PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

PROCEDURE FOR DOMESTIC ABUSE

1.0 DEFINITION OF DOMESTIC ABUSE

1.1 ”Any incident or patterns of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality”

Home Office 01.04.2013

1.2 Practitioners are in a key position to identify and help interrupt domestic abuse. They can do this by recognising the indicators of abuse and offering support and referral for protection as needed.

2.0 RESPONSIBILITIES OF CLINICIAN

2.1 Understand how to respond to the needs of victims and dependent children and make referrals as appropriate, in line with this and other policies and procedures.

Be aware of how victims of domestic abuse may present as a result of trauma, and use an approach that builds confidence with your client or patient. As in any consultation, assess the level of difficulty where your client/patient may have a learning disability, cognitive problem or understand a different language, agreeing and carrying out the best method of communicating with them (never through friends or relatives).

For female victims of a male partner - Do not advise a victim to leave their partner without all the support in place, including police involvement, because they are at high risk of injury or murder when they leave a violent and abusive partner.

2.2 **Early identification:**
To tackle domestic abuse, it is essential that victims are identified and disclose their abuse as early as possible. As a health professional you may be the first or only opportunity for the client to disclose they are a victim of abuse. You have a responsibility to:

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

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

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2.3 **Sensitive enquiry:**

There are a whole range of indicators to alert health professionals that a patient may be experiencing domestic abuse. Some of these are quite subtle and it is important that professionals remain alert to the potential signs and respond appropriately. Some victims also drop hints in their interactions with health and care staff and their behaviours may also be telling. They rely on staff to listen, persist and enquire about signs and cues. They need staff to follow up conversations in private, record details of behaviours, feelings and injuries seen and reported, and support them to take action suitable for their organisation's systems and local pathways. As far as possible action should be taken in line with their preferences and with the consent of the client, including where the victim lacks capacity or their capacity is otherwise impaired, such as by fear or coercion.

All practitioners have a professional responsibility: if you identify signs of domestic abuse or if things are not adding up, ask patients alone and in private, whether old or young about their experience of domestic or other abuse, sensitively. Routine enquiry into domestic violence and abuse is Department of Health policy in maternity and adult mental health services.

Assessments of clients using substance misuse services are also expected to take domestic abuse into account as a routine part of good clinical practice, even where there are no indicators of such violence and abuse.

Of women who have experienced domestic abuse in the last six months, 500 commit suicide every year. Almost 200 of those had attended hospital for domestic abuse on the day they died (department of health, March 2017)

2.4 **Possible indicators of abuse to be aware of:**

- Emotional or psychological symptoms
    - symptoms of depression, fear, anxiety, post-traumatic stress disorder (PTSD), sleep disorders
    - self-harming or suicidal tendencies
    - alcohol or drug misuse
- Intrusive 'other person' in consultations
    - partner or spouse, parent, grandparent (or, for elder abuse, a partner or family member) always attends appointments unnecessarily
    - the patient is submissive or afraid to speak in front of the partner or relative, escort or spouse.
    - The escort is aggressive, dominant or overly attentive, talking for the patient or refusing to leave the room.

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

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2.5.1 **Privacy:**

Only ever raise the issue of domestic abuse with a patient when you are alone with them in private and, if necessary, ask the escort to wait elsewhere.

Even if a patient is accompanied by a relative who is not their partner or spouse, regardless of gender, that person could be related to the abuser or could be the abuser.

2.5.2 **Ask direct questions**

Women who have been abused say they were glad when a health practitioner asked them about their relationships.

Explain that you are concerned (or, if it is a routine enquiry, that you ask everyone), and respectfully ask direct questions, such as:

- Has anyone ever hit you? Who was it? What happened? When? What help did you seek?
- Are you ever afraid at home or in your relationship?
- Have you been pressured or made to do anything sexually that you did not want to?

2.5.3 **Using an interpreter**

Never use a relative or friend of the victim as an interpreter. Always use a professional interpreter. The interpreter should be the same gender as the victim. Look at your patient and speak directly to them – not to the interpreter.

3.0 MULTI-AGENCY ASSESSMENT

3.1 **Multi-agency assessment:**
Multiagency input is essential. Other services, for example, social care, the police, probation, youth justice, substance misuse, and other health services, may have additional information about the perpetrator and other vulnerable people. Friends and family of a victim may be able to provide helpful information. Practitioners must take this into account and actively seek additional information from the multiagency network rather than expect the victim to accurately assess the risk of harm to themselves or others (e.g. children) in their situation. The effect of abuse and violence can reduce a victim's ability to analyse situations clearly and come to appropriate decisions.

3.2 **The Care Act safeguarding duties** apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect
- as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

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4.0 ASSESSING RISK IN DOMESTIC ABUSE

4.1 **Assessing risk in Domestic Abuse:**
Once domestic abuse is identified, an assessment should be undertaken to evaluate the risk of further harm to the person and to any children in the household.

Assess the client's immediate safety. For example, for an adult or person over 16 years old, determine whether it is safe to go home.

Assess the risks facing the abused person and informs safety planning, referrals to specialist support services and to aid any police investigation.

4.2 **The DASH tool:**
The Safe Lives Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment tool is a reliable method for your initial risk assessment (available on Input). There is also a DASH for use with young people or people with learning disabilities. It is a helpful clinical tool to assist victims in recognising what is happening to them, and to feel that their experiences are recognised and validated.

This structured, score-based approach helps decide the high-risk cases (score of 14 or more or for lower scores, where you have professional concerns) that you will need to refer to the MARAC for a multiagency assessment. It provides a record for any subsequent case management or review and contributes to making decisions based on evidence. You should read the full practice guidance and frequently asked questions before completing the form.

Based on findings from domestic homicide reviews, the top six risk indicators are:

- victim's pregnancy
- stalking/harassment
- separation/child contact
- sexual abuse
- escalation of abuse
- victim isolation.

5.0 MARAC (MULTI AGENCY RISK ASSESSMENT CONFERENCE)

Where the adult victim does not lack capacity, you will need their consent to refer them to the MARAC, unless the public interest test is engaged with the high threshold risk, or there is 'life or limb' risk to the victim. A MARAC referral will go to the police and an independent domestic violence adviser (IDVA) will contact the victim discreetly, initially by telephone where available.

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Where the victim lacks capacity for the decision to refer, you may refer if it is their Best Interests.

6.0 RAISING A SAFEGUARDING CONCERN

6.1 **Adults:**
Where the client is disclosing ongoing abuse (including psychological abuse without physical violence), or past abuse represents a current or future risk (such as where the perpetrator is in prison) Complete a Safeguarding Adult Concern Form – Setsaf1 with the adult's consent (see guidance on safeguarding referrals in CLP39, Safeguarding Adults Policy)

The practitioner must take into account what being safe means to an adult experiencing domestic violence, and work with them to establish solutions. If you think that an abused adult may lack capacity to make any decision related to or arising as a result of the suspected abuse, you will need to complete a Mental Capacity Act assessment. If the person lacks capacity to make a decision in relation to domestic abuse (which could be because of mental illness, cognitive impairment, or fear/coercion) you will need to make a Best Interests decision about whether to proceed with raising a safeguarding concern. Under the Act, where the vulnerable adult has no family or friend who can speak on their behalf, or where such networks are suspected as potential abusers, you need to consider whether to refer for an independent mental capacity advocate. Seek advice from the safeguarding team.

6.2 **Children:**
It is highly likely that domestic abuse will have a significant impact on any children. You will need to consider the impact on children in the home or family. With the parent's consent (you don't need consent from both parents) make a referral using the appropriate referral process. Currently this is via the online portal: https://www.essex.gov.uk/report-a-concern-about-a-child Describe your concern and the risks you have identified or suspect in as much detail as possible.

If the parent does not consent to a referral you will need to consider whether the child is currently experiencing or is at risk of 'significant harm'. If this is the case you must inform the parent you are making a referral, unless doing so would increase risks to the child. Seek advice from the safeguarding team. Consider what immediate actions you and your agency need to take to support the victim, and children involved, to increase their safety.

7.0 HONOUR BASED ABUSE – FORCED MARRIAGE

Honour based abuse involves extremely high risk. Perpetrators are frequently prepared to kill in order to maintain the 'honour' of the family and/or community. Do not underestimate that perpetrators of honour-based violence can kill close relatives and/or others for what might seem a cultural transgression. Where you suspect Honour Based Abuse seek advice from the Safeguarding team.

8.0 GATHERING AND RECORDING INFORMATION

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

- criminal proceedings if a perpetrator faces charges
- obtaining an injunction or court order against a perpetrator
- immigration and deportation cases
- housing provision
- civil procedures in family courts to assess the risks associated with granting an abusive parent contact with children
- serious case reviews, safeguarding adult reviews and domestic homicide reviews.

"The solicitors said there just wasn't enough evidence on my health records. Nothing to suggest my ex was to blame for my injuries. I was so let down. I thought my doctor had written down everything I said." (Department of Health, March 2017)

Always keep a detailed record of what you have discussed with a patient – even if your suspicions of domestic abuse have not led to disclosure. The patient might disclose information in the future.

For confidentiality ensure that the record can only be accessed by those directly involved in the victim's care.

Domestic abuse should never be recorded in hand-held notes, such as maternity notes.

A patient's permission is not required for you to record a disclosure of domestic abuse or the findings of an examination. Make it clear to a person or child that, as a duty of care, you have a responsibility to keep a record of their disclosure and injuries.

Data protection regulations exempt information from being released as a result of an access request which "would be likely to cause serious harm to the physical or mental health or condition of the data subject or any other person".

Even if an abuser was able to sustain a right of subject access, information provided by their wife/partner about the abuse could still be withheld on the grounds that it would be likely to result in further abusive behaviour causing serious physical or mental harm to the wife/partner.

When recording information, you should:

- Describe exactly what happened. For example, patient states "my husband kicked me twice in stomach" rather than "patient assaulted". Diagnostic codes for domestic violence will be included in electronic patient records
- Use the patient's own words (with quotation marks) rather than your own

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- Document injuries in as much detail as possible, using body maps to show injuries, and record whether an injury and a victim's explanation for it are consistent. For example, "patient has four small two-pence-sized bruises on her upper arm 2cm apart. Patient reported 'I fell down, I can't really remember what happened'"
- Take photographs (sign and date them) as proof of injuries.
- Domestic abuse records should be seen in the context of the whole health record to get a clear understanding of repeat consultations for health problems connected to the abuse.
- On computerised records, ensure that nothing about domestic abuse is visible on the opening screen (which could be seen by a perpetrator).

8.2 **What to include in notes:**

Your notes on domestic abuse should include:

- suspicion of domestic abuse which has led/not led to disclosure
- whether routine or selective enquiry has been undertaken and the response
- relationship to perpetrator, name of perpetrator
- whether the woman is pregnant
- the presence of children in the household and their ages
- nature of psychological and/or physical abuse and any injuries
- description of the types of domestic abuse/any other abuse experienced and reference to specific incidents
- whether this is the first episode, or how long regular abuse has been going on
- presence of increased risk factors
- results of completed Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment for the adult and a Domestic Violence Risk Identification Matrix (DVRIM) or DASH assessments for each child, if relevant
- indication of information provided on local sources of help
- indication of action taken (for example, direct referrals)

9.0 CONFIDENTIALITY AND SHARING INFORMATION

9.1 **Confidentiality**

It is vital that information on domestic abuse is kept confidential to protect victims from injury or death. However, in some instances, failure to share information can put victims at risk. When sharing information about adult patients, breaking confidentiality has to be based on consent, unless there is a

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public interest or other legal justification. Confidentiality: NHS Code of Practice sets out the standards required for confidentiality of patient information and consent. See further EPUT guidance on Confidentiality and information sharing via Input.

Be particularly careful in situations where confidentiality could accidentally be broken and cause harm, such as:

- In general practice, where health professionals might treat other members of a victim's family – including the perpetrator of the domestic abuse. The perpetrator may punish their victim for disclosing the abuse or use the GP surgery as a source of information to track down a victim who has moved away
- If a child who has a background of domestic abuse spends time in hospital and the perpetrator of the domestic abuse visits the child, you should take care that records on display do not include a contact address or any other information that could help a perpetrator track down people he has abused.

9.2 **Sharing information where consent is withheld**

Where consent cannot be obtained or is refused, or where sharing the relevant information is likely to prevent or interrupt a crime, professionals may lawfully share information if this can be justified in the public interest, such as: Be particularly careful in situations where confidentiality could accidentally be broken and cause harm, such as:

- Where there is serious risk of harm to the victim (life or limb), or risk to any children involved or somebody else if information is not passed on as a referral
- to inform a risk assessment (where the definition of 'harm' to a child includes impairment caused by seeing or hearing the abuse of another person)
- When the courts request information about a specific case.

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

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10.0 USEFUL RESOURCES

- COMPASS - A partnership of domestic abuse services providing a response in Essex 0330 333 7 444 (Essex domestic abuse helpline) https://www.essexcompass.org.uk/
- SETDAB - The Southend, Essex and Thurrock domestic abuse partnership website, providing advice and information on services for those affected by domestic abuse https://setdab.org/
- Department of Health - Responding to domestic abuse: A resource for health professionals. March 2017 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/597435/DometicAbuseGuidance.pdf
- Home Office Report - Domestic Homicide Reviews Key Findings From Analysis Of Domestic Homicide Reviews December 2016 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf
- Spotlight Report #SafeAndWell Safe and Well: Mental health and domestic abuse - May 2019 http://safelives.org.uk/sites/default/files/resources/Spotlight%207%20-%20Mental%20health%20and%20domestic%20abuse.pdf
- Women's Aid https://www.womensaid.org.uk/
- Forced Marriage Unit https://www.gov.uk/guidance/forced-marriage
- Multi-agency practice guidelines: Handling cases of Forced Marriage https://www.essexsab.org.uk/media/1791/forced-marriage-multi-agency-guidelines.pdf
- Southend, Essex and Thurrock Domestic Abuse Information Sharing Guidance May 2017 https://www.essexsab.org.uk/media/1805/domestic-abuse-information-sharing-guidance-2017.pdf

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