

DOMESTIC ABUSE AND VIOLENCE - ADULT PATIENTS

POLICY AND PROCEDURES

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

May 2022:

Introduction and overview section revised to include recent information and statistical data in line with the new Domestic Abuse Act 2021.

Policy scope revised to include signposting if a staff member discloses domestic abuse.

Changes to definitions section, to update the definition of Domestic Abuse in line with the Domestic Abuse Act 2021, and to include economic abuse as recognised in the Act. Reference to the Emergency Duty Team removed as no longer relevant.

Terms 'him / her' revised to include gender neutral terms throughout the document.

Changes made to Section 5.1 to reflect latest guidance.

Changes made to the grammar / wording in sections 5.2 – 5.5, for ease of reading.

Updates made to internal extension numbers throughout the document.

Details for the ADAM service included in appendix one.

KEY WORDS

Domestic Abuse / Violence

Domestic Abuse Policy

Controlling and coercive behaviour

1 INTRODUCTION AND OVERVIEW

- 1.1 All individuals have the right to live their lives without fear and violence. Domestic abuse is an intractable, widespread and complex issue which requires sensitive handling by a range of professionals, including health and social care staff, and Police. There are some 2.3 million victims of domestic abuse a year aged 16 to 74 (two-thirds of whom are women) and more than one in ten of all offences recorded by the police are domestic abuse related. The cost of domestic abuse is estimated to be approximately £66bn for victims of domestic abuse in England and Wales for the year ending March 2017 (Domestic Abuse Act 2021; overarching factsheet).
- 1.2 Domestic Abuse is also a major public health issue, impacting on survivors and their families' physical and emotional health and wellbeing. The NHS has a particular contribution to make because it is a service that almost all survivors of domestic abuse will come into contact with at some point in their lives. Therefore, the Trust, as part of the wider NHS, is committed to having clear systems and processes in place to support staff when dealing with disclosures of domestic abuse from adult patients in our care.
- 1.3 As a member of both the Leicester City Safeguarding Adults and Children Board and the Leicestershire and Rutland Safeguarding Adults and Children Board, the Trust is party to decisions, strategies, policies and procedures agreed by the respective Boards and supports the strategic and operational subgroups responsible for implementing the overall domestic abuse agenda and work plans.
- 1.4 The Trust is aware that early intervention and support can reduce the many consequences of domestic abuse. Therefore the Domestic Abuse and Violence (Adult Patients) Policy and Procedures sets out the procedures that must be followed by UHL staff that come into contact with adult patients (18 years and above) who disclose domestic abuse to staff. The Policy also aims to support staff in managing disclosures or suspicions of domestic abuse by increasing their awareness and understanding, and ensures that staff are clear about their roles in addressing and responding to domestic abuse.

2 POLICY SCOPE

- 2.1 This policy is applicable to all Trust staff members who are involved in the care of patients that meet **all** the following criteria:
- Where they are a patient aged 18 and above
 - Where they have disclosed domestic abuse or staff suspect domestic abuse
- 2.2 The Domestic Abuse and Violence (Adult Patients) Policy and Procedures specifically **exclude** patients who disclose domestic abuse whilst attending the Trust's Emergency Department and Maternity Services. Staff working in the Emergency Department should instead refer to the 'Emergency Department's Guideline for Domestic Abuse' (Ref No: C27/2016). Staff working within Maternity Services should refer to 'Domestic Violence / Abuse: Guidance for Practice in Maternity' (Ref No: C107/2006). Both documents are available in the Trust's Policy and Guideline Library (PAGL).
- 2.3 If you have concerns about a child (under 18 years) who you feel may be a victim of Domestic Abuse, please discuss with your line manager and the Trust's Safeguarding Children team on ext.15770.
- 2.4 If you have concerns about a staff member who may be experiencing domestic abuse, please refer to the Trust's Domestic Violence – Staff Policy (Trust Reference B43/2011).

- 2.5 For **urgent** advice out of hours please contact your CMG onsite Matron, where available, or the Duty Manager who is available 24/7.

3 DEFINITIONS AND ABBREVIATIONS

3.1 An adult in need of safeguarding

A person over 18 who has care and support needs, and as a result of those care and support needs is unable to protect themselves from either the risk of, or experience of abuse and neglect).

3.2 Controlling or Coercive behaviour

Describes behaviour occurring within a current or former intimate or family relationship which causes someone to fear that violence will be used against them on more than one occasion, or causes them serious alarm or distress that substantially affects their day to day activities. It involves a pattern of behaviour or incidents that enable a person to exert power or control over another, such as isolating a partner from their friends and family, taking control of their finances, everyday activities like what they wear or who they see, or tracking their movements through the internet or mobile phone use.

The domestic abuse definition (Domestic Abuse Act 2021) specifically states:

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

Coercive behaviour is: an act or a pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

3.3 DASH RIC (CAADA RIC)

Domestic Abuse Stalking and Harassment – Risk Identification Checklist. A tool used to assess the level of risk when working with survivors of domestic abuse and violence to help identify high risk cases.

3.4 Disclosure

For the purpose of this policy, disclosure is defined as any occasion when an adult who has experienced domestic abuse informs a healthcare professional.

3.5 Domestic Abuse and Violence (Domestic Abuse Act 2021)

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if -

- (a) A and B are each aged 16* or over and are personally connected to each other, and
- (b) the behaviour is abusive.

For the purposes of the Domestic Abuse Act 2021, A's behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B's child).

**N.B Whilst the statutory definition includes those aged 16 and above, this policy is specific to adults aged 18 and over. Please refer to section 2.3 for advice re children aged 16 and 17 years.*

Behaviour is “abusive” if it consists of any of the following -

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;

- (c) controlling or coercive behaviour;
- (d) economic abuse;
- (e) psychological, emotional or other abuse

The 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.

Domestic abuse is rarely a one-off incident and is the cumulative and interlinked types of abuse that have a particularly damaging effect on the victim.

The 'domestic' nature of the offending behaviour is an aggravating factor because of the abuse of trust involved.

3.6 **Independent Domestic Violence Advisor (IDVA)**

IDVA's provide a range of options to improve the safety of survivors of domestic abuse and their children as well as empower people to make positive changes. They offer information and support, crisis intervention, safety planning, advocacy and practical and emotional support to enable survivors to make positive changes, reduce risk and minimise the risk of repeat victimisation.

3.7 **Jenkins Centre**

Local service which provides interventions to help individuals stop using abusive behaviour towards a current / or ex-intimate partner.

3.8 **Multi Agency Risk Assessment Conference (MARAC)**

MARACs provide an opportunity to share information about high risk domestic abuse cases and implement a multiagency response in order to reduce risk and promote safety of the victim.

Within UHL Senior Nurses in the Emergency department can make direct referrals to MARAC for patients who attend the Emergency Department following episodes of domestic abuse. IDVAs and Police can also make direct referrals. For patients in areas other than the Emergency Department, the UHL Adult safeguarding Team and IDVAs can make referrals following completion of the DASH RIC.

3.9 **People who perpetrate domestic abuse and violence**

People aged 16 or over who are violent towards or try to control, coerce, threaten or abuse family members or people who are, or have been, intimate partners.

3.10 **'Personally Connected'** (Domestic Abuse Act 2021)

For the purposes of the Domestic Abuse Act, two people are "personally connected" to each other if any of the following applies -

- (a) they are, or have been, married to each other;
- (b) they are, or have been, civil partners of each other;
- (c) they have agreed to marry one another (whether or not the agreement has been terminated);
- (d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- (e) they are, or have been, in an intimate personal relationship with each other;

(f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));

(g) they are relatives.

3.11 **Victim / Survivor**

The term 'victim' can be perceived negatively. A survivor of domestic abuse is anyone who has been harmed, injured, or emotionally or sexually abused by an intimate partner or family member. This policy will use the term survivor.

4 ROLES

Responsibilities within the Organisation

4.1 The **Chief Executive and Board of Directors** have overall responsibility for Trust compliance with policies and procedures to effectively support adults who disclose domestic abuse and violence.

4.2 The **Chief Nurse** is the Director with lead responsibility for Safeguarding Adults and Children. The Chief Nurse represents the Trust on the Leicester City and Leicestershire and Rutland Safeguarding Adults Boards and provides feedback at appropriate UHL forums. Domestic Abuse and Violence sits within the remit of the Local Safeguarding Boards.

4.3 The **Head of Safeguarding** is the strategic lead for Safeguarding Adults and Children. The Head of Safeguarding represents the Trust on appropriate subgroups of both the Leicester City and Leicestershire and Rutland Safeguarding Adults Boards.

4.4 The **Adult Safeguarding Matron** is the operational lead for Safeguarding Adults. The Adult Safeguarding Matron represents the Trust on appropriate subgroups of the Leicester City and Leicestershire and Rutland Safeguarding Adults Boards. The Adult Safeguarding Matron provides line management responsibility for the Adult Safeguarding Nurse Specialists.

4.5 The **Adult Safeguarding Nurse Specialists** provide day to day advice and support to UHL staff where concerns are raised about Domestic Abuse and Violence. They can refer to the local domestic abuse specialist services and where necessary can complete the CAADA Domestic Abuse and Violence Risk Identification Checklist, and refer to the MARAC where very high levels of risk are identified.

4.6 **Line Managers** are responsible for ensuring compliance with the policy and procedures across their staff groups.

4.7 **All staff** have a responsibility to acknowledge and respond to disclosures or suspicion of domestic abuse and violence in a timely manner.

All staff are responsible for raising and addressing any disclosures or concerns about Domestic Abuse and Violence, where it relates to adult inpatients, to an appropriate person, agency or manager in a timely manner. All staff are responsible for identifying which policies are applicable to their area of work and for following Trust policy documents. All staff should know where to locate Domestic Abuse and Violence policies and information and all staff must adhere to Domestic Abuse and Violence processes.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 TYPES OF DOMESTIC ABUSE AND VIOLENCE

A) PSYCHOLOGICAL ABUSE:

Psychological abuse is when someone is subjected or exposed to a situation that can result in psychological trauma, including anxiety, depression or post-traumatic stress disorder.

Psychological abuse involves the regular and deliberate use of verbal and social tactics used with the purpose to control, isolate and frighten a person. It focuses on confusing and influencing a person's thoughts and actions within their everyday lives.

Emotional abuse targets a person's feelings, changing their sense of self and harming their well-being. This can include constant criticism, belittling, blackmailing, humiliation, the abuser sulking, threatening to self-harm, or harm others and extreme jealousy.

Psychological and Emotional abuse are often inter-linked and is as harmful to victims as physical violence.

B) PHYSICAL ABUSE CAN INCLUDE:

Physical abuse is any deliberate act of force against a person that results in physical harm or trauma. This includes hitting/punching, biting, pinching, kicking, pulling hair out, pushing/shoving, burning/scalding, strangling, and choking. It may also include withholding access to medication, food or other basic needs, accessing health care and necessary equipment such as wheelchairs, and the use of restraint or confinement. It may involve the use of objects and weapons and can include honour based violence, forced marriage and female genital mutilation.

C) SEXUAL ABUSE CAN INCLUDE:

Sexual abuse is any behaviour of a sexual nature which is unwanted and takes place without consent. Sexual abuse can be physical, psychological, verbal or visual. Any behaviour of a sexual nature which causes a person distress is considered sexual abuse.

It can include unwanted touching, being forced to engage in any sexual activity such as intercourse (rape) or watching pornography, not being allowed to use contraception, being forced to have a pregnancy terminated or being kept pregnant, ignoring religious prohibitions about sex or intentional transmission of sexual infections.

D) ECONOMIC ABUSE:

The Domestic Abuse Act 2021 defines economic abuse as any behaviour that has a substantial and adverse effect on an individual's ability to:

- acquire, use or maintain money or other property (such as a mobile phone or car) or
- obtain goods or services (such as utilities, like heating, or items such as food and clothing)

Abusers may control (through restriction, exploitation and sabotage) more than 'just' their partner's access to money and finances (financial abuse). They also interfere with things that money can buy, including food, clothing, transportation and a place to live.

The abuser may undermine efforts the survivor makes to find work and/or create obstacles to prevent them holding down a job. They may run up debts in the survivor's name. They may steal from survivor and children and/or destroy personal property. They may scrutinise how money is spent, insisting on and checking receipts This type of abuse can create economic instability and/or make one partner dependent on the other, preventing survivors from leaving and rebuilding their lives.

E) CONTROLLING OR COERCIVE BEHAVIOUR:

See definition on page 4

F) FEMALE GENITAL MUTILATION:

Female genital mutilation (sometimes referred to as female circumcision or female genital cutting) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

G) FORCED MARRIAGE:

A forced marriage is one in which one or both spouses do not (or cannot) consent to the marriage but are forced into it using physical, psychological, sexual, financial or emotional pressure. It is distinct from arranged marriage that both partners enter into freely.

H) HONOUR BASED ABUSE:

'Honour' based abuse (HBA) is a collection of practices which are used to control behaviour within families to protect perceived cultural and religious beliefs and 'honour'. Such abuse can occur when perpetrators perceive that a relative has shamed the family or community by breaking their honour code. In cases of HBA there is usually multiple alleged perpetrators.

5.2 POTENTIAL INDICATORS OF DOMESTIC ABUSE AND VIOLENCE

A survivor may not always present with obvious physical injury. Abuse often includes threats, coercion and insults as well as social and economic control. The survivor may not recognise this as abuse. People are sometimes reluctant to disclose domestic abuse because of fear, shame, fear of losing residency of their children, insecure immigration, loyalty to own community, being 'outed' or because they think they won't be believed. The following are *potential* indicators of domestic abuse in a healthcare setting which may trigger the need for enquiry by a healthcare professional:

- traumatic injury, particularly if repeated and with vague or implausible explanations. Hiding or minimising injuries.
- alcohol or substance misuse.
- Suicidal tendencies or self-harming
- repeated health consultations with no clear diagnosis / missed appointments.
- intrusive 'other person' in consultations, including partner or spouse, parent, grandparent or an adult child.
- person is submissive and / or reluctant to speak in front of partner / family member, they appear frightened, overly anxious or depressed.
- unexplained gastrointestinal and gynaecological symptoms
- adverse reproductive outcomes, including multiple unintended pregnancies or terminations, delayed pregnancy care, miscarriage, premature labour and stillbirth
- vaginal bleeding or sexually transmitted infections

(Adapted from Domestic violence and abuse NICE Quality Standard 2016)

5.3 'ASKING THE QUESTION' FOLLOWING DISCLOSURE / SUSPICION OF DOMESTIC ABUSE

5.3.1 Responding to a patient following disclosure or recognition of signs of domestic abuse in a healthcare setting requires non-judgemental, supportive attitudes and an understanding of appropriate responses and local domestic abuse care pathways. If a patient has disclosed domestic abuse, let them tell you their story. If you need to, ask the patient for more information to help you to assess the situation and gather as much information as possible. Evidence suggests that people who are being subjected to violence want to be asked, and that they do not mind being asked. It is important to ask direct questions in a supportive, non-threatening manner.

5.3.2 Before you begin to ask any questions, be aware of the following 'golden rules':

- ✓ Use a PRIVATE SPACE, do not ask questions in front of the potential perpetrator or any other inappropriate person (such as children over 2 years old)
- ✓ Use an independent Interpreter if the patient does not speak English
- ✓ Listen carefully and ask direct questions
- ✓ Respect privacy and confidentiality but understand the need to share information with appropriate agencies / personnel
- ✓ Validate what the patient tells you, tell them that you believe them
- ✓ Emphasise the unacceptability of violence but do not force disclosure
- ✓ Ensure the safety of the abused and any dependent children / vulnerable adults

Having considered the above, a suggested opening for further selective enquiries might be:

'I am sorry if someone has already asked you about this, and I don't wish to cause offence, but we know that in this country many people experience domestic abuse sometime in their life and I noticed that you have a number of cuts/bruises (whatever) and it is routine for healthcare staff to ask about domestic abuse in these situations'.

5.3.3 Further questions might include (*you can adapt questions to suit the situation and ask them in an appropriate order*):

- ✓ You seem very anxious and nervous, is everything alright at home?
- ✓ You seem / are you frightened of your partner? Have they ever hurt you?
- ✓ When I see injuries like this I wonder if someone could have hurt you. Are you afraid?
- ✓ We all have rows at home occasionally. What happens when you and your partner disagree or fight?
- ✓ Many people tell me that their partners are cruel, sometimes emotionally and sometimes physically hurting them. Is this happening to you?
- ✓ Has your partner, or anyone in your family, threatened you?

- ✓ You mention your partner uses drugs / alcohol. How do they act when drinking or on drugs?
- ✓ You mention your partner loses their temper with the children. Do they ever lose their temper with you? What happens when they lose their temper?
- ✓ Does your partner sometimes try to put you down or control your actions?
- ✓ Sometimes, when others are over-protective and as jealous as you describe they react strongly and use physical force. Is this happening in your situation?
- ✓ Your partner seems very concerned and anxious. That can mean they feel guilty. Were they responsible for your injuries?
- ✓ I think that there's a link between your (insert illness) and the way your partner treats you. What do you think?
- ✓ Has your partner ever forced sex on you?

5.3.4 Where the survivor lacks capacity to understand that they have a choice about whether or not to report domestic abuse, and are showing signs of abuse, staff should refer to the UHL Adult Safeguarding team using the adult safeguarding referral form available on ICE. Staff can also contact the adult safeguarding team at adultsafeguarding@uhl-tr.nhs.uk or via ext. 17703, for support and advice. Staff must refer to the UHL Safeguarding Adults Policy and Procedures and the UHL Mental Capacity Act Policy and Procedures which are available on INsite.

5.3.5 Where there are children (aged under 18) within households where domestic abuse may be taking place the child's needs are paramount to that of the parent or guardian. In these circumstances staff must seek advice from the UHL Safeguarding Children team on ext. 15770. Staff should refer to the Safeguarding Children procedures for further advice and support, these are available on INsite.

5.4 RESPONDING TO CONCERNS OF DOMESTIC ABUSE

5.4.1 It is not the responsibility of the health professional to give advice on what direct action should be taken by the survivor of domestic abuse in an inpatient setting. Ill-informed advice, such as to leave an abusive relationship, can be positively dangerous as survivors who leave their partners can face an increased risk of assault. However, there are a number of actions which should be taken.

5.4.2 The staff member should reassure the patient, suggested statements might include (*you can adapt these to suit the situation*):

- ✓ Thank you for telling me... it's important because domestic violence can affect your health
- ✓ You are not alone... And it's not your fault
- ✓ What do you need? Be clear that you cannot help them directly, but you can direct them to help
- ✓ Everyone has the right to be safe at home
- ✓ Would you like some information or can I put you in touch with someone who can give you practical support and discuss options?

- 5.4.3 If the patient is under 18 years of age, is pregnant or has children less than 18 years of age then local Safeguarding Children policy and procedures should be followed. Staff working in adult areas should contact the UHL Safeguarding Children Team for support and advice on ext. 15770.
- 5.4.3 If the patient is an 'adult in need of safeguarding' (over 18, has care and support needs, and as a result of those care and support needs is unable to protect themselves from either the risk of, or experience of abuse and neglect) then local Safeguarding Adults policy and procedures should be followed. Staff should contact the UHL Safeguarding Adults team for support and advice on ext. 17703.
- 5.4.4 Treat any injuries and complete a body map to record the injuries. Consider immediate risks, e.g. whether they are in immediate danger of serious injury or death. If so, contact the Police on 101 / 999.
- 5.4.5 In working hours (Mon – Fri, 0800-1600) refer the patient to the UHL Adult Safeguarding Team by completing the Safeguarding Adult Referral Form (on ICE). The team will review and provide advice / support as appropriate.
- 5.4.6 Out of hours and where the patient is to be discharged prior to referral to the UHL Adult Safeguarding Team, focus on safety first. Help the patient devise a crisis / safety plan, see below:

If the survivor does not wish to return to the abuser:

- ✓ Provide them with information about where they can go for help / refuge and how to contact local specialist domestic abuse services (see Appendix One)
- ✓ Provide the patient with the opportunity to make contact with those services whilst safe in hospital prior to discharge. This information is available in appendix one of this policy.

If the survivor chooses to return to the abuser:

- ✓ Provide them with information about where they can go for help/ refuge and how to contact local specialist domestic abuse services. This information is available in appendix one.
- ✓ Provide the patient with the opportunity to make contact with those services whilst safe in hospital prior to discharge (see above)
- ✓ Advise them to keep some money and important documents (passport / birth certificate / benefits) hidden in a safe place, in case of emergency
- ✓ Encourage them to plan an escape route in case of emergency
- ✓ Identify people the survivor can turn to for help
- ✓ Identify a safe place to go (friend / relative / police station)
- ✓ Advise them to pack a small bag of clothes / essential medication / baby food
- ✓ Advise them to have an extra set of house / car keys in case of emergency

- 5.4.5 Record all information and actions taken within the **medical records** (not in patient hand held records).
- 5.4.6 Send separate discharge letter to GP advising of the disclosure, **not copied to patient** to reduce risk of perpetrator becoming aware.

5.5 SUPPORT FOR PERPETRATORS OF DOMESTIC ABUSE

- 5.5.1 People who disclose that they are perpetrating domestic violence or abuse should be offered referral to specialist services, where available, to reduce the incidence of domestic violence and abuse. This is because research shows that the most effective way to alter a perpetrator's abusive behaviour is to attend a structured perpetrator programme.
- 5.5.2 UHL staff are not responsible for providing specialist services for people who perpetrate domestic abuse and violence as this is a specialised area of work which is managed by locally commissioned services. However, UHL staff should be able to recognise the potential indicators of perpetrator behaviour and be able to respond appropriately.
- 5.5.3 A perpetrator who is worried about their abusive behaviour is unlikely to state that they are a 'perpetrator of domestic abuse'. They are more likely to present to staff in the following ways:

- ✓ *I've got a problem with drink*
- ✓ *I have anger management issues*
- ✓ *I'm not handling stress at work*
- ✓ *My partner and I are fighting a lot*
- ✓ *The kids are out of control and she's / he's not firm enough*
- ✓ *I'm depressed/anxious/stressed/not sleeping/not coping/not myself*
- ✓ *I feel suicidal (or have threatened or attempted suicide)*
- ✓ *I'm worried about my rage at work, in the car, in the street, at the football.*

- 5.5.4 Staff response to any concerns / disclosure, however indirect, could be significant for encouraging responsibility and motivating a perpetrator towards change. If an individual presents with a problem such as drinking, stress or depression, for example, but does not refer to his / her abusive behaviour, the following are useful questions to ask (you can adapt questions to suit the situation and ask them in an appropriate order):

- ✓ How is this drinking/stress at work/depression affecting how you are with your family?
- ✓ When you feel like that what do you do?
- ✓ When you feel like that, how do you behave?
- ✓ Do you find yourself shouting/smashing things.....?
- ✓ Do you ever feel violent towards a particular person?
- ✓ What worries you most about your behaviour?

- 5.5.5 Following questioning, if the person states that domestic abuse is an issue, it is not the responsibility of the health professional to give advice on what direct action should be taken by the perpetrator if domestic abuse. Ill-informed advice can be dangerous and increase the risks posed to those involved. However, there are a number of actions which should be taken, as below.

- 5.5.6 The staff member should reassure the patient, suggested statements might include:

- ✓ Thank you for telling me, that must have been difficult

- ✓ It sounds like you want to make some changes for your benefit and for your partner/children
- ✓ There is support and help available; I can provide you with details of specialists who can help you

5.5.7 Staff should then provide the individual with contact details for the specialist services, as below:

Local Domestic Abuse helpline (can also signpost to specialist perpetrator services)

Telephone: 0808 802 0028

The Jenkins Centre (Leicester city based specialist perpetrator service)

Telephone 0116 254 0101

Email: info@jenkinscentre.org

RESPECT Helpline (National)

Telephone 0808 802 4040

Individuals can leave a message when the lines are closed or busy and Respect will get back to them as soon as possible.

Email: info@respectphoneline.org.uk or visit: www.respectphoneline.org.uk

5.5.8 If you suspect that the individual is suffering from a mental health problem, and / or drug and alcohol problems, direct him / her to their GP for additional support / services.

5.5.9 If you have concerns about a person under 18 years of age, who may be affected by a perpetrator of domestic abuse, please contact the UHL Safeguarding Children Team for support and advice on ext. 15770.

5.5.10 If you have concerns about an 'adult in need of safeguarding' who may be affected by a perpetrator of domestic abuse then local Safeguarding Adults policy and procedures should be followed. Staff should contact the UHL Safeguarding Adults team for support and advice on ext. 17703.

5.5.11 It is important to keep detailed records if a person discloses abusive behaviour. Record the information and file in the relevant case notes. Remember that such records confidential. However, if an individual, especially a child may be at risk of significant harm, this will override any requirement to keep information confidential. You should explain this to the person.

5.5.12 If the individual denies domestic abuse or chooses not to disclose, but you still have concerns that they may be a perpetrator of domestic abuse, you can contact the adult safeguarding team for advice on ext. 17703 or the UAVA business line on 0116 255 0004.

5.6 CONFIDENTIALITY AND INFORMATION SHARING

5.6.1 These guidelines aim to support staff who are dealing with disclosures of domestic abuse made by adult inpatients.

5.6.2 Confidentiality is essential in enabling victims of domestic abuse to disclose their experiences and in some situations their physical safety can depend on confidentiality being maintained. However, there are limits to confidentiality.

5.6.3 Where the survivor has not consented, information should only be shared with other agencies where required by order of a court or where there is justified disclosure in the

wider public interest. This could include where high levels of violence increase the risk of death or suicide, where there is a risk to children or other adults, to staff or the general public.

- 5.5.4 Healthcare staff should inform their line manager and the UHL Adult Safeguarding Team about cases of domestic abuse in adult inpatients to ensure they receive appropriate support. Sharing information in this way does not breach the patient's confidentiality.
- 5.5.5 A child's interests are paramount and therefore confidentiality will not override the need to make a safeguarding children referral (see 6.3.5 for details)
- 5.5.6 Healthcare staff also have a duty to protect adults in need of safeguarding. Staff must discuss any suspected abuse of an adult with care and support needs who is unable to protect themselves from abuse and neglect with the UHL Safeguarding Adults team on ext. 17703.

6 EDUCATION AND TRAINING REQUIREMENTS

All Staff

- 6.1 All new starters to the Trust must attend the Trust Induction programme which incorporates a basic awareness level Safeguarding Adults and Children training session, supported by written information provided in the Trust staff handbook. This includes reference to Domestic Abuse.
- 6.2 All staff are required to complete online Level One training in Safeguarding Adults and Children at least once every 3 years. This includes training on Domestic Abuse.

7 PROCESS FOR MONITORING COMPLIANCE

- 7.1 Policy monitoring table:

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Mandatory safeguarding training	Head of Safeguarding	HELM records / reports	Quarterly	Safeguarding Assurance Committee
Audit of procedures and analysis of information from any complaints or incidents that have been reported.	Head of Safeguarding	Review of DHR reports and incidents	Policy review every 3 years	Safeguarding Assurance Committee

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Evidence Base

- a) NICE Domestic Violence and Abuse Quality Standard (QS116, 2016)
- b) Forced Marriage (Civil Protection) Act 2007
- c) Domestic Abuse Act 2021
- d) Domestic Abuse Act 2021: Overarching Factsheet January 2022

Related Policies

- a) Leicester, Leicestershire & Rutland Safeguarding Adults: Multi-Agency Adult Safeguarding Policy and Procedures (available online only at: <http://www.lradultsafeguarding.co.uk>)
- b) UHL Safeguarding Adults Policy and Procedures (Trust Ref: B26/2011)
- c) UHL Domestic Violence / Abuse: Guidance for Practice in Maternity (Trust Ref: C107/2006)
- d) UHL Safeguarding Children Policy and Procedures (Trust Ref: B1/2012)
- e) UHL Emergency Department Guideline for Domestic abuse (Trust Ref: C27/2016)
- f) UHL Emergency Department Standard Operating Procedure for Safeguarding Adults (Trust Ref: C181/2016)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 This document will be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.
- 10.2 The policy will be referred to in relevant Trust Safeguarding training sessions/programmes.
- 10.3 This policy and procedures contained within it will be reviewed after 3 years by the Policy Author.
- 10.4 The review will include the following:
 - Audit of procedures
 - Analysis of information from any complaints or incidents that have been reported

DOMESTIC ABUSE AND VIOLENCE FLOWCHART – ADULT PATIENTS**DOMESTIC ABUSE IS DISCLOSED OR IS SUSPECTED**

Provide a PRIVATE space for discussion with no interruptions. Talk to the person – ask direct questions about domestic abuse (see section 5.3 for tips)

Patient discloses abuse and is open to support / help

- Believe and reassure patient
- Seek consent to share information but explain limits of confidentiality (see section 5.6 for details)
- Consider child / adult safeguarding issues – refer accordingly (see 5.4 section for details)
- Document all injuries / record details of abuse in a secure / confidential record (not in patient held or end of bed notes)
- In hours (Mon – Fri, 8-4pm) – refer to UHL Adult Safeguarding team (ext. 17703, email adultsafeguarding@uhl-tr.nhs.uk) who will advise and refer to IDVA for completion of DASH RIC where appropriate
- Complete a Safeguarding Adult Referral Form on ICE
- Provide survivor with information about specialist support services (see box below)
- Out of hours, if patient is to be discharged before referral to adult safeguarding team – help survivor to develop a safety plan (see section 5.4.6). Provide information about specialist support services. Encourage survivor to self-refer or support to refer prior to discharge.
- If in doubt contact the local domestic abuse helpline, as below, for specialist advice
- Maintain record of what is said and observed

Patient refuses to discuss / denies domestic abuse

- Reiterate your concerns – explain this is a safe place to talk, try to gently persuade disclosure
- But, do not force disclosure
- Consider child / adult safeguarding issues – refer accordingly (see section 5.4 for details)
- Inform line manager / Matron of your concerns if patient continue to deny abuse
- Document all injuries / record details of your suspicions in a secure / confidential record (not in patient held or end of bed notes)
- Complete an Adult Safeguarding Referral Form on ICE
- Offer patient information / details of specialist domestic abuse support services, as below (even if they decline the offer)
- Maintain record of what is said and observed
- If injuries are severe or you have serious concerns for the patient's safety – seek advice either from UHL Adult Safeguarding team in hours or Matron / On call Manager / / Duty Manager out of hours as Police may need to be contacted (via 101 / 999)

LOCAL DOMESTIC ABUSE SUPPORT SERVICES:

The Local Domestic Abuse helpline provides Domestic Abuse / Violence and Sexual Violence Services across Leicester, Leicestershire and Rutland, including IDVA's, refuges and crisis intervention.

HELPLINE NUMBER: (for anyone affected by / at risk of domestic abuse or sexual violence, and also for professionals advice): **0808 802 0028**

24-HOUR NATIONAL DOMESTIC ABUSE HELPLINE: **0808 2000 247**

ADAM (Against domestic abuse for men) provide support, emotionally and professionally to male victims (aged 18 and over) of domestic violence. Contact via UAVA on **0808 802 0028**:

LEICESTERSHIRE POLICE (DOMESTIC ABUSE OFFICERS): **0116 222 2222 or 999 in emergency**