The Walton Centre NHS
NHS Foundation Trust
Excellence in Neuroscience

Domestic Violence and/or Abuse Policy

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Approved by and date:	**Safeguarding Group**	**August 2017**
Document Type:	**POLICY**	**Version 2.1**
Target Audience:	All trust employees.	
Document Approval, History/Changes	**See Appendix 5.** For further information contact the Governance Department on **Tel:** (0151) 556 3082	

***Think of the environment…Do you have to print this out this document?* You can always view the most up to date version electronically on the Trust intranet.**

Executive Summary

This Policy is to ensure the Trust discharges its safeguarding responsibilities when patients attend who are or are suspected to be victims of domestic violence and abuse in accordance with national legislation and guidance and local multi-agency processes. The Trust is responsible for safeguarding both the victim and their children.

This policy and guidance should also be used in the case of Trust staff members that are experiencing domestic violence and abuse. It also covers children and young people less than 16 years who are affected by domestic violence and / or abuse that is not directly perpetrated against them. This includes those taken into care.

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1. Introduction

This Policy is to ensure the Trust discharges its safeguarding responsibilities when patients attend who are or are suspected to be victims of domestic violence and abuse in accordance with national legislation and guidance and local multi-agency processes.

The Trust is responsible for safeguarding both the victim and their children.
This policy and guidance should also be used in the case of Trust staff members that are experiencing domestic abuse. It also covers children and young people less than 16 years who are affected by domestic violence or abuse that is not directly perpetrated against them. This includes those taken into care.

At least 1.2 million women and 784,000 men aged 16 to 59 in England and Wales experienced domestic abuse in 2010/11 – 7.4% of women and 4.8% of men. (Domestic violence and abuse here is defined as: physical abuse, threats, non-physical abuse, sexual assault or stalking perpetrated by a partner, ex-partner or family member.) At least 29.9% of women and 17.0% of men in England and Wales have, at some point, experienced it (Smith et al. 2012).

These figures are likely to be an underestimate, because all types of domestic violence and abuse are under-reported in health and social research, to the police and other services.

Both men and women may perpetrate or experience domestic violence and abuse. However, it is more commonly inflicted on women by men. This is particularly true for severe and repeated violence and sexual assault.

Lesbian and bisexual women experience domestic violence and abuse at a similar rate to women in general (1 in 4), although a third of this is associated with male perpetrators (Hunt and Fish. 2008). Compared with 17% of men in general, 49% of gay and bisexual men have experienced at least 1 incident of domestic violence and abuse since the age of 16. This includes domestic violence and abuse within same-sex relationships (Stonewall Gay and Bisexual Men's Health Survey 2012). A focus on specific incidents and episodes is of limited value in understanding the experience of domestic abuse.

1.1. Policy Objectives

- To provide a process within the Trust to ensure victims or suspected victims of domestic violence and abuse are identified, assessed and offered appropriate support.
- To ensure Trust staff are enabled to identify and risk assess victims of domestic violence and abuse and that appropriate referrals are made to support victims including referrals to local Multi-Agency Risk Assessment Conferences (MARAC) in accordance with Merseyside's Domestic Violence Management Multi-Agency Procedures for appropriate management, assistance and support.
- To inform all staff of their role and responsibilities in relation to managing victims of or suspected victims of domestic violence and abuse in accordance with NICE guidance on Domestic Violence and Abuse Overview (February 2016)
- To provide a process within the Trust to ensure that appropriate action is taken to Safeguard Children identified as living with Domestic violence and abuse ensuring they are safe from harm and grow up in a healthy environment.

- To provide a structure for the training of all staff in line with the Trust’s Training Needs Analysis.
- To provide staff with appropriate supervision and support.

2. Scope

This policy applies to all employees of The Walton Centre NHS Foundation Trust including people holding honorary contracts, bank and agency staff, locums, trainees and students. Each member of staff has a personal responsibility to ensure they comply with this policy.

3. Definitions

3.1. **Domestic violence and abuse (cross-government definition)** - any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

3.2. **Controlling behaviour** - is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

3.3. **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. This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group. This is not a legal definition.

3.4. **Honour Based Violence (HBV)** - is a crime or incident, which has or may have been committed to protect or defend the honour of the family and /or community. "Honour Based Violence" is a fundamental abuse of Human Rights.

- There is no honour in the commission of murder, rape, kidnap, and the many other acts, behaviour and conduct which make up "violence in the name of so-called honour".
- It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code.
- Women are predominantly (but not exclusively) the victims of 'so called honour based violence', which is used to assert male power to control female autonomy and sexuality.
- "Honour Based Violence" can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members.

- Examples may include murder, un-explained death (suicide), fear of or actual forced marriage, controlling sexual activity, domestic violence and abuse (including psychological, physical, sexual, financial or emotional abuse), child abuse, rape, kidnapping, false imprisonment, threats to kill, assault, harassment, forced abortion. This list is not exhaustive.

3.5. **Forced Marriage (FM)** - Forced Marriage is a marriage in which either or both parties do not (or in the case of some adults with support needs, cannot) consent to the marriage and an element of duress is involved. Duress can include physical, psychological, financial, sexual, emotional pressure.

- Consent is essential to all marriages in all religions. Only a spouse will know if consent is given freely. If the prospective spouse has been placed under familial pressure to marry, then consent is not given freely and therefore it is a forced marriage.
- An arranged marriage is very different from a forced marriage. In an arranged marriage, both parties enter the marriage freely. Families of each spouse take a leading role in arranging the marriage and this usually includes the choice of partner. However, the choice of whether to accept the arrangements remains with the prospective spouses. Criminal activity relating to HBV / FM may include:
- False imprisonment or kidnap
- ABH or GBH
- Threats to kill
- Harassment and stalking
- Sexual assault
- Rape
- Female genital mutilation
- Forced to commit suicide
- Murder

3.6. **Female Genital Mutilation (FGM)** - includes all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. This is usually for cultural, religious or any other non-therapeutic reason. The procedure when carried out on an adult with consent is usually described as clitoridectomy or may be part of labiaplasty or vaginoplasty. **FGM is illegal in the U.K.**

Examples of Domestic Violence and Abuse

- ***Physical -*** Shaking, smacking, punching, kicking, presence of finger or bite marks, starving, tying up, stabbing, suffocation, throwing things, using objects as weapons, physical effects are often in areas of the body that are covered and hidden (ie breasts and abdomen).
- ***Sexual -*** Forced sex forced prostitution, ignoring religious beliefs about sex, refusal to practise safe sex, sexual insults, sexually transmitted diseases, preventing breastfeeding.
- ***Psychological -*** Intimidation, insulting, isolating a victim from friends and family, criticising, denying the abuse, treating them as an inferior, threatening to harm children or take them away, forced marriage.

- ***Financial -*** Not letting a victim work, undermining efforts to find work or study, refusing to give money, asking for an explanation of how every penny is spent, making the victim beg for money, gambling, not paying bills.
- ***Emotional -*** Swearing, undermining confidence, making racist remarks, making the victim feel unattractive or worthless, calling them stupid or useless, and eroding their independence.

4. Duties

4.1. The Trust Board are responsible for:

- monitoring the effective implementation of this policy and thus assuring the safeguarding of all victims of domestic violence and abuse who come to the Trust

4.2. The Safeguarding Group is responsible for:

- providing assurance to the Trust Board of the effective implementation of this policy and where deficits are identified to monitor action plans until all actions are completed
- the Safeguarding Group reports to the Trust Quality Committee thus providing assurance to the Board

4.3. Chief Executive will ensure that:

- Staff in contact with domestic violence and abuse during their normal duties are trained and competent to be alert to the potential indicators of abuse and know how to act on those concerns in line with local guidance
- The governance arrangements are in place to set, monitor and where appropriate act upon standards within this area, and that appropriate lead roles are in place and underpinned by adequate resources authority, and clarity of responsibility
- The organisation participates as an active member of local multi-agency networks and in so doing works cooperatively with partner agencies and in accordance with locally agreed protocols and procedures

4.4. The Executive Director for Nursing, Operations and Quality

- has delegated executive accountability for Domestic violence and abuse management within the Trust, including the effective implementation of this policy
- has the responsibility to report any serious incidents to the Trust Board

4.5. Safeguarding Matron

- supports the Executive Director for Nursing, Operations and Quality to carry out their responsibilities;

4.6. Senior Managers and Department Heads

- Ensure frontline staff in all services are trained to recognise the indicators of domestic violence and abuse and can ask relevant questions to help people disclose their past or current experiences of such violence or abuse. The enquiry should be made in private on a one-to-one basis in an environment where the person feels safe, and in a kind, sensitive manner.
- Line Managers must always take seriously any allegation of domestic violence and abuse that is reported to them; this includes allegations of abuse that are reported through the Trust Complaints Procedure, the procedure for Raising Concern and through managing any Human Resource process.

- Line Managers must report all suspicion, allegation, observation and disclosure of domestic violence and abuse through the appropriate channel even if they feel the information is incomplete

4.7. All Staff:

- must attend training commensurate with their individual responsibilities, and in line with the requirements identified through the Trust's Training Needs Analysis

5. Process

5.1.1 As part of their role, all Trust staff must consider the possibility of a patient or an attender being a victim of domestic violence and abuse at all times and handle the situation so as not to increase the possibility of further harm to the victim or any children involved.

5.2. Responsibilities of Clinical Staff

5.2.1 Ensure trained staff in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services ask service users whether they have experienced domestic violence and abuse. This should be a routine part of good clinical practice, even where there are no indicators of such violence and abuse.

5.2.2 Ensure staff know, or have access to, information about the services, policies and procedures of all relevant local agencies for people who experience or perpetrate domestic violence and abuse.

5.3. Victim Disclosure

5.3.1 Any service user accessing the Trust's inpatient or outpatient may disclose at any time a history of domestic violence and abuse regardless of their presenting complaint. The abuse may be historical.

5.4. Responding to a Disclosure

5.4.1 Ensure people who may be experiencing domestic violence and abuse can be seen on their own (a person may have multiple abusers and friends or family members may be colluding in the abuse).

5.4.2 It is important to make a victim feel safe and at ease, staff should, whenever possible follow the following guidance:

- Prioritise people's safety.
- Refer people from general services to domestic violence and abuse (and other specialist) services if they need additional support.
- Regularly assess what type of service someone needs – immediately and in the longer term.
- Think about referring someone to specialist domestic violence and abuse services if they need immediate support. This includes advocacy, floating support and outreach support and refuges. It also includes housing workers, independent domestic violence advisers or a multi-agency risk assessment conference for high-risk clients.
- Think about referring someone to floating or outreach advocacy support or to a skill-building programme if they need longer-term support. Also, explore whether they would like to be referred to a local support group.

- If there are indications that someone has alcohol or drug misuse or mental health problems, also refer them to the relevant alcohol or drug misuse or mental health services

5.5. Staff Suspicion without victim disclosure

5.5.1 A staff member may during caring for any patient suspect a history of domestic violence and abuse. This may be due to recognising any of the types of abuse listed in the 'Definitions' Section 3 above and any or all of the following:

- Injury being present with an inappropriate history
- Rape and sexual assault. Injury to genitalia.
- Sexually transmitted diseases
- Repeated miscarriages / terminations
- Placental abruption
- History of mental health issues, especially depression
- Drug and alcohol misuse
- History of self-harm
- Presence of a dominant partner
- Patient demeanour e.g. anxious, scared
- Third party disclosure of abuse
- Previous concerning and / or frequent attendances

5.6. Management of a Victim or Suspected Victim

5.6.1 Completion of a MERIT Risk Assessment

When a staff member has identified a victim or suspected victim of domestic violence and abuse, the staff member **must** always contact Safeguarding Matron or designated deputy to support the staff to undertake a MERIT Risk Assessment and complete the appropriate documentation (see **Appendix 1** for the MERIT Risk Assessment Tool template). The MERIT risk assessment tool was developed by a criminal psychologist as a method of assessing the risk of future harm. It is used by all agencies in Merseyside and uses known facts from previous or current incidents to predict the possibility of a further incident taking place.

5.6.2 The staff should explain the reason for completing the MERIT Assessment and attempt to gain consent from the victim to share information with other agencies if appropriate. If this consent is not given the staff member should explain that information can be shared without consent if the victim is deemed to be high risk or if there are concerns in relation to Child Protection.

5.7. Completion of Datix Incident Form

5.7.1 The staff member must complete a datix incident form in all cases of suspicion or disclosure of Domestic Violence and Abuse, regardless of whether a MERIT has been completed.

5.7.2 If there is no disclosure or the patient is uncooperative, all information relating to the attendance and associated concerns should be fully documented within patient record.

5.8. Safeguarding of Children Involved in Domestic violence and abuse cases

5.8.1 Prolonged and/or regular exposure to domestic violence and abuse can have a serious impact on the safety and welfare of the child. An analysis of serious case reviews (multi-

agency investigations into child deaths or serious harm) found evidence of past or present domestic violence and abuse in over half of cases. Domestic violence and abuse rarely exists in isolation. Many parents also misuse drugs and alcohol and experience poor physical or mental health. Domestic violence and abuse may have serious impact on a victim's parenting capacity.

5.8.2 Children living in households where Domestic Abuse is happening are identified as "at risk" under the guidance of the Adoption and Children Act 2002.

5.8.3 All staff has a statutory responsibility to safeguard children and maintain their health and well-being. (Working Together to Safeguard Children 2015)

5.8.4 Children and young people under 16 years who are affected by domestic violence or abuse that is not directly perpetrated against them. This includes those taken into care. Please refer to the Trust Safeguarding Children policy for referral to children social care services.

5.9. History Taking Process to Safeguard Children Involved

5.9.1 Any admission giving rise to domestic violence and abuse/safeguarding children concerns, staff as part of the history taking process should establish and document in the patient's health records:

- Details of any children including names and dates of birth
- Whereabouts of children at time of incident and who they were with
- Current whereabouts of children and details of who they are with
- Any Children's Social Care involvement with the children

5.10. Process to be followed if the Victim of Domestic violence and abuse is a Child/Young Person (Under the age of 18)

5.10.1 If the victim of domestic violence and abuse, or suspected victim, is under 18 years of age, they must be assessed, and have a MERIT Assessment and Datix incident form completed. They will also automatically require a Referral to Children and Young People's Social Care.

5.11. Police Involvement

- If a victim discloses an act of physical abuse, they should be encouraged to inform the police and be assisted with the process if necessary.
- If a patient attends with severe, or life threatening injuries and Domestic violence and abuse is disclosed or detected, the Police should be contacted immediately by staff in all cases.

5.12. Adult Social Care Involvement

If a victim of Domestic violence and abuse is identified as Adult at risk, a referral should be made to the Local Adult Social Care Service.

An adult at risk is defined in Care Act (2015) as a person aged 18 years or over, who is in receipt of or may need community care services, due to 'mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

5.13. Victim Support

5.13.1 Mental Health Support

If a victim of Domestic violence and abuse is noted to have Mental Health Problems, staff should ensure they have appropriate assessments and referrals made prior to discharge.

5.13.2 Addiction Support

If a victim of Domestic violence and abuse is noted to have Drug or Alcohol Addiction Problems, staff should ensure they have appropriate assessments and referrals made prior to discharge.

5.14. Victim Safety

5.14.1 Safe and appropriate discharge

Once medically fit, staff should ensure that any victim of Domestic violence and abuse is discharged to a place of safety, with details documented in the patient health care record. If it is felt to be unsafe by the member of staff or the victim for patient to return home alternative arrangements must be made prior to discharge. The following options should be considered and discussed:

- Discharge to an appropriate friend or family member. Alternative accommodation arranged by the victim (e.g. Bed & Breakfast) Safe House / Refuge arranged via Local Housing or Charitable Organisation (See Useful Contacts **Appendix 2**)

5.14.2 Before Discharge home, a victim of Domestic violence and abuse should be provided with written and verbal advice relating to services able to offer help and support if it is safe to do so.

5.14.3 Domestic Abuse Disclosure Scheme

The aim of this scheme is to give members of the public a formal mechanism to make enquires about an individual who they are in a relationship with or who is in a relationship with someone they know, and there is a concern that the individual may be abusive towards their partner.

If police checks show that the individual has a record of abusive offences, or there is other information to indicate the person for whom there are concerns is at risk, the police will consider sharing this information with the person(s) best placed to protect the potential victim. A third party making an application would not necessarily receive the information about the individual concerned

The scheme aims to enable potential victims to make an informed choice on whether to continue the relationship, and provides help and support to assist the potential victim when making that informed choice.

If a victim wishes to access information they should be signposted to the Local Police of Domestic Abuse Support Service.

5.15. Responsibilities of Trust Safeguarding Matron (Or another member of Senior Nurse Team)

5.15.1 Screening and Processing Referrals

Once a MERIT assessment is completed, the following process will be followed by the Trust Safeguarding Matron (or member of the Senior Nurse Team):

5.15.2 Recording process

- Details should be checked and score verified.

- Patient details, department and staff details to be entered on the MERIT / MARAC referrals

5.16. Multi-Agency Risk Assessment Conference (MARAC) Processes

5.16.1 What is the purpose of the MARAC

The MARAC is a multi-agency forum, chaired by the Police where high risk cases of Domestic violence and abuse are heard. There is representation from many agencies including Health, Social Care, Housing, Probation and Education. Information is shared relating to the victim, the perpetrator, any children involved and any other close family members who may be affected.

5.16.2 The aim of the MARAC is to:

- Reduce the risk of further abuse.
- Provide the victim with support
- Safeguard any children involved
- Prevent Domestic Homicides.

5.16.3 MARAC Referral Criteria

- The following guidance will be used to determine whether or not a victim is referred to the local MARAC.

An incident within the last 3 months, and

- Visible high risk (using MERIT), or
- Professional judgement and/or
- Escalation (incidents may not meet high risk threshold but are occurring more often and causing concern).

Or, if an incident occurred **longer than 3 months ago:**

- Professional judgement and/or
- Pattern of behaviour historically linked to a recent event that may cause concern (for example, a recent release from custody and contact being made with the victim).

5.16.4 Referral Process

MERIT Assessments / Domestic violence and abuse Referrals should be processed in line with the guidelines of the area of residence of the victim. This process is completed by staff and supported by the Trust Safeguarding Matron or designated deputy.

5.16.5 Trust Representation at the MARAC

The Trust representative is the Safeguarding Matron or designated deputy who can attend the MARAC meetings; however, a MARAC referral can be made to any area (determined by the address of the victim).

5.16.6 Information shared at MARAC

The Safeguarding Matron receives the MARAC case list to be heard approximately one week before the scheduled meeting date. This contains the demographic details of the victims, alleged perpetrators and any children.

The Safeguarding Matron carries out a search of the Trust Patient Administration System (PAS) to determine if any of the individuals are known to the Trust.

As the Trust, has signed the MARAC Information Sharing Agreement, any relevant attendances will be shared at the MARAC including:

- Alleged or disclosed Domestic violence and abuse
- Assaults
- Drug & Alcohol Misuse
- Mental Health Issues including self-harm
- Child protection / safeguarding concerns

5.17. Trust Domestic violence and abuse Health Records Notification Process

In all cases, heard at MARAC, where the victim is known to the Trust (has an allocated Trust case sheet number) the relevant IT systems will be alerted to help safeguard the victim during future attendances by the Trust's Safeguarding Matron.

5.17.1 Notification Process

Safeguarding Matron (or member of the Senior Nurse Team will carry out the following Alert Process:

- an alert will be added to the Trust Patient Administration System
- the Alert will remain on the patient record for a period of 2 years following discussion at MARAC

5.17.2 Staff Responsibilities

If during the routine admission/attendance process a patient is noted to have an alert relating to Domestic violence and abuse, extra consideration should be given to ensure that the attendance is not related to on-going abuse. If further abuse is disclosed the same processes are to be followed with regards to assessment and referrals.

5.18. Domestic Homicides

5.18.1 Domestic Homicide Reviews

In the case of a Domestic Homicide the Local Authority Community Safety Partnership will be responsible for determining the requirement for a Domestic Homicide Review. The purpose of this process is to establish lessons to be learned regarding the way in which professionals and organisations work together to safeguard victims.

The Walton Centre NHS Trust will contribute, as and when required, in Domestic Homicide Reviews by completing an internal Management Review. Following a review feedback should be provided to staff to disseminate points of learning and good practice.

5.19. Trust responsibility in support for employees who are victims of Domestic Violence or Abuse

It is the Trust's policy that every employee who is experiencing domestic abuse has the right to raise the issues with their employer, in the knowledge that the matter will be treated effectively, sympathetically and confidentially.

Awareness training will be provided for key Trust employees to enable them to support staff. These key employees can support managers may include staff such as:

- Chaplaincy
- Safeguarding Matron

- Staff support / Counselling Service
- Occupational Health Service
- Improving Working Lives co-ordinator
- Human Resources
- Trade Unions

Impact on Work

Domestic abuse will have an impact on performance at work and therefore has a different effect on the quality of service provision. Such abuse may be identified by areas such as:

- Lateness
- Health and Safety
- Job prospects
- Physical and emotional exhaustion
- Absenteeism
- Work performance
- Behavioural change

In addition to the details of possible signs of abuse mentioned earlier in this document, other indicators may include the following:

- Low self-esteem
- Withdrawn or quiet due to feelings of isolation
- Unusual number of calls from home and strong reaction to these calls
- Comes to work late, needs to leave early
- Secretive about home life
- Partner may attempt to limit their work or social contacts
- Partner may ridicule them in public
- Partner exerts unusual amount of control over their life

Guidelines for Support

- All requests for assistance and support must be treated seriously and sympathetically and you should establish if the employee is happy talking to you or if they would prefer to speak to someone else
- Ensure that you speak to the employee somewhere that is private, you cannot be overheard and cannot be interrupted
- Reassure the employee that confidentiality will be maintained
- Listen and do not pressurise to act
- Give a positive message that domestic abuse is a serious crime and every individual has the right to live a life free from abuse in any form
- Ask the employee what they want to do, if anything, and respect their decision
- Ask the employee if they want to report it to the Police and/or need to see a GP/Occupational Health Nurse for medical attention. This, of course, must be their choice
- Give information (not advice) about support services available including local refuges and/or help lines
- Give information to the employee regarding Trust employees detailed above

- Be prepared to offer the same standard of support, on all occasions, no matter how many times the same employee approaches you. Remaining in an abusive relationship is part of the nature of the domestic abuse

Management Responsibilities

- To provide a confidential and sympathetic response to staff who may be suffering through domestic abuse
- To allow time off to visit solicitors and other agencies under the Special Leave policy
- To reassure staff that their job is guaranteed should an individual require extended leave to flee the violence
- Consider an advance of salary if financial difficulties are being experienced
- Consider requests to change working hours or temporary measures including changes in work site
- Ensure that security measures have been considered for staff who works alone. Ensure your own safety as well as that of other colleagues
- Ensure that no personal details of the individual are divulged including work place details
- Ensure that confidential counselling is made available to employees suffering domestic abuse
- Managers should refer staff who are the perpetrators of abuse to appropriate confidential support/counselling if requested. In addition, if there is a conflict between the post held and the criminal allegation against them, the disciplinary procedure should be invoked.
- Establish how the employee suffering domestic abuse wishes to be contacted; contacting them at home may not be appropriate.
- Consider the effect of domestic abuse on any children cared for by the employee and inform social services and other appropriate agencies

Responsibilities of Employees

- To ensure they inform the line managers if they are involved in a domestic situation which impacts on their work
- Employees who know of colleagues who are suffering from domestic abuse should acknowledge a duty of care and provide practical advice or support for them. However, unnecessary intrusion should be recognised and respected
- To keep matters concerning colleagues confidential, abusive partners use numerous methods of tracking their partner's whereabouts.

6. Monitoring

- The Risk Department will keep an up to date secure database (DATIX) of all Domestic Abuse and Violence referrals.
- The Safeguarding Matron will hold an annual meeting to review the Domestic Abuse and Violence Policy identify learning from Domestic violence and abuse cases and identify any necessary changes to practices. This will be incorporated into future Domestic violence training sessions.
- The Board of Directors will receive a yearly update and report in relation to the amount and nature of Safeguarding Adult issues, from the Director of Nursing.

7. Training

Refer to the Trust Training Needs Analysis.

8. Associated documents and Key References

- Department of Health – Responding to Domestic Abuse – Handbook for Health Professionals (2005)
- Liverpool Safeguarding Children Board – Guidance for Safeguarding Children Abused through Domestic Violence/Abuse (2007)
- Domestic Abuse Policy from St Helens and Knowsley Teaching Hospital
- Domestic Abuse Policy from Mersey care NHS Trust
- Home Office: Updated National Delivery Plan for Domestic Violence 2009
- Women's Aid.org.uk
- Children Act 2004
- Violence Against Women & Girls Action Plan 2011
- Department of Health 2009: Improving Safety, Reducing Harm. Children, Young People and Domestic Violence. A Practical Toolkit for Front Line Practitioners.
- Working Together to Safeguarding Children 2015
- NSPCC.org.uk
- NICE Guidance: Domestic Violence and Abuse Overview February 2016
- Evaluation of the Liverpool Multi-Agency Risk Assessment Conference (MARAC) Ellie McCoy, Nadia Butler & Zara Quigg January 2016

9. Supporting policies/documents

- Inter-agency Safeguarding Adults Procedures 2013, the Procedural Framework for Safeguarding Adults, Liverpool Safeguarding Board.
- Liverpool MARAC protocol 2016-17.
- NICE Guidance: Domestic Violence and Abuse Overview February 2016
- Trust policy – Safeguarding Adults
- Trust policy – Safeguarding Children
- Trust policy - Mental Capacity Act (2014)
- Trust policy – Sickness and Absence
- Trust policy – Special Leave

Appendix 1 - MeRIT Risk Assessment Tool template

1. MeRIT Risk Assessment Tool template

Staff should complete the Merseyside Risk Indicator Toolkit (MeRIT) template following a disclosure of domestic violence or abuse from a patient or employee.

- The MeRIT template is available on the Trust intranet under policies and procedures Domestic Violence and Abuse policy.

http://intranet/Library/Policies/Appendix%20I%20Merseyside%20Risk%20Identification%20Tool.pdf

Once completed the MeRIT form , this assessment will provide the level of risk and following the guidance included with the MeRIT form, relevant referrals can be made including (if needed) a referral to Multi Agency Risk Assessment Conference (MARAC). If the victim is high risk a referral should be made to the MARAC (see below).

This can be done with the consent of the victim but for those cases were consent is refused agencies will need to consider if the referral should continue. In some circumstances a referral can be made to MARAC without the consent of the victim.

2. Referring cases to MARAC

Professionals referring cases to MARAC should complete a MeRIT Risk Assessment and MARAC referral form. Professionals should note that the details provided on the completed referral form will be shared with the MARAC membership, IDVA and PVPU. (An online form is currently being developed, in the interim referrers should use the paper based form by requesting the form from marac@Liverpool.gcsx.gov.uk and sending the completed form and risk assessment back to this email address.
The referral and MeRIT Forms should include:

- Completion of all questions
- A clear explanation why the referral is being made
- Risk indicator, patterns of risk/abuse and an analysis of circumstances and events
- Who is at risk of serious harm and the nature of this risk
- Timeframe for recent risk and future risk
- History of abuse of both parties
- What the referring agency has put in place prior to MARAC with the aim of supporting the client/reducing risk

3. Contact details for MARAC team in Liverpool.

Please contact Jayne McPartland / Maria Curran for further support and advice if submitting a MARAC referral: Tel: 0151 233 6757

MARAC Contact: marac@liverpool.gcsx.gov.uk

4. Further Guidance.

LIVERPOOL Multi Agency Risk Assessment Conference (MARAC) Combined Protocol 2016 – 2017 is available on Trust Intranet under safeguarding section.

Appendix 2 - Domestic Abuse Links & Contacts

<u>Liverpool Area – In an emergency phone 999</u>

Police:

- Liverpool **North** Family Crime Investigation Unit Tel: 0151 777 4587
- Liverpool **South** Family Crime Investigation Unit Tel: 0151 777 10/5317

Housing:

- Homeless Families Tel: 0151 233 3027 or Freephone 0800 731 6844

Social Services:

- Liverpool Care line Tel: 0151 233 3800 (24 hrs.)

Refugees:

- Amadudu (specialising in providing accommodation for black women and women with black children) Tel: 0151 734 0083
- Centre 56 (Women's Aid) Tel: 0151 727 1355

Helplines:

- Liverpool City Council Domestic Violence Helpline (Care line) Tel: 0800 731 1313 (confidential service 24 hrs./7 days per week)
- National Domestic Violence Helpline Freephone: 0800 200 0247
- NSPCC National Helpline Freephone: 0800 800 5000
- Worst Kept Secret Freephone: 0800 028 3398 (Confidential telephone support which does not appear on landline phone bills)
- Montgomeryshire Family Crisis Centre Tel: 01686 629114
- Mankind Initiative (men only) Tel: 01823 334244
- Men's Aid Tel: 0871 223 9986
- Male Advice & Inquiry Line Tel: 0808 801 0327/0845 064 6800
- MEDA Line (men only) Tel: 01686 610391

Support Agencies:

- Barnardo's – Keeping Children Safe Tel: 0151 709 0540
- (Direct work with children who have been abused or bereaved in Liverpool area)
- Chrysalis Tel: 0151 254 2640/ Mobile: 07780948890
- NSPCC Tel: 0844 8920264 (Work with women and children who have experienced domestic violence/abuse. Also offer No Xcuses programme for perpetrators)
- Parents Like You Tel: 0151 207 5200
- RASA Tel: 0151 666 1392 (Rape & Sexual Abuse Centre for Women on Merseyside)
- Speke Garston Domestic Violence Project (including drop-in service)
- Freephone 0800 083 7114 or Helpline 0151 486 3999
- Victim Support (Liverpool North) Tel: 0151 261 1969
- Victim Support (Liverpool South) Tel: 0151 281 1000

Sefton Area – In an emergency Phone 999

Police:

- Sefton Domestic Violence Police Unit Tel: 0151 777 3087/3089

Housing:

- Homelessness Team Tel: 0151 934 3541

Social Services:

- SEFTON Area Children's Services Tel: 0151 934 3737/3691/4498 Out of Hours: 0151 920 8234

Support Agencies:

- NSPCC Tel: 0844 8920264
- SWACA (Sefton Women's & Children's Aid) – Offers practical and emotional support in various ways, i.e. Helpline, refuge, 1:1 support, solicitors surgeries, welfare and benefits advice:
- Sefton Victim Support Tel: 0151 922 7015
- Southport Victim Support Tel: 01704 885 277

Knowsley Area – In an emergency phone 999

Police:

- Knowsley Domestic Violence Unit Tel: 0151 777 6387/6389

Housing:

- Homelessness Team Freephone: 0800 694 0280 (24 hrs.)

Social Services:

- Knowsley Quality Assurance Team Tel: 0151 443 4077

Support Services:

- Knowsley Domestic Violence Support Services Tel: 0151 548 3333
- (Drop-in, refuge, work with women, children and perpetrators)
- St Helens Women's Aid Tel: 01925 220 541 (24 hr. helpline)
- St Helens Drop-in Service Tel: 01744 638 023
- Teenage Pregnancy Unit (Refuge) Tel: 01744 634 437
- Victim Support Knowsley Tel: 0151 547 4177

Wirral Area – In an emergency phone 999

Police:

- Wirral Police Domestic Violence Unit Tel: 0151 777 2689

Housing:

- Homelessness Team Tel: 0151 666 5511

Social Services:

- Office hours Tel: 0151 606 2006
- Out of hours Tel: 0151 652 4991

Refuge:

- Wirral Women's Aid Refuge Tel: 0151 643 9766

Support Services:

- Merseyside Victim Support Tel: 0151 298 2848
- Out of hours (National) Tel: 0845 303 0900
- Wirral Domestic Violence Support Helpline Tel: 0151 643 9766 (24 hrs.)
- Zero Centre Drop-in Facility Tel: 0151 670 1528

LINKS and RESOURCES FOR WORKING WITH DOMESTIC VIOLENCE PERPETRATORS

- Respect Phone line: Confidential helpline offering advice, information and support to help you stop being violent and abusive to your partner. Call Freephone 0808 802 4040 Monday-Friday 9am-5pm.
- Hyperlink for professionals to Respect website below to access resources;
- http://respectphoneline.org.uk/help-information/frontline-workers-and-domestic-violence-perpetrators/resources-for-working-with-domestic-violence-perpetrators/
- DOMESTIC VIOLENCE VICTIMS – CONCERNED FRIENDS AND FAMILY OF ABUSERS
- Concerned friends and family of domestic violence perpetrators can access guidance leaflet from Respect.
- Please click on following link to access leaflet;

http://respectphoneline.org.uk/help-information/domestic-violence-victims-concerned-friends-and-family-of-abusers/

Appendix 3 - Equality Impact Assessment (EIA) Form

The Walton Centre NHS
NHS Foundation Trust

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

Part 1

1. Person(s) Responsible for Assessment: Clare James   2. Contact Number: 63307

3. Department(s): Corporate   4. Date of Assessment: 11/08/17

5. Name of the policy/procedure being assessed: Domestic Violence and/or Abuse Policy

6. Is the policy new or existing?

New   √ Existing

7. Who will be affected by the policy (*please tick all that apply*)?

√Staff   √Patients   Visitors   Public

8. How will these groups/key stakeholders be consulted with?

The Safeguarding Group and the wider staff side group were involved in the review of this policy

9. What is the main purpose of the policy?

This Policy is to ensure the Trust discharges its safeguarding responsibilities when patients attend who are or are suspected to be victims of domestic violence and abuse in accordance with national legislation and guidance and local multi-agency processes. The Trust is responsible for safeguarding both the victim and their children.

This policy and guidance should also be used in the case of Trust staff members that are experiencing domestic violence and abuse. It also covers children and young people less than 16 years who are affected by domestic violence and / or abuse that are not directly perpetrated against them. This includes those taken into care.

10. What are the benefits of the policy and how will these be measured?

Benefits of the policy are as follows;

- To provide a process within the Trust to ensure victims or suspected victims of domestic violence and abuse are identified, assessed and offered appropriate support.
- To ensure Trust staff are enabled to identify and risk assess victims of domestic violence and abuse and that appropriate referrals are made to support victims including referrals to local Multi-Agency Risk Assessment Conferences (MARAC) in accordance with Merseyside's Domestic Violence Management Multi-Agency Procedures for appropriate management, assistance and support.
- To inform all staff of their role and responsibilities in relation to managing victims of or suspected victims of domestic violence and abuse in accordance with NICE guidance on Domestic Violence and Abuse Overview (February 2016)
- To provide a process within the Trust to ensure that appropriate action is taken to Safeguard Children identified as living with Domestic violence and abuse ensuring they are safe from harm and grow up in a healthy environment.
- To provide a structure for the training of all staff in line with the Trust's Training Needs Analysis.
- To provide staff with appropriate supervision and support.

Monitoring of the benefits of the policy will include the following ;

- The Risk Department will keep an up to date secure database (DATIX) of all Domestic Abuse and Violence referrals
- The Matron for Safeguarding will provide a quarterly themes and trends analysis of Domestic Abuse and Violence incidents and referrals to the Trust Safeguarding Group.
- The Matron for Safeguarding will hold an annual review of the Domestic Abuse and Violence Policy identifies learning from Domestic violence and abuse cases and identify any necessary changes to practices. This will be incorporated into future Domestic violence training sessions.
- The Board of Directors will receive a yearly safeguarding report in relation to the amount and nature of Safeguarding Adult issues, from the Director of Nursing and Matron for Safeguarding.

11. Is the policy associated with any other policies, procedures, guidelines, projects or services?

Yes , it is associated with the following policies ;

- Trust policy – Safeguarding Adults
- Trust policy – Safeguarding Children
- Trust policy - Mental Capacity Act (2014)
- Trust policy – Sickness and Absence
- Trust policy – Special Leave

12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics? *Please specify specifically who would be affected (e.g. patients with a hearing impairment or staff aged over 50). Please tick either positive, negative or no impact then explain in reasons and include any mitigation e.g. requiring applicants to apply for jobs online would be negative as there is potential disadvantage to individuals with learning difficulties or older people (detail this in the reason column with evidence) however applicants can ask for an offline application as an alternative (detail this in the mitigation column)*

Protected Characteristic	Positive Impact *(benefit)*	Negative *(disadvantage or potential disadvantage)*	No Impact	Reasons to support your decision and evidence sought	Mitigation/adjustments already put in place
Age	Victims of domestic violence and abuse aged 16 and 17 are recognised under an updated Cross Government definition: (DH 2013).	Women under the age of 24 are at considerably greater risk of experiencing domestic violence and abuse (30.5%) CPS (2013 – 2014)			Service and Policy developments to help identify the needs of people across all age groups.
Sex	This policy also recognises that although both men and women can be victimised through domestic violence, a greater proportion of women experience all forms of domestic violence, and are more likely to be seriously injured, killed by their partner, ex - partner or lover	Gender is a "significant risk factor" as women are more likely than men to experience interpersonal violence, especially sexual violence, and to experience severe and/or repeated incidents of violence and abuse. "Women are the overwhelming majority of the most heavily abused group. Among people subject to four or more incident of domestic violence from the perpetrator of the worst incident (since age 16) 89 per cent were women". (British Crime Survey, Walby & Allen, 2004) Poverty and of public transportation may have a negative impact on people living in rural areas who may be a victim on domestic abuse.			Service and Policy developments to help identify the needs of males and females.
Race	Staff can provide information and signpost to community groups to engage and involve BME people in the development of services and	An inability to communicate in English and lack of understanding of the health, social and legal services available pose considerable			Promotion and use of interpreting and translation services. Service and Policy developments to help identify the needs of

	policies.	barriers. Female Genital Mutilation (FGM).			diverse cultural groups
Religion or Belief	The Patient Experience group can provide information and signpost to community groups to engage and involve people in the development of services and policies	Victims of domestic abuse may seek help from religious leaders. A lack of awareness of appropriate services may have a negative impact on signposting victims for appropriate support			Engagement activity to raise awareness of appropriate services.
Disability	Matron for Safeguarding will provide support and advise relating to the impact of domestic abuse across all protected characteristics. Up-to date research can also be promoted to raise awareness.	Previous research – of which there is very little - suggests that disabled women experience more abuse than nondisabled women, and their impairments may be used by their abusers in order to increase both the abuser's power and control, and the woman's vulnerability and isolation. Significant barriers to reporting exist, which include fear of losing a caregiver, inability to verbally communicate as a result of a disability, and fear of not being taken seriously, among others.			Service and Policy developments to help identify the needs of disabled people.
Sexual Orientation	Stonewall has collated evidence/research into the impact and effects of domestic abuse in the LGB community	LGB people are less likely to tell a health care practitioner that they are experiencing domestic violence if they do not feel able to disclose their sexual orientation to them. Research indicates that LGB people are reluctant to disclose their sexual orientation to their GP because			Service and Policy developments to help identify the needs of LGB people.

		they think they will experience discrimination. They might also be reluctant to demonstrate a problem within a relationship, especially if they think that the health care practitioner thinks gay relationships are generally unstable or unsustainable. LGB people may not want to perpetuate that view by admitting domestic violence. Stonewall.			
Pregnancy/maternity	All clinical staff should access level safeguarding training - this is available via OLM on ESR. Level 3 Advanced Training is available for clinicians who are working with children and families.	Domestic violence has been identified as a prime cause of miscarriage or still - birth. Mezey, Gillian (1997) "Domestic Violence in Pregnancy" in Bewley, S., Friend, J., and Mezey, G.: (1997) (ed.) Violence against women (Royal College of Obstetricians and Gynaecologists) Midwives usually do not raise the subject of domestic violence, and women often feel silenced and unable to talk about it with their midwife. Aston, Gill, 2004: "The silence of domestic violence in pregnancy during women's encounters with healthcare professionals" in Midwives Vol.7, no.4 2004.			NSF (National Standard Framework) for Children, Young People and Maternity Services includes points on identification of , and response to , domestic violence in pregnancy: women should be offered "a supportive environment and the opportunity to disclose" and maternity service staff should be "aware of the importance of domestic violence and competent in recognising the symptoms and presentations" and "able to make a sensitive enquiry" and "provide basic information" and referral to local services. Healthcare professionals have a duty to record anything that might impact on the health of their patients, including domestic

					violence.
Gender Reassignment	Out of sight, out of mind? LGBT Domestic Abuse Project and the Scottish Transgender Alliance launched new research report into transgender people's experiences of domestic abuse.	Out of sight, out of Mind? The report reveals extremely high levels of prejudice and abuse in transgender people's relationships and home lives, coupled with unacceptable negative experiences of accessing fundamental services and support during the times when they are most needed.			Service and Policy developments to help identify the needs of transgender people
Marriage & Civil Partnership	You can get married or form a civil partnership if you are over 16, (under 18 need parental permission). Only same sex couples can form a civil partnership and this can be converted to a marriage	A forced marriage is a marriage that is performed under duress and without the full and informed consent or free will of both parties. Victims of forced marriage may be the subject of physical violence, rape, abduction, false imprisonment, enslavement, emotional abuse, and murder. It is important not to confuse 'forced'			Service and Policy developments to help identify the needs of diverse cultural groups.
Other					

If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.)

13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998? *See Guidance for more details (NB if an absolute right is removed or affected the policy will need to be changed. If a limited or qualified right is removed or affected the decision needs to be proportional and legal).*

If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you MUST complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet and speak to Hannah Sumner, HR Manager or Clare James, Matron for further support.

Action	Lead	Timescales	Review Date

Declaration

I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:

No major change needed – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated & all opportunities to promote equality have been taken √ x

Adjust the policy – EIA has identified a need amend the policy in order to remove barriers or to better promote equality
You must ensure the policy has been amended before it can be ratified.

Adverse impact but continue with policy – EIA has identified an adverse impact but it is felt the policy cannot be amended.
You must complete Part 2 of the EIA before this policy can be ratified.

Stop and remove the policy – EIA has shown actual or potential unlawful discrimination and the policy has been removed

Name: Clare James Date: 11/08/2017

Signed: Clare James

Appendix 4 - Policy approval checklist

The Domestic Violence or Abuse Policy is presented to the Safeguarding Group for Approval.

In order for this policy to be approved, the reviewing group must confirm in table 1 below that the following criteria is included within the policy. Any policy which does not meet these criterion should not be submitted to an approving group/committee, the policy author must be asked to make the necessary changes prior to resubmission.

Policy review stage

Table 1

The reviewing group should ensure the following has been undertaken:	Approved?
The author has consulted relevant people as necessary including relevant service users and stakeholders.	√
The objectives and reasons for developing the documents are clearly stated in the minutes and have been considered by the reviewing group.	√
Duties and responsibilities are clearly defined and can be fulfilled within the relevant divisions and teams.	√
The policy fits within the wider organisational context and does not duplicate other documents.	√
An Equality Impact Assessment has been completed and approved by the HR Team.	√
A Training Needs Analysis has been undertaken (as applicable) and T&D have been consulted and support the implementation	√
The document clearly details how compliance will be monitored, by who and how often.	√
The timescale for reviewing the policy has been set and are realistic.	√
The reviewing group has signed off that the policy has met the requirements above.	√

Reviewing group chairs name: Hayley Citrine	Date: 22/08/2017.

Policy approval stage

☐ **The approving committee/group approves this policy.**

☐ **The approving committee/group does not approve the policy.**

Actions to be taken by the policy author:

Approving committee/group chairs name:	Date:

Appendix 5 - Version Control

Version	Section/Para/ Appendix	Version/description of amendments	Date	Author/Amended by
1.1		Added NICE guidance Domestic Violence and Abuse Overview 2016 to policy	25.10.16	C James
2.0	Appendix 2	Added links and resources for working with perpetrators of domestic violence and abuse	22/08/17	C James
2.1	Appendix 1	Revision of information in regards to MeRIT assessment and MARAC process and Liverpool MARAC protocol	22/08/17	C James

Translation Service

This information can be translated on request or if preferred an interpreter can be arranged. For additional information regarding these services please contact The Walton centre on 0151 525 3611

Gellir gofyn am gael cyfieithiad o'r deunydd hwn neu gellir trefnu cyfieithydd ar y pryd os yw hynny'n well gennych. I wybod rhagor am y gwasanaethau hyn cysylltwch â chanolfan Walton ar 0151 525 3611.

هذه المعلومات يمكن أن تُتَرْجَم عند الطّلب أو إذا فضّل المترجم يمكن أن يُرَتَّب للمعلومة الإضافيّة بخصوص هذه الخدمات من فضلك اتّصل بالمركز ولتون على
0151 5253611

ئەم زانیاریە دەکرێت وەربگێڕدرێت کاتێك کە داوابکرێت یان ئەگەر بەباش زاندرا دەکرێت
وەرگێڕێك ئامادە بکرێت (ڕێك بخرێت) ، بۆ زانیاری زیاتر دەربارەی ئەم خزمەتگوزاریانە تکایە
پەیوەندی بکە بە Walton Centre بە ژمارە تەلەفۆنی ٠١٥١٥٢٥٣٦١١.

一经要求，可对此信息进行翻译，或者如果愿意的话，可以安排口译员。如需这些服务的额外信息，请联络Walton中心，电话是：0151 525 3611。