



Public – To be published on the Trust external website

Title: Domestic Abuse Procedure

Ref: CLIN-0086-v3

Status: Approved

Document type: Procedure

Contents

1	Introduction	4
2	Purpose	4
3	Who this procedure applies to	4
4	Related documents	5
5	Roles and responsibilities	5
6	What is Domestic Abuse.....	8
7	Recognising Domestic Abuse- Ask the question	9
8	Respond – Victim	10
9	Respond - Perpetrator/ Aggressor.....	12
10	Risk Assess- Safety Planning	13
11	Refer- MARAC.....	15
12	Refer - MAPPA.....	16
13	Record.....	16
14	MATAC	17
15	Honour Based Abuse including Forced Marriage and Female Genital Mutilation.....	17
16	Child and Adolescent to Parent Violence and Abuse (CAPVA)	19
17	Injunctions	20
17.1	Domestic Violence Protection Notice/ Order (DVPN/DVPO).....	20
17.2	Prohibited Steps Order.....	20
17.3	Stalking Protection Order	20
17.4	Non-Molestation Orders	21
17.5	Protection from Harassment Order.....	21
17.6	Occupation Orders	21
18	Domestic Homicide Reviews.....	21
19	Domestic Abuse and Employees	22
19.1	Victims of domestic abuse who work for the organisation	22
19.2	Managing Staff who are Perpetrators.....	22
20	Terms and definitions	23
21	How this procedure will be implemented.....	24
21.1	Training needs analysis.....	24
22	How the implementation of this procedure will be monitored	25
23	References	26
24	Document control (external).....	28
	Appendix 1 - Equality Analysis Screening Form	30
	Appendix 2 – Approval checklist.....	33
	Appendix 3 - Indicators of Coercive and Controlling Behaviours	35
	Appendix 4 - Responding to Counter Allegations: Guidance.....	38

Appendix 5 - Working with Perpetrators of Domestic Abuse39
Appendix 6 - Example Safety Plans41
Appendix 7 - TEWV Safeguarding Organisational Chart / Poster.....44

1 Introduction

Tees, Esk and Wear Valleys NHS Foundation Trust (referred throughout this document as the Trust) is committed to providing a high-quality service to all who access it. This procedure will help staff to understand Domestic Abuse and what actions to take to help safeguard victims (including children).

Staff will adopt the 'Think Family' approach to safeguarding and that we consider the impact of domestic abuse on all the family and those that visit the home.



This procedure must be read in conjunction with local multi-agency policy and procedures which can be accessed via the local safeguarding websites

This procedure is linked to the Safeguarding Childrens and Safeguarding Adults policies and aligns with how they link with Our Journey to Change.

2 Purpose

This procedure is to help staff to recognise, respond and report Domestic Abuse to safeguard victims including children from abuse and significant harm.

This procedure ensures we adhere to local and national policy and guidelines.

This procedure clarifies the roles and responsibilities of staff on behalf of the organisation.

3 Who this procedure applies to



Safeguarding is everyone's business.

All trust staff including agency staff.

Any person working into the trust including volunteers.

This policy applies to all individuals who access trust services.

The Safeguarding Public Protection Team use a variety of means to continually inform this procedure and its development, including staff feedback and reflections following contact with the team, reflections following multi-agency processes and inspectorate visits.

The Trust acknowledges that not everyone identifies as a woman or man, this procedure refers to both however staff are to be aware that the procedure applies to all gender identities equally.

4 Related documents

This procedure should be read in conjunction with local multi-agency policies and procedures on Safeguarding Children Partnership websites.

Trust policies and procedures references within this policy are listed below and can be found within the [policies and procedures section of the Trust intranet](#).

- [Allied Health Professionals Professional and Clinical Supervision](#)
- [Clinical and Professional Supervision Policy](#)
- [Confidentiality and Sharing Information Policy](#)
- [Criminal Incident Reporting Procedure](#)
- [Human Rights, Equality Diversity and Inclusion Policy](#)
- [Incident Reporting and Serious Incident Review Policy](#)
- [Information Governance Policy](#)
- [Interpreting and Translation Policy](#)
- [Interpreting and Translation guidance](#)
- [MAPPA Policy](#)
- [Mental Capacity Act 2005 Policy](#)
- [Records Management Policy](#)
- [Safeguarding Adults Policy](#)
- [Safeguarding Children Policy](#)
- [Special Category Data Policy](#)
- [Did Not Attend Was Not Brought Policy](#)

5 Roles and responsibilities

Role	Responsibility
Trust Board	<ul style="list-style-type: none"> • Overall responsibility for ensuring the Trust delivers high quality services that are efficient, effective and safe.
The Chief Executive	<ul style="list-style-type: none"> • Overall responsibility for the implementation of this procedure across the Trust.

<p>Chief Nurse</p>	<ul style="list-style-type: none"> • Responsible for governance systems and the organisational focus on safeguarding. • Ensure the Trust complies with multi-agency safeguarding and domestic abuse arrangements and compliance with this procedure. • Overall strategic responsibility for safeguarding inclusive of domestic abuse. • Reports to the Trust Board on all aspects of Safeguarding inclusive of domestic abuse.
<p>Associate Director of Nursing - Safeguarding</p>	<ul style="list-style-type: none"> • Responsible for the operational management of the Safeguarding & Public Protection team. • Ensuring local domestic abuse strategies are fully delivered within the Trust and in partnership with other agencies through local arrangements. • Delivering corporate support to the Trust for professional governance and assurance issues relating to nursing and safeguarding/domestic abuse. • Providing professional support to the Trust in relation to research and development initiatives as they relate to domestic abuse. • Provides the Quality and Assurance Committee with twice yearly updates on the progress being made and any areas which require further development.
<p>Executive Medical director, general managers and associate medical directors, associate directors of therapies and Care Group Directors of Nursing and Quality.</p>	<ul style="list-style-type: none"> • Will support the delivery of the wider, local, domestic abuse strategies across the Trust. • They will ensure staff are aware of this procedure and is implemented throughout their work areas. • Ensure access and uptake of training and supervision by their staff is made possible. • Disseminate new and relevant information gained at the Trusts Safeguarding and Public Protection group to all staff.
<p>Named Doctors Safeguarding Adults and Children</p> <p>And</p>	<ul style="list-style-type: none"> • Has an educative role in relation to Doctors and Medical Staff employed by the Trust. • Provides safeguarding (inclusive of domestic abuse) supervision to all levels of medical staff dealing with complex cases of a safeguarding nature • Is accountable to Medical Director.

Associate Named Doctor Safeguarding Children	
Named Nurse Safeguarding Children and Named Professional Safeguarding Adults	<ul style="list-style-type: none"> • Leading the development, implementation and monitoring of the Domestic Abuse Procedure and procedure, in liaison with partner agencies. • Actively participate in multi-agency domestic abuse focused meetings representing the Trust. • Work closely with Named/Designated Professionals for safeguarding adults/children to influence the development of policies and procedures developed locally, regionally and nationally. • Provide assurance to Trust Board and external assessors regarding effective and efficient procedure implementation. • Provide highly specialised advice and guidance to Trust staff in relation to Safeguarding and Public Protection. • Ensure effective supervision processes are in place for staff managing complex cases. • Responsible for ensuring the provision of safeguarding training, inclusive of domestic abuse, that meets the needs of our staff.
Senior Nurse / Senior Professional Safeguarding Adults And Senior Nurse / Senior Professional Safeguarding Children	<ul style="list-style-type: none"> • Support the Named Nurses / Professionals Safeguarding in delivering the local domestic abuse strategies including specialist safeguarding supervision and training to Trust staff.
Safeguarding / MARAC Advisor	<ul style="list-style-type: none"> • Develop and implement the Trust training strategy. • Deliver specialist safeguarding supervision • Offer advice and support to Trust staff
All employees of the Trust including volunteers	<ul style="list-style-type: none"> • To identify and report abuse or suspected abuse • To comply with domestic abuse procedure.

6 What is Domestic Abuse

The Domestic Abuse Act (2021) defines domestic abuse as:

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if — A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive.

Behaviour is “abusive” if it consists of any of the following — physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.

A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

Two people are personally connected if they are or have been married to each other; they are or have been civil partners, they have agreed to marry one another, they have been or are in an intimate relationship, they have parented a child together or they are relatives.

The Domestic Abuse Act (2021) recognises children as victims of domestic abuse, where they see, hear or experience the effects of the abuse and are related to either party. A child is anyone under the age of 18.

It’s important to remember domestic abuse can happen:

- to any gender, *though women are much more likely to be victims than men, and are far more likely to experience repeated and severe forms of abuse, including coercive and controlling behaviour, sexual violence and violence which results in injury or death*¹
- inside and outside the home
- over the phone, on the internet and on social networking sites
- between intimate partners or family members
- in any relationship and can continue after the relationship has ended
- domestic abuse in teenage relationships is just as severe and has the potential to be as life-threatening as abuse in adult relationships.

Domestic abuse can include:

- **coercive control** such as being told where to go and what to wear or being isolated from friends and family [see appendix 3](#) for more information
- **physical abuse** such as being punched, kicked, cut, or being hit with an object

¹ *Women’s Aid 2022*

- **emotional abuse** such as being constantly undermined, sworn at, intimidated, ridiculed, harassed, or threatened with harm or death
- **sexual abuse and rape** including within a relationship or being made to have sex with other people
- **stalking and harassment** such as being repeatedly followed or spied on, being regularly given unwanted gifts or receiving unwanted communication
- **economic and financial abuse** such as having access to money controlled or withheld or being prevented from earning money
- **technology-facilitated abuse** such as having messages and emails monitored or deleted, constantly being sent messages or calls, or being tracked via device location ²

In this procedure we use the term victim, as the Domestic Abuse Act (2021) uses this term. Not everyone who has experienced, or is experiencing domestic abuse chooses to describe themselves as a victim and they may prefer another term, for example, survivor. Staff must use the term the person feels most comfortable with.

7 Recognising Domestic Abuse- Ask the question

All staff must routinely ask a patient whether they are experiencing or have experienced domestic abuse, this must form part of initial assessments and be routinely asked again throughout the therapeutic relationship.



Think before you ask, is it safe to ask the question?

Staff must make sure the patient is alone, whether attending in person or virtually (telephone or video calling) before asking the question. Partners or children must not be able to overhear. Check if you are on speakerphone or ask a partner to remain in a waiting area.



Be aware that situations change quickly and that risk is dynamic. It is important to always follow up and call back later or ask a colleague to call back if someone terminates a call abruptly.

It is important to frame the question. An example may be “*We routinely ask about domestic abuse because it is so common, affecting approximately 1 in 4 people...*” or:

² *Women's Aid 2023; Surviving Economic Abuse 2023; Refuge 2023*

“Has anyone close to you (family members or sexual partners) ever made you feel afraid, controlled or isolated, or physically hurt you?”

You may need to give examples, particularly for controlling and coercive behaviour. It is also important to make people aware that domestic abuse is not limited to intimate partners and applies to family members also.

Where an interpreter is needed, ask the patient what sex they prefer the interpreter to be. This may help someone to disclose. Please see [Interpreting and Translation guidance](#).

A friend or family member must never be used as an interpreter. The interpreter must sign a confidentiality agreement.

As part of asking the question, you have a responsibility to question what you hear and decide if the presentation of the person warrants concern.

Be open to the possibility that your patient is violent or abusive to their partner. Asking about how a patient’s relationship is going, or how they are handling stress or difficult situations at home will help disclosure. Simply asking ‘How are things at home?’ may be enough to prompt disclosure.

8 Respond – Victim

Victims who have been abused say they were glad when a health practitioner asked them about their relationships. Young people also want people to ask. Explain that you are concerned (or, if it is a routine enquiry, that you ask everyone), and respectfully ask direct questions.

When a disclosure is made a [Safelives DASH](#) (Domestic Abuse, Stalking and Honour Based Abuse) risk checklist ³ should be completed. This helps to understand the risks for the person. It can be used for domestic abuse, stalking and honour based abuse. Where any question is ticked yes staff must give an explanation/ narrative about this.

[Translated DASH risk assessments can be found via this link.](#)

Staff should use professional judgement as to whether a referral to Multi-Agency Risk Assessment Conference (MARAC) is required, MARAC is for high risk of serious harm or homicide.

Where the risk is high, but the number of ‘yes’ responses to DASH questions is small, the threshold of 14 positive responses to the check-list should be a fall-back position – i.e. if the professional judgement is that there is not a high risk of serious harm or homicide but

³ [Safelives \(2019\) Domestic Abuse, Stalking and Honour Based Abuse Checklist](#)

there are 14 'yes' responses to the DASH questions, then it must be concluded that there is high risk of harm⁴ and a referral made to MARAC.

In all cases where a referral is made for MARAC to plan interventions in relation to a high risk domestic abuse situation, if there are children in the family, a referral must be made to Children's Social Care. Even though a case has been referred to MARAC a separate multi agency response will be required to safeguard the children.

Staff must consider the needs of vulnerable adults and make a referral as per local procedures. Safeguarding procedures and MARAC should continue to operate side by side – not as an 'either/or' position



Risk is fluid and must be re-assessed regularly

Victims of domestic abuse are most at risk of increased life threatening abuse when they start to disclose abuse or try to leave an abusive relationship. The person who is experiencing the abuse is ultimately the only one who can predict the risk they face and the likelihood of further abuse.



Always find out if there are children who normally live in the household. Consider whether a Children's Social Care referral is needed.

During your contact with children and families there could be indicators from the child(ren) within the family home that would alert you to domestic abuse, even if this has yet to be disclosed by the victim/perpetrator themselves. Ask gentle questions such as how things are at home, is there anything that makes them sad. Remember not all children respond to domestic abuse in the same way, some may have difficulty accessing education, or always want to be away from home but others may be over achievers and may be reluctant to have friends to their home. This is why asking is so important.



Engagement with Specialist Domestic Abuse Services is key to improving safety

Referral to a Specialist Domestic Abuse service must be discussed, where a referral is to be made this must be made with the victim in order to plan safe contact. Handing a leaflet or providing a contact number requires careful consideration of any increase in risk this may cause if found by a perpetrator.

Local Specialist Services can be found on the [Safeguarding Public Protection Team Intranet page](#).

⁴ *Local Government Association (2017) Adult safeguarding and domestic abuse A guide to support practitioners and managers.*

While all allegations of abuse must be treated seriously, we must be aware that perpetrators might present as victims, some because they genuinely see themselves as victims, and some because by presenting as victims they hope to maintain power and control over their partner.

Counter-allegations can occur, these can lead to services seeing each person as a victim and perpetrator. It is important to try to identify the primary aggressor. Victims will not always be passive, they may respond to a perpetrator's violent behaviour in a retaliatory way. However, resistance violence from victims has very different motivations than violence from perpetrators⁵. See Appendix 4 for further tools to support understanding the risk

9 Respond - Perpetrator/ Aggressor

Be open to the possibility your patient is violent/ abusive to their partner.

Acknowledge their disclosure as a first step towards finding a way out of domestic abuse.

Give the RESPECT helpline number (0808 8024040) or local [Domestic Abuse service](#) that provides perpetrator work.

Your primary aim of work with perpetrators must always be to increase the safety and wellbeing of victims including children. Take steps to make sure the support offered does not increase risks to the victim (including children).

Complete the Perpetrator questions in Appendix 5 to give more information.

Although risk assessment is primarily informed by the individuals experience and insights, there may be other factors which you identify through your contact with or knowledge of the perpetrator. Engaging directly with the perpetrator helps you identify things that have increased risk in their relationship, for example, child contact, work, money etc. You should listen carefully to what the perpetrator is saying, particularly when thinking about escalation and lethality of abuse.

One of the most effective ways for a perpetrator to address their behaviour is by successfully engaging with an accredited Domestic Abuse Perpetrator Programme (DAPP). The RESPECT helpline can advise on local programme providers.

⁵ *Safelives (2023) Responding to counter allegations guidance- a practice review*



Engagement with Specialist Domestic Abuse Services is key to improving safety

Referring perpetrators to anger management courses is unlikely to be helpful and may make things worse. Anger is a component of domestic abuse, but it is not the cause of it. Mediation, couples counselling and parental conflict programmes are not suitable when domestic abuse is occurring. Parental conflict and Domestic abuse are very different, conflict that has a power imbalance or controlling behaviours must not be referred to Resolving Parental Conflict programmes.

Perpetrators of abuse towards a parent/ family member must be given careful consideration with regards to the risks of family therapy, a plan must address potential increased risks to victims.

It is not uncommon for perpetrators to cite mental health, trauma and/or substance use as the cause of their abusive behaviour. Treating one issue does not treat the other. None of these things are a cause of domestic abuse but there are links and any of these could exacerbate a perpetrator's abusive behaviour. Referrals to local services for additional needs should be made with consent.

10 Risk Assess- Safety Planning

When receiving a disclosure staff need to think about the immediate safety of the victims including children. Any immediate danger must be reported to the police via 999.

Research shows that there are specific indicators of heightened risk. You should consider these in deciding what to do next:

- Recent or imminent separation
- Recent escalation in frequency or severity of assaults
- Coercive control including extreme sexual jealousy, monitoring the survivor's movements, and severe intimidation
- Sexual violence or abuse
- Partner pregnant or recently given birth
- Past use of weapons
- Threats to kill
- Active substance misuse by the perpetrator
- Non-fatal strangulation
- Stalking and Harassment with any escalation

If one or more of these indicators are present, consider a MARAC referral. Staff can contact Safeguarding Public Protection Team on 01642 516118 if advice is required.



Separation does not mean safety

A Safeguarding Adults referral must be considered where the victim of domestic abuse is an adult at risk, as defined by the Care Act 2014:

- aged 18 or over; and
- Has needs for care and support (whether those needs are being met or not) and
- As a result of those needs is unable to protect him or herself, from the risks of or experience of abuse and neglect

Follow the Safeguarding Adults Policy

Children are always impacted by domestic abuse and are victims in their own right, staff must consider whether a referral to Local Authority is needed. The Safeguarding Public Protection Team are available to discuss further 01642 516118

Where MARAC threshold is not met staff must ensure the victim knows where they can get specialist help from. Staff must review the risks at regular intervals including after any further incidents. Ongoing discussion around safety and safety planning must be done. Example safety questions can be found in [Appendix 6](#)

Discuss Clare's Law (Domestic Violence Disclosure Scheme) with the victim. The scheme aims to help victims make informed decisions about their relationship based on the partners past history of abuse. A victim can make a request known as 'Right to Ask'. Staff can request the disclosure under the process 'Right to Know'. Details of both the victim and perpetrator are required, the request goes to Police via 101.

Perpetrators can now digitally stalk and monitor victims. Advice can be found at [the what is tech abuse](#) about this, remember that blocking perpetrators access can increase the risk to victims so must be done with a full safety plan by a specialist organisation. There is an [online safety plan that can be accessed](#) if the person does not want to engage with a specialist service.

Safety planning for those remaining in the relationship is as important as those who choose to leave.

Where domestic abuse is disclosed a relevant Adult and Child (where applicable) safeguarding concern form must be created. Where this is a parent the impact of parental mental health on children must be reviewed.

There are a number of [injunctions that can be considered in relation to domestic abuse](#).

11 Refer- MARAC

A Multi Agency Risk Assessment Conference (MARAC) is a meeting where information is shared on domestic abuse cases deemed to be high risk. Representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors, probation and other specialists may attend.

The meeting looks at up to date information about victim's needs including any children and the needs of the perpetrator. MARAC aims to share information to increase safety, health and wellbeing of victims including children.



No single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety.

MARAC aims to formulate an action plan for all agencies to identify actions agencies can undertake to increase safety.

MARAC meetings are attended by the Trust's single point of contact (SPOC) from the Safeguarding Public Protection Team. The SPOC will link with the Lead Professional/ Care Coordinator/ Inpatient Nurse to share information and advise of the action plan and any actions allocated to the Trust. The meeting summary will be recorded on the electronic care record.

A MARAC alert will be on the record after the meeting for all known individuals heard.

If a MARAC alert is over 12 months old, it is no longer current and staff must end the alert. However, it is a reminder of past disclosures which may assist with current assessments.

Staff should use professional judgement as to whether a referral to Multi-Agency Risk Assessment Conference (MARAC) is required, MARAC is for high risk of serious harm or homicide.

Where the risk is not seen as high, the number of 'yes' answers should be a fall back position with 14 indicating a referral to MARAC i.e. if the professional judgement is that

there is not a high risk of serious harm or homicide but there are 14 'yes' responses to the DASH questions, then it must be concluded that there is high risk of harm⁶

When a MARAC [referral](#) is made staff must send a copy to the email address included on the referral form and cc the Trust Safeguarding & Public Protection team into the referral. TEAWVNT.Safeguarding-MARAC@nhs.net.



Perpetrators of Domestic Abuse must not be made aware they are to be discussed at MARAC, sometimes a victim may be unaware due to the risk they may share this information with the perpetrator.

Following the referral the MARAC Coordinator will consider whether the case meets MARAC threshold to be heard.

A case is heard at MARAC once, unless further incidents occur. A case is heard as a repeat case if an incident has occurred within the last 12 months. A person is not open to MARAC they are heard at a meeting.

12 Refer - MAPPA

Perpetrators of domestic abuse can be referred to MAPPA by any agency, as a Category 3 offender, even if they have not been convicted of or cautioned for a violent offence.

Please see the MAPPA Policy for this process.

13 Record

Ensure all disclosures are accurately recorded on the electronic care record as a safeguarding concern. The impact of parental mental health on the child(ren) must be updated alongside this.

Routine enquiry must be clearly documented at all initial assessments and care plan reviews. Where it has not been possible to ask due to, for example it being unsafe to do so in the presence of others, this must be clearly recorded and an indication of when this will be asked.

Document any concerns for domestic abuse you have, even if a disclosure has not yet been made. Describe what you see.

⁶ *Local Government Association (2017) Adult safeguarding and domestic abuse A guide to support practitioners and managers.*

Record routine enquiry (asking the question) clearly at all points it is asked. This may be outside of formal reviews where indicators of abuse are seen.

Record the DASH risk assessment within the electronic care record and use a safeguarding case note to indicate where this can be located, any actions and when it will be reviewed. The progress note must be tagged with safeguarding.

Where appropriate share intelligence with local Police.

Clearly record the discussion for safety planning in a safeguarding case note linked to the concern form. Review this at regular points. Where a person is accessing support from a specialist service staff must record any liaison and understanding or risks and safety planning in place.

14 MATAC

MATAC refers to the Multi-Agency Tasking and Coordination process of identifying and tackling serial perpetrators of domestic abuse perpetrators.

The overarching objectives of the MATAC are to safeguard adults and children at risk of domestic abuse and to reduce the offending of domestic abuse perpetrators.

All agencies work in partnership to engage serial perpetrators in support, take enforcement action where needed, to protect victims.

Attendance at MATAC is held by clinical services, within identified localities within the trust.

Where a perpetrator is open to MAPPA they are no longer eligible for MATAC to prevent duplication of resources.

15 Honour Based Abuse including Forced Marriage and Female Genital Mutilation

There is currently no statutory definition of Honour Based Abuse in England and Wales, but a common definition has been adopted across government and criminal justice agencies: 'A crime or incident which has, or may have been, committed to protect or defend the honour of the family and / or community'.

Honour Based Abuse can take many forms, including child marriage, virginity testing, enforced abortion, forced marriage, female genital mutilation, as well as physical, sexual and economic abuse and coercive control.

Honour Based Abuse is often thought of as a 'cultural', 'traditional' or 'religious' problem. It can affect people of all ages, but often begins early in the family home.

Honour Based Abuse is more prevalent within communities from South Asia, the Middle East, and North and East Africa. Reports come from Muslim, Sikh, Hindu, Orthodox Jewish and occasionally traveller communities. It is not determined by gender – both perpetrators and victims can be male or female.

However, cultural tradition does not mean Honour Based Abuse is acceptable. Forced marriage is illegal. All forms of Domestic Abuse are illegal.

It can lead to a deeply embedded form of coercive control, built on expectations about acceptable and unacceptable behaviours. Control is often established without overt violence against the victim. For example, family members may threaten to kill themselves or ostracise the victim.

Perpetrators are often partners or ex-partners, or family members. We know, through calls to the national Honour Based Abuse Helpline, that most victims experience abuse from multiple perpetrators, including parents and siblings⁷.

Victims of Honour Based Abuse experience abuse for much longer than those not identified as at risk of Honour Based Abuse

Victims of Honour Based Abuse are seven times more likely to experience abuse from multiple perpetrators, and are at greater risk of serious harm or homicide

Research suggests that at least one 'honour' killing occurs in the UK every month (and this is likely to be an underestimate)

The overwhelming majority of victims of honour-based abuse are female, but this must not detract from the experiences of male victims⁸. Male victims often face unique challenges and barriers when it comes to seeking help and support.

Karma Nirvana provide the National Helpline which can be contacted by victims and professionals for advice and support. **0800 5999 247**

⁷ Karma Nirvana (accessed 29/12/23) <https://karmanirvana.org.uk/get-help/what-is-honour-based-abuse/>

⁸ House of Commons Women and Equalities Committee (2023) *So called Honour Based Abuse sixth report of session*.



Female Genital Mutilation (FGM) has no health benefits and harms girls and women in many ways. It is a violation of human rights.

The Angelou Centre can support victims with no recourse to public funds i.e. when they have to no legal right to remain in the UK. **0191 226 0394**

The Trust has as statutory obligation (Working Together to Safeguard Children 2023) to safeguard children from being abused through FGM.

Mandatory reporting (Serious Crime Act 2015) is required where disclosure of FGM for themselves or relative under the age of 18 is made. The Safeguarding Public Protection Team must be contacted for all cases of FGM regardless of age in order to report nationally.

For under 18's this must be reported to the police via 101 and the Trust Safeguarding Public Protection Team informed. This is an immediate referral to the local authority.

Where the person is over 18 and reporting FGM consider the risks to any children they have and report concerns to the local authority.

The Anti-social behaviour, Crime and Policing Act (2014) made it a criminal offence to force someone to marry, including taking someone overseas to force them to marry, marrying someone who lacks mental capacity to consent and where the person is under duress. Concerns regarding forced marriage must be reported to the Safeguarding Public protection Team on 01642 516118. Additional advice can be sought from the Forced Marriage Protection Unit 020 7008 0151.

Report all cases of female genital mutilation and forced marriage to the Safeguarding Public Protection Team 01642 516118 .



Report all cases of female genital mutilation and forced marriage to the Safeguarding Public Protection Team 01642 516118

16 Child and Adolescent to Parent Violence and Abuse (CAPVA)

CAPVA is used to describe the dynamic where a young person (8 years -18 years) engages in repeated abusive behaviour towards a parent or adult carer. Abusive behaviour can include physical violence; emotional, economic or sexual abuse; and coercive control. It may also include damage to property and abuse towards other family members, particularly siblings.

CAPVA is an under-recognised hidden harm that affects a significant number of families within the UK. Experiencing it can be devastating, with families reporting high levels of distress, and a negative impact on the mental health of all those involved.

Please see local safeguarding children partnership websites for each area's response to CAPVA.

Where the child is over 16 a MARAC referral must be considered.

17 Injunctions

A number of injunctions are available in domestic abuse, a person may tell you they have any of the following. It is important that staff understand each injunction and their responsibilities. Staff must report any breaches of orders, this helps to offer protection to victims where they may fear reporting a breach to the police.

17.1 Domestic Violence Protection Notice/ Order (DVPN/DVPO)

Under the Domestic Violence Protection Order Scheme, the Police and Magistrates can, in the immediate aftermath of a domestic violence incident, ban a perpetrator from returning to their home and from having contact with the victim for up to 28 days. The scheme comprises an initial temporary notice (Domestic Violence Protection Notice, DVPN), authorised by a Senior Police Officer and issued to the perpetrator by the Police, followed by a Domestic Violence Protection Order that can last from 14 to 28 days, imposed at the Magistrates' Court. Domestic Violence Protection Orders are designed to help victims who may otherwise have had to flee their home, giving them the space and time to access support and consider their options.

The time can be used by staff to safely engage with people who have been prevented from engaging by a perpetrator.

17.2 Prohibited Steps Order

Is an order granted by the court in family cases which prevents either parent from carrying out certain events or making specific trips with their children without the express permission of the other parent. Child contact can still take place however this order overrules parental responsibility and allows the Police to intervene as necessary.

17.3 Stalking Protection Order

Stalking Protection Orders were introduced on 22nd January 2020. Police can apply to Magistrates court when criminal threshold for stalking has not been met. It can last for a

minimum of 2 years or unlimited and include what someone cannot do but also order the perpetrator to engage with a particular service. It applies to anyone 10 years or above, across the whole of the UK.

17.4 Non-Molestation Orders

A Non-Molestation Order is a Court Order which prohibits an abuser from molesting another person they are associated with. Molestation is not defined in the Act but has been interpreted to include violence, harassment and threatening behaviour. An Order contains specific terms as to what conduct is prohibited and can last for, however, long is deemed appropriate by the Court. Breach of a Non-Molestation Order is a criminal offence. Children can now be included on Non-molestation orders.

17.5 Protection from Harassment Order

A Protection from Harassment Order is an Injunction granted at Magistrates or Crown court at the request of the Crown Prosecution Service. There is a power of arrest and up to five years imprisonment if the order is breached. They are commonly referred to as Restraining Orders.

17.6 Occupation Orders

An Occupation Order is a Court Order which governs the occupation of a family home. It can be used to temporarily exclude an abuser from the home and surrounding area and give the victim the right to enter or remain. In certain circumstances, the Court may attach a Power of Arrest to the Occupation Order.

18 Domestic Homicide Reviews

Domestic homicide reviews (DHRs) came into effect on 13 April 2011. They were established on a statutory basis under section 9 of the Domestic Violence, Crime and Adults Act (2004).

A Domestic Homicide Review (DHR) is a review of the circumstances of the death aged 16 or over (whether by homicide or suicide), which has or appears as to have resulted from violence, abuse or neglect by a person related to them or they have been an intimate partner with or a member of the same household.

The review looks to:

- establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;

- identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- apply those lessons to service responses including changes to policies and procedures as appropriate; and
- prevent domestic violence homicide and improve service responses for all domestic violence victims and their children by developing a co-ordinated and multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;
- contribute to a better understanding of the nature of domestic violence and abuse; and
- highlight good practice

The Safeguarding Public Protection Team is responsible for representing the Trust in the review and will be independent to the care delivered. The team will liaise directly with clinical services to ensure an accurate representation of the contact with victim, perpetrator or children is made.

The Trust action plans and identified learning are presented through the Safeguarding Public Protection Sub Group and in the Safeguarding Public Protection e-bulletin.

19 Domestic Abuse and Employees

19.1 Victims of domestic abuse who work for the organisation

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

Employees experiencing domestic abuse should consider informing their Line Managers in order for the right support to be offered.

All staff must be mindful that a colleague may be a victim of domestic abuse and consider indicators as we would for those accessing our service.

Managers can contact people and culture team for advice and support when a disclosure is made. Staff can access support through Employee Support Services.

19.2 Managing Staff who are Perpetrators

Domestic abuse perpetrated by staff will not be condoned under any circumstances nor will it be treated as a purely private matter. Staff must be aware that domestic abuse is a

serious matter which can lead to criminal convictions. Conduct outside of work may lead to disciplinary action being taken against a member of staff.

If you have concerns about potential domestic abuse within the workplace, raise these with your Line Manager and/or follow the Trust Freedom to Speak Up (Whistleblowing) policy.

20 Terms and definitions

Term	Definition
Physical abuse	is the most visible form of domestic abuse. It includes such behaviour as slapping, burning, beating, kicking, biting, stabbing and can lead to permanent injuries and sometimes death.
Sexual abuse	is any behaviour thought to be of a sexual nature which is unwanted and takes place without consent. It can be physical, psychological, verbal or online. Any behaviour of a sexual nature that causes distress is considered sexual abuse.
Emotional / Psychological abuse	are often closely linked terms that can be used interchangeably. It is any act including confinement, isolation, verbal assault, humiliation, intimidation, infantilisation, or any other treatment which may diminish the sense of identity, dignity, and self-worth
Financial abuse	is an aspect of 'coercive control' and one of the most powerful methods of keeping a survivor trapped in an abusive relationship. It involves a perpetrator using or misusing money which limits and controls the individual's current and future actions and their freedom of choice
Economic abuse	any behaviour that has a substantial adverse effect on someone's ability to acquire, use or maintain money or other property, or obtain goods or services. This can include preventing access to employment as well as direct access to finances.

Honour Based Abuse/ Violence	is a term used to describe violence committed by families or communities against a member, usually a woman or girl, who they feel has not followed what they believe to be the correct code of behaviour and has caused dishonour to the family.
Forced Marriage	is where one or both people do not/cannot consent to the marriage as they are pressurised, or abuse is used, to force them to do so. This is not to be confused with an arranged marriage, where parties involved have the choice to accept the arrangement or not.
Female Genital Mutilation (FGM)	is where the female genitals are deliberately cut, injured or changed, for non-medical reasons.
Child/ Adolescent to Parent Violence and Abuse	is a form of domestic abuse in which a parent is experiencing physical violence or controlling and coercive behaviour from their child.

21 How this procedure will be implemented

- This policy will be published on the Trust’s intranet and external website
- This policy will be communicated to all Trust staff to implement

21.1 Training needs analysis

This procedure is not intended as a training tool and you will need to access the relevant information and courses to equip you with the knowledge you need when identifying and responding to domestic abuse concerns.

Basic Domestic Abuse awareness is built into the Safeguarding Training Levels 1, 2 and 3. Basic awareness must be completed by all staff including non-clinical through mandated Adult/Child safeguarding training processes.

The required level of training is below:

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All non-clinical staff i.e., corporate, housekeeping	Safeguarding Level 1	e-learning	Every 3 years
All Clinical band 4 and below who have contact with service users of any age.	Safeguarding Level 2 including PREVENT	e-learning – 4 hours	Every 3 years
All clinical staff Band 5 and above including Medics and Allied Health Professionals	Safeguarding Level 3	e-learning – 3 hours pre-reading material – 2 hours face to face training - 3 hours Additional 4-8 hours to be achieved and evidenced by appraisal	Every 3 years
Safeguarding Public Protection Professionals including Named Doctor	Safeguarding Level 4	24 hours	Over 3-year period
All clinical staff Band 5 and above including Medics and Allied Health Professionals	PREVENT	Mental health approved e-learning	3 yearly

Partner agencies offer domestic abuse awareness which can be found through their websites on the [Safeguarding Public Protection Intranet page](#).

22 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	The following Key performance Indicators will be monitored: <ul style="list-style-type: none"> • Training compliance 	Quarterly through data collection, by the Safeguarding Public Protection Team	Safeguarding Public Protection Sub-Group of the Quality and Assurance Committee.

	<ul style="list-style-type: none"> • Safeguarding Child Concerns • Safeguarding Child concerns referred to Local Authority • Safeguarding Child concern by types of abuse • Staff allegations • Specialist Safeguarding Supervision 	Bi-annually through data collection, by the Safeguarding	Clinical Quality Review Group/ Quality & Performance Meeting
2	Domestic Abuse Audit	Annual audit by the Safeguarding Public Protection Team	Safeguarding Public Protection Sub-group of the Quality and Assurance Committee.

23 References

The Anti-social behaviour, Crime and Policing Act (2014)

The Care Act (2014)

The Children’s Act (2004)

Department of Health (2017) *Domestic abuse: a resource for health professionals*

Department of Health (2017) *Responding to domestic abuse: A resource for health professionals*

The Domestic Abuse Act (2021)

The Domestic Violence, Crime and Adults Act (2004)

The Family Law Act (1996)

Home Office (2016) *Domestic Violence Disclosure Scheme (DVDS) Guidance*

Home Office (2016) *Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews*

HM Government (2014) *Multi-agency practice guidelines: Handling cases of Forced Marriage*

HM Government (2020) *Multi-agency statutory guidance on female genital mutilation*

HM Government Statutory Guidance (2023) *Working Together to Safeguard Children*

Karma Nirvana (accessed 29/12/23) <https://karmanirvana.org.uk/get-help/what-is-honour-based-abuse/>

Local Government Association (2017) *Adult safeguarding and domestic abuse A guide to support practitioners and managers.*

NICE Guidance (2014) *Domestic violence and abuse: multi-agency working (England and Wales)*

National Institute Clinical Excellence (NICE) (2016) *Domestic Violence and Abuse: Quality Standard*

The Protection from Harassment Act (1997)

Respect (2023) *guidelines for working with perpetrators of domestic abuse.*

Royal College of Nursing (2018) *Adult Safeguarding: Roles and Competencies for Health Care Staff*

Royal College of Nursing (2019) *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff.*

Royal College of Nursing (2020) *Guidance for nurses and midwives to support those affected by domestic abuse.* London: RCN.

Safelives (2019) *Domestic Abuse, Stalking and Honour Based Abuse Checklist*

Safelives (2023) *Responding to counter allegations guidance- a practice review*

The Serious Crime Act (2015)

The Stalking Protection Act (2019)

24 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	09 May 2024 (pending)
Next review date	09 May 2027 (tbc)
This document replaces	Domestic Abuse Procedure CLIN-0086-v2.2
This document was approved by	Safeguarding and Public Protection Sub-Group
This document was approved	09 May 2024
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	26 April 2024
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
2	02 Jun 2021	Changed next procedure review date from 29/12/2023 to 08/01/2024 as per request from Senior Leadership Group.	withdrawn
2.1	23 Sep 2021	Added reference to the Domestic Abuse Act 2021 Changed the definition of Domestic Abuse Included the definition of Economic abuse Clarity that Datix is to be completed if required as per the Trust Incident reporting and serious incident review policy – doesn't require an additional safeguarding Datix to supplement this.	Withdrawn
2.2	22 Nov 2022	Link 17 - 17. MONITORING & EQUALITY IMPACT ASSESSMENT – amended to include role and responsibilities and reviewed the monitoring section.	Withdrawn
3	09 May 2024	Full review of procedure, includes: expanded document on a page (with linked documents) in to the current procedure template with full text; minor wording changes and updates with no change to processes and advice	Approved

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Safeguarding & Public Protection team – Nursing & Governance
Title	Domestic Abuse Procedure CLIN-0086-v3
Type	Procedure
Geographical area covered	All areas of the Trust
Aims and objectives	To raise awareness as to the nature of domestic abuse and guide staff through their responsibilities when a disclosure, or identification, of domestic abuse is made.
Start date of Equality Analysis Screening	01 February 2024
End date of Equality Analysis Screening	26 April 2024

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All adults and children who are at risk from, or experiencing, domestic abuse.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO

	<ul style="list-style-type: none"> • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Veterans (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	
Describe any positive impacts	<p>This procedure highlights the need to consider domestic abuse in all age groups including adolescents and older people.</p> <p>The practitioner must understand equality and diversity issues and ensure that assumptions about people's disability, religion, race, sex, age, gender identity or sexual orientation, do not stop them from recognising and responding to domestic abuse.</p> <p>The use of professional interpreters who are impartial and have a duty to maintain confidentiality will support services user who do not speak English.</p> <p>Responding to domestic abuse in families with children will ensure children are safeguarded from emotional abuse.</p> <p>Considering the needs of a person deemed as an 'adult at risk', as defined by the Care Act 2014, will assist in ensuring that those who are seen as most vulnerable are safeguarded against domestic abuse.</p>

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of	See reference section

practice, best practice, nice guidelines, CQC reports or feedback etc.)	
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	This version of the procedure has received minor changes only and will be considered at the SGPP.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	No further training has been identified from this equality analysis however training requirements for Safeguarding is already in place for Trust Staff which covers the basics of Domestic Abuse and there is additional service specific training re Basic Awareness Domestic Abuse: Please refer to the Trust Mandatory Training Needs Analysis for details: https://intranet.tewv.nhs.uk/training
Describe any training needs for patients	
Describe any training needs for contractors or other outside agencies	

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. Rationale		
Are reasons for development of the document stated?	Yes	
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	
Have any related documents or documents that are impacted by this change been identified and updated?	n/a	
4. Content		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	
Are supporting documents referenced?	Yes	
6. Training		
Have training needs been considered?	Yes	

Are training needs included in the document?	Yes	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Yes	
8. Equality analysis		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	26 April 2024
9. Approval		
Does the document identify which committee/group will approve it?	Yes	
10. Publication		
Has the policy been reviewed for harm?	Yes	No harm
Does the document identify whether it is private or public?	yes	Public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	

Appendix 3 - Indicators of Coercive and Controlling Behaviours

(Home Office (2023) Coercive Behaviour Statutory Guidance Framework)

The following list outlines behaviours that are within the range of controlling or coercive behaviour:

Physical and sexual violence/abuse and violent behaviour

- Physical violence, and threats of physical violence;
- Physical intimidation e.g. blocking doors, clenching or shaking fists, slamming doors, hitting walls, pretending to hit or swing, throwing objects at or around the victim, displaying weapons or harmful objects, driving dangerously or erratically with the victim in the car; and
- Sexual assault, coercion or abuse, and threats of sexual assault.

Emotional and psychological abuse

- Abuse relating to faith or beliefs;
- Verbal abuse;
- Constant criticism of the victim's role as a partner, spouse or parent;
- Criticising the victim's choice of friends and associates;
- Intentionally undermining and/or manipulating the victim; and
- Posting unwanted messages on the victim's social media.

Controlling Behaviours

- Controlling or monitoring the victim's daily activities and behaviour, for example making them account for their time, dictating what they can wear, what and when they can eat, when and where they may sleep, who they meet or talk to, where they may work, restricting access to training/development etc.;
- Using digital systems, such as smart devices or social media, to coerce, control, upset and monitor the victim (e.g. restricting and checking phone use, needing to know passwords for accounts, using location tracking on devices, posting of a possibly triggering image);
- Controlling and monitoring the victim's access to their post;
- Acts of coercion or force to persuade the victim to do something that they are unwilling to do;
- Economic abuse (e.g. coerced debt, controlling spending/bank accounts/investments/mortgages/benefit payments);
- Using a victim's workplace to control them, e.g. denying access to work, dictating where they work, turning up at work;
- Making and enforcing rules and regulations that the victim is expected to follow and using punishments to make them comply e.g. making accusations or humiliating a person in public or private for deviating from the rules;
- Coercing the victim into carrying out criminal behaviour such as selling drugs or carrying weapons;
- Following the victim and/or appearing unexpectedly, e.g. at their place of work or at places where they are meeting friends;

- Reproductive coercion, including restricting a victim's access to birth control; refusing to use a birth control method; forced pregnancy; forcing a victim to get an abortion, to undergo in vitro fertilisation (IVF) or other procedure; or denying access to such a procedure;
- Using substances such as alcohol or drugs to control a victim through dependency, or controlling their access to substances; 16
- Using child arrangements and child maintenance to control the victim.

Restrictive Behaviours

- Withholding and/or destroying the victim's immigration documents, e.g. passports and visas;
- Preventing normal leisure activities such as volunteering, joining local clubs and groups, sports teams, civil/charitable activity, etc.;
- Preventing the victim from learning a language, improving their existing language skills, such as English if this is not their first language, or making friends outside of their ethnic/ or cultural background;
- Refusing to interpret (including British Sign Language, BSL, for deaf victims) on behalf of the victim;
- Hindering access to communication, e.g. refusing to make information accessible, denying access to communication support tools, augmentative and alternative communication (AAC), and/or professionals who support communication;
- Restricting access to health and social care appointments, or preventing the victim from accessing health or social care, including refusing to allow the victim to attend appointments alone (especially relevant for victims with disabilities or long-term health conditions);
- Preventing the victim from taking medication, or accessing medical equipment, or over-medicating them; and
- Isolating the victim from family, friends, colleagues and professionals who may be trying to support them, intercepting messages or phone calls.

Threatening Behaviours

- Threats of being placed in an institution against the victim's will, e.g. care home, supported living facility, mental health facility, etc. (particularly for disabled or elderly victims);
- Threats to expose/exposure of sensitive information (e.g. sexual activity, private sexual photos or films, 18 sexual orientation and/or transgender identity), or making false allegations to family members, friends, work colleagues, community or others, including via photos or the internet;
- Making false allegations to statutory agencies (e.g. Police, Children's Services, Jobcentre, Child Maintenance Services);
- Using children to control the victim, e.g. threatening to take the children away, threatening to harm the children;
- Using pets to control or coerce a victim, e.g. harming, or threatening to harm or give away pets;
- Intimidation and threats of disclosure of health status or an impairment to family, friends, work colleagues and the wider community, particularly where this may carry a stigma in the community;
- Threats to the victim, including to their family, friends and pets, that make them feel afraid;
- Threats to report a victim to immigration enforcement and/or the police, or threaten to remove the victim to their country of origin; and
- Intimidation or threats to go to the police to report alleged offending.

Appendix 4 - Responding to Counter Allegations: Guidance.

A review of Practice. Safelives Sept 2023.

‘One of the more common challenges for those coming into contact with domestic abuse is counter allegations, where both parties allege that the other is abusive. It can be easy to fall into the trap of believing this to be a common aspect of domestic abuse, i.e. there will be two perpetrators and two victims in one relationship’

Conflicting information might come to light either because both parties have reported domestic abuse incidents in the past, or the alleged perpetrator has made counter allegations during the most recent incident. If counter allegations are not identified and resolved, agencies may be providing services to the perpetrator and inadvertently helping them isolate and control the victim. The victim may not get access to the services they need because they are labelled ‘the perpetrator’. Without resolving counter allegations, our understanding of the risks to both parties and children is incomplete and the Marac and agencies involved may not be able to manage or reduce risk effectively.

Actual victim/survivor Perpetrator presenting as a victim	Actual victim/survivor Perpetrator presenting as a victim
Minimises severity of incidents, provides details & chronology	Minimises events and is vague about details
Takes responsibility or excuses the action of the perpetrator	Blames partner for incident
Empathy for partner, including difficult circumstances or childhood experiences	Focus on their experience, little or no empathy for person using harm
Feels remorse for fighting back or defending themselves	Feels aggrieved
Can identify a very specific reason why they called	Less likely to identify specific incident, focuses on general grievances
Ashamed of victimisation	Assertively claims victim status
Fearful	Does not appear to be in immediate risk, nor fearful
Has tried to leave or reconcile	Claims not to understand why previous relationship ended
Feels sense of obligation to abusive partner	May emphasise the role as provider

Appendix 5 - Working with Perpetrators of Domestic Abuse

Perpetrator discloses using abusive, violent and/or controlling behaviour towards their partner

The following questions will be useful:

- “It sounds like your behaviour can be frightening; does your partner say they are frightened of you?”
- “How are the children affected?”
- “Have the police ever been called to the house because of your behaviour?”
- “Are you aware of any patterns – is the abuse getting worse or more frequent?”
- “How do you think alcohol or drugs affect your behaviour?”
- “What worries you most about your behaviour?”

If the perpetrator responds openly to these prompting questions, more direct questions relating to heightened risk factors may be appropriate

- “Do you feel unhappy about your partner seeing friends or family – do you ever try to stop them?”
- “Have you assaulted your partner in front of the children?”
- “Have you ever assaulted or threatened your partner with a knife or other weapon?”
- “Have you and your partner tried to separate recently/separated recently?”
- “Did/has your behaviour changed towards your partner during (your) pregnancy?”

A perpetrator might not see their abusive behaviour as a problem, but they may find easier to talk about other issues such as drinking, stress or depression. These are useful questions to ask:

- “How is this drinking/stress at work/depression affecting how you are with your family?”
- “When you feel like that what do you do?”
- “When you feel like that, how do you behave?”
- “Do you find yourself shouting/smashing things...?”
- “Do you ever feel violent towards a particular person?”
- “It sounds like you want to make some changes for your benefit and for your partner/children. What choices do you have? What can you do about it? What help would you like to assist you to make these changes?”

Good practice in dealing with perpetrators of domestic abuse

- Be clear that abuse is always unacceptable
- Be clear that abusive behaviour is a choice

-
- Be aware, and convey to the perpetrator, that domestic abuse is about a range of behaviours, not just physical violence
 - Affirm any accountability shown by the perpetrator
 - Be respectful and empathic, but do not collude
 - Be positive: people can change
 - Do not allow your feelings about the perpetrator's behaviour to interfere with your provision of a supportive service
 - Be straight-forward; avoid jargon
 - Be clear that you must follow safeguarding policy and procedures, and that there is no entitlement to confidentiality if children are at physical or emotional risk
 - Make the perpetrator aware of the effects of domestic abuse on children, regardless of witnessing it directly or not
 - Do not back the perpetrator into a corner or expect an early full and honest disclosure about the extent of the abuse
 - Be aware of the barriers to the perpetrator acknowledging their abuse and seeking help (such as shame, fear of statutory service intervention, self-justifying anger)
 - Make the perpetrator aware of the likely consequences of their continued abuse
 - If you are in contact with both partners, always see them separately, if you are discussing abuse

Appendix 6 - Example Safety Plans

Department of Health (2017) Responding to Domestic Abuse: A resource for professionals.

Adult Safety Plan should cover these areas

<p>Safety in the relationship</p> <ul style="list-style-type: none"> • Places to avoid when abuse starts (such as the kitchen, where there are any potential weapons) • People a woman can turn to for help when they are in danger • Asking neighbours or friends to call 999 if they hear anything to suggest that a woman or her children are in danger • Places to hide important numbers such as helplines • How to keep children safe when abuse starts • Teaching the children to find safety or get help, perhaps by dialling 999 • Keeping important personal documents in one place so that they can be taken if a woman needs to leave suddenly • Letting someone know about the abuse so it can be recorded (for example this is important for cases that go to court or immigration applications)
<p>Leaving in an emergency</p> <ul style="list-style-type: none"> • Packing an emergency bag and hiding it in a safe place in case a woman needs to leave in an emergency • Plans for who to call and where to go (such as a refuge) • Things to remember to take: documents, medication, keys or a photo of the abuser (useful for serving court documents) • Access to a phone • Access to money or credit/debit cards that a woman might have put aside • Transport plans • Plans for taking clothes, toiletries and toys for children • Taking any proof of the abuse, such as photos, notes or details of people who know about it
<p>Safety in a relationship is over</p> <ul style="list-style-type: none"> • Contact details for professionals who can advise or give vital support • Changing landline and mobile phone numbers • How to keep her location secret from her partner if she has left home (by not telling mutual friends where she is) • Getting a non-molestation order, exclusion or restraining order • Plans for talking to children about the importance of staying safe • Asking an employer for help with safety while at work

A dependent young child's safety plan should cover these areas:

<p>Where the plan is kept</p> <ul style="list-style-type: none"> • This safety plan should not be kept by the child

<ul style="list-style-type: none"> • Professionals should give the child no written material, children can use mobile phone and text messaging to seek help • The child needs to rehearse the safety plan with you as part of the safety intervention planning.
Getting out of the way when there's abuse going on
<ul style="list-style-type: none"> • I cant stop it • Find a safe place
Getting help when it's safe to do so
<ul style="list-style-type: none"> • Ringing the police on 999 • Giving contact details (my name, address) • Telling what's happening (eg someone is hurting my mum)
Other sources of help
<ul style="list-style-type: none"> • Neighbours • Who to tell if I am hurt
Saying how I feel
<ul style="list-style-type: none"> • Its ok to feel eg sad, scared, angry
Who knows about the plan
<ul style="list-style-type: none"> • Non-abusing parent

A dependent older child's safety plan should cover these areas:

Where the plan is kept
<ul style="list-style-type: none"> • This safety plan should not be kept by the child • Professionals should give the child no written material, children can use mobile phone and text messaging to seek help • The child needs to rehearse the safety plan with you as part of the safety intervention planning.
Getting out of the way when there's abuse going on
<ul style="list-style-type: none"> • I cant stop it • To protect myself, I can break ruled like ; say n, shout, kick and scream if you need help • Get out of the room where the violence is happening • Find a secure place in my house
Getting help when it's safe to do so
<ul style="list-style-type: none"> • Use my mobile if I have one • Ringing the police on 999 • Giving contact details (my name, address) • Telling what's happening (eg someone is hurting my mum)
Other sources of help
<ul style="list-style-type: none"> • Neighbours • Text/call someone I can trust in an emergency eg with a pre agreed code word on what they should do
Siblings at home
<ul style="list-style-type: none"> • We know about each others safety plan • My role in their plan • If we have to leave the house • A bag of clothes ready

<ul style="list-style-type: none">• Where I'd like to go
Checking how I feel
<ul style="list-style-type: none">• It's OK to feel e.g. scared, sad, angry• Who I can talk to about it
Who knows about the plan
<ul style="list-style-type: none">• Non-abusing parent• Teacher, school nurse, social worker, other relative

Appendix 7 - TEWV Safeguarding Organisational Chart / Poster

<T:\Safeguarding and Public Protection\RESOURCES>