

DOMESTIC ABUSE POLICY

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1. INTRODUCTION

The *'Operating Framework for the NHS in England 2010/11'* (Department of Health 2009) states that Primary Care Trust's (PCT's) need to consider how recommendations of the *Violence Against Women and Children Health Taskforce* findings could help deliver the outcomes agreed with their partners and deliver its obligations on gender equality.

'Responding to violence against women and children 'the role of the NHS' (March 2010) lists 23 recommendations for NHS organisations. The recommendations include the need for PCT's to have clear policies and pathways for victims of domestic and sexual violence, including both service users and employees.

This policy acknowledges the recommendations, but aims to incorporate reference to all forms of domestic violence, that go beyond that which solely affects women and girls. This policy incorporates those areas defined in section 2.1 of this document.

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

Research highlights the importance of the impact that domestic violence has on society. It is estimated to cost society around £25bn annually in England and Wales, with £3.1bn falling to public services. Indeed the cost to the NHS of dealing with physical injuries alone caused by domestic violence was estimated as £1.2bn, but there is an important element of mental health care, estimated at an additional £194 million (Office for National Statistics 2004).

Health services as both an employer and service provider have a crucial role to play in responding to domestic violence – health professionals are frequently on the frontline in their work dealing with both the physical and emotional consequences of domestic violence on victims and children; they are also ideally placed to raise the issue of domestic violence with service users and routinely provide information or refer to specialist support agencies. As an employer, NHS organisations will inevitably employ individuals who are affected by domestic violence – as a result organisations need to ensure they make all reasonable efforts to provide staff with the support they need and want.

1.1 Scope

This policy provides the framework through which NHS Central Lancashire as both a commissioning and a provider organisation aims to ensure there is a cohesive and co-coordinated approach to those experiencing domestic violence and as a result patients/clients and staff who have suffered or who

are experiencing domestic violence will receive the recognition, information and support they require and want.

The implementation of this policy is supported via the practice guidance '*Asking about and responding to domestic violence*' (see section 2.3; 2.6) and guidance for employees and managers on '*Employees experiencing domestic violence*' (see section 2.2).

1.2 Principles

NHS Central Lancashire is committed to improving the health and wellbeing of their patients and staff and, as such, recognises that domestic violence is a crime, which adversely affects the health of individuals, families and communities.

NHS Central Lancashire recognises the negative impact of domestic violence on the physical and emotional health of those exposed to domestic violence, the majority whom are women and children. The organisation is therefore committed to ensuring that domestic violence is recognised, and that both patients and staff are provided with information and support to minimise risk.

2 DOMESTIC ABUSE POLICY

2.1 Definitions

Domestic violence

The Government defines as "Any incident of threatening behaviour, violence or violence (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality". This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour violence', female genital mutilation (FGM) and forced marriage.

An adult is defined as any person aged 18 years or over. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in laws or stepfamily (HM Government 2009).

Although both men and women can be victimised through domestic abuse, 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. The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power and control within a relationship.

This policy refers to the victim/survivor as female and the perpetrator as male as this reflects the majority of cases, particularly where there are child protection concerns. However it applies to all situations of domestic violence as domestic violence can also be perpetrated by women against men, within same sex relationships, to or by a child/ young person or to a vulnerable adult by their carer.

Throughout this policy the term 'domestic violence' and 'domestic abuse' are used interchangeably.

Forced marriage

The government define forced marriage as a marriage in which one or both spouses do not (or, in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure (HM Government 2009).

Honour based violence

The terms "honour crime" or "honour based violence" or "izzat" embraces a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour, the person shows they have not been properly controlled to conform by their family and this is to the "shame" or "dishonour" of the family (HM Government 2009).

Female Genital Mutilation

WHO (2000) defines FGM as 'procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons'. An estimated 66,000 women in England and Wales in 2001 had been subject to genital mutilation. For further information on the practice of FGM refer to [Improving Safety, Reducing Harm \(DH 2009\)](#)

2.2 Staff Experiencing Domestic Violence

Due to the high prevalence of domestic violence across society, it is inevitable that some of our workforce will suffer violence at the hands of someone close to them. NHS Central Lancashire therefore aims to create a working environment that will support staff experiencing domestic violence. It will do this by:

- assisting and supporting employees who ask for help in addressing domestic violence
- ensuring that employees seeking assistance are confident their situation will be handled sympathetically and confidentially
- providing guidance to managers on how to support and assist employees asking for help in addressing domestic violence issues and how to deal with employees who are perpetrators of domestic violence

The procedure *Employees Experiencing Domestic Abuse* outlines how this will be achieved <http://www.centrallancashire.nhs.uk/Library/Documents/policies/clinical-policies/Employees%20Experiencing%20DV%202011.pdf>

2.3 Domestic Violence and Children

Domestic violence is a significant safeguarding and child protection issue. The issue of children living with domestic violence is now recognised as a matter of concern in its own right by both Government and key children's services and agencies. Nearly three quarters of children with a child protection plan nationally, live in households where domestic violence occurs. The impact of domestic violence on an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances, as well as a range of factors in respect of the violence.

The three key imperatives of any intervention for children living with domestic violence are:

- To protect the child/ren
- To empower the mother to protect herself and her child/ren
- To hold the abusive partner accountable for their violence and provide them with the opportunities to change.

Where it is known that a child/ren is living with domestic violence, it is important to assess the risk of harm to the mother and her child/ren. Further guidance on assessing risk and safety planning is available in the practice guidance '[Asking about and Responding to Domestic Violence](#)' accessed via the PCT web site

NB: Where there are concerns that a child may be at risk of significant harm a referral must be made to Children's Social Care in line with local procedures. For further information refer to NHS Central Lancashire procedure '[What to do if you're worried a child is being abused](#)' accessed via the PCT web site.

2.4 Forced Marriage

Forced marriage is a form of domestic violence. Where one or both of the parties is under 18 years, it is a form of child violence and **must** be referred to Children's Social Care.

For further guidance refer to Lancashire's Safeguarding Children Board procedures accessed at:

<http://www.lancashire.gov.uk/corporate/web/?siteid=3829&pageid=20741&e=e>

Where the marriage involves a vulnerable adult, it is also deemed as adult violence and **must** be managed under local safeguarding adult procedures accessed at:

<http://www.lancashire.gov.uk/acs/sites/safeguarding/professionals/policies-procedures/index.asp?siteid=3552&pageid=16872&e=e>

NHS Central Lancashire aims to create an open and supportive environment where forced marriage can be discussed openly and where women know that they will be listened to and their concerns treated seriously. This will include:

- displaying information on forced marriage
- ensuring that commissioning arrangements take account of [The Right to Choose: multi-agency statutory guidance for dealing with forced marriage](#) (HM Government 2009)

2.5 Female Genital mutilation

FGM is against the law in the UK, and the cultural context in which it takes place is complex. It is vital that practitioners who come into contact with women, children and their families from communities that practise FGM have adequate knowledge and understanding of the issues to be able to respond appropriately and meet their needs, and also to act within contemporary law and policy.

Anyone knowing or suspecting that a girl is to be, or has been, subjected to Female Genital Mutilation should make a referral to Children's Social Care please refer to chapter 6 of Lancashire's Safeguarding Children Board procedures for the [Management of Individual Cases](#).

2.6 Asking about and responding to Domestic Violence

Domestic violence is an isolating crime. Many women feel unable to talk about their experiences – even with the people closest to them. So the idea of asking health professionals can be daunting.

What research tells us is that women want an opportunity to let somebody know what is happening so that they can get the help they need. For health services to function as a vital lifeline for women and children, talking about domestic violence needs to become part of the daily work of front line practitioners.

Health professionals responsible for the individual care of women and families will take a proactive approach to the identification of domestic violence through routine and selective enquiry: Detailed guidance on '[Asking about and responding to domestic violence](#)' can be accessed via the PCT web site.

2.7 Roles and Responsibilities

Chief Executive

- To ensure that NHS Central Lancashire builds on its commitment to tackling domestic violence through its contribution to Central Lancashire's multi-agency Domestic Violence Strategy and Business Plan 2008 – 2012;
- To ensure that NHS Central Lancashire has representation on the Crime and Disorder Reduction Partnership;
- To identify a lead person with overall responsibility for safeguarding children, protecting vulnerable adults or victims of domestic abuse – the same person should lead on forced marriage.

Human Resources Department

- To offer support and guidance to managers and staff in managing workers experiencing domestic violence

Operational Managers

- To inform staff of this policy and associated procedures on '*Employees experiencing domestic violence*' and the practice guidance '*Asking about and responding to domestic violence*';
- To ensure front line professionals have access to, and are strongly recommended to consult, the practice guidelines issued by the Forced Marriage Unit access at: <http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/info-for-professionals>
- To ensure that domestic violence is identified within KSF outlines at a level at which that post requires individuals to function, in order to fulfill their role;
- To ensure that staff access the relevant level of training pertinent to their role and responsibilities and as part of the individuals personal development plan;
- To support and assist staff asking for help in addressing domestic violence.

Front Line Practitioners

- To understand their individual roles and responsibilities in protecting adults and children who may be experiencing or who have experienced domestic violence
- To access training according to individual roles and responsibilities and in line with training needs identified as part of the individual review process.

2.8 Confidentiality and Information Sharing

Confidentiality

Breaching confidentiality could have serious consequences for the person experiencing domestic violence. It is important therefore, not to underestimate the danger or assume that the fear is exaggerated.

Staff should not approach family, friends or members of the community without the expressed permission of the individual.

Where there are concerns about forced or honour based violence, some of the underlying principles and themes within existing guidance may inadvertently place young people and vulnerable adults at greater risk of harm. It is important that staff do not actively facilitate family counselling, mediation, arbitration or reconciliation as there have been cases of individuals being murdered by their families during mediation.

Information Sharing

The only acceptable reason for sharing information without consent is to increase a woman's safety and that of her children. It is important that all staff understand when, why and how they should share information so that they can do so confidentiality and appropriately. If in doubt, especially where the doubt relates to a concern about possible significant harm to a child or serious harm to others advice must be sought from your line manager, a member of

the safeguarding team or the police Domestic Violence Unit (for contact details see Appendix 1).

Where a decision is taken to share information, that information must be accurate and up-to-date, necessary for the purpose for which it is being shared, shared only with those who need to see it, and shared securely. A record of the decision, including reasons for that decision, must be made - whether it is to share information or not.

For further detailed guidance access [Information sharing: Guidance for practitioners and managers](#) (HM Government 2008).

3 IMPLEMENTATION

3.1 Training/Learning opportunities

Lancashire's Safeguarding Children Board offer a two day training course on Domestic Violence on Children. The course aims to increase participant's knowledge and understanding on domestic violence and its effects on children and their families. A one day course is also available on Honour based marriage and forced marriage. Course details are available on Lancashire Safeguarding Children Board website.

3.2 Method of Monitoring Compliance

The effectiveness of the policy will be reviewed via NHS Central Lancashire Safety Group on an annual basis.

3.3 Breaches of Policy

This policy is mandatory. Where it is not possible to comply with the policy or a decision is taken to depart from it, this must be notified to the Associate Director for Safeguarding so that the level of risk in non compliance can be assessed and where deemed appropriate an action plan can be formulated (see Appendix 1 for contact details).

4. REFERENCE DOCUMENTS

Department of Health (2009) *Operating Framework for the NHS in England 2010/11'*

Department of Health (2009) *Improving Safety Reducing Harm: Children and young people and domestic violence: A practice; toolkit for front line practitioners*

Department of Health (2006) *Responding to domestic abuse: A handbook for health professionals, DH Publications: London*

Department of Health (2004) *National Service Framework for Children Young People and Maternity Services*

HM Government (2010) *Working Together to Safeguard Children, DCSF*

HM Government (2009) *Multi-agency practice guidelines: handling cases of Forced marriage*, Forced marriage Unit

HM Government (2008) *The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage*, Forced marriage Unit

HM Government (2009) *Together we can end violence against women and girls: a strategy*

Home Office (2004) *Developing domestic violence strategies: A guide for partnerships*

Task force on the health aspects of violence against women and children (2010) *responding to violence against women and children – the role of the NHS*

Walby, S (2004) *The cost of domestic violence, September 2004* (National Statistics, Women and Equality Unit), funded by DTI.

5 GLOSSARY

None

Appendix 1

CONTACT DETAILS

<p>NHS Central Lancashire Safeguarding Children Team Tel: 01772777220 (Monday to Friday 9am – 5pm) Associate Director for Safeguarding Tel: 01772 644457 / 07879434008</p>	<p>Police Domestic Violence Unit Tel: 01772 209910 / 909 / 908 / 901 (Preston) Tel: 01695 566336 / 329 / 325 / 322 (Chorley, South Ribble and West Lancs)</p>
<p>Lancashire County Council Social Care Duty Social Worker Tel: 08450530009 (Monday to Friday 8.45 am – 5pm) Emergency Duty Team (out of hours) phone Tel: 0845 6021043</p>	<p>PPU (Public Protection Unit) Tel: 01772 209904 / 05 Preston Tel: 01695 566331 (Chorley and South Ribble and West Lancs) In case of an emergency dial 999</p>
<p>Local Domestic Violence Support Services (for information on available on refuges, counselling, outreach, IDVA etc) West Lancs Tel: 08081003062 (free phone) Preston Tel: 01772 201601 Leyland Tel: 01772 435 157 Chorley Tel: 01257260200</p>	<p>Preston Victim Support Tel: 01772 201 142 practical and emotional support for victims of crime Men's Advice Line Tel: 0808 801 0327 First Assist (free confidential and independent support for staff available 24 hrs a day). Tel: 0800716017</p>
<p>National domestic violence helpline Tel: 0808 2000 247 (free 24 hr)</p>	<p>Domestic violence helpline Tel: 01925 220 542 (24hr for victims in North west)</p>