

Domestic Violence and Abuse Policy

Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

Ref:	Non Clinical Organisational Wide Policy
Document Author:	(For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk For Clinical References – Contact: CTM_ClinicalPolicies@wales.nhs.uk)
Executive Sponsor:	Claire O’Keefe – Head of Safeguarding & Nadine Long - Deputy Head of Safeguarding
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Target Audience:

People who need to review this document in detail	All employees of Cwm Taf Morgannwg Health Board.
People who need to have a broad understanding of this document	All employees who have contact with patients, families and carers. All line managers.
People who need to know that this document exists	All employees within the UHB, in both CTMUHB & non CTMUHB properties and any organisation working within CTMUHB boundaries.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: Outcome:
Welsh Language Standard	Choose an item.
Date of approval by Equality Team:	00/00/2023
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture

Approval Route:

Where	When	Why
Safeguarding Executive Group		Endorse for Board Approval
Quality and Safety Committee		Approved



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

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1. POLICY STATEMENT

Violence against women, domestic abuse and sexual violence (VAWDASV) has a significant impact on those who use the services provided by the Health Board. It is important that relevant staff roles, working within the Health Board are skilled to recognise potential indicators of violence and abuse against any person and take appropriate action (Appendix 1).

Cwm Taf Morgannwg University Health Board (CTMUHB) have adopted "Ask and Act". "Ask and Act" is a Welsh Government policy for targeted enquiry to be practiced across all public service for violence against women, domestic abuse and sexual violence. The approach is further defined in this policy. This policy outlines the commitment of the Health Board and its agreement that professionals will be able to identify violence against women, domestic abuse and sexual violence and be confident to ask about these issues, in a private setting, to ensure an appropriate response and referral. The process of "Ask and Act" must be implemented within a culture and environment where the confidentiality, privacy and data of victims is respected and treated carefully.

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, religion, socio-economic status, sexuality or background.

This policy is for both men and women.

The Health Board will:

- Promote awareness of violence against women, domestic abuse and sexual violence.
- Promote working practices that will decrease those experiencing violence.
- Work in partnership with other statutory agencies and voluntary organisations within Wales and other areas as required.
- Fulfil its obligations in relation to the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and Domestic Abuse Act 2019.
- Actively listen and seek the voice of the survivor to shape its services in the future.

The Health Board is committed to the health and well-being of its patients and staff and recognises that domestic abuse is a crime, which adversely affects the health of individuals, families and communities. Identifying abuse and/or violence at an early stage can be an effective measure in preventing an escalation in severity and frequency, and can assist to ensure appropriate and expedited support can be provided. Taking a responsive and enabling approach is fundamental in encouraging individuals who are experiencing violence, threats, intimidation, and other abuse to disclose.

2. SCOPE OF POLICY

This policy applies to:

- EMPLOYEES IN ALL SETTINGS ACROSS THE HEALTH BOARD.
- ALL PROFESSIONALS AND PUBLIC CONTACTS WITH THE HEALTH BOARD.
- ALL SERVICE USERS AND PARENTS/CARERS

3. AIMS AND OBJECTIVES OF "ASK & ACT"

"Ask and Act" is a process of targeted enquiry to be practiced across all public services to identify violence against women, domestic abuse and sexual violence. The term-targeted enquiry describes the recognition of indicators of violence, domestic abuse and sexual violence as a prompt for a health professional to ask their client whether they have been affected by any of these issues. This policy recognises that anyone (women, men, older people, children and young people) can experience and be affected by violence and abuse. This can happen in any relationship regardless of sex, age, ethnicity, gender, sexuality, disability, religion or belief, income, geography or lifestyle.

The aims of "Ask and Act" are:

- To increase identification of those experiencing violence, domestic abuse and sexual violence.
- To offer referrals and interventions for those identified which provide specialist support based on the risk and need of the client.
- To offer referrals and interventions for those identified which provide specialist support based on the risk and need of the client.
- To begin to create a culture across the public service where addressing violence, domestic abuse and sexual violence is understood in the correct context, where disclosure is accepted and facilitated and support is appropriate and consistent.
- To improve the response to those who experience violence, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health; and
- To pro-actively engage with those who are vulnerable and hidden, at the earliest opportunity, rather than only reactively engaging with those who are in crisis or at imminent risk of serious harm.

Posters are displayed throughout the Health Board providing information in relation to Domestic Violence and Abuse helpline numbers. The Health Board's intranet page has information, links and contact numbers.

4. DEFINITION OF DOMESTIC ABUSE

Domestic abuse is not just physical violence, but can also take other forms such as emotional, controlling and coercive behaviour and economic abuse between two people aged 16 years or over who are personally connected. Section 3 of the Domestic Abuse Act 2021, recognises children as victims. Not all victims of VAWDASV are women. VAWDASV can affect men and those with a non-binary identity. However, the vast majority of those who commit abuse are male. Our policy recognises that male violence defines VAWDASV even more strongly than the gender of the survivor.

'Abusive behaviour' is defined in the act as any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional, or other abuse
- For the definition to apply, both parties must be aged 16 or over and 'personally connected'.
- 'Personally connected' is defined in the act as parties who:
 - are married to each other
 - are civil partners of each other
 - have agreed to marry one another (whether or not the agreement has been terminated)
 - have entered into a civil partnership agreement (whether or not the agreement has been terminated)
 - are or have been in an intimate personal relationship with each other
 - have, or there has been a time when they each have had, a parental relationship in relation to the same child
 - are relatives

5. DEFINITION OF GENDER BASED VIOLENCE

Gender-based violence is a phenomenon deeply rooted in gender inequality, and continues to be one of the most notable human rights violations within all societies. Gender-based violence is violence directed against a person because of their gender. Both women and men experience gender-based violence but the majority of victims are women and girls.

Gender-based violence and **violence against women** are terms that are often used interchangeably as it has been widely acknowledged that most gender-based violence is inflicted on women and girls, by men.

The United Nations defines gender-based violence in the following way:

"The definition of discrimination includes gender based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty."

<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

6. DEFINITION OF SEXUAL VIOLENCE

Any sexual act which has not been consented to can be classed as sexual violence and can include: rape; sexual assault; child sexual abuse; incest; sexual harassment; female genital mutilation; forced marriage; trafficking; sexual exploitation; ritual abuse.

The World Health Organization (WHO) defines **sexual violence** as: 'Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work'(2)

<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

7. RESPONSIBILITIES

ALL CTMUHB EMPLOYEES

All Health Board employees are accountable for their own practice and must be aware of the legal and professional responsibilities relating to their role. All staff within Health Board must be familiar with the procedures detailed in this document and other related policies. This will be assured through induction, supervision and appraisal. All staff who receive a disclosure of domestic abuse or sexual violence must follow this policy. All staff must act in the best interests of the patient (victim) and any children involved. A child's welfare is paramount. The Social Services Well-Being Act 2014 places a statutory responsibility for professionals to refer an adult/child who is at risk.

Staff are required to discuss any concerns around domestic abuse with their line manager or safeguarding lead. They can also access advice and support from the Multi-Agency Safeguarding Hub (MASH). In addition, if a disclosure is made, staff are required to complete the Domestic Abuse, Stalking and Honour Based Violence Risk Assessment (DASHRiC) (Appendix 2) and utilise the "Ask and Act" VAWDASV Pathway to identify the most relevant support service (Appendix 3).

SAFEGUARDING CHILDREN

There is considerable overlap between violence against women, domestic abuse and sexual violence and the abuse of children. According to child protection experts, there is significant evidence that demonstrates that men who are abusive to their female partners are more likely to cause physical abuse their children. In some instances, the children may also be injured in the course of an assault on their mother (Stanley 2011, Safe Lives 2015).

The Health Board recognises the serious and adverse effect that Violence against Women, Domestic Abuse and Sexual Violence has on children as both direct victims and witnesses. Since the **Domestic Abuse Act 2021**, children that have been exposed to domestic abuse are now recognised as victims of domestic abuse in their own right, rather than just witnesses.

Children may be directly, indirectly or accidentally involved in violence against women, domestic abuse and sexual violence. Additionally, many children witness and/or hear the violence directed towards their mother (or father) and all children, however young, are likely to be aware of their mother or father's distress. These children will also be aware of the non-physical forms of abusive and controlling behaviour that are very much part of the dynamics of abuse (Jaffe et al 2007). Even in these situations, where the child is not physically abused they can be suffering significant harm (Kitzman et al 2003, Melter

et al 2009). The issue of safeguarding children is everyone's business and is a shared responsibility.

The perpetrator may use the threat that their children will be removed and taken into care, if the abuse is reported. Consequently, it is essential to deal with child protection issues sensitively when discussing suspected abuse with patients or employees. When dealing with suspected cases of domestic abuse and sexual violence the manager must establish if the employee has any children living at home and, if so, consider whether they are in imminent danger and take appropriate action to ensure their safety. The Wales Safeguarding Procedures 2019 must be adhered to.

The NSPCC identified how young people are the group most likely to be in an abusive relationship. A survey of 13 to 17-year-olds found that a quarter (25%) of girls and 18% of boys reported having experienced some form of physical violence from an intimate partner, a child can also be identified as a perpetrator of domestic abuse in addition to being a victim.

Cwm Taf Morgannwg MASH Team can provide support and advice. The contact details for the team can be accessed within the 'Getting Help' section.

SAFEGUARDING ADULTS AT RISK

Section 128 of the Social Services and Well-being (Wales) Act introduces a duty to report adults at risk. Section 126 of the same Act defines an "adult at risk" as an adult who: -

- Is experiencing, or is at risk of abuse or neglect.
- Has needs for care and support (whether or not the authority is meeting any of those needs).
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it relevant agencies and their staff should understand their statutory duty to inform the local authority where there is reasonable cause to suspect that a child or an adult is at risk.

If an adult is at risk due to Violence against Women, Domestic Abuse and Sexual Violence, the Wales Safeguarding Procedures are to be followed in addition to the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

LINE MANAGER

Line managers are responsible for ensuring all staff have an awareness and understanding of this policy and other related policies and that all staff have undertaken the appropriate level of training for their role.

All new staff to Health Board will be informed how they can access this policy during their induction programme. Health Board managers also have a duty to ensure their staff fulfil their statutory responsibilities to safeguard and promote the welfare of children and adults at risk of abuse and neglect.

EMPLOYEES WHO ARE VICTIMS

It is acknowledged, that some staff will experience Vicarious Trauma because of working with victims of abuse. The implementation of "Ask and Act" may increase the likelihood of this. It is important that senior managers are aware of this risk as the Health Board has a responsibility to limit the impact of this difficult work for staff. Staff are encouraged to access additional support from the Health Board's Well-Being Service.

Within the workplace, employers must support employees who may be experiencing VAWDASV. Whilst domestic abuse is the most prevalent form of violence, it is important to recognise that rape, sexual violence and harassment including stalking are often inter linked with domestic abuse.

Employers have a responsibility to provide all staff with a safe and effective work environment. Identifying an employee experiencing domestic abuse at an early stage, may result in the offer of timely and appropriate support.

Managers should offer employees the opportunity to discuss personal issues which may be affecting their health and work performance during each stage of the Health Boards Sickness & Capability Policies e.g. during Return to Work interviews.

EMPLOYEES WHO ARE PERPETRATORS

Domestic abuse and / or sexual violence perpetrated by employees will not be condoned under any circumstances nor will it be treated as a purely private matter. Employees should be aware that misconduct inside or outside of work (whether or not it leads to a criminal conviction) is viewed seriously and can lead to disciplinary action and referral to a relevant professional body. Allegations against employees of the Health Board may be subject to the Cwm Taf Morgannwg Safeguarding Board's policy '**RESPONDING TO SAFEGUARDING CONCERNS ABOUT INDIVIDUALS WHOSE WORK BRINGS THEM INTO CONTACT WITH CHILDREN AND ADULTS AT RISK**'.

<https://www.cwmtafmorgannwgsafeguardingboard.co.uk/En/Professionals/JointPoliciesandProcedures/J12RespondingToSafeguardingConcernsAboutIndividualsWhoseWorkBringsThemIntoContactWithChildrenAndAdultsAtRiskEndorsedSept2018.pdf>

Managers can seek additional advice from People Services concerning an employee's fitness for work or necessary adjustments for example safety concerns including temporary role changes.

8. NATIONAL TRAINING FRAMEWORK FOR "ASK AND ACT" TRAINING

"Ask and Act" is a form of targeted enquiry, which requires relevant practitioners to apply a "low threshold for asking" whether the individual is experiencing violence and abuse when the individual presents certain indicators of such abuse. "Indicators" are in use to describe all of the signs, symptoms, cues or settings through which Violence against Women, Domestic Abuse and Sexual Violence can be identified.

Within the healthcare setting, Group 1, 2 and 3 of the National Training Framework promotes a consistent standard of care for those who experience Violence against Women, Domestic Abuse and Sexual Violence.

Supporting staff to access "Ask and Act" Training Group 1

All staff within the Health Board are required to complete the online Group 1 "Ask and Act" training available on ESR. All staff are required to complete their Mandatory Training, including completing training within six weeks of induction and refresher training every three years.

Group 1 "Ask and Act" Training includes:

Basic awareness of what Violence against Women, Domestic Abuse and Sexual Violence

How to recognise Domestic Violence, Abuse, and Sexual Violence

The help available to victims.

Group 2

All staff that have regular contact with patients, their families, carers or the public will receive are required to complete Group 2 Training, National Training Framework, and Violence against Women, Domestic Abuse and Sexual Violence (Welsh Government, 2019)

The aim of the training is to support the learner to:

Recognise the signs and indicators that someone is being abused

Talk to that person sensitively (if appropriate)

Offer options and services to them quickly and efficiently.

Group 3

Aimed at individuals in roles that require them to do more than “Ask and Act” and those who perform a champion’s role.

The training will enable people to:

Support colleagues as they make difficult decisions in relation these subject areas, help offer services to all family members affected by Violence against Women, Domestic Abuse and Sexual Violence

Act as a champion within their organisation.

Meeting the aims of “Ask and Act” does not require Health Board staff to become “experts” in VAWDASV. The aim is for staff to be able to identify indicators and to sensitively as the question (Appendix 2).

9. “ASK AND ACT” REFERRAL PATHWAYS

When a disclosure is made, staff should follow the multiagency “Ask and Act” Referral Pathway (Appendix 3)

9.1 Risk Identification and Assessment

The main purpose of risk assessment is to identify the need for immediate Safeguarding and interventions for families who are experiencing Domestic Violence and Abuse. Health Board staff will be expected to complete an assessment of immediate risk based on the likelihood of serious harm following their observations and discussions with the patient.

This will include:

- Whether the person who has disclosed is at immediate risk to harm
- Whether there is an immediate threat to life.
- Whether there is a strong possibility that the individual is at risk of serious immediate harm.

9.2 Online Multi-Agency Risk Assessment Conference (MARAC) referral process

The MARAC aims to share information to increase the safety, health and well-being of victims/survivors and their children and to determine whether the alleged perpetrator poses a significant risk to any particular individual or to the general community.

At the beginning of June 2021, the Western Domestic Abuse Unit (West DAU) modified the way in which MARAC referrals were completed and processed. Referring agencies are directed to the link below that will take you to the Online MARAC Referral Form. This form guides you through the referral process step-by-step and includes the DASH RIC – so there is no requirement to submit this separately. The form is available in both English and Welsh.

Online MARAC Referral Form - English (south-wales.police.uk) Online MARAC Referral Form - Welsh (south-wales.police.uk)

All Health staff to complete the MARAC referral form (Appendix 4) and send to CTHBMASHReferrals@wales.nhs.uk

In an emergency, always dial 999.

MARAC Referral Form

[CTM MARAC Referral Form 2023.docx](#)

9.3 "Ask and Act" and Safeguarding process

All staff have a professional duty if they;

- Witness abuse
- Receive information about abuse, suspected abuse or concerns about the care of or treatment of an adult or child at risk
- Have concerns or suspicious about possible abuse or inappropriate care.

9.4 Routine Enquiry into Domestic Abuse

'Routine enquiry' involves asking all women at each assessment about any potential abuse, regardless of whether there are any indicators or suspicions of abuse. It was established in maternity, sexual health, health-visiting settings. This was due to the disproportionate number of women accessing these services, making a disclosure when they have experience of abuse.

Frontline staff are not expected to be experts in dealing with abuse, but through implementing routine enquiry, they can provide a supportive environment to help and encourage disclosures and gather information. Assessing immediate and long-term

health and safety needs to provide information/signpost and refer on where appropriate and to document the disclosure of abuse and actions taken.

All women should be routinely asked about domestic abuse at every contact with practitioners in pregnancy and early years.

The All Wales Minimum Standards Routine Enquiry in to Domestic Abuse, Pregnancy and Early Years 2021 defines a minimum set of standards that are intended to guide practitioners in the identification and support of those individuals experiencing domestic abuse. Please remember that the situation may change at any point throughout the individuals' journey within health services. People may be put off by the word 'abuse' and may not use that word themselves to describe behaviours that they are experiencing. Whatever words you use to ask, it is important to do so in a safe and private environment where the person can speak freely and feel comfortable, without the abuser present.

9.5 Health Based Independent Domestic Violence Advocate (IDVA)

The Health based IDVA acts as a resource and point of contact for staff across Cwm Taf Morgannwg UHB where patients or staff disclose, identify as or are likely to be experiencing domestic violence and abuse.

The Health based IDVA is based in the Royal Glamorgan Hospital and available on: Kristy Davies 07824 541716.

9.6 Identification and Referral to Improve Safety (IRIS)

IRIS is a general practice-based Domestic Violence and Abuse (DVA) training, support and referral programme, which is a collaboration between primary care and third sector organisations specialising in DVA. The IRIS programme allows GP practice staff to refer directly to a specialist advocate if a disclosure is made. The Advocate Educator offers specialist support to GP practices and women that have been referred, as well as providing specialist DVA support and delivery of training to the practices. Staff in GP practices that have received the IRIS training can make referrals.

The purpose of IRIS is:

- To improve health responses to victims and increase practitioner's confidence to ask the question and report appropriately.
- Meet the statutory requirements of VAWDASV (Wales) 2015 within a primary health care setting.

10. CONFIDENTIALITY

Individuals have a right to confidentiality but this right is not absolute. There may be occasions where an individual makes a disclosure as a result of targeted enquiry and a practitioner will have to make a judgement about whether to share some or all of the information and if so, what details to share.

Any decision to share information must be informed by the relevant data sharing legislation and the common law duty of confidentiality. It is imperative that each individual is aware of their rights to confidentiality and where these rights change; to be able to make informed decisions about what information they choose to share with the practitioner they are working with and have reasonable expectations of how this information will be treated.

11. INFORMATION SHARING

The process of "Ask and Act" will inevitably lead to disclosures of personal and sensitive information, which will lead staff to decide whether this information can be shared.

The Health Board is a signatory of the Information Sharing Protocol for Cwm Taf Morgannwg Regional Safeguarding Board. The Information Sharing Policy allows the sharing of reciprocal information and is supplementary to the Wales Accord on the Sharing of Personal Information (WASPI). Under the Data Protection Act 1998, the Health Board is legally able to share data with the police if there is a threat to life (vital interests) of the patient, without the consent of the patient against whom the offense has been committed.

Good practice would require the professional to inform the individual that they will be contacting the police. If disclosing without consent, the reasons for disclosure need to be clearly documented. Advice on information sharing can be sought for the Health Boards Corporate Safeguarding Team/ Information Governance Team.

12. MALE VICTIMS

Male victims of Domestic Violence and Abuse and Sexual Violence, may be reluctant to disclose their experience due to fear of being ridiculed, not being believed or being treated unfairly by agencies. They may have misguided notions of masculinity, which cause additional feelings of shame and embarrassment. People of all ages, ethnic backgrounds, genders, gender identities and sexualities experience abuse. It affects people of different abilities, and happens across every class background.

13. ETHNIC MINORITIES AND SANCTUARY SEEKERS

There is under-reporting of Violence against Women, Domestic Abuse and Sexual Violence by people from ethnic minorities' communities in the general population. Some of the additional barriers to reporting could be:

- Language barriers - interpretation;
- Immigration status and no recourse to public funds;
- Racism (either a perception or fear of a racist response or an actual racist response from a service provider)
- Assumptions made by practitioners, based on appearance or skin colour; Cultural beliefs and practices; fear of rejection by their community; and mistrust of authorities.
- Violence in the country of origin - Asylum-seeking and refugee people may have experienced abuse or violence prior to their arrival in the UK

[Bawso | Supporting ethnic minorities affected by violence and exploitation](#)

14. GETTING HELP

The Multiagency Safeguarding Hub (**MASH**) Safeguarding Health Team are available for advice Monday-Friday from 9.00am – 5.00pm (excluding Bank Holidays)

MASH Health Team - 01443 743730 / 01656 643630

Health Independent Domestic Violence Advisor (IDVA) – Kristy Davies 07824541716

Head of Safeguarding – Claire O'Keefe 07557 549634

Deputy Head of Safeguarding – Nadine Long 07786 660415

Additionally, you can email:

CTHBMASHReferrals@wales.nhs.uk for advice and submission of all health safeguarding referrals.

SUPPORT SERVICES

Rhondda Cynon Taf (RCT)

Oasis Centre – 01443 494190

famouspeoplerrct.co.uk

RCT Domestic Abuse Services - 01443 400791
wa-rct.org.uk

Bridgend

Assia Domestic Abuse Service – 01656 815919
assia@bridgend.gov.uk

Merthyr

Domestic Abuse Resource Team (DART)
01685 388444
07539170396
Freephone 0800 389 7552
www.smt.org.uk

All Areas

Live Fear Free Helpline:

0808 8010 800
Text 078600 77333
info@livefearfreehelpline.wales

New pathways 01685 379310 – sexual violence and abuse
newpathways.co.uk

Black and Asian Women Step Out (BAWSO) 24 Hour Helpline 08007318147 –
BAME Service
bawso.org.uk

Broken Rainbow – 08452 604460 - lesbian, gay, bisexual & trans people
broken-rainbow.org.uk

15. LEGISLATION AND POLICIES

This policy should be used in conjunction with:

Wales Safeguarding Procedures (2019)

CTMUHB Safeguarding and Public Protection Policy

Cwm Taf Morgannwg VAWDASV Strategy 2023-2026

J12 Professionals Concerns Protocol 2023 'Responding To Safeguarding Concerns About Individuals Whose Work Brings Them Into Contact With Children and Adults At Risk.

CTMUHB Special Leave Policy

Domestic Abuse Act 2021

Violence Against Women, Domestic Abuse & Sexual Violence (Wales) Act 2015

Social Services and Wellbeing (Wales) Act 2014

16. References

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APPENDICES

Appendix 1 – Definitions

Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 provides the following definitions:

Abuse: Physical, sexual, psychological, emotional or financial abuse.

Accreditation: For the purposes of this guidance, the term “accreditation” describes authority or sanction to a training course provided by an official body when recognised standards have been met.

“Ask and Act”: A process of targeted enquiry across the Welsh public service in relation to violence against women, domestic abuse and sexual violence and a process of routine enquiry within maternal and midwifery services, mental health and child maltreatment settings.

Child sexual exploitation: The coercion or manipulation of children and young people into taking part in sexual activities. It is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, ‘protection’ or affection. The vulnerability of the young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent.

Client: Client is used here as a term to describe a person experiencing violence against women, domestic abuse and sexual violence. The term encompasses the terms “victim”, “survivor”, “service user” and “patient”. Different partners use different words to define their relationship to the person at risk and so the guidance reflects this. In practical terms, it is suggested a person experiencing violence against women, domestic abuse and sexual violence selects the term they prefer, where a term is required. It should generally be possible to use a client’s name rather than other descriptive terms.

Domestic abuse: Abuse where the victim of it is or has been associated with the abuser. A person is associated with another person for the purpose of the definition of “domestic abuse” if they fall within the definition in section 21(2) or (3) of the Violence against women, domestic abuse and sexual violence (Wales) Act.

Female Genital Mutilation: An act that is an offence under sections 1, 2 or 3 of the Female Genital Mutilation Act 2003 (c. 31).

Gender-based Violence

(a) violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation; female genital mutilation;

(b) forcing a person (whether by physical force or coercion by threats or other psychological means) to enter into a religious or civil ceremony of marriage (whether or not legally binding);

Harassment: A course of conduct by a person, which he or she knows or ought to know amounts to harassment of the other; and for the purpose of this definition:

(a) a person ought to know that his or her conduct amounts to or involves harassment if a reasonable person in possession of the same information would think the course of conduct amounted to or involved harassment of another person, and

(b) "conduct" includes speech;

Independent Domestic Violence Adviser: Trained specialist worker who provides short to medium-term casework support for high-risk victims of domestic abuse.

Independent Sexual Violence Adviser: Trained specialist worker who provides short to medium-term casework support for victims of sexual abuse.

Local Authority: A county or county borough council.

Practitioner: a professional employed to work directly with a client group; a proportion of whom are likely to be experiencing a form of violence against women, domestic abuse or sexual violence, whose role and relationship to the client provides an opportunity to "Ask and Act".

Public service: Public services are services delivered for the benefit of the public. This can include services delivered through the third sector, through social enterprise or through services that are contracted out. In the context of the National Training Framework (of which "Ask and Act" is an element) the public service is defined based on an estimate of 'devolved public sector workers' in Wales – this includes the devolved civil service, local authorities, health, education authorities and WGSBs.

Although not devolved, Police Authorities are included as they are partly funded by WG. 'Devolved public sector workers' excludes non-devolved civil servants (such as those working for HMRC and the DVLA), military personnel and people employed by Public Corporations (such as S4C and Cardiff Bus etc.) in Wales.

Region: Local authorities are expected to work with neighboring local authorities

and across Local Health Board areas for the purposes of dissemination of the VAWDASV Services Grant (from March 2018). Local authorities will have the autonomy to align as they see best for this purpose. For the purposes of this guidance the partnership with other Local Authorities and Local Health Boards is referred to as a region. The Train the Trainer course which supports “Ask and Act” will be delivered within this region.

Relevant authorities: county and county borough councils, Local Health Boards, fire and rescue authorities and NHS trusts.

Sexual exploitation: Something that is done to or in respect of a person which

(a) involves the commission of an offence under Part 1 of the Sexual Offences Act 2003 (c. 42), as it has an effect in England and Wales,

(b) would involve the commission of such an offence if it were done in England and Wales.

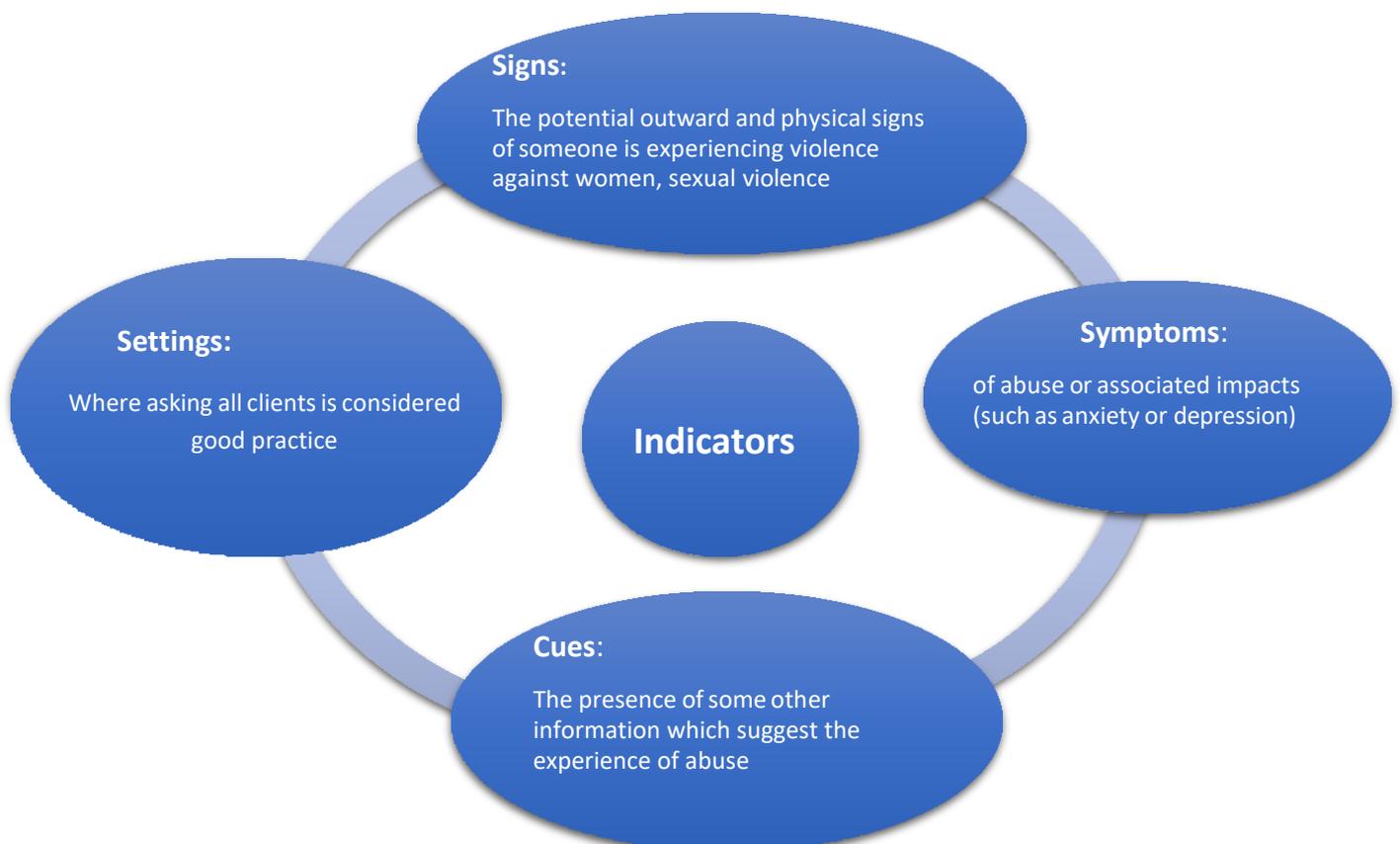
Sexual Violence: Sexual exploitation, sexual harassment, or threats of violence of a sexual nature.

The Act: The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

Appendix 2

Key indicators (NICE, 2014)

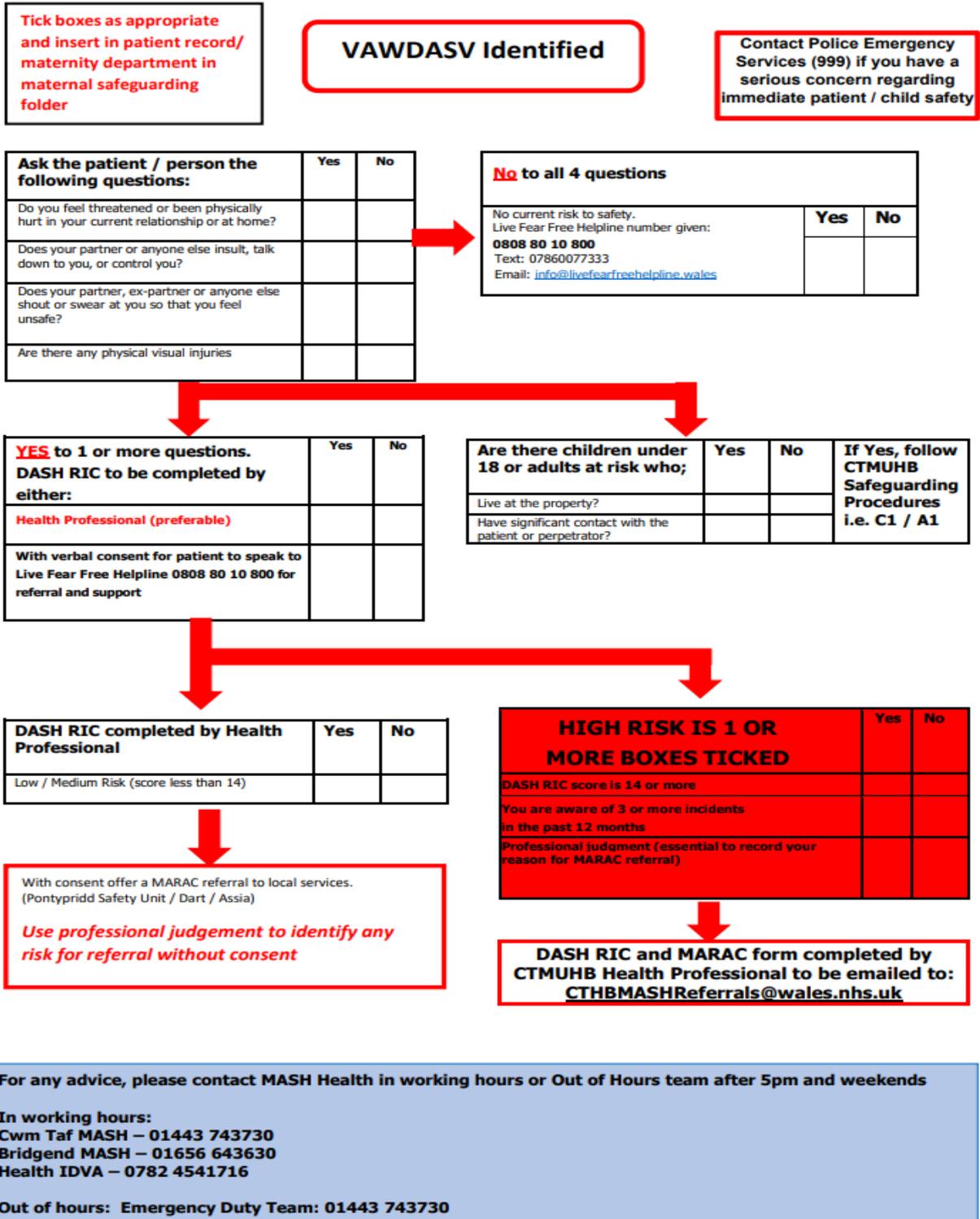
- Depression, anxiety, sleep disorders
- Suicidal tendencies or self-harming
- Alcohol or other substance misuse
- Unexplained reproductive symptoms, including pelvic pain and sexual dysfunction
- Adverse pregnancy outcomes, i.e. multiple unintended pregnancies or terminations, miscarriage, pre-term labour and stillbirth
- Frequent bladder or kidney infections
- Vaginal bleeding or sexually transmitted infections
- Chronic pain (unexplained)
- Traumatic injury, particularly if repeated with vague or implausible explanations.
- Repeated health consultations with no clear diagnosis
- Appointments missed or frequently rescheduled
- Intrusive "other person" in consultations, this can be partner, parent, grandparent or an adult child (abuse of the older person)
- Partner or other person's behaviour: aggressive, overly dominant, doesn't let their partner / family member speak for themselves.



Appendix 3

“Ask and Act”: Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Pathway

VAWDASV Health Pathway



Appendix 4

MARAC Referral Form

MARAC (Multi-Agency Risk Assessment Conference) is a meeting where information is shared on the highest risk domestic abuse cases.

The “4” Aims of MARAC:

1. Safeguard Victims (and their Children)
2. Manage Perpetrator Behaviour
3. Safeguard Professionals
4. Make links with other safeguarding processes / agencies

This form should be completed by the member of staff identifying the risk and emailed via secure email address and / or password protected to:

CTHBMashreferrals@wales.nhs.uk

For Completion by the MARAC Co-ordinator			
Date Received		If repeat, date of previous MARAC(s)	
MARAC Date			

Please indicate the type of referral being submitted to MARAC

HIGH RISK MARAC

D.V.D.

D.V.P.N.

(Claire’s Law)

(Domestic Violence Protection Notice)

AGENCY DETAILS

The following details MUST to be completed before a referral can be made

Referring Agency			
Contact Name			
Contact details of agency (phone number and email)			
Date of referral			

DETAILS OF VICTIM

Please supply all of the information below, if available

Name			
DOB		Age	
Address			



Is the victim pregnant (if so, date due)						
Safe contact number / time to contact						
What is the status of the tenancy	Private owned	Private rented	Shared tenancy	Landlord details if relevant		
<p>Diversity Data This information will help to better support victims and monitor reporting levels from particular communities. Please complete as fully as possible based on information that you might already hold about that person. If information is unavailable, you MUST select unknown.</p>						
Gender	Male / Female / Other	Comments:				
Does the victim identify as transgender?	Yes / No / Unknown					
Is the victim in a same gender relationship?	Yes / No / Unknown					
Sexual Identity/sexual orientation	Gay / Lesbian / Homosexual	Bisexual	Heterosexual	Other (specify)	Unknown	
Ethnicity	White	Black	Asian	Mixed race	Other (please specify)	Unknown
Is the victim disabled?	Yes /No	Learning disability	Physical disability	Sensory impairment	Other	Unknown
Are there any specific religious or cultural considerations to be made?	Yes (please give details) No Unknown					
Religion (Please state)						

DETAILS OF PERPETRATOR

Please supply all of the information below, if available

Name					
DOB				Age	
Address					
Relationship to Victim					
What is the status of the tenancy	Private owned	Private rented	Shared tenancy	Landlord details if relevant	
<p>Diversity Data This information will help to better support victims and monitor reporting levels from particular communities. Please complete as fully as possible based on information that you might already hold about that person. If information is unavailable, you MUST select unknown.</p>					
Gender	Male / Female / Other	Comments:			
Does the perpetrator identify as transgender?	Yes / No / Unknown				
Is the perpetrator in a same gender relationship?	Yes / No / Unknown				



Sexual Identity/sexual orientation	Gay / Lesbian / Homosexual	Bisexual	Heterosexual	Other (specify)	Unknown	
Ethnicity	White	Black	Asian	Mixed race	Other (please specify)	Unknown
Is the perpetrator disabled?	Yes/No	Learning disability	Physical disability	Sensory impairment	Other	Unknown
Are there any specific religious or cultural considerations to be made?	Yes (please give details) No Unknown					
Religion (please state)						

CHILDREN'S DETAILS

Please supply all of the information below, if available

Name	DOB	Relationship to Victim	Relationship to perpetrator	Address	School
Was the child at the premises when the incident occurred	Yes / No		Did the child witness the incident	Yes / No	
Do you consider that there are grounds for a Child Protection referral	Yes / No		If so, have you made such a referral	Yes / No	

REFERRAL TRIGGERS

Please select at least one option below

Visible high risk (14 ticks or more on Safe Lives DASH)	
Professional Judgement (If using professional judgement, please explain in 'Reason for Referral' why you feel the victim is at risk of murder or serious harm)	



Potential escalation (ie: 5 incidents and/or 3 crimes in a rolling 12-month period between the same perpetrator and victim)	Yes / No
MARAC repeat (ie: further incident between same victim and perpetrator within 12 months from last referral)	Yes / No
ADDITIONAL VICTIM INFORMATION:	
Is the victim aware of the referral	Yes / No
If not, why	
Has the victim consented to this referral (if not, please refer to the MARAC Operating Protocol and complete the Information Sharing without Consent Form)	Yes / No
Who is the victim afraid of (to include all potential threats, and not just primary perpetrator)	
Who does the victim believe it safe to talk to	
Who does the victim believe it NOT safe to talk to	
REASON & RISKS IDENTIFIED FOR REFERRAL	
Use this space to provide a CONCISE summary as to why you are making this referral inclusive of seriousness / frequency, risks identified, and victim’s view of risk. (Police - Provide a BRIEF summary of the incident and outcome) – Please include when the Victim was last sighted (date) and by whom	
DETAIL THE SAFETY PLAN / MEASURES YOU HAVE PUT IN PLACE TO REDUCE THE RISK.	
Please detail what actions have already been done and what still needs to be actioned?	

WHAT ARE THE VICTIM'S WISHES /NEEDS

Consider what the victim wants for themselves, the children, other dependants and the perpetrator, and what agencies may need to be involved. (What more can MARAC do?)

SafeLives Dash risk checklist (Guidance Only)

Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the Marac¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from:

<http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf>. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended referral criteria to Marac

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to Marac. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the Marac referral criteria.

¹ For further information about Marac please refer to the 10 principles of an effective Marac:
<http://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20%28principles%20only%29%20FINAL.pdf>

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

What this form is not

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

SafeLives Dash risk checklist for use by Idvas and other non-police agencies² for identification of risks when domestic abuse, 'honour'- based violence and/or stalking are disclosed

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.				
Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.				
It is assumed that your main source of information is the victim. If this is <u>not</u> the case, please indicate in the right hand column	YES	NO	DON' T KNOW	State source of info if not the victim (eg police officer)
1. Has the current incident resulted in injury? Please state what and whether this is the first injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends? I.e., does [name of abuser(s)] try to stop you from seeing Friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

² Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info
16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



<p>20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known.</p> <p>Drugs <input type="checkbox"/></p> <p>Alcohol <input type="checkbox"/></p> <p>Mental health <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>22. Has [name of abuser(s)] ever threatened or attempted suicide?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.</p> <p>Bail conditions <input type="checkbox"/></p> <p>Non Molestation/Occupation Order <input type="checkbox"/></p> <p>Child contact arrangements <input type="checkbox"/></p> <p>Forced Marriage Protection Order <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify:</p> <p>Domestic abuse <input type="checkbox"/></p> <p>Sexual violence <input type="checkbox"/></p> <p>Other violence <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Total 'yes' responses</p>				