief that the conduct may cause a person to enter into a marriage without consent. This includes non-binding traditional, or unofficial marriages. Forced marriage is recognised as a form of domestic abuse – if carried out by someone with a personal connection to the victim and where both parties are at least 16 years old.

Usually someone must use violence, threats or another form of coercion to carry out the offence of forced marriage. However, if a person is unable to consent to marry, under the Mental Capacity Act 2005, any conduct aimed at causing them to marry may be forced marriage, even if it is not violence, threats or another form of coercion. In all cases, forcing someone into marriage could include making arrangements; the offence could be considered to have occurred even where the marriage does not end up taking place.

Victims of forced marriage can be of any age, and many are under 18. Young victims may for example be coerced to marry under the threat of physical violence or the fear of dishonouring their families.

The Marriage and Civil Partnership (Minimum Age) Act 2022 means that 16 to 17-year-olds are no longer be able to marry or enter a civil partnership under any circumstances, including with parental or judicial consent from 26 February 2023. This Act has expanded the criminal offence of forced marriage in England and Wales to make it an offence in all circumstances to do anything intended to cause a child to marry before they turn 18. It is therefore now an offence to cause a child under the age of 18 to enter a marriage in any circumstances, without the need to prove that a form of coercion was used. The forced marriage offence will continue to include ceremonies of marriage which are not legally binding, for example in community or traditional settings.

The Government's Forced Marriage Unit can provide advice and support to individuals who are at risk of, or who have experienced, forced marriage, and to the professionals and others seeking to help them. When working with children or adults at risk of forced marriage it is important professionals are aware of the 'one chance rule': that someone may only have one opportunity to speak to a victim or potential victim and may possibly only have one chance to save a life.

6.8 Modern Slavery

Modern slavery is a brutal form of organised crime in which people are treated as commodities and exploited for criminal gain. The true extent of modern slavery in the UK, and indeed globally, is unknown. Modern slavery, in particular human trafficking, is a domestic and international problem. Victims may be British citizens living in the UK, have entered the United Kingdom legally, on forged documentation or clandestinely. Modern slavery takes a number of forms, including sexual exploitation, forced labour and domestic servitude, and victims come from all walks of life. Victims are often unwilling to come forward to law enforcement or public protection agencies, not seeing themselves as victims, or fearing further reprisals from their abusers. In particular, there may be particular social and cultural barriers to men identifying themselves as victims. (Modern Slavery Act, 2015)

Signs of modern slavery may be physical or less obvious. Survivors may come into contact with Health services before any other services.

Response to identification of modern slavery should include:

- Making a referral to Children's Social Care and contact with relevant partner agencies;
- Consider a Safeguarding Adults Concern and contact relevant partner agencies;
- Consider contacting the Police on 101 (999 if there is immediate risk). Where the adult does not consent to the Police being notified you will need to consider if there are grounds to breach consent. It is highly likely that in cases of modern slavery that it will be in the public interest to make a report to the Police;
- Identification, discussion and decision-making should be recorded in line with ELFT's Health Records Policy;
- Complete National Referral Mechanism (NRM) or Duty to notify if your team holds social care responsibilities on behalf of a Local Authority. National Referral Mechanism (NRM) or Duty to Notify.

6.9 Breast ironing (flattening)

Breast ironing (also called breast flattening) is when young girls' breasts are damaged over time to flatten them and delay their development. Sometimes, an elastic belt, or binder, is used

to stop them from growing. Breast ironing usually starts with the first signs of puberty and is most often done by female relatives. In most cases, the abuser incorrectly thinks they're behaving in the best interests of the child. They believe flattening the breasts will make the child less 'womanly'. They hope this will protect the girl from harassment, rape, abduction and early forced marriage, and help them stay in education.

Breast ironing can cause serious physical issues such as:

- abscesses (a painful collection of pus that develops under the skin);
- cysts (fluid-filled lumps under the skin that can develop into abscesses);
- itching;
- tissue damage;
- infection;
- discharge of milk;
- breasts becoming significantly different shapes or sizes;
- severe fever;
- the complete disappearance of one or both breasts;

Although there's no specific law within the UK around breast ironing, it's a form of child abuse. There are many signs that breast ironing could be happening to a girl. These include:

- avoiding medical examinations;
- not wanting to get undressed in front of anyone;
- difficulty lifting their arms as the breast area will be tender to move and touch;
- walking or sitting hunched over;
- some girls may ask for help, but may not say exactly what the problem is because they're embarrassed or scared;
- unusual behaviour after time away from school or college including depression, anxiety, aggression and withdrawal;
- a girl is withdrawn from PE and/or sex and relationship education classes;

7 ADDITIONAL CONSIDERATIONS

7.1 Adults with care and support needs

The Care Act (2014) identified Domestic Abuse as a category of abuse in adult safeguarding. Evidence indicates that those experiencing physical, mental health and learning disabilities may be more vulnerable to Domestic Abuse. Their health difficulties may also make it harder for them to access support. Therefore, if an adult has care and support needs and they disclose Domestic Abuse, a Safeguarding Adults Concern should be considered alongside the completion of a DASH-RIC.

7.2 Mental Health and Domestic Abuse

When working with people living with severe and enduring mental illness and mental health difficulties it is essential that Domestic Abuse and its impact is considered.

Research suggests that women experiencing Domestic Abuse are more likely to experience a mental health problem, while women with mental health difficulties are more likely to be

domestically abused, Research has indicated that 30-60% of women with a mental health problem have experienced domestic violence.

Domestic violence is associated with depression, anxiety, PTSD and substance abuse in the general population.

Exposure to domestic violence has a significant impact on children's mental health. Many studies have found strong links with poorer educational outcomes and higher levels of mental health problems. (Mental Health Statistic: Domestic Violence, Mental Health Foundation 2019)

7.3 Disability and Domestic Abuse

Research conducted by SafeLives (2017) found that people with disabilities experience higher rates of Domestic Abuse than people without disabilities.

The Crime Survey for England and Wales (March, 2015) reported that women and men with a long standing illness or disability were more than twice as likely to experience some form of Domestic Abuse than women and men with no long standing illness or disability.

Disabled victims of Domestic Abuse also suffer more severe and frequent abuse over longer periods of time than non-disabled victims;

Disabled victims typically endure abuse for an average of 3.3 years before accessing support, compared to 2.3 years for non-disabled victims;

Even after receiving support, disabled victims were 8% more likely than non-disabled victims to continue to experience abuse.

For a disabled person, the abuse they experience is often directly linked to their impairments and perpetrated by the individuals they are most dependent on for care, such as intimate partners and family members.

SafeLives estimates that at least 13,600 disabled victims experiencing high risk Domestic Abuse (out of 16,000 disabled victims in total) are either not supported by a Multi-Agency Risk Assessment Conference (Marac), or their impairment is not identified by the Marac process. Currently almost one in five MARAC reports (18%) does not record any disability referrals at all.

Please ensure that risk assessments include and consider the impact of disability on the person's ability to keep themselves and any children safe.

7.4 Older People

According to a 2016 SafeLives report it was estimated that 120,000 people aged over 65 had experienced at least one form of abuse.

The research shows that older people are much more likely than younger people to be abused by a family member but much less likely to seek help. Older victims are less likely to leave abusive relationships.

Whereas more than two-thirds of victims aged less than 60 left their abuser in the year before seeking help barely a quarter of people over 65 did. Often the abuse begins when the couple have retired and are spending more time alone together.

There are many practical reasons why people don't leave abusive relationships however for older people pensions may be linked, they may be disabled or have caring responsibility for a disabled partner. It is possibly much harder to uproot yourself the longer you have been in a relationship. There are very few refuges catering for older people.

7.5 Pregnancy

Research indicates that a third of Domestic Abuse starts during pregnancy. Existing abuse may get worse during pregnancy or after giving birth.

Domestic Abuse during pregnancy puts the unborn child in danger. It increases the risk of miscarriage, infection, premature birth, and injury or death to the baby.

7.6 Children and young people

Every child deserves a safe and secure home, but witnessing domestic abuse can have long term effects on children and young people's physical and mental wellbeing as well as their behaviour. This can last into adulthood and have lasting and significant impact on their lives (NSPCC, 2019).

The Domestic Abuse Act 2021 recognises children as victims of domestic abuse if they see, hear or experiences the effects of the abuse. This recognises the detrimental effects of children experiencing domestic abuse within the home and how they are classed as the "invisible victims."

Many children exposed to violence in the home are also victims of physical abuse. Children who witness domestic violence or are victims of abuse themselves are at serious risk of long-term physical and mental health problems. Children who witness violence between parents may also be at greater risk of being violent in their future relationships (Costa, et al., 2015; Guedes, et al., 2016).

Broadly, some of the impacts that domestic abuse can have on children can include ([NSPCC - signs that a child has witnessed domestic abuse](#)):

- Feeling anxious or depressed;
- Low self-esteem and difficulties with forming healthy relationships;
- Hypervigilance in reading body language or changes in mood and atmosphere;
- Having difficulty sleeping, nightmares;
- Physical symptoms such as stomach aches or bed wetting;
- Delayed development or deterioration in speech, language and communication;
- Reduction in school attainment, truancy, risk of exclusion from school;
- Increased application to activities outside the home, including academia or sports, as a distraction
- Inconsistent regulation of emotions, including becoming distressed, upset or angry;
- Becoming aggressive or internalising their distress and becoming withdrawn;
- Managing their space within the home so they are not visible; and
- Using alcohol or drugs, or self-harming

If a child discloses domestic abuse, it is important that staff take time to listen to what the child or young person is saying and report the concerns to their line manager or children social care immediately.

In situations of domestic violence and abuse where the child, unborn baby or young person's needs are in conflict with the wishes of the survivor, protection of the child/ren is paramount.

Young people can experience domestic abuse within their relationships. Teenage relationship abuse is not a term that is defined by the Domestic Abuse Act, or elsewhere in law. However, if the victim and perpetrator are at least 16 years old, abuse in their relationship can fall under the statutory definition of domestic abuse. Whilst young people under the age of 16 can experience abuse in a relationship, it would be considered child abuse as a matter of law. Abusive behaviours by one young person toward another, where each are aged between 16 and 18 could be both child abuse and domestic abuse as a matter of law. Ultimately, in responding to cases of abuse involving those under 18, child safeguarding procedures should be followed.

When a young person is experiencing domestic abuse, it's vital to make an accurate and fast assessment of the danger they're in, so they can get the right help as quickly as possible. SafeLives have developed a Dash risk checklist specifically for young people, which can be found here: [Young people's Dash risk checklist](#).

7.7 Child to Parent Abuse

Abuse within the family includes child-to-parent abuse, also commonly referred to as Adolescent to Parent Violence/Abuse (APV/A) and Child and Adolescent to Parental Violence and Abuse (CAPVA). Child-to-parent abuse can involve children of all ages, including adult children, and abuse toward siblings, grandparents, aunts, uncles as well as other family members such as those acting as kinship carers. If the child is 16 years of age or over, the abuse falls under the statutory definition of domestic abuse in the 2021 Act.

There is no specific legal definition of child-to-parent abuse but it is generally accepted to involve some of the patterns of behaviour that can be found in other relationship contexts. Behaviours can encompass, but are not limited to, humiliating and belittling language, violence and threats, jealous and controlling behaviours, damage to property, stealing and heightened sexualised behaviours. Child-to-parent abuse appears gendered, with the majority of cases being perpetrated by sons against their mothers, although men and boys are victims too.

Like other forms of abuse, child-to-parent abuse is characterised by shame and stigma which could mean parents are less likely to report the abuse to the police. Parents may fear being blamed, disbelieved, or conversely having their child taken away from them or criminalised leaving them reluctant to seek help. Recorded incidents likely represent only a small number of real cases as families facing crisis point make the difficult decision to disclose their abuse. Victims of this type of abuse should also receive appropriate domestic abuse response and support.

Abuse from a child or young person can also cause health and wellbeing issues such as anxiety, depression, stress, loss of sleep, physical injury – all of which may necessitate admission to hospital. It may result in parents self-medicating with drugs and alcohol as a coping mechanism. Those who experience child to parent abuse often suffer a great deal before seeking support. This is often linked to feelings of failure in the parenting role, and the shame and stigma of having an abusive child.

Health professionals who visit the family home, should be alert to the signs of child to parent abuse and know how to respond. Identified cases of child to parent abuse should always be treated as a safeguarding issue.

Things to consider when responding to child to parent abuse:

- Understand the complex nature of dual diagnoses (mental health and substance misuse) and the intersections with abuse (not as an excuse but a vulnerability issue);
- Address the needs of the young person and their family whilst simultaneously addressing risk;
- Engage with other relevant services (Children Social Care, Adult Social Care, Education, Youth Justice etc.) and agree lead;
- Evaluate child protection issues as well as acknowledging young person's use of abusive behaviour;
- Use a strengths based empathic response;
- Using diagnoses to explain parental abuse can be problematic as it allows adolescents and parents to use labels of disorders as justifications for violent behaviours.

If a child or children is/are causing harm to an adult covered by adult safeguarding procedures, action should be taken under these procedures, and a referral and close liaison with children's services should take place. Physical and sexual abuse towards parents and other relatives (for example, grandparents, aunts, uncles) some of whom, may be adults at risk, can be carried out by adults and by young people and children, some of which can cause serious harm or death. The UK prevalence study of elder abuse identified younger adults (rather than the person's partner) as the main perpetrators of financial abuse (London Multi-Agency Adult Safeguarding Policy and-Procedures).

7.8 LGBTQI+

Domestic violence and abuse can affect any group of people. Stonewall's research shows that one in four lesbian and bisexual women have experienced domestic abuse in a relationship. Two thirds of those say the perpetrator was a woman, a third a man. Almost half (49%) of all gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 (Stonewall.org.uk).

Concerns specific to the LGBTQ+ community could arise from the perpetrator (intimate partner or family member) such as:

- Calling names, threatening to 'out' the person, or using put-downs;
- Using gender and/or sexual orientation as a basis for threats or harm;
- Damaging property, including graffiti;
- Making unwanted advances or forcing someone into unwanted sexual contact;
- Hitting, shoving, grabbing, kicking, throwing things, or using other forms of physical violence;
- Controlling a person's contact with friends, family, work, or the LGBT+ community;
- Staff should ensure that they support service users to access appropriate resources within the Boroughs they reside in where specialist advice can be given.

7.9 Immigration status and migrant victims

Victims who have entered the UK from overseas may face barriers when attempting to escape domestic abuse relating to their immigration status or lack thereof. Some victims may have the no recourse to public funds (NRPF) condition imposed due to the type of leave they have been granted. This can lead to greater dependence on the partner or family if they have supported their being in the UK. They may also face greater economic impact of leaving a perpetrator if they are unable to claim benefits or access housing, or if they lose their immigration status by leaving their partner, including destitution and homelessness. This may be exploited by partners or family members to exert control over victims. Examples of how perpetrators can exert control over migrant victims include:

- Threatening to no longer provide support for their stay in the UK;
- Falsifying a victim's immigration status and/or purposefully bringing a victim into the UK with an incorrect visa to ensure they remain vulnerable to immigration enforcement, and without options for regularisation;
- Withholding key immigration documents from a victim, including their passport, so they are unable to ascertain what rights they may have;
- Withholding accurate information from a dependent, for example, when their visa lapses;
- Purposefully mismanaging a victim's immigration status and/or application, so they become overstayers and/or without valid status. This might involve purposefully missing a deadline to renew a dependent's visa;
- Deliberately using the immigration system to control and threaten a victim. For example, actually and/or threatening to report their insecure status to the Home Office;
- Providing misinformation or mistruths to a victim about their rights or to multi-agency professionals involved in working with the victim. For example, falsely stating that the victim has NRPF when this is not the case;
- Subjecting a victim to so called 'honour'-based violence or abuse within a transnational context. For example, ensuring that a victim is at high risk of 'honour'-based violence or abuse in their country of origin, and subsequently using the threat of deportation and the likelihood of additional harm as a tool to control them.

Migrant victims on some partner visas are eligible for the Destitution Domestic Violence concession (DDVC). This concession enables these victims to apply for leave to remain without the NRPF condition when their relationship has broken down because of domestic abuse, they are destitute, and where they are eligible for, and intend to subsequently make, an application for indefinite leave to remain as a victim of domestic abuse. Under this concession, leave is granted for three months. These victims can then apply to claim public funds (benefits) for up to three months while they make an application to settle in the UK. This helps migrant victims on certain partner visas to fund a refuge space with the housing element of the benefits they can claim because their leave will not be subject to a NRPF condition. These victims can then apply for settlement (Indefinite Leave to Remain) under the Domestic Violence Indefinite Leave to Remain Rules. However, these options are not available to all migrant survivors of domestic abuse. It will always be important for a survivor to get legal advice about their immigration options as soon as possible following a relationship breakdown due to domestic abuse.

A person can apply for the DDVC if they:

- Intend to apply for indefinite leave to remain on the basis of being the victim of domestic abuse
- Previously had leave to remain as the spouse, civil partner, unmarried partner, or same-sex partner of a British citizen, person who is settled in the UK (such as indefinite leave to remain), or member of the Armed Forces who has served for at least four years
- Are homeless or cannot afford to meet the costs of housing and/or their family's basic living needs

The DDVC is not available to survivors of domestic abuse who:

- Are applying for indefinite leave to remain under the domestic violence rule due to being the spouse or partner of a refugee with limited leave or person with pre-settled status;
- Have leave to remain as a partner on a different immigration route, such as the dependant of a student or worker;

- Have another type of leave to remain.

8 DUTIES

The definition of Domestic Abuse covers a broad range of behaviours and risks. Therefore, it is essential that when Domestic Abuse is suspected or disclosed Trust staff are able to offer a holistic assessment of risk. People experiencing Domestic Abuse are more likely to come into contact with health services than other public services. Health professionals are usually the first point of contact for many people and families. The nature of Trust services means that health professionals are likely to come into contact with survivors of Domestic Abuse and people who perpetrate Domestic Abuse. The identified duties relate to contracted, substantive, temporary and volunteer staff of East London NHS Foundation Trust.

A key role for staff working with survivors of Domestic Abuse is to ensure that when Domestic Abuse is identified a robust risk assessment is carried out on the survivor and any other people in the household.

The nature of ELFT services means that a range of responses are required depending on the nature of the Domestic Abuse. (Please see Appendix 1 Domestic Abuse Pathway).

8.1 All staff need to:

Know and recognise the risk factors, signs, presenting problems or conditions, including the patterns of coercive or controlling behaviour associated with Domestic Abuse

- Be alert to risks of Domestic Abuse to the unborn, children, young people or adults. In relation to adults, be aware of the risks to older adults and people with learning or physical disabilities;
- Be alert to the risks which perpetrators or potential perpetrators may pose to children and adult;
- Ensure they make Routine Enquiry or Selective Enquiry (Please see Appendix 3 Routine Enquiry and Selective Enquiry) ;
- Have a DASH-RIC assessment at hand at all times;
- Complete a DASH-RIC assessment when Domestic Abuse is disclosed;
- Refer to relevant safeguarding services in accordance to the Trust and local guidelines when risks are identified, such as local domestic abuse services;
- Seek advice from their line manager or the Trust Safeguarding Team if unclear how to proceed;
- Participate in any internal or external reviews relating to Domestic Abuse or Domestic Homicide.

8.2 Line Managers should:

- Ensure that all staff reporting to them are familiar with their responsibilities
- Ensure all staff have attended safeguarding training in line with Trust guidance
- Ensure staff receive safeguarding supervision in accordance to the Trust Safeguarding Supervision guidance
- Participate in any internal or external reviews relating to Domestic Abuse or Domestic Homicide.

8.2 **Directors should:**

- Ensure that relevant staff within their services are identified and adequately trained to undertake the roles required in responding appropriately to Domestic Abuse
- Support managers to participate in any internal or external reviews relating to Domestic Abuse or Domestic Homicide.

9 **INFORMATION SHARING**

The size and geographical structure of the Trust means that each locality will have different referral processes for Domestic Abuse, FGM and Safeguarding. For local referral information please see the Safeguarding Page on the Trust intranet.

Appropriate information sharing can be a key tool in safeguarding with Domestic Abuse. The service user's confidentiality should be emphasised and staff should always seek the consent of the person before sharing information. However, the survivor must be reminded of the practitioner's need to share information. If there are children or adults at risk in the household, a multi-agency response may be necessary.

Where the risk to the victim is assessed as high, the case must be referred to a Multi-Agency Risk Assessment Conference (MARAC).

There may be cases where a staff member observes indicators of coercive control or high risks which mean that the survivor does not want to share concerns about domestic violence and abuse. Where the adult does not consent to a DASH-RIC but high risks are present the practitioner can submit a DASH-RIC form without consent using professional judgement.

The duty of confidentiality may be lawfully breached in the following circumstances:

- when state of law requires
- in the public interest- in cases where it is necessary to avert risk of serious harm to individuals, either the person or others
- for the benefit of a person who lacks capacity to consent to disclosure.

Always seek advice from your manager, Information Governance Department/ Caldicott Guardian and/or the Trust Safeguarding Team if unsure how to proceed.

10 **DATA PROTECTION AND CONFIDENTIALITY (GDPR)**

The Data Protection Act (2018) and the General Data Protection Regulation (GDPR) sets the legal framework by which the Trust can process personal information. It applies to information that might identify any living person. The common law duty of confidentiality governs information given in confidence to a health professional (about a person alive or deceased) with the expectation that it will be kept confidential. The GDPR is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

The General Data Protection Regulations (GPDR), implemented through the Data Protection Act 2018 identifies:

“that it is no longer necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child (i.e. removing the distinction between information sharing for the purposes of assessing need or child protection). It does, of course, continue to be good practice to inform parents/carers that you are sharing information for these

purposes and to seek to work cooperatively with them. Agencies should also ensure that parents/carers are aware that information is shared, processed and stored for these purposes.”

It is therefore important to be open and honest with service users where appropriate from the outset about why, what, how and with whom information will, or could be shared, and seek their informed consent, unless it is unsafe or inappropriate to do so.

The information shared should be necessary, proportionate, relevant, accurate, timely and secure. Ensure that the information shared is necessary for the purpose for which you are sharing, it is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely. Reference can be made to the Trust’s Data Protection and Confidentiality Policy on the Intranet.

11 INTERPRETER

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

12 RESPONDING TO PEOPLE WHO PERPETRATE DOMESTIC ABUSE

The Trust works with a diverse population. Our staff are likely to provide healthcare to perpetrators of Domestic Abuse. Healthcare professionals may be one of the few groups of people that a perpetrator of Domestic Abuse may disclose to about the Domestic Abuse.

Therefore, it is important that staff can identify the signs of someone perpetrating Domestic Abuse and also how to support that person and discuss with line manager about possible support for survivor. A service user or carer may disclose that they are perpetrating abuse and the staff member may have the opportunity to direct the service user to the appropriate support.

If someone expresses negative or derogatory views about their partner, ensure that you are not colluding with them. Please consider that ignoring comments can be interpreted as tacit agreement.

Remember domestic abuse is NOT a mental health condition.

12.1 Recognising and Responding to Child to parent violence and abuse

If a child or children is/are causing harm to an adult covered by the adult safeguarding procedures, action should be taken under these procedures, and a referral and close liaison with children’s services should take place. Physical and sexual abuse towards parents and other relatives (for example, grandparents, aunts, uncles) some of whom, may be adults at risk, can be carried out by adults and by young people and children, some of which can cause serious harm or death. The UK prevalence study of elder abuse identified younger adults (rather than the person’s partner) as the main perpetrators of financial abuse. <https://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf>

12.2 Response to identification of online abuse should include:

- Making a referral to Children's Social Care and contact with relevant partner agencies.
- Consider a Safeguarding Adults Concern and contact relevant partner agencies.
- Consider contacting the Police on 101 (999 if there is immediate risk)

Identification, discussion and decision-making should be recorded in line with ELFT's Health Records Policy.

12.3 Recognising and Responding to belief in witchcraft and spirit possession

Indicators of abuse include:

- Body showing signs or marks, such as bruises or burns, from physical abuse;
- Becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst others;
- Personal care deteriorating, for example through a loss of weight, being hungry, turning up to school/work without food or food money or being unkempt with dirty clothes and even faeces smeared on to them;
- It may also be directly evident that the child's parent does not show concern for or a close bond with them;
- A child's attendance at school becoming irregular, or being taken out of school all together without another school place having been organised;
- Reporting that they are or have been accused of being evil, and / or that they are having the devil beaten out of them.

Response to identification of belief in witchcraft and spirit possession should include making a referral to Children's Social Care and contact with relevant partner agencies.

Consider a Safeguarding Adults Concern and contact relevant partner agencies.

Consider contacting the Police on 101 (999 if there is immediate risk)

Identification, discussion and decision-making should be recorded in line with ELFT Health Records Policy.

13 SAFETY PLANNING

Safety planning is a practical process that practitioners should use with anyone affected by Domestic Abuse. This should commence following any disclosure of Domestic Abuse. Safety planning should be focused on promoting the safety of the survivor and their dependents and might include advice such as:

- Think about the different options that may be available;
- Keep important and emergency telephone numbers (for example, local Women's Aid refuge organisation or other domestic violence service; the police domestic violence unit; GP; social worker, children's school; solicitor; and the Freephone 24 Hour National Domestic Violence Helpline run in partnership between Women's Aid and Refuge: 0808 2000 247);

- Teach children to call 999 in an emergency, and what they would need to say (for example, their full name, address and telephone number);
- Rehearse an escape plan, so in an emergency you and the children can get away safely;
- Pack an emergency bag for yourself and your children, and hide it somewhere safe;
- Know where the nearest phone is, and if you have a mobile phone, try to keep it with you;
- Try to keep a small amount of money on you at all times;
- If you suspect that your partner is about to attack you, try to go to a lower risk area of the house – for example where there is a way out and access to a telephone;
- Provide technology and safety advice [refuge tech safety website](#) for more information.

(Women's Aid; Making a Safety Plan 2019)

14 RECORD KEEPING

In all cases of Domestic Abuse, you should record detailed, accurate and clear notes to show the concerns you have and indicate the harm that Domestic Abuse may have caused. Records can be used:

- In criminal proceedings;
- To help the survivor to obtain an injunction or court order against a perpetrator;
- To assist in immigration and deportation cases;
- To support housing applications and provision;
- In civil procedures in family courts to assess the risks associated with granting an abusive parent contact with children;
- In serious case reviews, safeguarding adult reviews and domestic homicide reviews.

Records should adhere to ELFT Health Records Policy 2019 (ELFT Intranet)

15 MONITORING COMPLIANCE

An Annual Safeguarding Report, including domestic violence and abuse activity, will be presented to the Safeguarding Committee and relevant governance assurance processes.

16 EQUALITY IMPACT ASSESSMENT

This policy has been assessed using the Equality Impact Assessment Screening Tool. The assessment concluded that the policy would have no adverse impact on any of the diverse groups detailed. These include all the protected characteristics as defined in the Equality Act 2010 as well as Social Inclusion, community Cohesion and Human Rights. However, by its nature, the policy creates a universally positive impact as it seeks to actively promote inclusive and anti-discriminatory practices and focuses on the needs of individuals and their families.

17 LEGISLATION IMPACT

Anti-Social Behaviour, Crime & Policing Act 2014

The Care Act 2014

The Children Act 1989 & 2004

Crime and Disorder Act 1998

Data Protection Act 2018
Domestic Abuse Act 2021
Domestic Violence, Crime and Victims Act 2004
Domestic Violence, Crime and Victims Act Amendment 2012
Equality Act 2010
Female Genital Mutilation Act 2003
Human Rights Act 1998
Marriage and Civil Partnership (Minimum Age) Act 2022
Mental Capacity Act 2005
Modern Slavery Act 2015
NHS Act 2006
Strategic Engagement for Gender Equality 2016-2019
Sexual Offences Act 2003
Serious Crime Act 2015
UN Security Council resolution 1325
Working Together to Safeguard Children 2018

18 Part 2: Domestic Abuse at the Workplace

ELFT is committed to ensuring the health, wellbeing and safety of its employees. Any employee who experiences domestic abuse should be able to raise the issue at work, without fear of stigmatisation or victimisation. Employees should be appropriately supported within the work place and guided to access any advice and specialist services they may need.

The trust recognises that domestic abuse occurs in every social class and across all age groups, regardless of gender, sexuality, disability, race or religion.

The trusts commitment here extends to assisting employees who may need to provide support to a family member or close friend who is experiencing such abuse.

The trust is committed to ensuring that all employees, not just those experiencing domestic abuse, are aware of its position in this area, including the implications for employees who are perpetrators of domestic abuse.

19 Scope

This policy covers all the employees of the trust including bank staff and volunteers.

20 Legal Obligations

ELFT understands that all of its employees have the right to feel safe within their working environment. ELFT recognises its legal responsibilities in promoting the health, safety and well-being of its employees in line with the:

- Health and Safety at Work Act 1974
- The employer has a duty under the Health and Safety at Work Act (1974) to ensure, as far as is reasonably practicable, the health, safety and welfare of employees at work.
- The Management of Health and Safety at Work Regulations (1992) requires employers to assess the risk of violence to employees and make arrangements for their health and safety (See appendix 4).
- Serious Crime Act 2015
- Human Rights Act 1998
- Crime and Disorder Act 1998
- Domestic Violence, Crime and Victims Act 2004.
- Local Government Act 2000

21 **The Impact of Domestic Abuse**

Domestic abuse can impact greatly on an individual's working life affecting their emotional, mental and physical health which interferes with productivity and performance. There are many ways perpetrators can abuse their partner in the work place including but not limited to constant phone calls, unannounced visits, following to and from work, abusive emails, making false accusations to line managers. However for some survivors the workplace is a safe haven.

Domestic Abuse can also impact on victims/survivors mental health. In addition some survivors misuse drugs and /or alcohol as a coping strategy if they are living with domestic abuse. These factors are also likely to impact on an individual's ability to function normally at work; lateness, absenteeism, poor performance poor concentration and exhaustion.

Domestic abuse also affects people close to the survivor and this can include work colleagues. Some effects may include:

- Being followed to or from work
- Being subjected to questioning about the survivors contact details or location
- Covering for other workers during absence from work
- Trying to deal with the abuse and fear for their own safety
- Being unaware of the abuse or not knowing how to help

Employees may have different needs and experience and these should be taken into account, for example:

- Older women less likely to report their experience of domestic abuse
- Disabled women are more likely to experience domestic abuse and sexual violence than non-disabled women.
- Ethnic minority women face additional barriers to accessing support
- Lesbian, gay and bisexual women and men can be vulnerable to abusers who undermine their sexuality and threaten to 'out' them to colleagues, employers and family members.
- Transgender women and men may have fewer services available to them.

Men experiencing domestic abuse and sexual violence may find it more difficult to disclose abuse and may find more barriers accessing support.

22 Support for Employees who are Experiencing Domestic Abuse

ELFT will provide support to employees who are or have experienced domestic abuse or who are supporting a friend or family member who has experience of domestic abuse. Those providing support should address the issue sympathetically ensuring that the employee is aware of the support and assistance is available where required.

ELFT will endeavour to create an environment which supports disclosure and reassures employees that they will be listened to and supported. Those supporting employees should be aware that, typically, an individual who is experiencing domestic abuse will experience abuse for a considerable time before feeling able to disclose this to someone.

ELFT's Associate Directors for Adult and Children's Safeguarding can be approached by staff and managers for confidential advice and support when cases of domestic abuse are reported to them or if they suspect that a staff member is a victim or perpetrator of domestic abuse.

ELFT will provide a secure and safe working for its employees under the health and Safety at Work Act 1974. Where appropriate, reasonable additional measures will be taken by managers to protect the safety of those experiencing domestic abuse while travelling between work and home, whilst at work or when carrying out trust duties.

Discussion between a manager and an employee who is experiencing domestic abuse will be treated in confidence. In some circumstances this confidence may need to be broken in order to protect children or vulnerable adults.

In case where the employee has expressed a safeguarding concern or where the incident may impact their job role or responsibilities, the HR Manager and Associate Directors of Safeguarding must be informed.

If you are concerned that the employee is at risk of significant harm from domestic abuse, then a DASH risk assessment should be complete and sent to the local MARAC.

In case where a safeguarding concern has been identified or an incident of domestic abuse with the employee may conflict with their job role or responsibilities, the HR Manager and Associate Directors' of Safeguarding must be informed. Safeguarding children processes will need to be followed if it has been identified that a child is at risk of significant harm.

Managers will ensure that reasonable additional measures are taken to protect personal information regarding those who are known to be victims, survivors or perpetrators of domestic violence.

ELFT recognises that the employees may need to take time off work to make arrangements or to attend relevant appointments, including medical appointments and counselling: attending legal proceedings and arranging housing or childcare. Employees should be provided time during work to contact any support service they require.

23 Guidance for Managers

Whilst the majority of violent and abusive incidents take place in the home they can occur in the workplace as well as the impact spilling into the work environment. Employers have an important part to play in referring survivors and perpetrators to specialist organisations, assisting them to access support and putting measures in place to increase their safety. Managers should seek to:

- Recognise the problem – look for signs and ask

- Respond appropriately
- Refer on to appropriate help
- Record details

The trust recognises that domestic abuse is not obvious/easy to spot. Survivors of domestic abuse may not confide in anyone in their place of work for a wide variety of reasons. It is more likely the Manager will become aware of the situation through associated issues. The signs that an employee may be experiencing violence and abuse at home can include:

Work Productivity signs:

- Persistently late without explanation or with unusual explanation, or needing to leave work early on a very regular basis;
- High absenteeism without explanation or with unusual explanation;
- Changes in the quality of work performance for unexplained reasons;
- Increased time being spent at work for no apparent reason i.e. arriving early and leaving late;
- Upset at work due to receipt of upsetting emails, texts, phone calls.

Psychological signs:

- May cry frequently or be anxious at work;
- Uncharacteristic depression, anxiety, distraction, problems with concentrating;
- Changes in behaviour; may become quiet and withdrawn and avoid interacting with others;
- Fear of partner or references to anger;
- Expresses fear at leaving children home alone with their partner.

Physical signs:

- Repeated injuries such as bruises; the explanation for injuries that seem implausible;
- Frequent and/or sudden/unexpected medical problems/sickness absence;
- Fatigue;
- Change in the way an employee dresses i.e. excessive clothing in summer; unkempt or dishevelled appearance;
- Change in the pattern or amount of make-up worn.

Other signs:

- Receives constant phone calls or texts from their partner or ex/partner;
- Partner regularly meets the staff member outside work;
- Employee appears anxious about going home;
- Employee is anxious about leaving work on time

Managers should be aware of the possibility of domestic abuse when implementing either the Capability Policy or Sickness Absence Policy and Procedure. If the manager suspects domestic abuse could be the cause of poor performance or absence they should create a safe environment in which the employee is free to disclose the abuse if they wish to do so. The focus should be on supporting the employee rather than penalising.

If a manager suspects the employee may be suffering violence and abuse at home they should have a conversation with them in a private and safe setting. The manager can ask non-threatening questions to gently encourage the employee to open up, for example 'I have noticed recently that you are not yourself, is anything the matter?'

Once the manager is aware of domestic abuse they must discuss with the employee to assess the risk and what measures could be put in place to keep them safe at work. Any measures put in place should be recorded on the employee's file.

If the employee is in immediate danger the manager should call the police on 999.

The manager's role is to provide practical work related support for the employee and signpost them to specialist services which can provide appropriate risk assessment, safety planning and support.

If the employee does not wish to engage with a support service the manager could suggest they contact the Employee Assistance helpline on 0800 085 1376 or speak with the Trade Union.

The manager is not responsible for stopping the abuse or assisting the employee to leave the relationship; the most dangerous time for a survivor is just before and up to 18 months following a separation.

It is important the manager provides a supportive environment to talk. They must be non-judgemental and validate the experience of the employee with statements such as 'you do not deserve to be treated that way'. When a survivor discloses they are experiencing domestic abuse it is vital that they are believed without passing judgement on the perpetrator and the employee's response. Boundaries and privacy should be respected.

24 Perpetrators of Domestic violence and abuse

The trust will treat all employees who disclose committing domestic abuse sensitively and fairly. Advice should be sought from the HR Manager and the Associate Directors for Safeguarding in all circumstances.

Domestic abuse is in contravention of the Employee Code of Conduct and may be subject to disciplinary action, which if proved may lead to dismissal.

Where a perpetrator makes a disclosure of committing domestic abuse, a risk assessment must be completed, taking into account:

- The nature of the disclosure;
- Job role – the impact of the employee's actions on their duties and responsibilities;
- Any safeguarding issues that arise;
- The employee's work location;
- The impact on the victim or his/her dependents; and
- Whether the employee has voluntarily sought help to deal with the issue.

Employees who disclose having committed domestic abuse will be offered advice and support regarding appropriate services available.

All employees should be aware that domestic abuse is a serious matter that could also lead to criminal convictions.

In cases where both the victim and the perpetrator of domestic abuse work in the organisation, advice should be sought from the HR Casework team immediately and the appropriate action will be taken.

All advice, information and support provided by managers and the HR Manager and Safeguarding team will remain confidential. No information or documentation will be disclosed without the express consent of the employee unless there is an immediate child protection or vulnerable adult safeguarding concern, in which case a referral to the appropriate child or adult safeguarding hub of the relevant borough may be necessary or unless a disciplinary process has been initiated, in which information will be shared in line with the disciplinary policy. **If there are concerns that behaviour of the staff member poses a risk of harm to children, then a referral to the local authority designated officer (LADO) will be undertaken also, to ensure a coordinated and timely response to concerns. If there are concerns that behaviour of the staff member poses a risk of harm to Adults at Risk, then a referral to the Local Authority Person in Position of Trust (PiPOT) will be undertaken also, to ensure a coordinated and timely response to concerns.**

25 Taking disciplinary action against perpetrator of Domestic Abuse

Domestic abuse is taken very seriously by the trust and could lead to disciplinary action in work and/or a criminal conviction.

The following are examples of where employees will be subject to investigation under the trust's Disciplinary Policy:

- If they have committed a criminal offence, or serious evidence of assault/harassment
- If they are involved in DVA related incidents that occur in the workplace or during work time, including making threatening telephone calls or misuse of computer network
- If an employee's activities outside work have an impact on their ability to perform the role for which they are employed, or are likely to bring the trust into disrepute. This is particularly relevant for those who work with the public, with children or adults with care and support needs – "Persons in a position of trust".
- If a colleague is found to be assisting an abuser in perpetrating the abuse, for example, by giving them access to facilities such as telephones or email then they will be seen as having committed a disciplinary offence
 - If an employee accesses and/or discloses confidential information about another employee or service user without authorisation
 - If it becomes evident that an employee has made a malicious allegation that another employee is perpetrating abuse, perhaps in relation to a custody battle, then this will be treated as a serious disciplinary offence and action will be taken
 - If personal mobile phone numbers, addresses or e mails have been disclosed without the employee's permission when both the victim and perpetrator are employees of the trust.

The main priority is the safety of the survivor and ensuring that any actions do not increase the risk to them. Any decisions should be agreed with the victim before being actioned. Disciplinary action may be considered against the employee who is perpetrating abuse.

Action may also be taken to minimise the potential for the perpetrator to use their position or trust's resources to further abuse or to locate the survivor. Where suspension or termination of employment is being considered the manager should speak to local support services to ensure safety plans are put in place with the survivor.

Mediation or couple counselling is not appropriate in abusive relationships and must not be recommended. The primary reason for not recommending couples counselling is that abuse is not a “relationship” problem. Couples counselling may imply that both partners contribute to the abusive behaviour, when the choice to be abusive lies solely with the abusive partner. Focusing on communication or other relationship issues distracts from the abusive behaviour, and may actually reinforce it in some cases. Additionally, a therapist may not be aware that abuse is present and inadvertently encourage the abuse to continue or escalate.

Managers should take advice from HR when considering disciplinary action and refer to the trust’s Disciplinary Policy.

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Appendix 1 - Domestic Abuse Pathway

Recognise

Identify Domestic Abuse

Respond

- Complete DASH Risk Identification Checklist (DASH-RIC) with survivor consent
- Refer to MARAC using MARAC referral form when DASH-RIC indicates High Risk (over 14 ticks, potential for escalation or professional judgement). If survivor does not consent to DASH-RIC consider completing referral to MARAC on professional judgement.
- A referral to children's social care should be undertaken where a child is at risk of, or is suffering significant harm.
- If risk of immediate significant harm call 999
- Provide survivor with contact details for local support services.
- Consider additional risk factors such as mental health, mental distress, older adults, disability, pregnancy and LGBT+ and include in assessment.
- Liaise with other professionals as required
- Document in Patient Electronic Records as per ELFT Health Records Policy

Information Sharing and Domestic Violence and Abuse

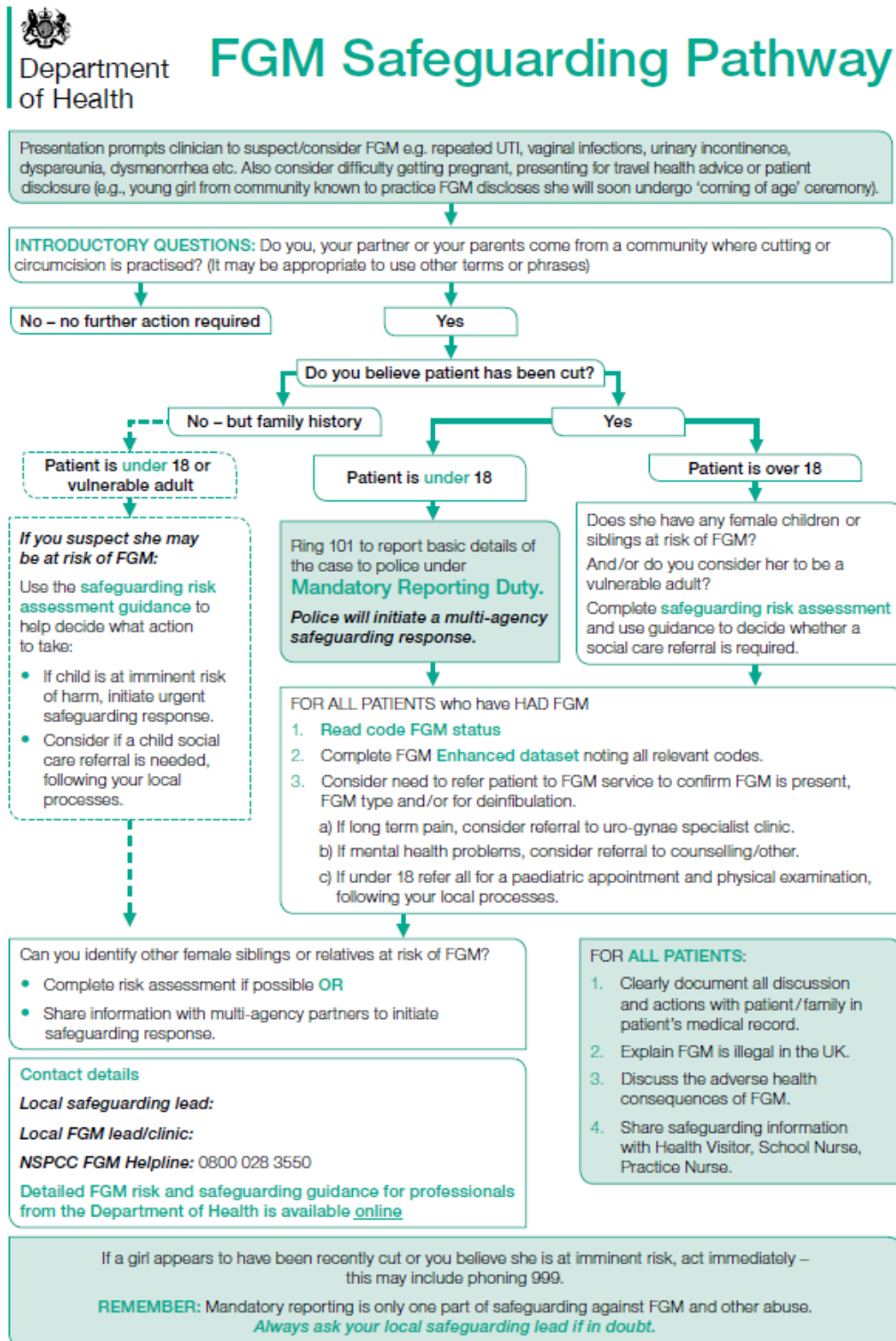
A crucial part of safeguarding in domestic abuse is information sharing with relevant agencies. **It is always desirable to gain the consent of the survivor before sharing information.** There may be times when consent cannot be gained. In such cases a decision is required about whether to share the information without consent and what information to share. Information can be shared without consent if you have a lawful basis to do this such as when safety is at risk or to safeguard an adult or child.

Advice and Support

In the first instance discuss with line manager

Contact the Safeguarding Team if you need further advice

Appendix 2 – FGM Safeguarding Pathway



Appendix - 3 Routine Enquiry and Selective Enquiry

Routine Enquiry

There are a whole range of indicators highlighted in the policy to help staff identify that a service user may be experiencing domestic abuse. Some of these are quite subtle and it is important that professionals remain alert to the potential signs and respond appropriately. Some service users drop hints in their interactions with Trust staff and their behaviours may also be telling. Service users rely on staff to listen, persist and enquire about signs and cues. Service users need staff to follow up conversations in private, record details of behaviours, feelings and injuries seen and reported, and support them to take appropriate action.

All Trust staff whether working in mental health, learning disabilities, primary care or community health, have a professional responsibility if they identify signs of domestic abuse to ask service users when they are alone and in private, (whether old or young) about their experience of domestic or other abuse, sensitively.

Routine enquiry into domestic violence and abuse is a Department of Health policy in maternity and adult mental health services; however, as a Trust we recommend that routine enquiry should extend across all services. Staff are advised to follow the principles of routine enquiry when in contact with service users who may have been victims of domestic violence or sexual abuse.

The following are some key principles to remember:

- **Act** – Never assume someone else is addressing the domestic violence and abuse issue
- **Respect** – Remember it is not the professional's role to comment on or encourage a person experiencing abuse to leave their partner
- **Revisit** – If a service user does not disclose but you suspect otherwise, accept what is being said, but offer other opportunities to talk and consider giving information of local services (e.g. 'for a friend')
- **Share** – Share information appropriately subject to policy and local guidance.

Only ever raise the issue of domestic abuse with a service user when you are sure it is safe to ask.

Never ask the question in the presence of another family member, friend, or child over the age of 2 years (or any other persons including a partner).

Even if a service user is accompanied by someone of the same gender, that person could be related to the abuser or could be the abuser.

Ask direct questions. Research has shown that women including young women who have been abused say they were glad when a health practitioner asked them about their relationships.

Explain that it is a routine enquiry and you ask everyone about domestic abuse. Respectfully ask direct questions, such as:

You may have seen our posters and leaflets in our offices and on television adverts. We are asking all service users about violence in the home.

“Tell me about your relationship?”

“Do you feel safe at home?”

“How does your partner feel about you coming here?”

“Do you ever feel threatened or scared, can you explain why?”

“Does anyone at home put you down or insult you?”

“Does your partner/ ex-partner ever threaten or intimidate you?”

“Does your partner/ ex-partner ever threaten or intimidate children in your care?”

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

There are children who do not want to talk at all. Others disclose indirectly, not sharing the details without being prompted. Or they disclose in a roundabout way, for example: “Sometimes my stepdad upsets my mum”.

Validate what is happening to the individual. You could say:

- I believe you
- I am glad you came to me
- I am sorry this has happened
- We are going to do something together to get help

This will ensure that the child or service user will not be surprised that you share the information.

Be aware of your local borough domestic violence support services information and follow the Trust safeguarding procedures.

Document your actions appropriately in the electronic patient record.

Selective enquiry

Selective enquiry involves acting on suspicion or concerns that someone is experiencing abuse, for example through observation of physical or behavioural indicators, rather than asking everyone as a matter of standard practice.

Survivors of Gender Based Violence (GBV) can present in any setting in the NHS, and it is important that all staff are aware of potential signs of abuse and are able to respond appropriately. Equally, it is crucial that this applies to both male and female service users. The absence of routine enquiry does not mean that concerns about abuse should be ignored.

Some men are abused by their female or male partners and it is important that their needs are recognised, taken seriously and addressed sensitively. Frontline staff should be aware of the indicators of abuse and if they have concerns, staff should ask relevant questions to aid disclosure and identify support needs.

Selective enquiry of domestic abuse is more appropriate to men as

- the prevalence for men is not as significant as that for women
- men do not experience similar levels of injuries

- the dynamics of abuse for men and women are different – women are more likely to be fearful of their partners and to experience sustained abuse, resulting in considerable implications in particular for mental health and substance misuse
- women are more likely to experience sexual violence and degradation
- there is a lack of evidence about the acceptability to men of being asked about abuse
- there is lack of evidence about effective interventions for men.