

# Domestic Abuse Policy

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## **1.0 INTRODUCTION**

- 1.1 The terms 'domestic violence' (DV) and 'domestic abuse' (DA) are often used interchangeably, but in this guide 'domestic abuse' is used as it is felt to be a more inclusive way to describe a range of behaviours, which includes violence, controlling and coercive behaviours as well as all other forms of abuse.

Domestic abuse is the misuse of power and the exercise of control by a person(s) over another usually within the context of an intimate relationship or within a family. Whilst the majority of abuse is perpetrated by men against women, domestic violence may also be carried out by women against men and within same sex relationships, by siblings, by grandparents, by grandchildren or by other family members.

Domestic violence is a crime. It does not respect race, geography, social background or other similar factors. It, affects 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.

Alongside the significant effect domestic abuse has on individuals, to families and to communities, consideration must also be given to the cost to public services, for example the cost to health services in dealing with physical injuries or the effects on mental health. Walby (2009) identified that Domestic abuse costs the National Health Service in the region of £1.7 billion per annum 2009.

Everyone has the right to live life free from abuse and violence in any form and the responsibility for such acts lies with the perpetrators. There are also serious and adverse impacts on children who live in an abusive or violent household, and the long term damage to their physical and mental health. Within this context Calderdale CCG recognises its responsibilities to safeguard and protect children (Abrahams 1994) and adults at risk of abuse.

Health services, as commissioners, employers and providers of NHS care, have a crucial role to play in responding to domestic violence, including health professionals dealing with the physical and emotional consequences of domestic abuse in their frontline work, and CCG's commissioning services.

As employers, NHS organisations will inevitably employ individuals who are affected by domestic violence or may even be perpetrators – as a result organisations need to ensure they make all reasonable efforts to provide staff with the support needed.

The NICE guidance *‘Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively’* was issued in February 2014. The guidance aims to help identify, prevent and reduce domestic violence.

*‘Responding to violence against women and children ‘the role of the NHS’* (March 2010) lists 23 recommendations for NHS organisations and includes the need for organisations to have clear policies and pathways for victims of domestic and sexual violence, including both service users and employees

Calderdale CCG recognises its responsibilities and is committed to preventing domestic abuse wherever possible and ensuring that victims of domestic abuse and violence receive a high standard of care irrespective of age, race, culture, sexuality, religion or ability and equality underpins all our service provision and commissioning.

This policy aims to provide a framework for Calderdale Clinical Commissioning Group (C CCG) as a commissioner of health care and as an employer to deliver a consistent and effective response in tackling domestic abuse and supporting those experiencing it.

## 1.2 Legislation and guidance

The following legislation and guidance has been taken into consideration in the development of this policy:

- Domestic Violence, Crime and Victims (Amendment) Act 2012
- Government Strategy to tackle Violence against Women and Girls (VAWG)
- Home Office ‘Domestic Violence & Abuse’ (<https://www.gov.uk/domesticviolence-and-abuse>)

## 2.0 PURPOSE

### 2.1 The purpose of this policy is to:

- Ensure all CCG staff understand how to identify and report domestic abuse,
- Ensure all staff have access to support and effective guidance or intervention if experiencing domestic abuse or violence
- Ensures confidentiality wherever possible and sympathetic handling of situations at work arising from domestic violence and abuse
- Support identification of any safeguarding issues for children and adults at risk.
- Ensure that processes are in place for action plans developed following a domestic homicide review (DHR), safeguarding reviews or internal management reviews.

- Ensure that the lessons learned from DHR's, safeguarding reviews and internal management reviews are shared across C CCG, Primary Care colleagues and commissioned health providers.

### **3.0 ROLES AND RESPONSIBILITIES**

#### **3.1 Chief Officer**

The Chief Officer has responsibility for ensuring the provision of high quality, safe and effective services being delivered by the CCG. He/she has overall responsibility and is accountable for ensuring the CCG effectively contributes to the multi-agency partner response to support people living with DA.

#### **3.2 Designated Safeguarding Nurses**

3.2.1 The Designated Nurses provide specialist support and advice to staff in relation to aspects of safeguarding children and adults at risk who are experiencing domestic abuse.

3.2.2 The Designated Nurses will monitor and provide health oversight of all action plans from Domestic Homicide Reviews as appropriate and seek assurance that member practices and commissioned providers implement any recommendations.

3.2.3 The Designated Nurses will ensure lessons learned from Domestic Homicide reviews are shared across the CCG and member practices and inform safeguarding training.

#### **3.3 Managers**

All managers should:

- Ensure that this policy is known to all staff and that staff are aware of their responsibilities
- Seek adequate and appropriate training for staff within their teams in relation to domestic abuse commensurate to their role and identify this as part of their professional development plan.
- Support staff within their team who are experiencing domestic abuse.

#### **3.4 All Staff**

All staff should:

- Be aware of the policy and know how and where to report any concerns in relation to domestic abuse.
- Have access to occupational health support and/or counselling if experiencing domestic abuse.

## **4.0 DEFINITIONS OF DOMESTIC ABUSE**

The Home Office, 2013, defines domestic abuse as:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological/emotional
- physical
- sexual
- financial

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 independent, resistance and escape by regulating their everyday behaviour.

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.

The Serious Crime Act (2015) created a new offence of controlling or coercive behaviour in intimate or familial relationships. The new offence closes a gap in the law around patterns of controlling or coercive behaviour in an ongoing relationship between intimate partners or family members.

The Government definition, which is not a legal 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.

In this policy the terms ‘abuse’ and violence are used interchangeably but there is no difference in meaning between them. Where the term ‘adult’ or ‘young person’ is used this includes people who are 16 and 17 years old, as well as people aged 18 and over, in line with the above definition.

Appendix 1 provides further detail on these and other categories of abuse.

## **5.0 CONTEXT**

### **5.1 Incidents of Domestic Abuse: Nationally reported context**

- Each year around 2.1m people suffer some form of domestic abuse - 1.4 million women (8.5% of the population) and 700,000 men (4.5% of the population) - (ONS (2015))

- Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse (SafeLives, 2015a)
- Women are much more likely than men to be the victims of high risk or severe domestic abuse: 95% of those going to MARAC or accessing an IIDVA service are women (SafeLives, 2015b)
- In 2013-14 the police recorded 887,000 domestic abuse incidents in England and Wales (ONS, 2015)
- Seven women a month are killed by a current or former partner in England and Wales (ONS, 2015)
- 130,000 children live in homes where there is high-risk domestic abuse
- 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others (CAADA, 2014)
- On average high-risk victims live with domestic abuse for 2.6 years before getting help (SafeLives, 2015b)
- 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse (SafeLives, 2015b)
- By the time they reach 18, almost a quarter of children will have been exposed to domestic violence (NSPCC, 2016)

## **5.2 Incidents of Domestic Abuse: Local context**

- Based on national rates, in Calderdale it is estimated 5,200 women and girls between the age of 16 to 59 have been a victim of domestic abuse during 2014/15
- Calderdale is the only West Yorkshire area to see a reduction in the total number of incidents reported to the Police since the previous year. Even though the Police recorded 3,472 domestic abuse incidents in Calderdale for 2014/15, the true number of incidents could be 10,416 based on the assumption only a third of cases are reported.
- During the same reporting period 12 months there had been 725 recorded male victims in Calderdale which is 20.6% of the total and in West Yorkshire the percentage is 19.2%. However, the national figure is harder to obtain but it is believed that overall 1/3 of the victims of domestic abuse are male.

## **6.0 ADULTS AND DOMESTIC ABUSE**

### **6.1 Adults with Mental Capacity**

- 6.1.1 The Mental Capacity Act (2005) identifies that every adult has the right to make their own decisions, unless it is shown that they are unable to do so. One of the key principles of the Act is that a person must always be assumed to have capacity

unless it is established otherwise and cannot be treated as lacking capacity because a decision may be seen as unwise or foolish.

In accordance with the Mental Capacity Act 2005, staff must work from a presumption of mental capacity unless a person's apparent comprehension of a situation gives rise to doubt

When a person who appears to have mental capacity also appears to be choosing to stay in a high-risk abusive relationship then careful consideration must be given to whether they are making that choice free from the undue influence of the person who is causing them harm or others. It may be that the relationship is more important to them than the harm that is being done, perhaps more so if the harm is not life threatening (for example in relation to financial abuse that doesn't impact on the ability of the person to keep themselves warm and fed).

6.1.2 Victims of on-going domestic abuse may be reluctant to leave an abusive relationship and:

- deny or protect an abusive partner if questioned or challenged
- be financially or emotionally dependent on the abuser
- blame themselves for the abuse inflicted
- be frightened of the consequences of leaving
- be denied access to children if they leave

6.1.3 If an adult with capacity makes a decision to remain in an abusive relationship and does not consent to a referral to services then there remains a responsibility to support the individual wherever possible. This may include, steering them to partner agencies and appropriate services/counselling.

6.1.4 However if there is evidence (verbal or physical) that episodes of DA are escalating and you feel the adult is at risk of significant harm then a referral should be made to Calderdale single point of access, whether the person consents or not.

6.1.5 Choices and life decisions must be made freely without coercion. If coercion is suspected best practice would be to speak to the alleged victim in private away from those who may be exerting pressure or may be the alleged perpetrator.

6.1.6 It must also be noted that if there are children living in the house where abuse is being perpetrated then this must be reported to children's social care to ensure safeguarding plans are put in place.

## **6.2 Adults who lack capacity**

- 6.2.1 If a staff member suspects that the person does not have mental capacity to make their own decisions, then a mental capacity assessment must be completed and clearly documented (See CCG Mental Capacity Act and Deprivation of Liberties Safeguards Policy)
- 6.2.2 When a person is assessed as lacking the mental capacity to make decisions about keeping themselves safe from domestic abuse, then any decision made by professionals on behalf of that person must be made in their best interests adopting the best interests approach detailed within the Mental Capacity Act (2005)
- 6.2.3 Calderdale Council single point of access (Gateway to care) can be found at the following link:  
<http://www.calderdale.gov.uk/socialcare/social-services/gateway-to-care/contact.html>  
or by telephoning 01422 393000 (Monday-Thursday 08.45am – 5.30pm, Friday 8.45am – 5.00pm) or by textphone 01422 393398

## **6.3 Staff Experiencing Domestic Abuse**

- 6.3.1 With the prevalence of domestic abuse in our society there is a potential that some members of CCG staff will suffer abuse at the hands of someone close to them. CCG is committed to creating a working environment that supports staff experiencing domestic abuse.
- 6.3.2 CCG employees have the right to work in a supportive and confidential environment that does not discriminate against, or stigmatise people who are experiencing domestic abuse.
- 6.3.3 Staff are not obliged to tell anyone at work about their domestic situation, however there are many support mechanisms available such as line manager, HR representative, Trade Union representatives and the Employee Assistance Programme.
- 6.3.4 It is therefore recommended that staff talk to someone at work if they feel their personal situation is affecting work – specific details are not necessary but a joint approach to problem solving to resolve and work issues is essential.
- 6.3.5 The CCG Policy, Acceptable Standards of Behaviour provides further good practice guidance for managers and staff and can be found at the following link:  
[http://n3appscsu.bradford.nhs.uk/workforce/CALDERDALE\\_Documents/CCCG%20Acceptable%20Standards%20of%20Behaviour%20at%20Work%20Policy%20-%20HR-025.pdf](http://n3appscsu.bradford.nhs.uk/workforce/CALDERDALE_Documents/CCCG%20Acceptable%20Standards%20of%20Behaviour%20at%20Work%20Policy%20-%20HR-025.pdf)

6.3.6 The CCG internet and intranet pages both identify and contain links to specialist domestic abuse services in the Calderdale area.

#### **6.4 Employees who are perpetrators of domestic violence**

6.4.1 Abusive behaviour is the responsibility of the perpetrator. Domestic abuse is a serious matter that can lead to a criminal conviction. If you are hurting somebody and want help please contact the Respect National Helpline (details at back of this document).

6.4.2 Conduct outside of work (whether or not it leads to a criminal conviction) can lead to disciplinary action being taken against an employee because of the impact it may have on the employee's suitability to carry out their role and/or because it undermines public confidence in the CCG. Where appropriate, there will be an investigation of the facts as far as possible, and a decision made as to whether the conduct is sufficiently serious to warrant disciplinary action being taken.

#### **6.5 Arrangements for where others may be put at risk**

6.5.1 Managers have a duty to maintain a secure environment for all employees and this may be made easier if colleagues are aware of potential risks. With the express wish and consent of the employee in question colleagues may need to be informed of the situation. It is however important that the manager agrees with the individual what information can be disclosed. In these circumstances colleagues privy to this information must be reminded that the information is confidential and that there are risks to the member of staff if it is disclosed.

6.5.2 Managers should ensure that all team members are aware that under no circumstances should the workplace or personal details of individuals be divulged unless consent is given by the individual concerned.

### **7.0 CHILDREN AND DOMESTIC ABUSE**

#### **7.1 Children as victims**

7.1.1 Domestic abuse is a significant safeguarding and child protection issue. The issue of children living with domestic abuse is now recognised as a matter of concern in its own right by both the Government and key children's services and agencies. Nearly three quarters of children with a child protection plan nationally, live in households where domestic abuse occurs.

7.1.2 The impact of domestic abuse 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 abuse. Three key imperatives of any intervention with children living with domestic abuse are:

- To protect the child/ren.

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

7.1.3 Where it is known that a child/ren is living with domestic abuse, it is important to assess the risk of harm to the mother and her child/ren. This risk assessment (DASH – Domestic Abuse, Stalking and Honour Based Violence risk Identification, Assessment and Management Model), tool can be found at the following link:

<http://safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL.pdf>

7.1.4 If the risk assessment score is 14 or more, a referral to Calderdale Domestic Abuse Hub (DA Hub) should be made. The referral (Appendix 2) form can be found by accessing the following link:

[http://calderdalechildcare.proceduresonline.com/chapters/p\\_marac\\_roles\\_resp\\_ch.html](http://calderdalechildcare.proceduresonline.com/chapters/p_marac_roles_resp_ch.html)

Completed referrals are to be emailed for the attention of the DA Hub:

[cd.safeguardingdomesticabusehub@westyorkshire.pnn.police.uk](mailto:cd.safeguardingdomesticabusehub@westyorkshire.pnn.police.uk) A DASH needs to be completed also unless clinical judgement and high risk markers have been disclosed e.g. sexual assault, suffocation/strangulation, pregnancy, serious injury and use of weapons.

7.1.5 Cases considered low to medium risk where children are in the family a referral should be made directly to the Multi-Agency Screening Team (MAST) via Secure e-mail: [MAST@calderdale.gcsx.gov.uk](mailto:MAST@calderdale.gcsx.gov.uk) NB; only works when sending from another secure email address, or FAX: 01422 392875 or Telephone 01422 393336.

7.1.6 If you require further specialist advice or support with this process; please contact the Domestic Abuse Health Service which is located at the DA Hub. This service is open during business hours on 01422 337257 (specific health line) or can be reached on the main DA Hub phone number 01422 337041.

## **7.2 Teenage Relationship Abuse (TRA)**

7.2.1 Since 2012 it has been acknowledged that teenager relationships may result in domestic abuse. In response to this, relationships between those 16 years and above can now be referred under the MARAC process.

7.2.3 Teenagers report Virtual Abuse (use of technology) from the ages 11-16 years. This can include:

- Gifts of expensive smart phones which can be used in exchange for gang membership, sexual favours and abuse
- Cyber Bullying

- Online grooming
- Digital stalking
- Naming of rape victims online
- Social location systems whereby perpetrators can keep track of where victims are
- Use of Blackberry messenger to target young people at risk of abuse
- Sexting – the exchange of sexual messages or images and creating, sharing and forwarding sexually suggestive nude or nearly nude images through mobile phones and the internet

7.2.3 Where perpetrations of domestic abuse are under 18 years of age the Courts advise that Youth Offending Teams (YOTs) are involved with support programmes. There are tools and resources available to assist staff who work with young adults who use abuse within domestic relations available from The Calderdale Youth Offending Team, 01422 368279

7.2.4 MARAC risk assessment tool should be used to assess the risk where TRA is identified (see 7.1.3). If sufficiently scoring a MARAC referral should then be made (see 7.1.4) alternatively the concern should be reported to the Domestic Abuse Team (see 7.1.5).

### **7.3 Inter-generational abuse**

7.3.1 Domestic abuse approaches historically have had an emphasis on partner violence in heterosexual or lesbian, gay, bisexual or transgender (LGBT) relationships. More focus needs to be given to family and inter-generational abuse, and how this differs from partner violence for example if the perpetrator is the sibling, child or grandchild. Abuse of an adult by a child may be used to exercise control over that adult.

7.3.2 Like other forms of domestic abuse, it is very likely to be under-reported and there are few services working specifically on this issue. The lack of recognition of this form of abuse means that many families may not recognise that they need support and there is a need for more guidance for practitioners that does not just include a criminal justice response. Many families may be facing multiple issues such as substance misuse, mental health problems and domestic abuse (toxic trio).

## **8.0 INDICATORS OF DOMESTIC ABUSE**

8.1 This list is not exhaustive and most are applicable to adults and children:-

- physical complaints (marks, injuries or bruising, headaches, stomach aches)
- changes in the way people dress (clothing that covers up, long sleeves on hot days)

- constant worry about possible danger and/or the safety of loved ones
- depression and/or withdrawal from others and activities
- low self-esteem and lack of confidence, especially for trying new things (including academic tasks)
- suicidal thought and action
- difficulty paying attention at work/in class, concentrating on work or learning new information
- outbursts of anger directed toward others, peers or self
- bullying and/or aggression directed toward others
- school truancy or leaving home
- high risk behaviour including criminal activities and substance abuse
- stereotyped beliefs about males as aggressors and females as victims
- dating violence

## **9.0 REPORTING CONCERNS**

9.1 If you have concerns that an adult or child are at risk or are being abused then you, as an employee of the NHS, must report your concerns. Lessons from Serious Case Reviews have taught us that it is never acceptable to do nothing.

9.2 To report concerns please contact:

### **Adults:**

Calderdale Council Gateway to Care 01422 393000 (24 hour/7 day service)

### **Children:**

MAST (Multi-Agency Screening Team) 01422 393336

Calderdale Emergency Duty Service 01422 288000 (outside office hours)

NSPCC Helpline 0808 800 5000, email [help@nspcc.org.uk](mailto:help@nspcc.org.uk) , text 88858 (free service)

9.3 For advice and guidance please speak to the CCG Designated Nurse for Safeguarding Adults or Children.

## **10.0 DOMESTIC HOMICIDE REVIEWS (DHR's)**

10.1 The Domestic Violence, Crime and Victims Act (2004) states:

'Domestic Homicide Review' means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by –

- (a) a person to who (s)he was related or with whom (s)he was or had been in an intimate personal relationship, or
- (b) a member of the same household as her/himself,

These are held with a view to identifying lessons to be learnt from the death.

10.2 The Domestic Violence, Crime and Victims Act, section 9, stipulates the multi-agency statutory requirement to conduct a domestic homicide review. A DHR should be carried out to:

- establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisation work individually and together to safeguard victims.
- identify clearly what those lessons are both within and between agencies, how and with what timescales they will be acted on, and what is expected to change as a result.
- apply these lessons to service responses including changes to policies and procedures as appropriate.
- prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra-agency working.

10.3 Calderdale CCG complies with this duty and actively engages in DHR's in Calderdale. The Designated Nurses for adults and children's safeguarding attend and contribute to these reviews.

10.4 Staff or member practices may be asked to support the DHR process with the provision of or information to support Independent Management Reviews (IMRs) or access to healthcare records as required.

## **11. EQUALITY IMPACT ASSESSMENT (EIQ)**

11.1 The CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

11.2 The Equality Impact Assessment screening, was used to determine the potential impact this policy might have in respect to the individual protected characteristics

11.3 A completed copy of the EIA is attached as Appendix 3

## **12. PROVIDER ASSURANCE**

The CCG as a commissioner of healthcare, will seek assurance that commissioned provider organisations are also engaged in the work to respond to Domestic abuse. This includes having an internal process in place within the Provider organisation to

respond to allegations of abuse and delivering DA as part of Safeguarding training, to engaging where appropriate in Domestic Homicide Review processes within areas. Required Safeguarding Standards for providers are detailed within the CCG combined Safeguarding Children and Adults at risk Policy.

### **13. CONSULTATION**

13.1 The consultation process was undertaken with comments sought and received from the Calderdale Designated Nurses for adults and children's safeguarding, the Greater Huddersfield and North Kirklees Designated Professional for adults safeguarding and Designated Nurse, children's safeguarding prior to final approval and ratification by Quality Committee and ratification by the Governing Body

### **14. TRAINING**

14.1 Domestic abuse forms part of mandatory safeguarding adults and children's level 1 and level 3 training.

14.2 Further domestic abuse training can be accessed via the Calderdale Safeguarding Children's Board (CSAB) at the following link:

<http://www.calderdale-scb.org.uk/professionals/learning-and-development/>

### **15. MONITORING COMPLIANCE WITH THE DOCUMENT**

15.1 The Policy will be monitored through existing CCG Safeguarding structures and the Quality Committee. Where gaps and omissions are identified within the CCG domestic abuse arrangements, recommendations and required actions will be added to safeguarding work-plans for action. Where gaps or omissions are identified within commissioned provider services, the Designated Nurses will either:

- Inform the provider and request immediate action to bridge the gap/omission and/or
- Inform and discuss with the CCG Executive lead for Safeguarding

### **16. ARRANGEMENTS FOR REVIEW**

16.1 This policy will be formally reviewed and amended every 3 years by the CCG shared safeguarding team unless new national or local guidance identifies/recommends changes in practice occurs.

### **17. DISSEMINATION**

17.1 The final version of this policy will be uploaded to the CCG intranet and all staff within the CCG will be advised by internal communications

## 18. ASSOCIATED DOCUMENTATION

18.1 This policy should in conjunction with:

- West, North Yorkshire and York Safeguarding Adults Policy and Procedure
- West Yorkshire Consortium Safeguarding Children Procedures
- Calderdale, Greater Huddersfield and North Kirklees CCGs, Safeguarding children's and adults at risk policy
- Calderdale CCG Acceptable Standards of Behaviour Policy
- Calderdale CCG PREVENT Policy
- MCA Code of Conduct :  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/497253/Mental-capacity-act-code-of-practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf)

## 19. PREVENT

19.1 All healthcare employees have a role to play in protecting and supporting individuals at risk of abuse especially those who may be susceptible to radicalisation. Prevent aims to stop people becoming terrorists or supporting terrorism. In carrying out their day to day work colleagues may notice unusual changes in the behaviour of someone (patient, carer or employee) which are sufficient to cause concern. It is important that if anyone has a cause for concern, they discuss their concerns with their line manager who will support an appropriate referral to the West Yorkshire Police Community Engagement Field Officers (CEFO).

## 20. REFERENCES

Abrahams, C. (1994) *Hidden victims: Children and domestic violence* (London: NCH Action for children).

CAADA (2014), *In Plain Sight: Effective help for children exposed to domestic abuse*. Bristol: CAADA.

Directors of Adult Social Services (2015) 2<sup>nd</sup> edition *Adult safeguarding and domestic abuse, a guide to support practitioners and managers*.

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## **21. APPENDICIES**

Appendix 1 – categories of abuse

Appendix 2 – MARAC Referral Form

Appendix 3 - EQIA

### Categories of Abuse

<b>Psychological/emotional</b>	Making a person feel scared or intimidated, or telling a person they are worthless. Includes for example threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation
<b>Physical</b>	For example hitting, slapping, pushing, kicking, misuse of medication, illegal restraint or inappropriate physical sanctions.
<b>Sexual</b>	Any non-consenting sexual acts such as rape, forcing sex or specific sexual acts, unwanted use of pornography or criticising performance.
<b>Financial</b>	Taking away a person's financial independence, e.g. not allowing a person to work or monitoring how a person spends their money. The use of a person's property, assets, income, funds or any resources without their informed consent or authorisation
<b>Neglect or acts of omission</b>	Ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
<b>Institutional</b>	Whenever any form of abuse is caused by an organisation neglect and poor practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home
<b>Discriminatory</b>	Abuse based on a person's race, gender, gender identity, age, disability, sexual orientation or religion; or other forms of harassment, slurs or similar treatment or hate crime/hate incident

### Forced marriage

Forced marriage is a form of domestic abuse. Where one or both parties are under 18 years of age, it is a form of child abuse and **must** be referred to Children's Social Care following local procedures.

Where the marriage involves an adult at risk, it is also deemed as adult abuse and must be managed under local safeguarding adult procedures, accessed at:

<http://www.calderdale-scb.org.uk/professionals/876-2/>

## **Female Genital Mutilation (FGM)**

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’

Further information and training on FGM can be accessed at:

<http://www.calderdale-scb.org.uk/professionals/876-2/>

## **Honour Based Violence**

“Honour crime”, “honour based violence” or “izzat” embraces a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where a 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’s 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)

## **Self – Neglect**

Neglecting to care for one’s personal hygiene, health or surroundings and includes behaviours such as hoarding

## **Radicalisation**

Causing someone to become an advocate of radical political or social reform, by supporting terrorism and violent extremism.

**Calderdale MARAC Referral Form**

Victim name		Victim DOB			
Address		Diversity Data (if known): B&ME <input type="checkbox"/> Disabled YES <input type="checkbox"/> LGBT <input type="checkbox"/> Gender F			
Telephone:		Is this number safe to call?	YES		
Please insert any relevant contact information e.g. times to call					
Perpetrator(s) name		DOB	Relationship to victim		
Perpetrator(s) address					
Children	DOB	Relationship to victim	Relationship to perp	Address	School (If known)

Referring agency & reason for referral:	
Date submitted:	
DASH score:	
CONSENT: YES OR NO	
Referring person's name:	

Telephone Number:	
Email Address:	

Date of incident:
NICHE Occurrence Number:

Completed referral to be emailed for the attention of the MARAC Co-Ordinator to:  
[cd.safeguardingdomesticabusehub@westyorkshire.pnn.police.uk](mailto:cd.safeguardingdomesticabusehub@westyorkshire.pnn.police.uk)

A DASH ideally needs to be filled in unless clinical judgement and high risk markers disclosed.

### **Calderdale MARAC minutes**

Those persons present are reminded that this meeting is strictly confidential. Discussions should not be shared outside of the meeting. Similarly, copies of the minutes should not be photocopied or shared without the agreement of the Chair and MARAC Co-ordinator. All agencies should ensure that they develop procedures to ensure that the minutes are retained in a confidential and appropriately restricted manner. These minutes will aim to reflect that all individuals who are discussed at these meetings should be treated fairly, with respect and without improper discrimination. All work undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to age, disability, race, belief, sexual orientation, gender or gender identity.

### Equality Impact Assessment

<b>Title of policy</b>	Domestic Abuse	
<b>Names and roles of people completing the assessment</b>	Julie Wan-Sai-Cheong - Safeguarding advisor Sarah Mackenzie-Cooper - Equality	
<b>Date assessment started/completed</b>	September	October

1. Outline	
<b>Give a brief summary of the policy</b>	The policy aims to advise CCG staff to recognise and respond to abuse and provide information on actions that should be taken if abuse is suspected, identified or confided.
<b>What outcomes do you want to achieve</b>	Staff are clear on the approaches to take and their responsibilities.

2. Analysis of impact			
This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations			
	<b>Are there any likely impacts?</b> <b>Are any groups going to be affected differently?</b> <b>Please describe.</b>	<b>Are these negative or positive?</b>	<b>What action will be taken to address any negative impacts or enhance positive ones?</b>

<b>Age</b>	<p><b>Younger people</b> – policy supports 16+ some young people are exposed to DA through family or early relationships and this may not be recognised.</p> <p><b>Older people</b> children or other family may be perpetrators. Assumptions that DA may only impact on people who are younger</p>	<p>Policy has a positive impact raising awareness of appropriate responses and support</p>	<p>Raise awareness in CYP services – DA as an issue for all age groups.</p> <p>Ensure policy is clear that anybody can be affected by DA. Links to safeguarding.</p>
<b>Carers</b>	<p>If the DA is perpetrated by the carer this can be very complex as they person may be reliant on their abuser for basic care and access to services, if it's the cared for who is the perpetrator it can be equally complex. Additional signposting services may be required to ensure consistent care.</p>		<p>Awareness and signposting</p>
<b>Disability</b>	<p>Disabled people can feel the impact of DA much more due to their potential social isolation and aspects of their life that may be exploited by an abuser, such as access to medication or support. As disabled people are often perceived to be non-sexual abuse in relationships may not be as well recognised.</p>		<p>Awareness is critical, particularly for health and social care services.</p>
<b>Sex</b>	<p>Women are more affected by domestic abuse statistically and also in the impact due to finance, caring responsibilities and</p>		<p>Awareness is critical, particularly for health and social care services.</p>

	role in society, however this can mean that while some systems are in place to support them men experiencing DA are often less well recognised		
<b>Race</b>	Issues for people of different ethnicities may include; lack of awareness of services, lack of cultural sensitivity in services, language and communication issues, acknowledgment of abuse and discrimination. There is a recognition of FGM but little practical support or interventions		Awareness is critical, particularly for health and social care services.  Signposting to appropriate, relevant services
<b>Religion or belief</b>	Faith can play a complex part in abusive relationships and staff need to be aware and respectful of this.		Awareness is critical, particularly for health and social care services.  Signposting to appropriate, relevant services
<b>Sexual orientation</b>	Abuse in same sex relationships is often under reported and less well recognised and abusers can threaten to 'out' their victims as another layer of abuse so staff need to be aware that it may be harder for 'victims' to seek support , particularly if they are not out at work.		Awareness is critical, particularly for health and social care services.  Signposting to appropriate, relevant services
<b>Gender reassignment</b>	Abuse in trans relationships is often under reported and less well recognised and abusers can threaten to 'out' their		Awareness is critical, particularly for health and social care services.

	victims as another layer of abuse so staff need to be aware that it may be harder for 'victims' to seek support , particularly if they are not out at work.		Signposting to appropriate, relevant services
<b>Pregnancy and maternity</b>	Abuse can often start when a woman becomes pregnant, maternity services need to be aware of this co-relation		Awareness is critical, particularly for health and social care services.  Signposting to appropriate, relevant services
<b>Marriage and civil partnership</b>			
<b>Other relevant group</b>			
<b>If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.</b>			

4. Monitoring, Review and Publication			
<b>How will you review/monitor the impact and effectiveness of your actions</b>	Policy will be reviewed in three years		
<b>Lead Officer</b>	<b>Julie Wan Sai Cheong</b>	<b>Review date:</b>	

5. Sign off			
<b>Lead Officer</b>			
<b>Director</b>		<b>Date approved:</b>	

Once complete please forward to your Equality lead; Pia Bruhn. Lynne Carter, Sarah Mackenzie-Cooper, Sharon Moore or Elaine Barnes