St Helens and Knowsley Teaching Hospitals NHS Trust

Domestic Abuse Policy

Version No: 5

Document Summary:
The purpose of this policy is to inform all staff of their duties, accountabilities and responsibilities in respect of domestic abuse. In addition it provides guidance and support for staff and details all actions which must be carried out.

Document status	Approved	
Document type	Policy	**Trust wide**
Document number	STHK0100	
Approving body	Patient Safety Council	
Date approved	08/09/2021	
Date implemented	08/09/2021	
Review date	***3 years from approval date** **30/09/2024**	
Accountable Director	Director of Nursing, Midwifery & Governance	
Policy Author	Named Nurse Safeguarding Children Specialist Nurse Safeguarding Children	
Target audience	All staff	

The intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as "uncontrolled", as they may not contain the latest updates and amendments.

Document Control

[Author to complete all sections apart from Section 4 & 5]

Section 1 – Document Information	
Title	Domestic Abuse Policy
Directorate	Quality & Risk
Brief Description of amendments	
Click here to enter text. ***Please state if a document has been superseded.***	
Does the document follow the Trust agreed format?	Yes
Are all mandatory headings complete?	Yes
Does the document outline clearly the monitoring compliance and performance management?	Yes
Equality Analysis completed?	Yes

Section 2 – Consultation Information*			
*Please remember to consult with all services provided by the Trust, including Community & Primary Care			
Consultation Completed	☐ Trust wide ☐ Local ☑ Specific staff group		
Consultation start date	01/07/2021	**Consultation end date**	10/07/2021

Section 3 – Version Control		
Version	**Date Approved**	**Brief Summary of Changes**
1	01/02/2012	Original version
2	01/03/2014	Update of legislation
3	01/07/2014	Addition of referral / risk assessment form
4	01/04/2018	Revised risk assessment referral forms Additional information to support staff suffering domestic violence and abuse
5	15/07/2021	General review of content, revision of definition and inclusion of information from Domestic Abuse Act 2021

Section 4 – Approval *– To be completed by Document Control*			
Document Approved	☑ Approved ☐ Approved with minor amendments		
Assurance provided by Author & Chair	☑ Minutes of Meeting ☐ Email with Chairs approval		
Date approved	08/09/2021	**Review date**	30/09/2024

Section 5 – Withdrawal *– To be completed by Document Control*	
Reason for withdrawal	☐ No longer required ☐ Superseded
Assurance provided by Author & Chair	☐ Minutes of Meeting ☐ Email with Chairs approval
Date Withdrawn:	

Contents

1. Scope

This policy applies to all staff employed by St Helens & Knowsley Teaching Hospitals NHS Trust including volunteers and provides all staff members with a clear and comprehensive framework for identifying and managing situations where there are allegations of or actual examples of the experience of domestic abuse.

The Policy aims:

- To provide a Trust wide process for dealing efficiently and effectively with allegations and incidents of domestic abuse identified within the Trust;
- To ensure all staff are aware of the Trust's commitment to the identification and management of incidents of domestic abuse involving patients within its care;
- To ensure that all allegations and incidents of domestic abuse are taken seriously and all necessary action taken in collaboration with our community partners;
- To provide advice, guidance and support is available to all staff.

2. Introduction

This Policy ensures that the Trust discharges its safeguarding responsibilities when patients attend who are or are suspected to be victims of domestic abuse in accordance with national legislation and guidance and local multi-agency processes. The Trust is responsible for safeguarding both the victim and their children. This policy and guidance should also be used in the case of Trust staff who are experiencing domestic abuse and require support.

Each year, nearly 2 million people in the UK suffer some form of domestic abuse. Domestic abuse is so prevalent in our society that NHS and other provider staff will be in contact with adult and child victims and perpetrators across the full range of health services. Health professionals need to be aware that they are often the first point of contact and may be seen as less stigmatising than other agencies such as Police and Social Care.

SafeLives, a domestic abuse charity, has set out a series of statistics regarding the health impacts of domestic abuse:

- 80% of women in a violent relationship seek help from health services at least once and this may be their first or only contact with professionals
- 30% of domestic abuse starts and/or escalates during pregnancy
- One in four women in contact with mental health services are likely to be experiencing domestic abuse

Department of Health guidance says the NHS spends more time dealing with the impact of violence against women and children than "almost any other agency".

However it must be noted that although women are much more likely than men to be the victims of high risk or severe domestic abuse, men can be and are also victims of abuse.

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act's provisions will be brought into force in due course in line with the commencement schedule. The legislation aims to underpin a lasting culture change leading to improved support for all victims of domestic abuse and the children who are affected by it and a reduction in prevalence, offending and reoffending.
A domestic abuse strategy is due to be published by the Government in 2021, alongside a new Violence against Women and Girls Strategy 2021-2024.
This Trust has a statutory and important role to play (The Domestic Violence, Crime and Victims Act 2004; Children Act 2004) in:

- bringing to justice perpetrators of domestic abuse;
- supporting men, women and children who experience abuse; and
- preventing future cases of domestic abuse.

3. Statement of Intent

This Policy will:

- provide a process within the Trust to ensure victims or suspected victims of domestic abuse are identified, assessed and offered appropriate support.
- ensure Trust staff are enabled to identify and risk assess victims of domestic abuse and that appropriate referrals are made to support victims including referrals to local Multi-Agency Risk Assessment Conferences (MARAC) in accordance with Merseyside's Domestic Abuse Management Multi-agency Procedures for appropriate management, assistance and support.
- inform all staff of their role and responsibilities in relation to managing victims of or suspected victims of domestic abuse in accordance with National and Local policy documents and applicable statute.
- provide a process within the Trust to ensure that appropriate action is taken to Safeguard Children identified as living with Domestic abuse ensuring they are safe from harm and grow up in a healthy environment.
- provide guidance to ensure that staff members who are suffering domestic abuse are supported and provided with reasonable measures to maintain their safety in the workplace
- provide a structure for the training of all staff in line with the Trust's Training Needs Analysis.
- provide staff with appropriate supervision and support.

Examples of Domestic abuse

- **Physical**
  Shaking, smacking, punching, kicking, presence of finger or bite marks, starving, tying up, stabbing, suffocation, throwing things, using objects as weapons
  Physical effects are often in areas of the body that are covered and hidden (i.e. breasts and abdomen).

- **Sexual**
  Forced sex forced prostitution, ignoring religious beliefs about sex, refusal to practise safe sex, sexual insults, sexually transmitted diseases, preventing breastfeeding.

- **Psychological**
  Intimidation, insulting, isolating a victim from friends and family, criticising, denying the abuse, treating them as an inferior, threatening to harm children or take them away, forced marriage.

- **Economic**
  Not letting a victim work, undermining efforts to find work or study, refusing to give money, asking for an explanation of how every penny is spent, making the victim beg for money, gambling, not paying bills, diminishes the victim's capacity to support themselves and forces them to depend on the perpetrator financially.

- **Emotional**
  Swearing, undermining confidence, making racist remarks, making the victim feel unattractive or worthless, calling them stupid or useless, and eroding theiR independence

4. Definitions

Domestic abuse

The Domestic Abuse Bill will give us the first ever cross government statutory definition of Domestic Abuse:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

This includes forced marriage, honour based abuse and abuse related to gender identity or sexuality. Abuse can be perpetrated by partners, ex-partners and family members, including children under the age of 18, adult children or siblings.

The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- economic
- emotional

Controlling behaviour

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

Coercive 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.

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

This is not a legal definition.

Honour Based Violence (HBV)

Honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and /or community.

This definition is supported by further explanatory text:

"Honour Based Violence" is a fundamental abuse of Human Rights.

There is no honour in the commission of murder, rape, kidnap, and the many other acts, behaviour and conduct which make up "violence in the name of so-called honour".

It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code.

Women are predominantly (but not exclusively) the victims of 'so called honour based violence', which is used to assert male power in order to control female autonomy and sexuality.

"Honour Based Violence" can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members.

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

Forced Marriage (FM)

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

Consent is essential to all marriages in all religions. Only a spouse will know if consent is given freely. If the prospective spouse has been placed under familial pressure to marry, then consent is not given freely and therefore it is a forced marriage.

An arranged marriage is very different from a forced marriage. In an arranged marriage, both parties enter into the marriage freely. Families of each spouse take a leading role in arranging the marriage and this usually includes the choice of partner. However, the choice of whether or not to accept the arrangements remains with the prospective spouses.

Criminal activity relating to HBV / FM may include:

- False imprisonment or kidnap
- ABH or GBH
- Threats to kill
- Harassment and stalking
- Sexual assault
- Rape
- Female genital mutilation
- Forced to commit suicide
- Murder

Female Genital Mutilation (FGM)

Female Genital Mutilation includes all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

This is usually for cultural, religious or any other non-therapeutic reason.

The procedure when carried out on an adult with consent is usually described as clitoridectomy or may be part of labiaplasty or vaginoplasty.

FGM is illegal in the U.K.

Please refer to the Trust policy “Management of Female Genital Mutilation” for further information and guidance.”

5. Duties, Accountabilities and Responsibilities

5.1 Chief Executive

Ensures that all staff in contact with domestic abuse in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse and know how to act on those concerns in line with local guidance. It includes ensuring that governance arrangements are in place to set, monitor and where appropriate act upon standards within this area, and that appropriate lead roles are in place and underpinned by adequate resources authority, and clarity of responsibility.

The Chief Executive ensures that the organisation participates as an active member of local multi-agency networks and in so doing works cooperatively with partner agencies and in accordance with locally agreed protocols and procedures.

The Director of Nursing, Midwifery and Governance

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

Assistant Director of Safeguarding

- Supports the Director of Nursing Midwifery and Governance to carry out their responsibilities in relation to management of domestic abuse and implementation of processes.

Named Nurses - Safeguarding

- Supports the Safeguarding Children and Adults Team in carrying out their responsibilities, ensure training is delivered as per the Trust training Needs Analysis

Trust Operational Lead for Domestic abuse

- Support staff in carrying out their duties ensuring the safe and effective management of incidents of domestic abuse in the Trust.
- Advise and assist in identifying and investigating allegations and incidents of domestic abuse and working closely with other agencies in the provision of training for staff to heighten awareness around domestic abuse
- Support the delivery of training and supervision to staff in accordance with Trust Policy

Safeguarding Specialist Staff

- Supports the Domestic abuse Lead and named professionals to carry out their responsibilities.
- Support staff in carrying out their duties ensuring the safe and effective management of incidents of domestic abuse in the Trust.
- Advise and assist in identifying and investigating allegations and incidents of domestic abuse and working closely with other agencies in the provision of training for staff to heighten awareness around domestic abuse.
- Provide relevant training and supervision to staff in accordance with Trust Policy

Senior Managers

- Ensure that staff who are in contact with victims of domestic abuse in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse and know how to act on those concerns in line with local procedures and can work with colleagues in a multi-disciplinary manner.
- Ensure that line managers are aware of their responsibilities to support staff who disclose or where concerns are raised that they may be suffering as a result of domestic abuse

Line Managers

- Line Managers must always take seriously any allegation of domestic abuse that is reported to them via any source.
- Line Managers must report all suspicion, allegation, observation and disclosure of domestic abuse through the appropriate channel even if they feel the information is incomplete
- Line Managers must take relevant steps, in conjunction with the Human Resource Department, to support staff members suffering from Domestic Abuse

All Staff:
Must follow the reporting process described in Section 6 below. Staff must also attend the required as identified within the Trust's Safeguarding Training Needs Analysis.

6. Process

As part of their role, all Trust staff must consider the possibility of a patient or an attender being a victim of domestic abuse at all times and handle the situation so as not to increase the possibility of further harm to the victim or any children involved. Please see Flowchart Appendix 1.

6.1 Identification of a victim / suspected victim

Response following a suspicion or disclosure of Domestic abuse:

6.1.1 Victim Disclosure

Any service user accessing the Trust's inpatient, community/outreach, outpatient, Maternity or Emergency Department (ED) services may disclose at any time a history of domestic abuse regardless of their presenting complaint. The abuse may be historical.

6.1.2 Responding to a Disclosure

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

- Take the victim somewhere private to talk.
- Unless the victim expresses a wish to have somebody present, they should be spoken to alone.
- Never make them feel that they are being rushed; give them the time they need.
- Remain non-judgmental at all times.
- Remember that the victim may not want to, or not feel ready leave an abusive partner. Staff must respect their wishes and not pressure them into leaving.
- Staff should be clear about their responsibilities, keep the victim informed of any action taken and referrals made (unless doing so would put them at further risk).
- Ensure any information shared is done so appropriately and only with relevant agencies.

6.1.3 Staff Suspicion without victim disclosure

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

- Injury being present with an inappropriate history
- Rape and sexual assault. Injury to genitalia.
- Sexually transmitted diseases
- Repeated miscarriages / terminations
- Placental abruption

- History of mental health issues, especially depression
- Drug and alcohol misuse
- History of self-harm
- Presence of a dominant partner
- Patient demeanour e.g. anxious, scared
- Third party disclosure of abuse
- Previous concerning and / or frequent attendances
- Known to the Trust as a high risk case (i.e. alert present in health records / on EDMS)

6.2 Management of a Victim or Suspected Victim

6.2.1 Completion of a MERIT Risk Assessment

When a staff member has identified a victim or suspected victim of domestic abuse, the staff member must always attempt to undertake a MERIT Risk Assessment and complete the appropriate documentation (see Appendix 3 for the MERIT Risk Assessment Tool template). The MERIT risk assessment tool was developed by a criminal psychologist as a method of assessing the risk of future harm. It is used by all agencies in Merseyside and uses known facts from previous or current incidents to predict the possibility of a further incident taking place.

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

6.2.2 Completion of the Trust Referral Form

The staff member must complete a Trust Referral Form in all cases of suspicion or disclosure of Domestic abuse (see Appendix 2 for Referral Form Template), regardless of whether or not a MERIT has been completed.

If there is no disclosure or the patient is uncooperative, all information relating to the attendance and associated concerns should be fully documented. **For maternity services, these discussions are NOT to be documented in the woman's hand held record.**

6.2.3 Processing completed forms

Once completed, the original copy of the forms should be forwarded to the Trust Operational Lead / Safeguarding Children Nurse Specialist by one of the following methods:

- Via secure email to: shk-tr.SafeguardingChildren@nhs.net
- Via trust e a mail to: safeguarding operational team@sthk.nhs.uk

If the victim is in the Emergency Department (E.D), Maternity or on the Paediatric Wards, the forms can be left in the designated Paediatric Liaison Folders already in place.

A duplicate copy should be scanned into the Patient's Health Record – this must be added into the Adult or Paediatric "Confidential Section."

6.3 Safeguarding of Children Involved in Domestic abuse cases

Prolonged and/or regular exposure to domestic abuse can have a serious impact on the safety and welfare of the child. An analysis of serious case reviews (multi-agency investigations into child deaths or serious harm) found evidence of past or present domestic abuse in over half of cases. Domestic abuse rarely exists in isolation. Many parents also misuse drugs and alcohol and experience poor physical or mental health. Domestic abuse may have serious impact on a victim's parenting capacity.
Children living in households where Domestic Abuse is happening are identified as "at risk" under the guidance of the Adoption and Children Act 2002.
All staff have a statutory responsibility to safeguard children and maintain their health and wellbeing. (Working Together to Safeguard Children, HM Government, 2018).

The Domestic Abuse Bill 2021 will now define children as victims of domestic abuse if they "see, hear or experience the effects of abuse" Abuse directed towards a child is defined as child abuse.

6.3.1 History Taking Process to Safeguard Children Involved

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

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

6.3.2 Completion of Adult Liaison Communication Form

If the victim is noted to have children or is currently pregnant, an Adult Liaison Communication Form must be completed and forwarded to the Paediatric Liaison Team. Please seek advice from the paediatric liaison team if required.
For adults who attend the ED the form can be completed electronically via the IT system. Completed forms to be forwarded to the paediatric liaison team via:

- Shk-tr.SafeguardingChildren@nhs.net
- Shk-tr.paediatricliaison@nhs.net

If the victim is in the E.D, Maternity or on the Paediatric Wards, the forms can be left in the designated Paediatric Liaison Folders already in place.

The Paediatric Liaison Staff will share information with the child's Health Visitor, School Nurse, and any other relevant practitioners as required.

6.3.3 Child Protection Referral to Children's Social Care if abuse witnessed by Child/ Children or Victim is Currently Pregnant

Staff are required to make an automatic Child Protection referral to Children's Social Care if the domestic abuse was witnessed by a child/children. Witnessing can involve actually seeing violent and abusive acts and behaviours, hearing arguments, and seeing or experiencing the emotional side effects of abuse. If in doubt that a referral is required, please seek advice from the safeguarding team. The referral can be made verbally and then must be followed up in writing. A copy of the written referral must be kept in the victim's health records or the child's health records if available. The details of the referral must be included on the Adult Liaison Communication form to ensure the Trust Safeguarding team is aware of the referral.

6.3.4 Referral to a Paediatrician; when it is suspected that a child may have been injured during an incident of abuse.

If it is disclosed or suspected that a child may have been injured during an incident of abuse, either directly or indirectly, the child must be referred to the Paediatric Team for examination. A Child Protection referral to Children's Social Care must be made by the Paediatric Team if not already sent.

6.3.5 Process to be followed if the Victim of Domestic abuse is a Child/Young Person (16-17 years)

If the victim of domestic abuse, or suspected victim, is 16 or 17 years old, they must be assessed, and have a MERIT Assessment and/or Trust Domestic abuse Referral Form Completed. They will also automatically require a Referral to Children and Young People's Social Care and they MUST be referred to and assessed by the on call Paediatric Registrar before discharge

6.4 Police Involvement

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

6.5 Adult Social Care Involvement

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

An "Adult at Risk" is defined by the Care Act 2014 as any person aged 18 years and over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation.

6.6 Victim Support

6.6.1 Physical Injuries

Before discharge, the patient should be clinically well. All injuries should be fully documented, using a body map if appropriate. If a pregnant lady attends following an incident of domestic abuse, such attendance should always be discussed with a member of the Obstetric Team before discharge, and an examination arranged if deemed necessary.

6.6.2 Mental Health Support

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

6.6.3 Support for Substance Misuse / Addiction

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

6.7 Victim Safety

6.7.1 Safe and appropriate discharge

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

- Discharge to an appropriate friend or family member.
- Alternative accommodation arranged by the victim (eg Bed & Breakfast)
- Safe House / Refuge arranged via Local Housing or Charitable Organisation (See Useful Contacts Appendix 4)

6.7.2 Support Service Information and Advice

Before Discharge, a victim of Domestic abuse should be provided with advice relating to services able to offer help and support – See Appendix 4 for useful contacts.

6.7.3 Domestic Abuse Disclosure Scheme - Also referred to as Clare's Law

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

If police checks show that the individual has a record of abusive offences, or there is other information to indicate the person for whom there are concerns is at risk, the police will consider sharing this information with the person(s) best placed to protect the potential

victim. A third party making an application would not necessarily receive the information about the individual concerned.

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

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

6.8 Identification of concern and support for employees

6.8.1 Domestic abuse and the workplace

The Trust strives to create a working environment that promotes the view that domestic abuse is unacceptable behaviour and will not be ignored or condoned. Employees who are victims of domestic abuse, will be fully supported, and appropriate action taken to provide safety in the workplace.

Employees identified as perpetrators must be aware that conduct outside the workplace could lead to disciplinary action being taken because of the impact on employment relationship.

If a manager has concerns that a member of staff may be a victim of domestic abuse then this should be discussed with the staff member. If there is a disclosure then appropriate support should be sought which will include:

- Completion of a MERIT Assessment (via the Safeguarding Team)
- Referral to Health and Well-being for on-going support ext: 1985
- Discussions with HR Advisor, or HR Business Partner link within the Human Resources Department (HR)

6.8.2 Possible indicators of abuse

Victims may be reluctant to discuss their situation with colleagues or employers. However there are some signs that may indicate that there are problems in relation to abuse. The following behaviours may be an indicator:

- Absenteeism without proper explanation (explore during Return to Work interview)
- Frequently arriving late or needing to leave early
- Increase in work hours, reluctance to leave the work place
- Unusual displays of anxiety, depression or distraction
- Change in the quality of or interest in work
- Withdrawal or isolation
- Concerning contacts to the department from a partner
- Receiving upsetting calls / texts
- Evidence of injuries with no explanation

It is also possible that victims may demonstrate minimal or even no disruption to usual routines or behaviours, therefore if a member of staff suspects that domestic abuse may be an issue for a colleague then the Policy should be followed.

6.8.3 Anti-Discrimination

The Trust will not discriminate against an employer who has previously been or currently is a victim of domestic abuse, in terms of employment or career development.
The Trust is aware that victims may have performance or attendance problems or lower productivity.

6.8.4 Attendance Management

The Trust will make every effort to assist an employee if they need to be absent from work. The length of absence will be determined by the individual circumstance, and agreed in collaboration with the employee, Line Manager, Human Resources, and health Work and Well Being (HWWB).

Employers and managers should consider paid leave options to help the employee cope with the situation without having to take formal leave of absence. Dependent on circumstance the options could include:

- Arranging flexible hours to enable the employee to ensure safety at home, attend appointments with police, solicitors, support workers and arrange child care etc.
- Consider the use of sick leave, compensatory time, annual leave or informal unpaid leave.
-

6.8.5 Safety at Work

The Trust has a duty to ensure safety of its employees and will actively provide support to minimise any risk to them if they disclose that they are experiencing domestic abuse.

Support may include:

- Work schedule adjustments
- Safe parking arrangements
- Department relocation
- Agreed safety plan
- Referral to HWWB for counselling / support

6.8.6 Management considerations

- Ensure that discussion take place in private, and as far as possible are confidential
- Take the concerns seriously, making time to listen, ensuring a non-judgmental approach
- Understand that an employee may wish to involve a third party such as a colleague, union representative or friend for additional support during any meetings or discussions

- Managers should seek advice and support from the safeguarding / domestic abuse leads

6.8.7 Safeguarding Children

If there is evidence that children have been present or have experienced the effects of domestic abuse, this must be discussed with the Safeguarding Children team. The employee must be informed that if necessary this may lead to a referral to Children's' Social Care to ensure the safety of the children involved.

6.9 Management and processing of completed referrals

6.9.1 Screening and Processing Referrals

Once a MERIT assessment is received by the Trust's Domestic abuse lead, the following process will be followed by the Trust Operational Lead for Domestic abuse (or member of the Safeguarding Team).

6.9.2 Recording process

- Details should be checked and score verified.
- Patient details, department and staff details to be recorded securely for the purposes of monitoring and data collection.
- The Trust Operational Lead (or member of the Safeguarding Team) should check for, and give consideration to any previous referrals logged.

6.10 Multi-Agency Risk Assessment Conference (MARAC) Processes

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

6.10.1 The aim of the MARAC

The aim of the MARAC is to:

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

6.10.2 MARAC Referral Criteria

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

An incident within the last 3 months, and

- Visible high risk (using MERIT), or
- Professional judgement and/or

- Escalation (incidents may not meet high risk threshold but are occurring more often and causing concern).

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

- Professional judgement and/or
- Pattern of behaviour historically linked to a recent event that may cause concern (for example, a recent release from custody and contact being made with the victim).
- ANY instance of abuse between the same victim and perpetrator(s), within 12 months of the last discussion at MARAC.

6.10.3 Referral Process

MERIT Assessments / Domestic abuse Referrals should be processed in line with the guidelines of the area of residence of the victim. This process is completed by the Trust Operational Lead or deputy.

6.10.4 Trust Representation at the MARAC

The Trust has a named representative (or deputy) who attends both the St Helens and Knowsley MARAC meetings; however a MARAC referral can be made to any area (determined by the address of the victim).
In relation to Halton and Warrington MARAC there is no representative but relevant information is gathered and shared prior to each meeting.

6.10.5 Information shared at MARAC

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

The Trust Representative carries out a search of the Trust IT System to determine if any of the individuals are known to the Trust.

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

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

6.11 Management of lower risk cases

If the MERIT assessment scores silver or bronze and therefore not meeting the MARAC criteria, the Domestic Abuse operation lead or deputy will refer to any relevant support services available within the Community Safety Partnership if the victim has consented to ongoing support.

These services and the criteria vary between local authorities based on current commissioning arrangements.

6.12 Trust Domestic abuse Health Records Notification Process

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

6.12.1 Notification Process

The Trust Operational Lead (or member of the Safeguarding Team) will carry out the following Alert Process:

- A SAFE alert will be added to the individual patient record on the Trust IT system:
- A Domestic abuse Alert letter will be completed and forwarded to the EDMS department.
- A member of the EDMS will activate an ALERT Tab and the alert Letter will be filed behind the Tab.
- The Alert will remain on the patient record for a period of 2 years following discussion at MARAC.

6.12.2 Staff Responsibilities

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

6.13 Domestic Homicides

6.13.1 Immediate Action in cases of Domestic Homicide

In the event of a fatality or a victim who presents with life threatening injuries to the Emergency Department staff should inform the Trust Operational Lead / Assistant Director of Safeguarding by phone or E Mail as well as the Shift Coordinator and Department Managers.

The original notes, once scanned, should be secured and passed to the Trust Operation lead or to the Named Nurse Safeguarding Children.

6.13.2 Domestic Homicide Reviews

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

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

If there are any concerns in relation to Safeguarding Children then action should be taken in line with the Trust Safeguarding Children Policy. Advice should be sought from The Safeguarding Children Team.

6.14 Confidentiality and Information Sharing

Information will only be shared on a need to know basis in accordance with the circumstances (refer to Practical Guidance on the application of Caldicott Guardian Principles to Domestic abuse and MARACs DoH 2012, Data Protection Act 1998, Care Act 2014).

Raising concerns about abuse or neglect nearly always involves sharing information about an individual that is both personal and sensitive. Such information about an individual with mental capacity should only be shared with their consent, unless there is an overriding duty such as a danger to life, or in some cases, danger to others' lives. If unsure whether the sharing of such information is justified, seek advice from your line manager, the Information Governance team or the Trust Caldicott Guardian.

6.14.1 1 Principles of Sharing Information

- There is no automatic right for a person to have access to someone else's information;
- Confidentiality is not an absolute right;
- All staff should be aware of their responsibility and obligation to respect confidentiality and understand and comply with the law;
- Information given for one purpose should not be disclosed to another person or used for different purposes without the person's consent;
- The basic principle is that a person's consent should always be sought (apart from in exceptional circumstances);
- This consent should always be recorded together with the purpose for which they intend to use, or transfer, personally identifiable information;
- Access to personally identifiable information should be on a strict need to know basis and it is the responsibility of staff to relay information to other agencies on this basis;
- Clear documentation and record-keeping must support these communications

6.14.2 Circumstances that Justify information Sharing

The following circumstances are justification for sharing information:

There is an overriding public interest in disclosure such as:

- In the interest of national security or public safety.
- For the prevention or detection of crime, the apprehension of offenders, the administration of justice.

- In maintaining public safety, the protection of health or morals.
- For the protection of the rights or freedom of others.
- For the safeguarding of the welfare of children and adults at risk.
- Disclosure is required by court order or other legal obligation.
- The person to whom the duty of confidentiality is owed has given informed consent. Consent should be explicit, informed and preferably be in writing. Any verbal agreement should be recorded with the date and time. Silence is not consent.
- Where the subject does not consent but:
  - Disclosure is necessary to protect the "vital interest" of an adult at risk who is unable to give consent or;
  - Where it is not viable to obtain consent from them eg. in cases of allegations of serious abuse or exploitation, or;
  - Consent by or on behalf of the subject has been unreasonably withheld;
  - Information sharing without consent is necessary for the prevention or detection of crime, apprehension or prosecution of offenders and where these purposes would likely to be prejudiced by no disclosure.

The Crime and Disclosure Act 1998 entitles anyone to disclose information to a social service department, police force, probation service or a health authority for the purpose of prevention detecting or reducing crime.

7. Training

Training required to fulfil this policy will be in accordance with the Trust's Safeguarding Adults and Children Training Needs Analysis

8. Monitoring Compliance

8.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1	Procedural documents on the intranet are in date
2	Procedural documents on the intranet are in the correct style and format (according to approval date)
3	Procedural documents contain all the appropriate sections
4	All procedural documents are subject to analysis of the effects on equality
5	Consultation process is appropriate
6	Approval process is appropriate

8.2 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
Number of Domestic	Safeguarding	Safeguarding	Quarterly	Trust Quality	Assistant Director

abuse Referrals completed and forwarded to Trust Operational Lead	Team	KPI		Committee IPR CCG	Safeguarding
Number of referrals forwarded to MARAC	Safeguarding Team	Safeguarding KPI	Quarterly	Trust Quality Committee IPR CCG	Assistant Director Safeguarding
Number of cases highlighted at MARAC where victims have attended the Trust following an incident and Domestic abuse policy has not been followed.	Safeguarding Team	Safeguarding KPI	Quarterly	Trust Quality Committee IPR CCG	Assistant Director Safeguarding
Number of cases leading to a referral to Children & Young People's Social Care.	Safeguarding Team	Safeguarding KPI	Quarterly	Trust Quality Committee IPR CCG	Assistant Director Safeguarding

9. References

No	Reference
1	Working Together to Safeguard Children 2018
3	The Domestic Violence, Crime and Victims Act 2004
4	The Children Act 2004
5	The Care Act 2014
6	Adoption & Children Act 2004
7	Data Protection Act 1998
8	Domestic Abuse Act 2021

10. Related Trust Documents

No	Related Document
1	Trust Safeguarding Children Policy
2	Trust Safeguarding Adult Policy
3	Trust Management of FGM policy
4	Trust Mental Capacity Act and Deprivation of Liberty Safeguards Policy

11. Equality Analysis Form

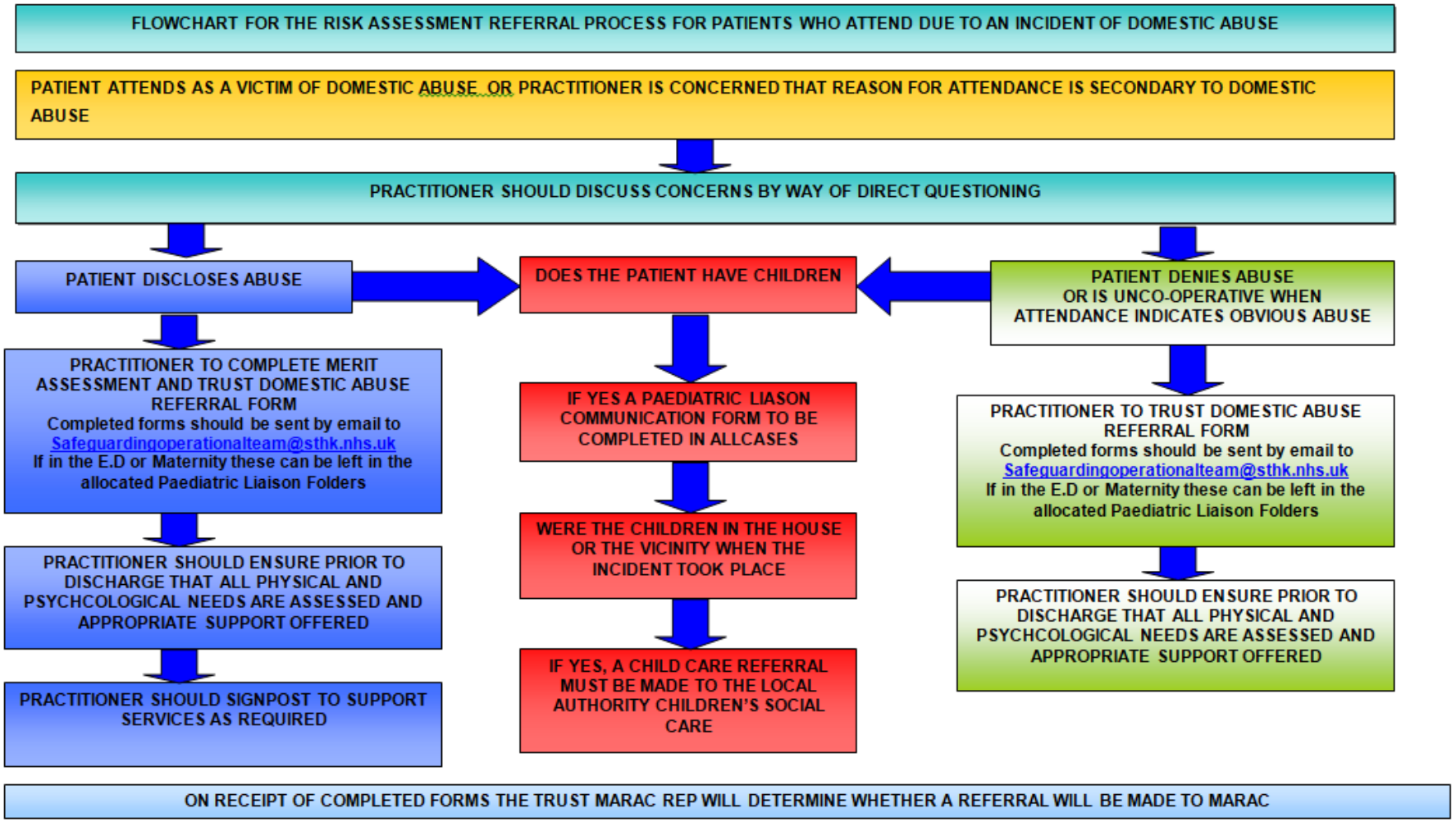
The screening assessment must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process to ascertain whether a full equality analysis is required. This assessment must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Patient Inclusion and Experience Lead for monitoring purposes. Cheryl.farmer@sthk.nhs.uk. If this screening assessment indicates that discrimination could potentially be introduced then seek advice from the Patient Inclusion and Experience Lead. A full equality analysis must be considered on any cost improvement schemes, organisational changes or service changes which could have an impact on patients or staff.

Equality Analysis			
Title of Document/proposal /service/cost improvement plan etc:	Domestic Abuse Policy		
Date of Assessment	15/07/2021	**Name of Person completing assessment /job title:**	Anne Monteith
Lead Executive Director	Director of Nursing, Midwifery & Governance		Named Nurse Safeguarding Children

	Does the proposal, service or document affect one group more or less favourably than other group(s) on the basis of their:	**Yes / No**	**Justification/evidence and data source**
1	Age	Yes	predominantly adult focussed
2	Disability (including learning disability, physical, sensory or mental impairment)	No	Click here to enter text.
3	Gender reassignment	No	Click here to enter text.
4	Marriage or civil partnership	No	Click here to enter text.
5	Pregnancy or maternity	No	Click here to enter text.
6	Race	No	Click here to enter text.
7	Religion or belief	No	Click here to enter text.
8	Sex	No	Click here to enter text.
9	Sexual Orientation	No	Click here to enter text.
	Human Rights – are there any issues which might affect a person's human rights?	**Yes / No**	**Justification/evidence and data source**
1	Right to life	No	Click here to enter text.
2	Right to freedom from degrading or humiliating treatment	No	Click here to enter text.
3	Right to privacy or family life	Yes	Information may be shared if necessary without consent
4	Any other of the human rights?	No	Click here to enter text.

Lead of Service Review & Approval	
Service Manager completing review & approval Job Title:	Susan Norbury Assistant Director Safeguarding

Appendix 1 – FLOWCHART FOR THE RISK ASSESSMENT REFERRAL PROCESS FOR PATIENTS WHO ATTEND DUE TO AN INCIDENT OF DOMESTIC ABUSE



11.1 Appendix 2 – DOMESTIC ABUSE REFERRAL FORM

St Helens and Knowsley Teaching Hospitals NHS Trust

Domestic Abuse Referral Form

Date of attendance: **Ward/ Dept:**

Details of Victim:
Name: D.O.B:

Hospital number:

Address:

Safe Contact Number/email :

G.P Details:

Details of perpetrator :

Name: D.O.B:

Address:

Does the victim have Children : yes no

NAME	D.OB	SCHOOL

If yes Paediatric Liaison Form must be completed (ext 5210 for advice)

Did the Children witness the abuse? Yes No

Is the Victim currently Pregnant? Yes No

If yes to either, a child care referral must be made to the Local Children & Young people's Social Care Team

Referral made to:

Name: Area Authority:

Has the victim consented to Domestic abuse support / referrals

Yes No

Victim's Signature: Date:

MERIT Assessment Completed: yes no

Score: Gold Silver Bronze

Please Note if a MERIT Assessment has not been completed please Provide details of incident / reasons for concern:

Discharge Checklist

Outcome:

Admitted to:

Discharged to:

Alternative Address (please provided details along with contact number)

(Please ensure that address and phone numbers given are safe for support workers to contact victims (if not please highlight and provide an alternative)

Domestic Abuse Information Provided Yes No

Form Completed by: Name	Signature
Ward / Dept:	Date:

Referral Details (To be completed by Trust operational Lead/ safeguarding Team only)

Referred to MARAC yes no

Area: Date:

If referred without consent please indicate legal authority below

Prevention and detection of crime (Crime and Disorder Act 1998)	
Overriding public interest (Common law)	
Child protection – disclosure to social services or police for the exercise of functions under the Children Act, where the public interest in safeguarding the child's welfare overrides the need to keep the information confidential (DPA, Sch. 2 & 3)	
Right to life (Human Rights Act, Art. 2 & 3)	
Right to be free from torture or inhuman or degrading treatment (Human Rights Act, Art. 2 & 3)	
Balance Considerations	
Respective risks to those affected	
Risk of not disclosing	

If risk assessed as silver / bronze please provide details of onward referral for support if applicable:

Completed by:

Name: Contact number :

Date

11.2 Appendix 3 – MERIT FORM

	ALL QUESTIONS MUST BE TICKED *(where Yes is ticked, expand on page 7)*	Y	N
1	Are there issues around separation/divorce, regardless of timescale?		
2	Are there any child contact issues?		
3	Have threats been made to the victim? (Consider any possible HBV issues)		
4	Has the victim been ~~stalked/harassed~~? (By the perpetrator or associated 3rd party) (If yes, see checklist on back page and use professional judgement to categorise risk.)		
5	Were children present? (If so, where?)		
6	Did children witness the incident?		
	Breakdown 'Y' Ticks		
7	Is the victim pregnant/new birth (child under 1 year)?		
8	Is the victim a repeat victim?		
9	Does the victim have mental health issues?		
10	Does the perpetrator have mental health issues?		
11	Is the victim unemployed?		
12	Is the perpetrator unemployed?		
13	Has the perpetrator ever self-harmed/threatened to self-harm/threatened suicide?		
14	Does the victim deny an assault has taken place (when there are signs of an assault)?		
15	Were the victim and perpetrator violent to each other?		
16	Was violence used in self-defence?		
17	Alcohol present (perpetrator only)		
18	Alcohol present (victim only)		
19	Alcohol present (both)		
20	Drugs present (perpetrator only)		
21	Drugs present (victim only)		
	Social 'Y' Ticks		
22	Drugs present (both)		
23	Is the victim socially isolated? (Consider any possible Honour Based Violence issues)		
24	Is the victim un-cooperative?		
25	Does the victim appear afraid? (Please note demeanour)		
26	Does the victim feel they are at risk? (If yes, give details)		
27	Is there emotional abuse present? (Consider any possible HBV issues)		
28	Is there financial abuse present?		
29	Is there extreme jealousy present?		
30	UNREPORTED previous incidents? (If so, how many?)		
31	Have the incidents escalated in terms of severity and/or frequency?		
32	Does the perpetrator have a recorded history of violence?		
33	Has the perpetrator ever been (or threatened to be) violent to the children?		
34	Has the perpetrator ever been (or threatened to be) violent to pets?		
35	Has the perpetrator ever sexually abused the victim or been sexually inappropriate? (including threats)		
36	Was there damage to any property/belongings?		
37	Was there physical violence?		
38	Did the perpetrator strangle/attempt to strangle or place hands around the victim's throat?		
39	Was a pre-meditated weapon present?		
40	Was an opportunity weapon present?		
	Violent 'Y' Ticks		

Ignore values of 0 when multiplying

Breakdown 'Y' Ticks		Social 'Y' Ticks		Violent 'Y' Ticks		TOTAL
	x		x		=	

*Professional judgement should always be used. If you feel that this incident should be graded HIGHER then do so, and explain why on the next page.	GOLD 72+	
	SILVER 16-71	
	BRONZE 1-15	

Victim Name		Date of incident	

11.3 Appendix 4 – USEFUL CONTACTS

USEFUL CONTACTS

TRUST CONTACTS

Susan Norbury (Assistant Director of Safeguarding) Ext 5171

Lisa Forshaw (Operational Lead, Specialist Nurse Safeguarding Children) - Ext 4295

Bleep 7413

Anne Monteith (Named Nurse Safeguarding Children) Ext 5298

Tricia Mullen (Named Nurse Safeguarding Adults) Ext 4944

Diane Gould (Specialist Nurse Safeguarding Adults) Ext 1314

Allison Wright (Named Safeguarding Midwife) Ext 7622

Charlotte Atherton (Safeguarding Children's Nurse) Ext 4993

Nicky McIntyre (Paediatric Liaison Manger) Ext 4003/5210

Vincent Bleakley (Mental Capacity Specialist Practitioner) Ext 4945

Kenny Jones (Learning Disability Specialist Practitioner) Ext 4946

NATIONAL CONTACTS

National Domestic Violence Helpline (24hr) – 0808 2000 247
Refuge – 0808 2000 247
NCDV (National Centre Domestic Violence) – 0844 8044 999
Men's Advice Line: 0808 801 0327
GALOP (LGBT Support) – 0800 999 5428
NSPCC – 0808 800 5000
Parent Line – 0808 802 5544

LOCAL CONTACTS

24 Hour Emergency Refuge: 01925 220541

RASA Merseyside (support and info for survivors of sexual violence): 0151 6661392

St Helens

St Helens Domestic Abuse Team – Safe2Speak: 01744 743200
St Helens Social Care: 01744 676663

Knowsley

The First Step: -0151 548 3333
Knowsley Social Care: 0151 443 2600

Halton

Halton Domestic Abuse Service: 0300 11 11 247
Halton Social Care: 0151 907 8305

Bright Sky App –mobile app and website for anyone experiencing domestic abuse, or who is worried about someone else- available in multiple languages