

Domestic Abuse and Harmful Practices Policy

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This policy relates to how East London Foundation (NHS) Trust (ELFT) will ensure that its service users, employees and those in the care of patients and employees (such as adults at risk and children) are supported and protected. This policy is intended to ensure a swift response through identification and response to Domestic Abuse and providing protection for survivors and their children.

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1.0 INTRODUCTION

- 1.1** This policy is intended to provide clear guidance for all East London Foundation Trust (ELFT) employees including bank staff on how to identify and respond to domestic violence and abuse.
- 1.2** This policy recognises that all groups of adults, children and young people can be victimised through Domestic Violence and harmful practices. Although a greater proportion of women experience all forms of Domestic Abuse, and are more likely to be seriously injured or killed by their partner or ex-partner; the effects of Domestic Abuse can be wide-ranging. People experience Domestic Abuse regardless of their social group, gender, age, ethnicity, marital status, disability, sexuality or lifestyle. In particular, Domestic Abuse has significant cost and health implications including serious injury, exacerbation of other medical conditions, stress and mental illness. Domestic Abuse has negative and lasting impact on families.

2.0 LEGAL OBLIGATION

- 2.1** The legal obligations which underpin this policy include the duties within the Human Rights Act (1998), the European Convention on Human Rights to protect life and to protect individuals from inhuman or degrading treatment.

The Care Act (2014) which extended the categories of abuse to include 'domestic violence and abuse' demonstrating a recognition of the significance of Domestic Abuse and the impact on children and adults at risk. An 'Adult at Risk' as defined under the Care Act (2014) is a person aged 18 or over with care and support needs who is at risk of or is experiencing abuse or neglect and as a result of care and support needs is unable to protect themselves.

The Serious Crime Act (2015) created a new offence of controlling or coercive behavior in an intimate or family relationship.

The Domestic Violence, Crime and Victims Act (2004) recognise common assault as an arrestable offence and instructs agencies to make provisions in relation to victims of offences, witnesses of offences and others affected by offences. The Act also stipulates the multi-agency statutory requirement to conduct a Domestic Homicide Review if a person is killed as a result of Domestic Abuse and there are lessons to be learnt regarding the way organisations work together to safeguard victims. The Domestic Violence, Crime and Victims Act Amendment (2012) extends the offence of causing or allowing the death of a child or vulnerable adult in section 5 of the 2004 Act ("the causing or allowing death offence") to cover causing or

allowing serious physical harm (equivalent to grievous bodily harm) to a child or vulnerable adult.

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003. It is also illegal to arrange for a child to be taken abroad for FGM. If caught, offenders face a large fine and a prison sentence of up to 14 years. FGM is a form of child abuse and violence against women. The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- Are informed by a girl under 18 that an act of FGM has been carried out on her;
- Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth

Forced Marriage is an offence under section 121 of the Anti-Social Behaviour, Crime and Policing Act (2014). There is no specific offence of 'honour-based crime' however it is a violation of the Human Rights Act and may be a form of Domestic Abuse.

The Modern Slavery Act (2015) states that 'a person commits an offence if a person holds another person in slavery, servitude or compulsory labour'.

Perpetrators of child sexual abuse, grooming and child sexual exploitation can be convicted under the Sexual Offences Act (2003). This Act is also used to convict perpetrators of sexual violence, voyeurism, sexual offences against a person with a mental disorder and sex with an adult relative.

The issue of children living with domestic abuse is now recognised as a matter for concern in its own right by both government and key children's services agencies. All the outcomes for children can be adversely affected if they are living with domestic abuse - the impact is usually on every aspect of a child's life. The impact of domestic abuse on an individual child can last into adulthood and will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances (London Child Protection Procedures 2019)

3.0 POLICY PRINCIPLES

To ensure that ELFT adopts a safe, consistent and quality approach to domestic violence and abuse in line with current legislation, local and national guidance, this policy is underpinned by the Department of Health (2017) Responding to Domestic Abuse: a resource for health professionals and the Working Together to Safeguard Children (2018) documents.

In fulfilling these obligations, this policy recognises that appropriate partnership working with other statutory and voluntary sector services is essential. The Trust fully participates in the Multi-Agency Risk Assessment Conference (MARAC) arrangements.

This policy will be applied without discrimination, regardless of gender/transgender, race, disability, sexual orientation, age, religion/belief or cultural practice.

4.0 TARGET AUDIENCE

All staff, volunteers and students who work within the Trust.

5.0 DEFINITIONS

5.1 Survivor

The terms “victim” and “survivor” are both used, depending on the context. “Survivor” is, however, preferred as it emphasises an active, resourceful and creative response to the abuse, in contrast to “victim”, which implies passive acceptance (Women’s Aid Survivor’s Handbook 2019)

Research shows the majority of Domestic Abuse is committed by men against women but domestic violence occurs in same sex relationships and can be perpetrated by women to men.

5.2 Perpetrator

A perpetrator of Domestic Abuse is a person who engages in abusive or controlling behaviour that would meet the criteria for Domestic Abuse.

5.3 Think Family

The 'Think Family' approach promotes co-ordinated thinking and delivery of services to safeguard children, young people, adults and their families/carers. This approach recognises that neither children, young people nor adults exist or operate in isolation; it therefore promotes the importance of building on family strengths as practitioners work in partnership with families to promote resilience and helping them to build their capabilities.

The Think Family approach ensures that the needs of children, young people, adults, families and carers are taken into consideration in order to secure better outcomes for all by coordinating the support they receive from all services across the Trust.

5.4 Trio of Vulnerabilities

This term is used to describe the overlapping issues of domestic violence, parental mental ill-health and substance misuse. These three factors have been identified as common features in families where the increased risk of harm to women and children has been identified. The Trio of Vulnerabilities has been present in Domestic Homicide Reviews and Serious Care Reviews and should be considered when assessing risks and completing safety planning with survivors of Domestic Abuse.

5.5 Domestic Abuse

The UK's cross-government definition of Domestic abuse is: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged sixteen or over who are or have been intimate partners or family members regardless of gender or sexuality. <https://www.gov.uk/government/news/new-definition-of-domestic-violence>

Domestic abuse can encompass but is not limited to

- Coercive control
- Psychological (e.g. Gas lighting);
- Physical;
- Sexual;
- Financial;
- Emotional abuse;
- Harassment and stalking
- Online or digital abuse

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

5.6 Coercive and Controlling behaviour

This 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. It can also include a pattern or acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

5.7 Psychological and Emotional abuse

The action or process of manipulating someone by psychological means for example questioning his or her own perceptions, memory, judgement and mental wellbeing (gas lighting). Emotional abuse could include shouting, name calling, acting aggressively or just generally making a person feel scared or making sarcastic comments about the individual.

5.8 Digital or Online Abuse

Online platforms are increasingly used to perpetrate domestic abuse. Online domestic abuse can include behaviours such as monitoring of social media profiles, messages or emails, abuse over social media such as Facebook or Twitter, sharing intimate photos or videos without consent (often known as revenge porn), using GPS locators, tracking devices or apps linked to smartphones, or spyware. (Women's Aid, 2019).

5.9 Stalking

Stalking is defined as:

'Two or more incidents (causing distress, fear or alarm) of obscene or threatening unwanted letters or phone calls, waiting or loitering around home or workplace, following or watching, or interfering with or damaging personal property by any person, including a partner or family member'

Any allegation of stalking, online or in person, should be taken very seriously. Research shows that stalking is associated with increased risk of serious harm or death. Stalking by partners or ex-partners is one of the most predictive factors of both further assault and of murder, even in cases where there is no history of physical violence. Stalkers will often combine physical, emotional and sexual intimidation. They may also broaden their targets to family and friends in a bid to exert control over the person's life.

Below is a list of examples that could be defined as stalking. The list is not an exhaustive one but gives an indication of the types of behaviour that may be displayed in stalking. The listed behaviours are:

- following a person;
- contacting, or attempting to contact, a person by any means;
- publishing any statement or other material relating or purporting to relate to a person, or originate from a person;
- monitoring the use by a person of the internet, email or any other form of electronic communication;
- loitering in any place (whether public or private);
- interfering with any property in the possession of a person;
- watching or spying on a person.

Source: Crown Prosecution Service (CPS) 2015

5.10 Financial Abuse

Financial abuse involves a perpetrator using or misusing money which limits and controls their partner's current and future actions and their freedom of choice. It can include using credit cards without permission, putting contractual obligations in their partner's name, and gambling with family assets.

6.0 HARMFUL PRACTICES

Harmful practices are a violation of human rights that put women's and children's sexual and reproductive health and rights at great risk. They are discriminatory practices committed regularly over such long periods of time that communities and societies begin to consider them acceptable.

A variety of harmful practices exist, including female genital mutilation (FGM), Modern Slavery, Child Sexual Exploitation (CSE), belief in witchcraft and spirit possession, child and/or forced marriage, crimes committed in the name of so-called honour and dowry-related violence. Child and/or forced marriage, CSE and FGM have an especially significant impact on the enjoyment of sexual and reproductive health.

6.1 Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have

been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Response to identification of CSE should include making a referral to Children's Social Care, contact with relevant partner agencies and recording in line with ELFT's Health Records Policy.

6.2 Belief in Witchcraft and Spirit Possession

Where parents, families and the child themselves believe that an evil force has entered a child and is controlling them, the belief includes the child being able to use the evil force to harm others. This evil is variously known as black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah. Children are called witches or sorcerers. (London Child Protection Procedures, 2019)

6.3 Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is a collective term for procedures, which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy.

FGM is practised in at least 29 countries across Africa, parts of the Middle East and South East Asia. FGM is practiced by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or young woman.

It is estimated that 60,000 girls under 15 are at risk of FGM in the UK, and 137,000 women and girls in the UK have already been subjected to it.

FGM is illegal in the UK and is recognised as a form of child abuse.

It is an offence to:

- perform FGM (including taking a child abroad for FGM);
- help a girl perform FGM on herself in or outside the UK;
- help anyone perform FGM in the UK;
- help anyone perform FGM outside the UK on a UK national or resident;
- fail to protect a girl for whom you are responsible from FGM.

Anyone who performs FGM can face up to fourteen years in prison. Anyone found guilty of failing to protect a girl from FGM can face up to seven years in prison.

6.4 Mandatory Reporting

There are mandatory reporting procedures in place for all regulated professionals in health, social care and education to report all cases of FGM to the Police for children under 18. The duty to report applies in specific situations:

Either:

A health professional is informed by a girl under 18 that an act of FGM has been carried out on her;

Or

A health professional observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth. All Trust employees should refer to the publication "Mandatory Reporting of Female Genital Mutilation – procedural information HM Gov. (2015)

(Please also see appendix 2 for FGM safeguarding pathway)

6.5 Sharing information with the Police

- Professional who initially identified the FGM in female under 18 should make a report to the Police on 101 (999 for immediate safety) clearly stating their name, contact details, role and place of work;
- Details of the girl in question including name, age/date of birth and address
- If applicable confirm that safeguarding actions have been undertaken or will be undertaken
- Complete DATIX form
If staff members are unsure how to proceed, advice should be sought from the line manager or Trust Safeguarding Team.

6.6 Honour Based Violence (HBV)

The terms "honour crime" or "honour-based violence" embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for actually or allegedly undermining what the family or community believes to be the family honour by not following the correct code of behaviour.

In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the "shame" or "dishonour" of the family. It can be distinguished from other forms of abuse as it is

often committed with some degree of approval and/or collusion from family and/or community members.

The Metropolitan Police definition of so-called honour based violence is: 'a crime or incident, which has or may been committed to protect or defend the honour of the family and/or community.

This type of violence and abuse includes physical, emotional, financial and sexual abuse of the victims. Victims may have multiple perpetrators not only in the UK; Honour Based Violence can be a trigger for a forced marriage.

Professionals should respond in a similar way to cases of honour violence as with domestic abuse and forced marriage (i.e. in facilitating disclosure, developing individual safety plans, ensuring the individual's safety by according them confidentiality in relation to the rest of the family)

6.7 Forced marriage

A forced marriage is one where either or both parties do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used against them. Forced marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. It is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. In 2004, the UK Government's definition of domestic abuse was extended to include acts perpetrated by extended family members as well as intimate partners.

The pressure that is put on people to marry against their will may be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel that they are bringing shame on their family). Financial abuse (taking away a person's wages or not giving them any money) may also be a factor.

If a person does not consent or lacks capacity to consent to marriage, that marriage must be viewed as a forced marriage whatever the reason for it taking place. Capacity to consent can be assessed and tested but is time-and-decision specific. Professionals should respond in a similar way to forced marriage as with domestic violence and honour based violence (i.e. in facilitating disclosure, developing individual safety plans, ensuring the individual's safety by according them confidentiality in relation to the rest of the family, completing individual risk assessments, etc.)

6.8 Modern Slavery

Modern slavery is a brutal form of organised crime in which people are treated as commodities and exploited for criminal gain. The true extent of modern slavery in the UK, and indeed globally, is unknown. Modern slavery, in particular human trafficking, is an international problem and victims may have entered the United Kingdom legally, on forged documentation or clandestinely, or they may be British citizens living in the UK. Modern slavery takes a number of forms, including sexual exploitation, forced labour and domestic servitude, and victims come from all walks of life. Victims are often unwilling to come forward to law enforcement or public protection agencies, not seeing themselves as victims, or fearing further reprisals from their abusers. In particular, there may be particular social and cultural barriers to men identifying themselves as victims. (Modern Slavery Act, 2015)

Signs of modern slavery may be physical or less obvious. Survivors may come into contact with Health services before any other services.

Response to identification of modern slavery should include:

- Making a referral to Children's Social Care and contact with relevant partner agencies.
- Consider a Safeguarding Adults Concern and contact relevant partner agencies.
- Consider contacting the Police on 101 (999 if there is immediate risk)
- Identification, discussion and decision-making should be recorded in line with ELFT's Health Records Policy.

6.9 MARAC (Multi Agency Risk Assessment Conference)

MARAC is a multi-agency risk assessment meeting of Police, Women's Aid, Social Care, Probation, Health, Substance Misuse, Education and any other relevant partners. The primary focus of the meeting is to increase the safety of the survivor and any dependants.

- When a DASH-RISK scores 14 ticks or above (High Risk) a MARAC Referral is required
- Each case is discussed and agency actions agreed
- MARAC is not a case management process
- All agencies have 8 days to complete their actions.

The purpose of the DASH – RISK checklist is to give a consistent and simple tool for practitioners who work with adult victims of Domestic Abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in order to manage their risk. If you are concerned

about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.

This checklist can be used for lesbian, gay, bisexual relationships and for situations of 'honour'-based violence or family violence.

The DASH and MARAC forms are available on the ELFT intranet and SafeLives page <http://www.safelives.org.uk/> (Please see Appendix 1)

6.10 MAPPA (Multi Agency Public Protection Arrangements)

Multi Agency Public Protection Arrangements is the name given to arrangements in England and Wales for the 'responsible authorities' tasked with the management of registered sex offenders, violent and other types of offenders who pose a serious risk of harm to the public. This is managed by the Police.

6.11 Domestic Violence Disclosure Scheme (DVDS)

The Domestic Violence Disclosure Scheme (DVDS) also referred to as "Clare's Law", after the tragic case of Clare Wood who was murdered by her former partner in Greater Manchester in 2009, was rolled out across all 43 police forces in England and Wales in March 2014. The scheme is intended to provide information that could protect someone from being a victim of abuse. The scheme allows the police to disclose information on request about a partner's previous history of domestic violence or violent acts (Home Office 2016).

6.12 Domestic Homicide Review (DHR)

Two women a week die as a result of Domestic Abuse. In cases where Domestic Abuse is thought to have contributed to the death of a person a DHR is commenced.

DHRs are managed by the Home Office and are meant to identify learning to prevent future harm.

A 'domestic homicide review' means a review of the circumstances in which the death of a person aged sixteen or over has, or appears to have, resulted from violence, abuse or neglect by:

- A person to whom he/she was related or with whom he/she was or had been in an intimate personal relationship, or;
- A member of the same household as himself/herself, held with a view to identifying the lessons to be learnt from the death.

7.0 ADDITIONAL CONSIDERATIONS WHEN ASSESSING RISK IN DOMESTIC VIOLENCE AND ABUSE

7.1 Adults with care and support needs

The Care Act (2014) identified Domestic Abuse as a category of abuse in adult safeguarding. Evidence indicates that those experiencing physical, mental health and learning disabilities may be more vulnerable to Domestic Abuse. Their health difficulties may also make it harder for them to access support. Therefore, if an adult has care and support needs and they disclose Domestic Abuse, a Safeguarding Adults Concern should be considered alongside the completion of a DASH-RIC.

7.2 Mental Health and Domestic Abuse

When working with people living with severe and enduring mental illness and mental health difficulties it is essential that Domestic Abuse and its impact is considered.

Research suggests that women experiencing Domestic Abuse are more likely to experience a mental health problem, while women with mental health difficulties are more likely to be domestically abused, Research has indicated that 30-60% of women with a mental health problem have experienced domestic violence. Domestic violence is associated with depression, anxiety, PTSD and substance abuse in the general population.

Exposure to domestic violence has a significant impact on children's mental health. Many studies have found strong links with poorer educational outcomes and higher levels of mental health problems. (Mental Health Statistic: Domestic Violence, Mental Health Foundation 2019)

7.3 Disability and Domestic Abuse

Research conducted by SafeLives (2017) found that people with disabilities experience higher rates of Domestic Abuse than people without disabilities.

The Crime Survey for England and Wales (March, 2015) reported that women and men with a long standing illness or disability were more than twice as likely to experience some form of Domestic Abuse than women and men with no long standing illness or disability.

Disabled victims of Domestic Abuse also suffer more severe and frequent abuse over longer periods of time than non-disabled victims;

Disabled victims typically endure abuse for an average of 3.3 years before accessing support, compared to 2.3 years for non-disabled victims;

Even after receiving support, disabled victims were 8% more likely than non-disabled victims to continue to experience abuse.

For a disabled person, the abuse they experience is often directly linked to their impairments and perpetrated by the individuals they are most dependent on for care, such as intimate partners and family members.

SafeLives estimates that at least 13,600 disabled victims experiencing high risk Domestic Abuse (out of 16,000 disabled victims in total) are either not supported by a Multi-Agency Risk Assessment Conference (Marac), or their impairment is not identified by the Marac process. Currently almost one in five MARAC reports (18%) does not record any disability referrals at all.

Please ensure that risk assessments include and consider the impact of disability on the person's ability to keep themselves and any children safe.

7.4 Older People

According to a 2016 SafeLives report it was estimated that 120,000 people aged over 65 had experienced at least one form of abuse.

The research shows that older people are much more likely than younger people to be abused by a family member but much less likely to seek help. Older victims are less likely to leave abusive relationships.

Whereas more than two-thirds of victims aged less than 60 left their abuser in the year before seeking help barely a quarter of people over 65 did. Often the abuse begins when the couple have retired and are spending more time alone together.

There are many practical reasons why people don't leave abusive relationships however for older people pensions may be linked, they may be disabled or have caring responsibility for a disabled partner. It is possibly much harder to uproot yourself the longer you have been in a relationship. There are very few refuges catering for older people.

7.5 Pregnancy

Research indicates that a third of Domestic Abuse starts during pregnancy. Existing abuse may get worse during pregnancy or after giving birth.

Domestic Abuse during pregnancy puts the unborn child in danger. It increases the risk of miscarriage, infection, premature birth, and injury or death to the baby. (Domestic Abuse in Pregnancy- undated www.nhs.uk)

7.6 Children and young people

Every child deserves a safe and secure home, but witnessing domestic abuse can have long term effects on children and young people's physical and mental wellbeing as well as their behaviour. This can last into adulthood and have lasting and significant impact on their lives (NSPCC 2019).

Many children exposed to violence in the home are also victims of physical abuse. Children who witness domestic violence or are victims of abuse themselves are at serious risk of long-term physical and mental health problems. Children who witness violence between parents may also be at greater risk of being violent in their future relationships.

If a child discloses domestic abuse, it is important that staff take time to listen to what the child or young person is saying and report the concerns to their line manager or children social care immediately.

In situations of domestic violence and abuse where the child, unborn baby or young person's needs are in conflict with the wishes of the survivor, protection of the child/ren is paramount.

7.7 LGBTQ+ Communities

Domestic violence and abuse can affect any group of people. Stonewall's research shows that one in four lesbian and bisexual women have experienced domestic abuse in a relationship. Two thirds of those say the perpetrator was a woman, a third a man. Almost half (49%) of all gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 (Stonewall.org.uk).

Concerns specific to the LGBTQ+ community could arise from the perpetrator (intimate partner or family member) such as:

- Calling names, threatening to 'out' the person, or using put-downs
- Using gender and/or sexual orientation as a basis for threats or harm
- Damaging property, including graffiti
- Making unwanted advances or forcing someone into unwanted sexual contact
- Hitting, shoving, grabbing, kicking, throwing things, or using other forms of physical violence
- Controlling a person's contact with friends, family, work, or the LGBTQ+ community

Staff should ensure that they support service users to access appropriate resources within the Boroughs they reside in where specialist advice can be given.

8.0 DUTIES

The definition of Domestic Abuse covers a broad range of behaviours and risks. Therefore, it is essential that when Domestic Abuse is suspected or disclosed Trust staff are able to offer a holistic assessment of risk. People experiencing Domestic Abuse are more likely to come into contact with health services than other public services. Health professionals are usually the first point of contact for many people and families. The nature of Trust services means that health professionals are likely to come into contact with survivors of Domestic Abuse and people who perpetrate Domestic Abuse. The identified duties relate to contracted, substantive, temporary and volunteer staff of East London NHS Foundation Trust.

A key role for staff working with survivors of Domestic Abuse is to ensure that when Domestic Abuse is identified a robust risk assessment is carried out on the survivor and any other people in the household.

The nature of ELFT services means that a range of responses are required depending on the nature of the Domestic Abuse. (Please see Appendix 1 Domestic Abuse Pathway)

8.1 All staff need to:

Know and recognise the risk factors, signs, presenting problems or conditions, including the patterns of coercive or controlling behaviour associated with Domestic Abuse

- Be alert to risks of Domestic Abuse to the unborn, children, young people or adults. In relation to adults, be aware of the risks to older adults and people with learning or physical disabilities.
- Be alert to the risks which perpetrators or potential perpetrators may pose to children and adults
- Ensure they make Routine Enquiry or Selective Enquiry
- Have a DASH-RIC assessment at hand at all times
- Complete a DASH-RIC assessment when Domestic Abuse is disclosed
- Refer to relevant safeguarding services in accordance to the Trust and local guidelines when risks are identified
- Seek advice from their line manager or the Trust Safeguarding Team if unclear how to proceed
- Participate in any internal or external reviews relating to Domestic Abuse or Domestic Homicide.

8.2 Line Managers should:

- Ensure that all staff reporting to them are familiar with their responsibilities
- Ensure all staff have attended safeguarding training in line with Trust guidance
- Ensure staff receive safeguarding supervision in accordance to the Trust Safeguarding Supervision guidance
- Participate in any internal or external reviews relating to Domestic Abuse or Domestic Homicide.

8.3 Directors should:

- Ensure that relevant staff within their services are identified and adequately trained to undertake the roles required in responding appropriately to Domestic Abuse
- Support managers to participate in any internal or external reviews relating to Domestic Abuse or Domestic Homicide.

9.0 INFORMATION SHARING

The size and geographical structure of the Trust means that each locality will have different referral processes for Domestic Abuse, FGM and Safeguarding. For local referral information please see the Safeguarding Page on the Trust intranet.

Appropriate information sharing can be a key tool in safeguarding with Domestic Abuse. The service user's confidentiality should be emphasised and staff should always seek the consent of the person before sharing information. However, the survivor must be reminded of the practitioner's need to share information. If there are children or adults at risk in the household, a multi-agency response may be necessary.

Where the risk to the victim is assessed as high, the case must be referred to a Multi-Agency Risk Assessment Conference (MARAC).

There may be cases where a staff member observes indicators of coercive control or high risks which mean that the survivor does not want to share concerns about domestic violence and abuse. Where the adult does not consent to a DASH-RIC but high risks are present the practitioner can submit a DASH-RIC form without consent using professional judgement.

The duty of confidentiality may be lawfully breached in the following circumstances:

- when state of law requires

- in the public interest- in cases where it is necessary to avert risk of serious harm to individuals, either the person or others
- for the benefit of a person who lacks capacity to consent to disclosure.

Always seek advice from your manager, Information Governance Department/ Caldicott Guardian and/or the Trust Safeguarding Team if unsure how to proceed.

10.0 DATA PROTECTION AND CONFIDENTIALITY (GDPR)

The Data Protection Act (2018) and the General Data Protection Regulation (GDPR) sets the legal framework by which the Trust can process personal information. It applies to information that might identify any living person. The common law duty of confidentiality governs information given in confidence to a health professional (about a person alive or deceased) with the expectation that it will be kept confidential. The GDPR is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

The General Data Protection Regulations (GPDR), implemented through the Data Protection Act 2018 identifies:

“that it is no longer necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child (i.e. removing the distinction between information sharing for the purposes of assessing need or child protection). It does, of course, continue to be good practice to inform parents/carers that you are sharing information for these purposes and to seek to work cooperatively with them. Agencies should also ensure that parents/carers are aware that information is shared, processed and stored for these purposes.”

It is therefore important to be open and honest with service users where appropriate from the outset about why, what, how and with whom information will, or could be shared, and seek their informed consent, unless it is unsafe or inappropriate to do so.

The information shared should be necessary, proportionate, relevant, accurate, timely and secure. Ensure that the information shared is necessary for the purpose for which you are sharing, it is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely. Reference can be made to the Trust’s Data Protection and Confidentiality Policy on the Intranet.

11.0 ROUTINE ENQUIRY

There are a whole range of indicators highlighted in the policy to help staff identify that a service user may be experiencing domestic abuse. Some of these are quite subtle and it is important that professionals remain alert to the potential signs and respond appropriately. Some service users drop hints in their interactions with Trust staff and their behaviours may also be telling. Service users rely on staff to listen, persist and enquire about signs and cues. Service users need staff to follow up conversations in private, record details of behaviours, feelings and injuries seen and reported, and support them to take appropriate action.

All Trust staff whether working in mental health, learning disabilities, primary care or community health, have a professional responsibility if they identify signs of domestic abuse to ask service users when they are alone and in private, (whether old or young) about their experience of domestic or other abuse, sensitively.

Routine enquiry into domestic violence and abuse is a Department of Health policy in maternity and adult mental health services; however, as a Trust we recommend that routine enquiry should extend across all services. Staff are advised to follow the principles of routine enquiry when in contact with service users who may have been victims of domestic violence or sexual abuse.

The following are some key principles to remember:

- **Act** – Never assume someone else is addressing the domestic violence and abuse issue
- **Respect** – Remember it is not the professional's role to comment on or encourage a person experiencing abuse to leave their partner
- **Revisit** – If a service user does not disclose but you suspect otherwise, accept what is being said, but offer other opportunities to talk and consider giving information of local services (e.g. 'for a friend')
- **Share** – Share information appropriately subject to policy and local guidance.

Only ever raise the issue of domestic abuse with a service user when you are sure it is safe to ask.

Never ask the question in the presence of another family member, friend, or child over the age of 2 years (or any other persons including a partner).

Even if a service user is accompanied by someone of the same gender, that person could be related to the abuser or could be the abuser.

Ask direct questions. Research has shown that women including young women who have been abused say they were glad when a health practitioner asked them about their relationships.

Explain that it is a routine enquiry and you ask everyone about domestic abuse. Respectfully ask direct questions, such as:

You may have seen our posters and leaflets in our offices and on television adverts. We are asking all service users about violence in the home.

“Tell me about your relationship?”

“Do you feel safe at home?”

“How does your partner feel about you coming here?”

“Do you ever feel threatened or scared, can you explain why?”

“Does anyone at home put you down or insult you?”

“Does your partner/ ex-partner ever threaten or intimidate you?”

“Does your partner/ ex-partner ever threaten or intimidate children in your care?”

Where you have contact with children, give your attention to every child and talk sensitively and directly to each one to create opportunities for a disclosure.

There are children who do not want to talk at all. Others disclose indirectly, not sharing the details without being prompted. Or they disclose in a roundabout way, for example: “Sometimes my stepdad upsets my mum”.

Validate what is happening to the individual. You could say:

- I believe you
- I am glad you came to me
- I am sorry this has happened
- We are going to do something together to get help

This will ensure that the child or service user will not be surprised that you share the information.

Be aware of your local borough domestic violence support services information and follow the Trust safeguarding procedures.

Document your actions appropriately in the electronic patient record.

12.0 USING AN INTERPRETER

Never use a relative or friend of the victim as an interpreter. Always use a professional interpreter, who has had domestic abuse training or an advocate from the local specialist domestic abuse agency. The interpreter needs to be the same gender as the victim and should sign a confidentiality agreement. Look at your patient and speak directly to them – not to the interpreter.

(Please refer to the DASH Risk Assessment for more detailed questions)

13.0 RECOGNISING AND RESPONDING TO PEOPLE WHO PERPETRATE DOMESTIC ABUSE

The Trust works with a diverse population. Our staff are likely to provide healthcare to perpetrators of Domestic Abuse. Healthcare professionals may be one of the few groups of people that a perpetrator of Domestic Abuse may disclose to about the Domestic Abuse.

Therefore, it is important that staff can identify the signs of someone perpetrating Domestic Abuse and also how to support that person and discuss with line manager about possible support for survivor. A service user or carer may disclose that they are perpetrating abuse and the staff member may have the opportunity to direct the service user to the appropriate support.

If someone expresses negative or derogatory views about their partner, ensure that you are not colluding with them. Please consider that ignoring comments can be interpreted as tacit agreement. If the perpetrator is under 16, please refer to Children's Social Care in accordance to local guidance. (See also perpetrator pathway in appendix 3)

Remember domestic abuse is NOT a mental health condition.

13.1 Recognising and Responding to adolescent to parent violence and abuse (APVA)

Adolescent to parent violence and abuse is increasingly recognised as a form of domestic abuse and, depending on the age of the child, it may fall under the government's official definition of domestic abuse.

Young people and their families where APVA is present benefit from a multi-agency response.

If staff are unsure how to proceed, advice should be sought from the line manager or Trust Safeguarding Children Team.

13.2 Response to identification of online abuse should include:

- Making a referral to Children's Social Care and contact with relevant partner agencies.
 - Consider a Safeguarding Adults Concern and contact relevant partner agencies.
 - Consider contacting the Police on 101 (999 if there is immediate risk)
- Identification, discussion and decision-making should be recorded in line with ELFT's Health Records Policy.

13.3 Recognising and Responding to belief in witchcraft and spirit possession

Indicators of abuse include:

- Body showing signs or marks, such as bruises or burns, from physical abuse;
- Becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst others;
- Personal care deteriorating, for example through a loss of weight, being hungry, turning up to school/work without food or food money or being unkempt with dirty clothes and even faeces smeared on to them;
- It may also be directly evident that the child's parent does not show concern for or a close bond with them;
- A child's attendance at school becoming irregular, or being taken out of school all together without another school place having been organised;
- Reporting that they are or have been accused of being evil, and / or that they are having the devil beaten out of them.

Response to identification of belief in witchcraft and spirit possession should include making a referral to Children's Social Care and contact with relevant partner agencies.

Consider a Safeguarding Adults Concern and contact relevant partner agencies.

Consider contacting the Police on 101 (999 if there is immediate risk)

Identification, discussion and decision-making should be recorded in line with ELFT Health Records Policy.

14.0 SAFETY PLANNING

Safety planning is a practical process that practitioners should use with anyone affected by Domestic Abuse. This should commence following any disclosure of Domestic Abuse. Safety planning should be focused on promoting the safety of the survivor and their dependents and might include advice such as:

- Think about the different options that may be available;
- Keep important and emergency telephone numbers (for example, local Women's Aid refuge organisation or other domestic violence service; the police domestic violence unit; GP; social worker, children's school; solicitor; and the Freephone 24 Hour National Domestic Violence Helpline run in partnership between Women's Aid and Refuge: 0808 2000 247);
- Teach children to call 999 in an emergency, and what they would need to say (for example, their full name, address and telephone number);

- Rehearse an escape plan, so in an emergency you and the children can get away safely;
- Pack an emergency bag for yourself and your children, and hide it somewhere safe;
- Know where the nearest phone is, and if you have a mobile phone, try to keep it with you;
- Try to keep a small amount of money on you at all times;
- If you suspect that your partner is about to attack you, try to go to a lower risk area of the house – for example where there is a way out and access to a telephone;

(Women's Aid; Making a Safety Plan 2019)

15.0 RECORD KEEPING

In all cases of Domestic Abuse, you should record detailed, accurate and clear notes to show the concerns you have and indicate the harm that Domestic Abuse may have caused. Records can be used:

- In criminal proceedings;
- To help the survivor to obtain an injunction or court order against a perpetrator;
- To assist in immigration and deportation cases;
- To support housing applications and provision;
- In civil procedures in family courts to assess the risks associated with granting an abusive parent contact with children;
- In serious case reviews, safeguarding adult reviews and domestic homicide reviews.

Records should adhere to ELFT Health Records Policy 2019 (ELFT Intranet)

16.0 MONITORING COMPLIANCE

An Annual Safeguarding Report, including domestic violence and abuse activity, will be presented to the Safeguarding Committee and relevant governance assurance processes.

17.0 EQUALITY IMPACT ASSESSMENT

This policy has been assessed using the Equality Impact Assessment Screening Tool. The assessment concluded that the policy would have no adverse impact on any of the diverse groups detailed. These include all the protected characteristics as defined in the Equality Act 2010 as well as Social Inclusion, community Cohesion and Human Rights. However, by its nature, the policy creates a universally positive

impact as it seeks to actively promote inclusive and anti-discriminatory practices and focuses on the needs of individuals and their families.

18.0 LEGISLATION COMPLIANCE

Anti-Social Behaviour, Crime & Policing Act 2014

The Care Act 2014

The Children Act 1989 & 2004

Crime and Disorder Act 1998

Data Protection Act 2018

Domestic Violence, Crime and Victims Act (2004)

Domestic Violence, Crime and Victims Act Amendment (2012)

Equality Act 2010

The Female Genital Mutilation Act 2003

Human Rights Act 1998

The Mental Capacity Act 2005

The Modern Slavery Act (2015)

The NHS Act 2006

Strategic Engagement for Gender Equality 2016-2019

The Sexual Offences Act 2003

Serious Crime Act 2015

The UN Security Council resolution 1325

Working Together to Safeguard Children 2018

19.0 REFERENCE SOURCE DOCUMENTS

The Care Act (2014). HMSO. London

Child Sexual Exploitation, Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation 2017
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

Crown Prosecution Service (2015) Legal Guidance: Stalking and Harassment.
<https://www.cps.gov.uk/legal-guidance/stalking-and-harassment>

Data Protection Act 2018, GOV.UK

Dash risk checklist 2019; SafeLives <http://www.safelives.org.uk/>

Department of Health (2008) Striking the Balance, Practical Guide on the Application of Caldicott Principles to Domestic Violence and MARACs. Stationary Office London

Department of Health (2017) Responding to Domestic Abuse: a resource for health professionals. Stationary Office. London

Department of Health (2015) Care and Support Statutory Guidance. Stationary Office. London

Domestic Abuse in Pregnancy: Your pregnancy and baby guide. www.nhs.uk

Domestic violence and abuse and the lesbian, gay, bisexual, and transgender (LGBT) communities, Stonewall.org.uk

Domestic Violence in England and Wales Briefing Paper Number 6337, 21st November 2018, House of Commons Library

ELFT Health Records Policy 2019, ELFT Intranet

ELFT Safeguarding Children Policy 2019, ELFT Intranet

Forced Marriage Guidance 2019 GOV.UK

Her Majesties Government (2018) Multiagency statutory guidance on female genital mutilation. Stationary Office. London

Her Majesty's Government (2018) Working Together to Safeguard Children. The Stationary Office. London

Home Office (2016) Domestic Violence Disclosure Scheme. The Stationary Office. London

Home Office (2016) Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews. The Stationary Office. London.

London Child Protection Procedures 2019 <https://www.londoncp.co.uk/>

London multi-agency adult safeguarding policy & procedures (2019) ADASS

The Multi Agency Adult Safeguarding Policy, Practice and Procedures (2017)
https://www.bedford.gov.uk/health_and_social_care/help_for_adults/safeguarding_adults/idoc.ashx?docid=d9d40720-4128-4bf1-bfab-ad3f9998220a&version=-1

Mental Health Statistics: Domestic Abuse. Mental Health Foundation (2019)
<https://www.mentalhealth.org.uk/statistics/mental-health-statistics-domestic-violence>

National Domestic Violence Helpline (2019)
<http://www.nationaldomesticviolencehelpline.org.uk/>

Public Health England (2015) Disability and Domestic Abuse; Risk, Impacts and Response. The Stationary Office. London.

Pan Bedfordshire Child Protection Procedures, Bedford Borough, Central Bedfordshire and Luton Safeguarding Children Boards (2018)
<http://bedfordscb.proceduresonline.com/index.htm>

SafeLives, Spotlight Report #Hidden Victims. Disabled Survivors Too: Disabled People and Domestic Abuse 2017

Safeguarding Adults Policy and Procedures 2019

SafeLives, Spotlight Report #HiddenVictims. Disabled Survivors Too: Disabled People and Domestic Abuse 2017

SafeLives, Spotlight Report #HiddenVictims Your Choice: 'honour based violence, forced marriage and domestic abuse' (undated)
<http://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf>

Salvation Army, Spot the Signs 2019 <https://www.salvationarmy.org.uk/spot-signs>

The Survivor's Handbook 2019; Women's Aid <https://www.womensaid.org.uk/the-survivors-handbook/>

UNICEF, Harmful Practices 2019 <https://www.unicef.org/protection/harmful-practices>

United Nations Human Rights, Office of the High Commissioner
https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Harm_Pract_WEB.pdf

Women's Aid; Making a Safety Plan 2019

Women's Aid, Online and Digital Abuse 2019

<https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/onlinesafety/>

Working Together to Safeguard Children (2018). A guide to inter-agency working to safeguard and promote the welfare of children

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

Appendix 1

Domestic Abuse, Forced Marriage, Honour Based Violence and Stalking Pathway

Recognise

Identify Domestic Abuse

Respond

- Complete DASH Risk Identification Checklist (DASH-RIC) with survivor consent
- Refer to MARAC using MARAC referral form when DASH-RIC indicates High Risk (over 14 ticks, potential for escalation or professional judgement). If survivor does not consent to DASH-RIC consider completing referral to MARAC on professional judgement.
- If perpetrator under 16 refer to Children's Social Care as per local guidance. Think Family! Establish immediate safety of survivor, children and others.
- If risk of immediate significant harm call 999
- Provide survivor with contact details for local support services.
- Consider additional risk factors such as mental health, mental distress, older adults, disability, pregnancy and LGBT+ and include in assessment.
- Liaise with other professionals as required
- Document in Patient Electronic Records as per ELFT Health Records Policy

Information Sharing and Domestic Violence and Abuse

A crucial part of safeguarding in domestic abuse is information sharing with relevant agencies. **It is always desirable to gain the consent of the survivor before sharing information.** There may be times when consent cannot be gained. In such cases a decision is required about whether to share the information without consent and what information to share. Information can be shared without consent if you have a lawful basis to do this such as when safety is at risk or to safeguard an adult or child.

Advice and Support

In the first instance discuss with line manager

Contact the Safeguarding Team if you need further advice

Appendix 2



Department
of Health

FGM Safeguarding Pathway

Presentation prompts clinician to suspect/consider FGM e.g. repeated UTI, vaginal infections, urinary incontinence, dyspareunia, dysmenorrhoea etc. Also consider difficulty getting pregnant, presenting for travel health advice or patient disclosure (e.g., young girl from community known to practice FGM discloses she will soon undergo 'coming of age' ceremony).

INTRODUCTORY QUESTIONS: Do you, your partner or your parents come from a community where cutting or circumcision is practised? (It may be appropriate to use other terms or phrases)

No – no further action required

Yes

Do you believe patient has been cut?

No – but family history

Yes

Patient is **under 18** or
vulnerable adult

Patient is **under 18**

Patient is **over 18**

If you suspect she may be at risk of FGM:

Use the **safeguarding risk assessment guidance** to help decide what action to take:

- If child is at imminent risk of harm, initiate urgent safeguarding response.
- Consider if a child social care referral is needed, following your local processes.

Ring 101 to report basic details of the case to police under **Mandatory Reporting Duty**.
Police will initiate a multi-agency safeguarding response.

Does she have any female children or siblings at risk of FGM?
And/or do you consider her to be a vulnerable adult?
Complete **safeguarding risk assessment** and use guidance to decide whether a social care referral is required.

FOR ALL PATIENTS who have HAD FGM

1. **Read code FGM status**
2. Complete FGM **Enhanced dataset** noting all relevant codes.
3. Consider need to refer patient to FGM service to confirm FGM is present, FGM type and/or for deinfibulation.
 - a) If long term pain, consider referral to uro-gynae specialist clinic.
 - b) If mental health problems, consider referral to counselling/other.
 - c) If under 18 refer all for a paediatric appointment and physical examination, following your local processes.

Can you identify other female siblings or relatives at risk of FGM?

- Complete risk assessment if possible **OR**
- Share information with multi-agency partners to initiate safeguarding response.

Contact details

Local safeguarding lead:

Local FGM lead/clinic:

NSPCC FGM Helpline: 0800 028 3550

Detailed FGM risk and safeguarding guidance for professionals from the Department of Health is available [online](#)

FOR ALL PATIENTS:

1. Clearly document all discussion and actions with patient/family in patient's medical record.
2. Explain FGM is illegal in the UK.
3. Discuss the adverse health consequences of FGM.
4. Share safeguarding information with Health Visitor, School Nurse, Practice Nurse.

If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse.
Always ask your local safeguarding lead if in doubt.

Appendix 3

Perpetrator of Domestic Violence and Abuse Pathway

Recognise

Identify a perpetrator of domestic abuse through self- disclosure or multi-agency information sharing. Records may indicate that someone has perpetrated Domestic Abuse.

Health Records may indicate a Risk alert (e.g. RiO red triangle) indicating that the service user has perpetrated a high risk incident of domestic abuse or was discussed at MARAC.

Never share details of MARAC with a named perpetrator.

Respond

If risk of **immediate significant harm - call 999.**

If perpetrator is seeking support for behaviour, provide details of local perpetrator programmes

If perpetrator is unable or unwilling to address behaviour, complete risk assessment to vulnerable adults and children

Think Family! Establish immediate safety of survivor, children and others, share relevant information with other agencies and make a referral to Children's Social Care and/or complete Safeguarding Adults Concern.

Consider additional risk factors in the household such as older adults, disability, mental health and distress, pregnancy and LGBT+ and include in any risk assessments.

Where there are no children in the household consider the safety of the survivor- if a professional relationship exists with the survivor explore risks further and take protective action as required.

If a professional relationship does not exist with the survivor, seek safeguarding advice from line manager or Trust Safeguarding Team.

Record

Record all professional discussion / liaison and decision making as per ELFT Health Records Policy using appropriate terminology

Scan or upload all completed documents on to the patient records as per Trust guidance.

Information Sharing and Domestic Violence and Abuse

A crucial part of safeguarding in domestic abuse is appropriate and proportionate information sharing with relevant agencies.

Information can be shared without consent if you have a lawful basis to do this such as when safety is at risk or to safeguard an adult or child at risk. If you are aware of risks to others, you are within your rights to withhold that information from the perpetrator.

Always ensure information protecting the survivor or children is kept confidential. Never share with the perpetrator details of MARAC meetings or information that the survivors have given to you or other agencies.

