

Domestic Abuse Standard Operating Procedures for : Child Protection: Management of Police Reports by Specialist Community Public Health Nursing Teams Safeguarding: Domestic Abuse Guideline for Routine Enquiry	
Standard Operating Procedure (SOP)	
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Presented to: Care and Clinical Policies Sub Group	Date: 27 th January 2016
Ratified by: : Care and Clinical Policies Sub Group	Date: 27 th January 2016
Review date: January 2018	
Relating to policies: South West Child Protection Procedures http://www.online-procedures.co.uk/swcpp Child Protection Policy 2013 How to establish if a child / young person is subject to a child protection plan Child protection did not attend / no access visits / family disengagement in relation to child - SOP Violence and aggression policy Domestic/Sexual Abuse and Violence Policy (WB3) Domestic Abuse Guideleine for Routine Enquiry Ref 1339	

1. Purpose of this document:

- 1.1 This standard operating procedure has been developed to inform Torbay and Southern Devon Health and Care staff on the management of Police Reports and to facilitate support and guidance to victims, signposting them to the appropriate agencies.
- 1.2 **The term Domestic Abuse** will be used in these guidelines, as defined by the **Home Office 2015**.

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

- psychological
- physical
- sexual
- financial
- emotional

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

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.” (Violence Against Women and Girls VAWG 2010)

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.

For the purpose of this standard operating procedure:
Central Safeguarding Team will be referred to as CST.
Health Visitors, School Nurses, may be referred to as HV, SN respectively.
The child and adolescent mental health services will be referred to as CAMHS.
Torbay Drug and Alcohol Service will be referred to as TDAS.

1.3 Public Health

At least 1.2 million women and 784,000 men aged 16 to 59 in England and Wales experienced domestic abuse in the year 2010/11 – 7.4% of women and 4.8% of men. (Domestic violence and abuse here is defined as: physical abuse, threats, non-physical abuse, sexual assault or stalking perpetrated by a partner, ex-partner or family member.) At least 29.9% of women and 17.0% of men in England and Wales have, at some point, experienced it (Smith et al. 2012).

These figures are likely to be an underestimate, because all types of domestic violence and abuse are under-reported in health and social research, to the police and other services.

Domestic Abuse is a common experience in both men and women's lives. Latest research shows that 1 in 3-4 women and 1 in 6 men (*Home Office, 2006*) will experience domestic abuse at some point in their lives, although these figures are based on reported cases, so are in reality likely to be higher. Men are less likely to report abuse to the police, and more likely to say this is because they consider it too trivial or not worth reporting (Smith et al. 2010).

Although both men and women may perpetrate or experience domestic violence and abuse, it is more commonly inflicted on women by men. This is particularly true for severe and repeated violence and for sexual violence.

It reflects, and is reinforced by social norms, roles and expectations relating to gender in intimate partner relationships and in wider family and social structures. It is often part of a system of fear and coercive control. This means that a focus on specific incidents and episodes is of limited value in understanding the experience of domestic abuse.

1.4 Associated risk factors

- The risk of experiencing domestic violence or abuse is increased if someone:
 - is female
 - is aged 16–24 (women) or 16–19 (men) (Smith et al. 2011)
 - has a long-term illness or disability – this almost doubles the risk (Smith et al. 2011)
 - has a mental health problem (Trevillion et al. 2012)
 - is a woman who is separated (Smith et al. 2012): there is an elevated risk of abuse around the time of separation (Richards 2004).

The risk is also increased if someone is pregnant or has recently given birth. Although pregnancy appears to offer protection for some women (Bowen et al. 2005) for others it increases the risk (Harrykissoon et al. 2002). In addition, there is a strong correlation between postnatal depression and domestic violence and abuse.

The majority of transgender people (80%) experience emotional, physical or sexual abuse from a partner or ex-partner (Roch et al. 2010). Just under 40% (38.4%) of bisexual, gay and lesbian people class themselves as having experienced domestic violence and abuse. However many more respondents reported behaviours that could be classed as domestic violence and abuse (Donovan et al. 2006).

Alcohol or drug misuse is another risk factor: 21% of people experiencing partner abuse in the past year thought the perpetrator was under the influence of alcohol and 8% under the influence of illicit drugs (Smith et al. 2012). In addition, partner assaults are 4 to 8 times higher among people with substance dependency (Murphy and Ting 2010).

1.5 Partner abuse among young people

Partner violence is also prevalent in young people's relationships. In the UK in 2009, 72% of girls and 51% of boys aged 13 to 16 reported experiencing emotional violence in an intimate partner relationship, 31% of girls and 16% of boys reported sexual violence, and 25% of girls and 18% of boys experienced physical violence (Meltzer et al. 2009). One in six girls reported some form of severe domestic violence and abuse inflicted on them by a partner (Barter et al. 2009).

In line with research among adults, girls described more abuse, and more severe abuse, more direct intimidation and control, and more negative impacts.

Young people in same sex relationships were at greater risk than those in heterosexual relationships.

1.6 Domestic violence and abuse between parents

Domestic violence and abuse between parents is the most frequently reported form of trauma for children (Meltzer et al. 2009). In the UK, 24.8% of those aged 18 to 24 reported that they experienced domestic violence and abuse during their childhood. Around 3% of those aged under 17 reported exposures to it in the past 12 months (Radford et al. 2011).

The impact of living in a household where there is a regime of intimidation, control and violence differ by children's developmental age. However, whatever their age, it has an impact on their mental, emotional and psychological health and their social and educational development. It also affects their likelihood of experiencing or becoming a perpetrator of domestic violence and abuse as an adult, as well as exposing them directly to physical harm (Stanley 2011; Holt et al. 2008).

There is a strong association between domestic violence and abuse and other forms of child maltreatment: it was a feature of family life in 63% of the

serious case reviews carried out between 2009 and 2011 (Brandon et al. 2012).

Research shows that in 90% of all domestic abuse cases, children were in the same or next room. (*Mullender et al 2002*)

Witnessing or overhearing abuse has been associated with a range of emotional and behavioural responses, which include being protective towards mother and/or siblings, self-blame, self harm, developmental delays, social isolation and low self-esteem. (*Mullender et al 2002*)

Domestic abuse is a crime, the impact of which cuts across all social, geographical and cultural groups.

Victims may be in touch with around 10 agencies before they get the help they need. They will suffer around 35 episodes of abuse before seeking help.

Section 29 of the Data Protection Act allows the police to share information regarding such incidents with appropriate agencies, by taking the child/ren involved as referrals in their own right. Families are advised of this by the police at the time of attendance at the household. (See also *Information Sharing: Practitioner's Guide, (DfES 2006)*) and *Striking the Balance 2012*

Reducing domestic abuse and its impact on victims must be a priority. Only by working together in a multi-agency approach can we begin to deal with its effects and reduce the problem. Working together gives us a greater chance of meeting the needs of victims and their families. (*DoH, 2013 Working Together*).

1.7 'Honour-based' violence and forced marriage

It is difficult to estimate the prevalence of so-called 'honour-based' violence and forced marriage, but we do know that the incidences of both are under-reported. Both can occur in Christian, Jewish, Sikh, Hindu, Muslim and other communities. They are probably more common in some cultural groups, for example, some Pakistani, Kurdish and Traveller-Gypsy communities. They reflect a patriarchal ideology of oppression (Home Affairs Select Committee 2008; Brandon and Hafez 2008).

Both often involve wider family members and affect men, as well as women: 22% of the 1468 cases looked at by the Forced Marriage Unit involved a male being forced to marry. It is estimated that between 5000 and 8000 cases of forced marriage were reported to local and national organisations in England in 2008. In 41% of cases reported to local organisations the person forced to marry was aged under 18 (Kazmirski et al. 2009).

- 1.8 Professionals are to be aware of domestic abuse support services available for management of well being of self. Domestic violence and abuse to staff policy (HR45).

2. Scope of this SOP:

- 2.1 All Torbay and South Devon NHS Foundation Trust staff.

3. Competencies required:

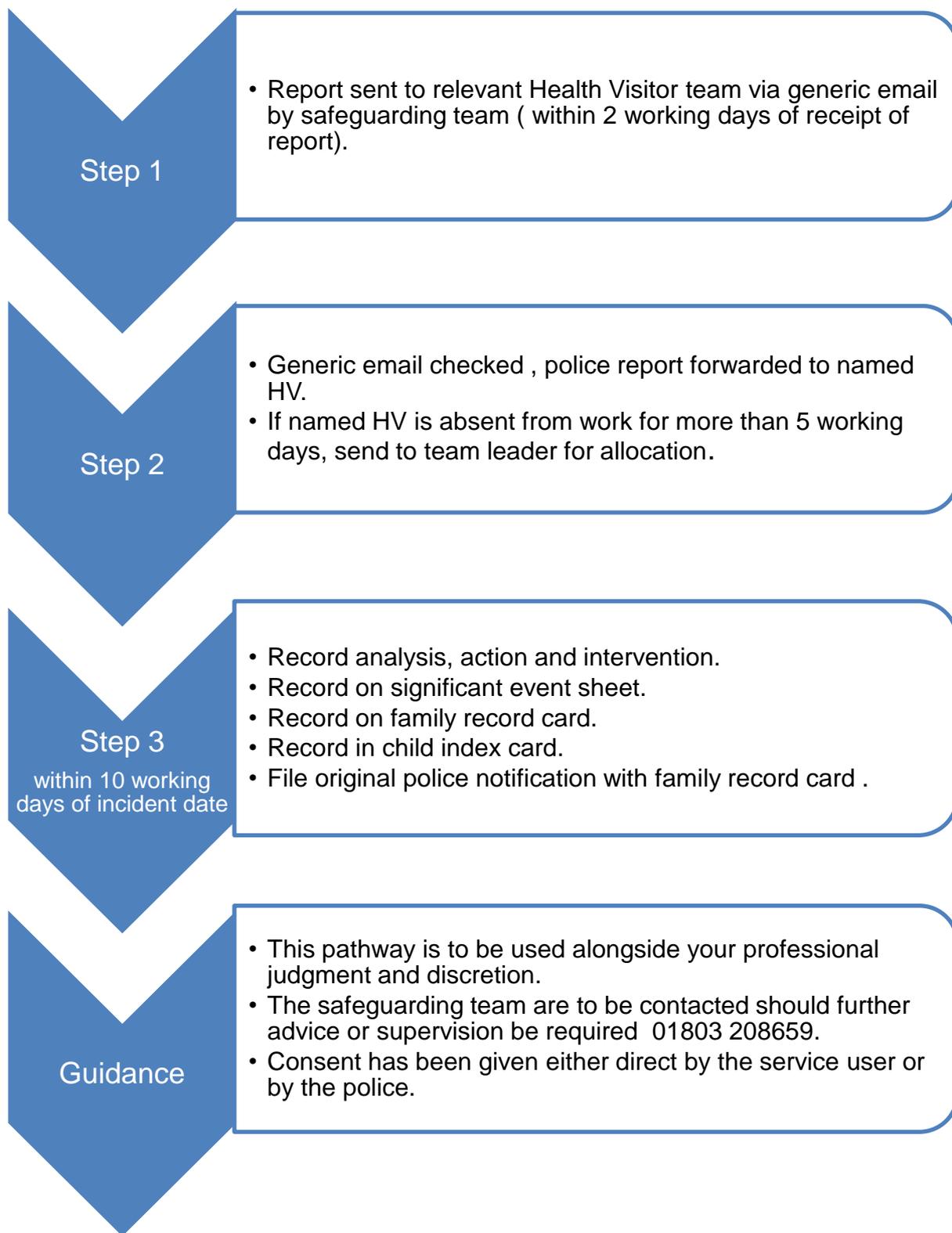
- 3.1 All staff employed by the trust will have been trained to the appropriate level of Child Protection for their role.
- 3.2 Trust staff will be aware of the South West Child Protection Procedures – <http://www.online-procedures.co.uk/swcpp>
- 3.3 Torbay and Southern Devon Health and Care NHS Trust and South Devon Healthcare Trust staff will know how to access support and supervision from the relevant Safeguarding Children Team.
- 3.4 All staff employed by the Trusts are to have awareness of domestic abuse services locally and nationally.

4. Procedure / Steps:

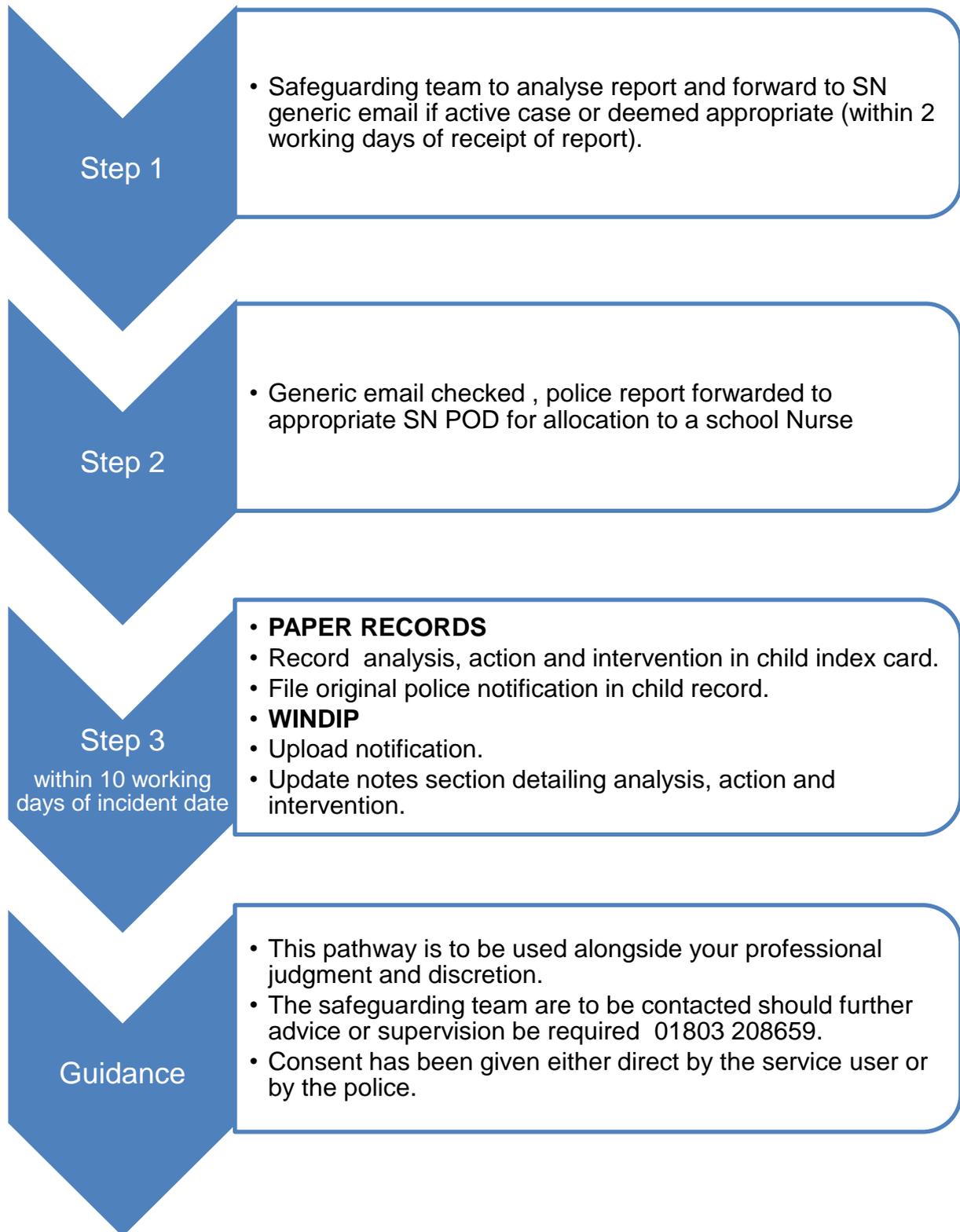
- 4.1 Management of *Police Reports relating to domestic abuse, by Community Health Teams;**
- 4.2 Responding to low level domestic abuse incidents can prevent escalation and should be actioned where possible and appropriate.
- 4.3 The CST are notified of all domestic abuse incidents that are attended by a police officer, and where there are children in the household.
- 4.4 A report is then generated by the CST, and sent to the Safeguarding Children Health Team for dissemination with consent . Those police reports without consent can be disseminated as consent has been overridden by the police.
- 4.5 The Safeguarding Children Health Team receive the Police Report for Health, and they are then disseminated to relevant staff by a generic secure email address for information only. Action and intervention is at the discretion of the practitioner. The email is checked and forwarded to the named professional. Should the named professional be absent from work for more than 5 working days, then the Police Report is to be sent to the team leader for allocation.
- 4.6 Once in receipt of these Police Reports, the practitioner should analyse the information contained and refer to the 'relevant Pathway – Management of Police Reports (Appendix 1,2, or 3).
- 4.7 If necessary, practitioners should seek advice from the Safeguarding Children's Team 01803 208659, 07810 834583, safeguardingchildren.tct@nhs.net

*Police Reports can be defined as – 121a report, ViST extract (vulnerability screening tool), CARA(child at risk alert), UNIFI (police data base), and any other report from this partner agency with reference to child protection and / or safeguarding concern

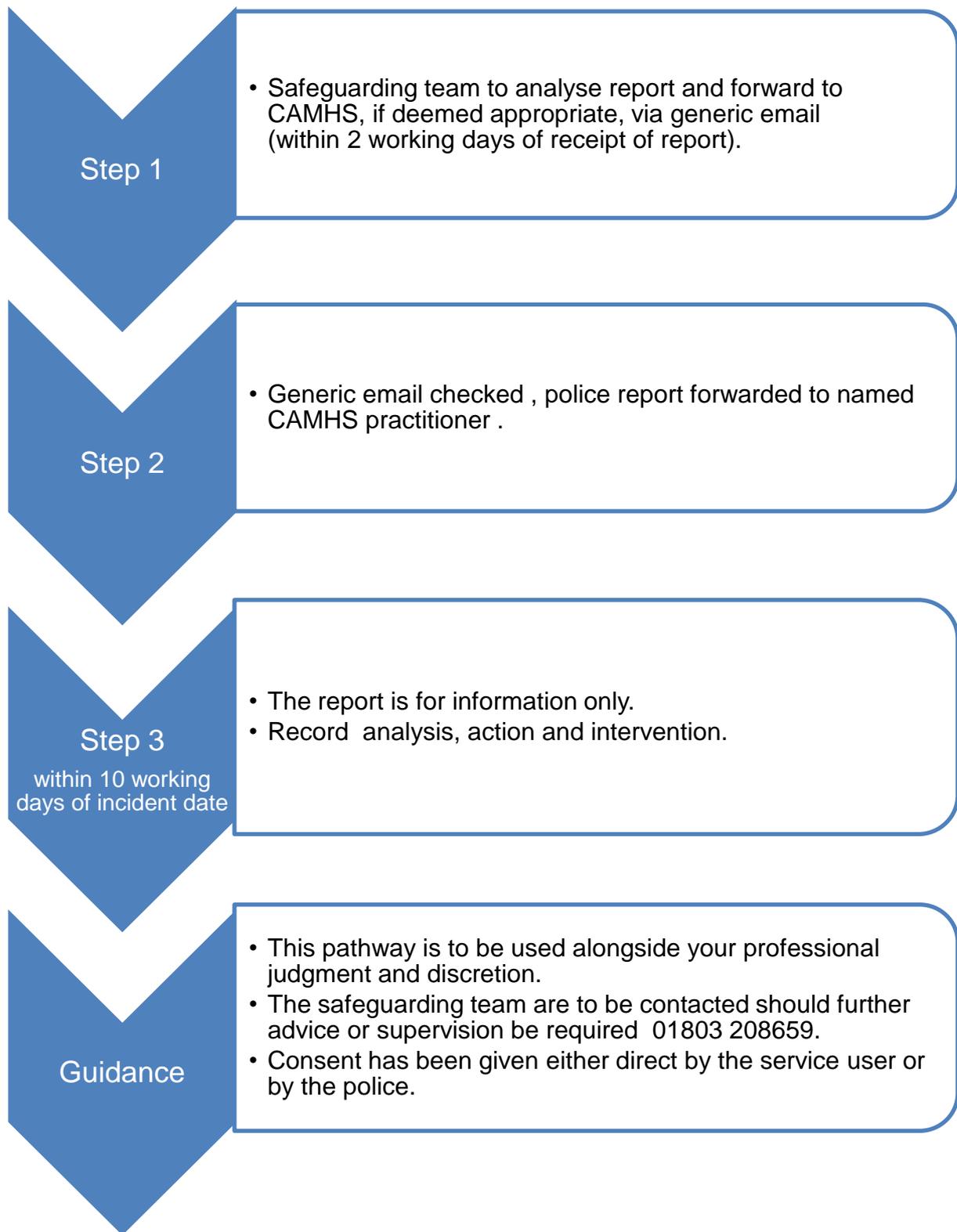
Health Visitor Pathway – Management of Police Reports



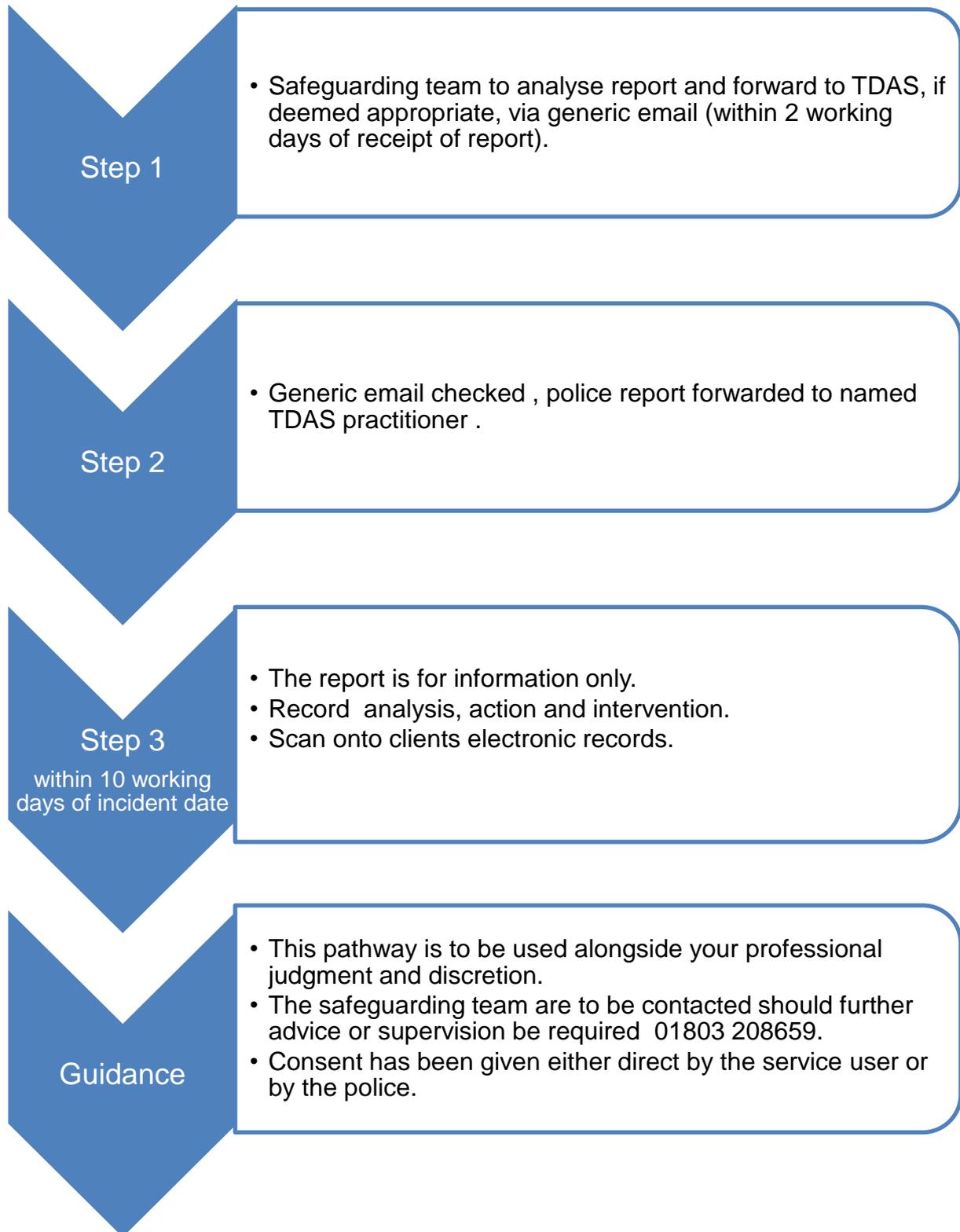
School Nurse Pathway – Management of Police Reports



CAMHS Pathway – Management of Police Reports



Substance Misuse Pathway – Management of Police Reports



5. Monitoring tool:

Standards:

Item	%	Exceptions
<p>Equality Statement.</p> <p>The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy</p>		

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Appendix: *i.e. Flowchart, diagrams etc.*

Amendment History

Issue	Status	Date	Reason for Change	Authorised