Ashford and St. Peter's Hospitals
NHS Foundation Trust

Domestic Abuse Policy

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Your Sanctuary – Domestic Abuse outreach service

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History

Issue	Date Issued	Brief Summary of Change	Approved by
1	Jan 2019	New policy	SG committee
2	Dec 2023	Scheduled update to reflect current DA standards	Minor changes

For more information on the status of this document, please contact:	
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Executive summary

This document outlines expected staff responses to disclosures or suspicion of Domestic Abuse identified where patients, or their children (or other dependents) are identified as victims (either directly or indirectly).

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1 Introduction

1.1. Domestic abuse and violence is a crime. It does not respect race, geography, social background or other similar factors. It is likely to affect one in four women and one in six men in their lifetimes, with women suffering higher rates of repeat victimisation and serious injury. It accounts for 14% of violent crime, covering offences ranging from common assault to rape and murder; it has a massive impact on victims, their children and the wider community.

1.2. Throughout this policy the term domestic abuse (DA) will be used to refer to all forms of coercive controlling behaviours which includes the use of physical and sexual violence. This policy document must be used in conjunction with local area procedures (London and Surrey).

2 Context

- There are approx. 21,400 female victims of domestic abuse in Surrey
- There are approx. 3,300 children visible living in homes in Surrey where there is high risk domestic abuse
- 11% of all recorded crimes were classified as domestic abuse-related
- 1,694 domestic abuse-related referrals to CPS and 1,212 domestic abuse-related prosecutions with 942 convictions
- 88 actual or attempted DA related killings since 2000
- 4,753 new contacts into the outreach service, 23.59% of whom were previous users (2017/18).
- Referrals: 50% from police; 16.3% from IDVAs; less than 1% from GPs (2017/18).

2.1. Health services as both an employer and service provider have a crucial role to play in responding to domestic abuse. Health professionals are frequently on the frontline in this work, dealing with both the physical and emotional consequences of domestic abuse on victims and children. They are also ideally placed to raise the issue of domestic abuse with service users and routinely provide information or refer to specialist support agencies. As employers, NHS organisations will inevitably employ individuals who are affected by domestic abuse either as victims or possibly perpetrators[1].

2.2. Both men and women perpetrate and experience domestic abuse, but it is more common for men to perpetrate violence and abuse against women. This is particularly true for severe and repeated violence and sexual assault.

2.3. The legal obligations, which underpin this policy, include the duties within the Human Rights Act (1998), the European Convention on Human Rights to protect life and to protect individuals from inhuman and degrading treatment, and The Care Act (2014), introduced in April 2015, which extended the categories of abuse to include 'domestic violence and abuse', demonstrating a recognition of the significance of DA and the impact on children (living in homes where DA takes place) and of adults at risk.

[1] See Trust DA workforce policy or managing allegations policy for guidance on supporting staff members

2.4. There are both civil and criminal remedies for victims of domestic abuse. Section 76 of the Serious Crime Act 2015 came into force in December 2015, criminalising patterns of coercive or controlling behaviour where they are perpetrated against an intimate partner or family member. A number of other criminal offences can apply to cases of domestic abuse; these can range from murder, rape and manslaughter through to assault and threatening behaviour.

3 Scope

3.1 This guidance applies to all staff employed by the Trust. It also applies to staff employed on honorary and temporary contracts. This policy provides the framework through which the Ashford and St Peter's Hospitals NHS Foundation Trust aim to ensure that there is a cohesive and co-coordinated approach to those experiencing domestic abuse, and that they will receive the recognition, information and support they require and want.

4 Purpose

4.1. To support staff to effectively deliver a safe response where DA is disclosed or suspected;

4.2. To provide resources to all staff, providing specific advice and guidance on DA;

4.3. To improve staff awareness on the broad scope of the definition of DA;

4.4. To ensure appropriate documentation of DA concerns and information sharing is undertaken; and

4.5. To cross reference and highlight the issue of DA within Safeguarding Adult and Children policies both locally and nationally;

5 Explanation of Terms Used

5.1. **Domestic abuse:** involves any single incident or pattern of conduct where someone's behaviour towards another is abusive, and where the people involved are aged 16 or over and are, or have been, personally connected to each other (regardless of gender or sexuality).

The abuse can involve, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional
- violent
- threatening
- controlling
- coercive behaviour.

5.2. **Personal connection**: means the individuals concerned:

- are due to be, are currently, or have been, married or civil partners to each other

- are, or have been, in an intimate personal relationship with each other
- are, or have been, parents (or had a parental relationship) to the same child
- are relatives (the Act gives further definitions of 'relatives')

5.3. **Coercive or Controlling behaviour:** A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, and 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. The Serious Crime Act 2015 introduced coercive or controlling behaviour as an offence. The offence closed a gap in the law around patterns of controlling or coercive behaviour that occurs during a relationship between intimate partners, former partners who still live together or family members**.**

5.4. **Forced Marriage:** Distinct from a consensual 'arranged' one, is a marriage conducted without the valid consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. Duress can include physical, psychological, financial, sexual and emotional pressure. A child who is being forced into marriage is at risk of significant harm through physical, sexual and emotional abuse. Where one or both of the parties is under 18 years, it is a form of child violence and must be referred to Children's Social Care.

5.5. **Honour Based Violence:** The terms honour crime, honour based violence or izzat 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 community.

5.6 **Female Genital Mutilation:** The World Health Organisation (2000) defines Female Genital Mutilation (FGM) as "procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons".

5.6.1 The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers to make a report to the police where, in the course of their professional duties, they either

5.6.2 are informed by a girl under 18 that an act of FGM has been carried out on her; or

5.6.3 observe 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.

5.7 **DA and use of technology:** Increasingly technology is used to perpetrate DA and control victims. Attention to mobile phone use during examination/discussions must be considered i.e. perpetrators remotely monitoring interactions.

5.8 **Prostitution & trafficking**: Prostitution describes the offering and provision of sexual services for financial gain. Trafficking is the movement of a person from one place to another into conditions of exploitation, using deception, coercion, the abuse of power or the abuse of someone's vulnerability. It is possible to be a victim of

trafficking even if your consent has been given to being moved. Although human trafficking often involves an international cross-border element, it is also possible to be a victim of human trafficking within your own country.

5.9 **Sexual Violence:** This is the term used to describe any unwanted sexual attention including child sexual abuse, rape, assault, organised and ritual abuse (such as paedophile rings) and exploitation through pornography or prostitution.

5.10 **Think Family:** This approach helps to provide responses to the most vulnerable families and reduce inter-generational cycles of poor outcomes.

5.11 **Trilogy of Risk:** Used to describe the overlapping issues of domestic abuse, parental mental ill-health and substance misuse which have been identified as common features of families where harm to women and children has occurred. These are viewed as indicators of increased risk of harm to children and young people.

5.12 See Appendix A for further reading.

6 Duties and responsibilities

6.1 **Chief Executive:** Has overall responsibility to ensure that Trust staff are aware of their responsibility to identify and support anyone identified as a victim of, at risk of suffering from domestic abuse, either directly or indirectly. To build on the work being undertaken to tackle domestic abuse through their commitment and contribution to the Sutton, Merton and Surrey Local Safeguarding Partnerships Domestic Violence and Abuse Strategy.

6.2 **Domestic Violence and Abuse Lead:**

- Ensuring policies and procedures are in place regarding the management of domestic abuse reported in the organisation and that the procedure is reviewed every three years as a minimum;
- Ensuring that systems and structures are in place to safeguard vulnerable patients /clients identified or disclosing risk around domestic abuse.
- Ensuring that this procedure is adhered to via audits of the service provided to patients who have disclosed domestic abuse;
- Ensuring that training is developed and available for Trust staff commensurate with their role: this includes routine enquiry and use of risk assessment tools; and
- Producing reports for the Safeguarding Committee on prevalence, themes and associated matters in line with the committee's agenda framework.

6.3 **The Safeguarding Teams:** Responsible for supporting the Domestic Violence and Abuse Lead with cases that involve children and/ or adults with care and support needs at risk.

6.4 **Divisional Chief Nurses/Department Leads:**

- Ensuring that staff are appropriately trained in recognising concerns of domestic abuse and reporting them appropriately.

- The leads for Emergency Departments (ED), Maternity and Genito-Urinary Medicine will ensure that staff undertake routine enquiry
- To ensure staff are aware of this policy and associated procedures.
- To ensure that staff attend mandatory safeguarding training, which includes reference to domestic abuse.
- To support and assist staff requiring support if identifying domestic abuse

6.5 **All staff:**

- All staff have a responsibility to adhere to this policy, failure to adhere to this policy may result in actions being taken under the disciplinary procedures.
- Need to understand their individual roles and responsibilities in protecting adults and children who may be experiencing, or who have experienced, domestic abuse.
- Must access training according to individual roles and responsibilities and in line with defined training needs commensurate to role.
- Must report all disclosures or concerns of domestic abuse to their line manager, the safeguarding teams or the DVA lead for advice.
- Must be aware of indicators of domestic abuse and aware of where to find information of services that can provide support.
- Must be aware of local services available to offer support as needed including the role of the MARAC (Multi-agency Risk Assessment Conference) and how to refer.

Security staff may be called upon to support staff when a situation that compromises the safety of patients and staff occurs. Security staff may involve the police for further support in maintaining the safety of patients and staff.

7 Procedure

7.1 Victims always want abuse to end – but not always the relationship. They might also:

- Not be safe if they leave an abuser. For many victims the abuse continues after a relationship has ended;
- Be afraid of the abuser;
- Be anxious about living alone, not being able to cope or the unknown; suffer chronic post-traumatic stress and be unable to make critical decisions;
- Be financially dependent on the abuser;
- Still love the partner;
- Have been convinced by an abuser that they are worthless and no-one else will care for them;
- Think there is a chance their partner will change; and
- Want their children's father/mother to be around as they grow up.

7.2 As health professionals supporting those who are experiencing domestic abuse, we have to be able to accept that sometimes victims will make decisions that we may not agree with and forms an important part of providing support. Domestic abuse is always the responsibility of the perpetrator. Never blame the abused person – it is not the victim's fault.

7.3 Recognition of domestic abuse

7.3.1 A patient may disclose domestic abuse or there may be concerns raised by staff members that a patient or staff member may be a survivor of domestic abuse.

7.4 Responding by:

- focusing on the victim's safety and that of any children giving her / him information
- seeking the victim's consent to refer her/him to relevant agencies
- making it easy for the victim to talk about their experiences
- supporting and reassuring victim
- being non-judgemental.

7.5 Report this to your line manager at once

7.5.1 Seek advice and guidance from line manager, domestic abuse lead, safeguarding adults or children teams. It is not acceptable for individual staff to decide not to report any concerns of domestic abuse.

7.5.2 Record everything from disclosure to actions taken accurately in the patient's health records.

7.5.3 Good record keeping would entail:

- Detailed, accurate and clear notes to indicate the harm that domestic abuse has caused. This can ultimately assist victims in living a safer life. Perpetrators will be more likely to be charged and sentenced;
- Keep records as detailed as possible (for example, 'patient states he or she was kicked twice in stomach by the partner' rather than 'patient assaulted');
- Use the patient's own words (with quotation marks) rather than your own;
- Document injuries in as much detail, as possible, and on body maps, and record if an injury and a victim's explanation for it are consistent. This information will be invaluable when a prosecution or civil case is to be pursued; and
- Domestic abuse should **never** be recorded in handheld notes, these concerns should be documented in patient's electronic medical record.

7.6 Once a referral has been received by one of the services, liaison will take place between the various teams as necessary.

7.7 If there are children within the family involved in the case of domestic abuse, a referral must also be made to children's social care regardless of parental consent (RSF or ISF – see child safeguarding policy for details).

7.8 If the survivor of domestic abuse or the perpetrator is an adult at risk in need of or in receipt of community care services, a referral may be required to adult safeguarding.

7.9 On identification of possible DA, or to assist in the identification of possible DA victims, Staff should ideally develop routine questions around possible levels of harm. This routine enquiry involves asking all patients if they are experiencing

15.7 Surrey LSCB (2015) Guidance: Safeguarding Children and Young People Affected by Domestic Abuse

15.8 Surrey against domestic abuse: https://www.healthysurrey.org.uk/your-health/domestic-abuse

15.9 NICE (2016) Domestic Violence and Abuse: Quality Standards: https://www.nice.org.uk/guidance/qs116

15.10 HM Office (2013) Domestic Violence and Abuse: https://www.gov.uk/guidance/domestic-violence-and-abuse

15.11 HM Government (2014) The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage, London

15.12 RCPCH (2013), Tackling FGM in the UK Intercollegiate recommendations for identifying, recording and reporting

15.13 DoH (2016) Female Genital Mutilation Risk and Safeguarding: Guidance for professionals, London

15.14 RCPCH (2014) Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document

15.15 National Institute for Clinical Excellence (2009) Guidance on When to Suspect Child Maltreatment

15.16 British Medical Association Protecting Children and Young People – The Responsibilities of all Doctors

15.17 Ashford and St Peter's NHS Foundation Trust Hospitals NHS Trust (2017) Safeguarding Children Policy

15.18 Ashford and St Peter's NHS Foundation Trust (2016) Safeguarding Training Strategy

15.19 Department of Emergency Medicine Standards (2010) Guideline for the recognition and management of domestic violence in Emergency Departments

15.20 RCN (2017) Domestic Abuse: RCN guide for nurses and midwives to support those affected by domestic abuse, London

15.21 HM Government, Serious Crime Act 2015, 76 Controlling or coercive behaviour in an intimate or family relationship: http://www.legislation.gov.uk/ukpga/2015/9/section/76/enacted

15.22 Sections 1 and 2 of the Domestic Abuse Act 2021 Children are recognised as victims of domestic abuse in their own right if they see, hear or experience the effects of abuse between two personally connected individuals who are aged 16 or

over.However, abusive behaviour directed at a person under the age of 16 is child abuse rather than domestic abuse.

15.23 Section 3 of the Domestic Abuse Act 2021The key statutory guidance for the Act is due to be revised regularly by the Secretary of State. At the time of publication (November 2021), the Statutory Guidance Framework was in draft form. You should check the specific status of the statutory guidance.

15.24 Draft statutory guidance framework

Stonewall
A charity providing advice and guidance on all issues to lesbian, gay and bisexuals

- Phone 08000 502020 (Monday – Friday 9.30am – 5.30pm)
- www.stonewall.org.uk

For perpetrators:

Respect
Respect is the UK association for domestic abuse perpetrator programmes and associated support services.

- Phone 0808 802 4040
- www.respect.uk.net

General helplines:

Samaritans
Provide confidential and non-judgemental, emotional support for people experiencing feelings of distress or despair.

- Phone 116 123 (24 hours)
- Email jo@samaritans.org
- https://www.samaritans.org/

Childline

Childline offers a free, private and confidential service where children can talk about anything; whatever the worry, whenever help is required.

- Phone 0800 1111
- https://www.childline.org.uk/

Sexual Assault Referral Centres (SARCs) available 24 hours a day:

- Slough: 0300 130 3036
- Cobham: 0300 130 3038 (based at Cobham Hospital)
- Bicester: 0300 130 3036
- Hampshire – Portsmouth – Treetops 0300 300 2016