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University Health Board

VIOLENCE AGAINST WOMEN DOMESTIC ABUSE AND SEXUAL VIOLENCE [VAWDASV] GUIDANCE

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1. PURPOSE

The aim of this guidance is to support victims of violence against women, domestic abuse and sexual violence and to promote their safety whilst they are in contact with Cwm Taf University Health Board (CTUHB) staff. It explains the processes and procedures that staff will use to identify and respond to violence against women, domestic abuse & sexual violence.

There is a separate policy that outlines the procedures to follow for disclosures of domestic abuse by a member of UHB staff either as a victim or a perpetrator.

2. DEFINITION OF TERMS

The Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 came into effect in August 2015. The Act definitions are:

Gender based violence means –

- a) Violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation;
- b) Female genital mutilation;
- c) 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);

Domestic Abuse means abuse where the victim of it is or has been associated with the abuser.

Abuse means physical, sexual, psychological, emotional or financial abuse;

Associated with means –

- a) they are or have been or have agreed to be married/civil partners to each other
- b) they live or have lived together in an enduring family relationship
- c) they live or have lived in the same household
- d) they are relatives
- e) they have or have had an intimate personal relationship with each other
- f) they are a parent of the child, or has or has had, parental responsibility for the child.

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

3. FEMALE GENITAL MUTILATION

3.1 Description

Female genital mutilation (FGM) is a criminal offence and a form of violence against women and girls. The Home Office has issued revised Multi-Agency Practice Guidelines on Female Genital Mutilation for all persons exercising public functions. These are statutory guidelines under the Serious Crime Act 2015.

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

FGM has been classified by the World Health Organisation (WHO) into four types:

- Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris);
- Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina);
- Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris; and
- Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

3.2 Background

FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.

FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia.

It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In

addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

FGM is a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.

3.3 Recognition

The following should prompt the clinician to suspect/consider FGM:

- Patient disclosure (e.g. young girl from community known to practice FGM discloses she will soon undergo 'coming of age' ceremony)
- Presenting for travel health advice
- Repeated UTI
- Vaginal infections
- Urinary incontinence
- Dyspareunia
- Dysmenorrhea etc.
- Also consider difficulty getting pregnant

3.4 Procedure

Follow the All Wales Clinical Pathway available on Sharepoint

The Clinical Pathway should be completed every time a new case of FGM is identified or suspected in women/girls of **any age**, however not all of these instances will meet the statutory mandatory reporting threshold.

Regulated health professionals must report any cases of FGM if:

- A girl under 18 years tells them they have had FGM
- They see physical signs that a girl under 18 years has had FGM

If you are concerned that a girl (under 18 years) may have had FGM, or they tell you that they have FGM or you observe physical signs that appear to show FGM, the mandatory reporting duty applies and you must report it.

You must:

- Inform the Police (101)
- Make a Child Protection referral
- Inform the UHB Safeguarding Team
- Complete the All Wales Clinical Pathway
- Inform the relevant health care professionals
- Record all decisions and actions

4. DOMESTIC ABUSE

4.1 Definitions

Domestic abuse is defined by the Welsh Government as 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to psychological, physical, sexual, financial and/or emotional.

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

Domestic abuse undermines the victim's confidence, reduces self-esteem and can isolate them from friends and family. Essentially it involves the misuse of power and exercise of control by one person over another. Whatever form it takes, domestic abuse is rarely a one-off incident, and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over their victim and which tends to get worse over time.

It is recognised that anyone could suffer from domestic abuse and furthermore that people from minority groups maybe more vulnerable and may have different experiences and needs. There may be cultural issues and language difficulties in this group of clients in accessing care and support.

4.2 Background

Incidents of domestic abuse are common and have a serious impact on those who experience it. Studies have consistently demonstrated the prevalence of domestic abuse, with an estimated 1 in 10 women experiencing domestic abuse each year and 1 in 3 women and 1 in 5 men experiencing domestic abuse in their lifetime. Domestic abuse often begins or exacerbates in pregnancy, with over a third of domestic violence starting or getting worse when a woman is pregnant.

Domestic violence and abuse are criminal acts that cause long-term damage to health and quality of life.

CTUHB has the highest rate of reported incidents of domestic abuse and violence in the South Wales Police force area. A total of 6,599 domestic abuse occurrences were reported between 2014/15, an increase of 28% from previous years. These statistics represent only the cases that are reported and research suggests that women on average experience 35 incidents of abuse before reporting to the police.

4.3 Recognition

The following should prompt the clinician to suspect/consider Domestic Abuse:

- Repeat presentation with depression, anxiety or self harm/psychosomatic symptoms
- Unexplained repeated hospital admissions
- Non compliance with hospital treatment regimes/early or self discharge
- Minimising signs of violence on the body
- Constant presence of the partner at appointments, partner unwilling to leave room or may answer questions for them.
- A person who is evasive or reluctant to speak in front of or disagree with their partner.
- Isolation
- Expresses fear at leaving children home alone with partner

4.4 Procedure

4.4.1 Routine Enquiry

Routine Enquiry is used in Midwifery, Health Visiting and Sexual Health Services and is being adopted in Mental Health Services. All clients are asked about domestic abuse regardless of whether there are any indicators or history

4.4.2 Targeted Enquiry (Ask & Act)

Professionals apply a low threshold for asking a client whether they are experiencing domestic violence and abuse.

4.4.3 When to Ask

- Only ask if patient/client is alone
- Assess the environment – the partner/perpetrator may be in the next room or waiting area.
- Never attempt to ask the question, even if you have suspicions, if partner is present (this might increase the risk to the client)

4.4.4. How to Ask

- Asking open questions - Who? What? When? Why? For example: How are things at home?
- Asking direct questions for example:
 - I have noticed that you seem to be quite anxious/have missed appointments/have some bruises?
 - Is there anything going on in your life that is making you feel unsafe?
 - Is there someone you are frightened of?
 - Is somebody hurting you?
 - Do you feel controlled or isolated from others?
 - Does anyone at home ever insult you and put you down?

4.4.5 Responding to a Disclosure

Follow the UHB Referral Pathway **Appendix 1**

- If immediate medical attention is needed refer to A&E
- If the individual is fearful for their immediate safety or if the level of severity warrants overriding consent in the public interest (protection of life) contact the Police via 999
- If place of safety is required contact Women's Aid for Refuge
Appendix 2
- If safeguarding issues are identified for any children or other adults at risk of abuse or neglect make the appropriate referrals via Cwm Taf Multi-agency Safeguarding Hub.
- If the perpetrator is a member of CTUHB staff inform their line manager. This may be investigated in accordance with the Health Board's internal policies and also through the professional strategy meeting process if there are safeguarding concerns.
- Advise the client of the support available and explore the possible options.
See **Appendix 2**
- Risk assessments and risk management plans may need to be in place for clients accessing hospital/clinic services if contact with an alleged perpetrator is to be restricted.
- Be non-judgemental as the client may need some time to decide what to do and may try many different options during the process. Research has shown that it can take a long time to break free of a violent relationship with violence often increasing when a relationship ends.
- Staff should not assume that because the client returns or stays in a violent relationship that the abuse is not severe or does not take place. Let the client know that if they want to discuss any matters in the future they can contact the 24 hour helpline number Live Fear Free or local specialist services. **Appendix 2.**
- With the exception of the safeguarding and protection of life, if a client does not want staff to contact an agency on their behalf staff must respect their wishes.

In situations where staff are unsure if any action needs to be taken advice should be taken from the Safeguarding Team.

4.5 Support for Victims

Independent Domestic Violence Advisors (IDVA's) are based at the local Safety Units and are able to assist with practical and emotional support including managing the risks and formulating a safety plan if necessary.

There are two Safety units in the Cwm Taf area, one in Pontypridd (OASIS) and the other in Merthyr Tydfil (TEULU). Contact details are in the attached **Appendix 2**

Other Supportive Measures:

An individual who has decided to leave or has recently left a violent partner may face considerable financial hardship. If they raise these matters with you, they should be signposted to the relevant services. See **Appendix 2**.

5. SEXUAL VIOLENCE

5.1 Definition

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

5.2 Background

The Welsh Government National Strategy is underpinned by the global and national evidence that women and girls are disproportionately affected by rape and sexual violence, sexual exploitation (including through the sex industry), modern day slavery, forced marriage, child sexual abuse, stalking and sexual harassment. This does not negate the experience of violence and abuse directed towards men and boys or perpetrated by women.

Domestic abuse and sexual violence are not always mutually exclusive and may both be prevalent within a pattern of abuse which consists of multiple characteristics. There are certainly links which should be acknowledged. For example, there is an established link between domestic abuse and childhood sexual abuse as power and control forms the basis of both abuses despite their contrasting generational and gender perspectives. However, sexual violence has the potential to occur within a greater range of settings and situations.

In many cases physical and sexual violence, or threats of physical and sexual violence, are used alongside these other types of abuse to control someone. It is a confusing, frightening and isolating experience.

5.3 Recognition

1 in 5 women aged 16-59 has experienced some form of sexual violence since the age of 16.

2/3 all women and 85% of younger women experience sexual harassment

Nearly half a million adults are sexually assaulted each year and around 85,000 women and 12,000 men are raped each year in England and Wales – 11 rapes of adults every hour

There are an estimated minimum of 11 million adult survivors of contact and non-contact sexual abuse in the UK

1 in 20 children have been sexually abused. Over 90% of sexually abused children were abused by someone they knew

In one study of young people in intimate relationships 33 per cent of the girls and 16 per cent of the boys experienced sexual abuse

BME women are disproportionately affected by different forms of abuse e.g. forced marriage, "honour based" violence, FGM, sexual exploitation in the form of commercial sex work, trafficking etc. the multiple vulnerabilities from these overlapping contexts makes it harder for women to flee violence.

Sex Industry, Exploitation and Trafficking. People involved in prostitution can be particularly vulnerable to sexual and other violent crime and may in fact be victims of child sexual exploitation or modern slavery.

Employees who suffer from violence against women, domestic abuse, or sexual violence often have related performance issues or are absent from work, and perpetrators can often target their victims in the workplace or seek to limit their access to work. A recent report found that 52% of women had experienced sexual harassment at work including inappropriate comments, unwanted behaviour or sexual advances

5.4 Procedures

Disclosures of any form of sexual violence will always require contact with the police. In circumstances where an adult with capacity refuses to give consent this should **always** be discussed with a member of the Safeguarding Team.

Child Protection Procedures

Violence against women and children, including domestic abuse or sexual violence in any family unit is a child protection issue and should be dealt with using the relevant safeguarding procedures.

Disclosure of childhood sexual abuse by an adult should be managed with reference to the relevant Cwm Taf Safeguarding Board Policy available on their website www.cwmtafsafeguarding.org

Under 16 year old Risk Assessment

The UHB Risk Assessment should be used to assess any concerns of a sexual offence having been committed and to demonstrate Gillick/Fraser competency available via Sharepoint.

Child Sexual Exploitation

Any concern that anyone under 18 years old is at risk of CSE should be assessed using the SERAF 1 Risk Assessment available via Sharepoint to inform the appropriate referrals.

Workplace Sexual Harassment

Any accusations of workplace sexual harassment will in the first instance be dealt with under the Dignity at Work Process. If it is found that the issue is deemed to be sufficiently serious, then the matter should be addressed through the All Wales Disciplinary Policy.

5.5 Support for Victims

In the case of sexual violence there are specially trained Independent Sexual Violence Advisors (ISVA) who can offer specialised support and are based in the Sexual Abuse Referral Centres.

Sexual Assault Referral Centres (SARCS)

SARCS will respond to individual therapeutic, treatment and forensic needs through high quality healthcare, independent sexual violence advocacy, access to counselling and support services, and the opportunity for forensic medical examination and support through the criminal justice system.

For Cwm Taf currently Merthyr SARC provides services to adults and Cardiff SARC provides services to children, on our behalf, as part of the Child Protection process.

6. REVIEW, MONITORING AND AUDIT ARRANGEMENTS

This guidance will be reviewed every three years or earlier if indicated. It will be updated to reflect developing legislation and good practice.

7. MANAGERIAL RESPONSIBILITIES

Managers must take overall responsibility for ensuring that this guidance is implemented and monitored effectively and appropriately for employees for whom they are managerially accountable.

8. RETENTION OR ARCHIVING

This guidance will be available via UHB SharePoint / Intranet. The Corporate Safeguarding Team will retain all previous versions of this guidance for future reference. This guidance will be version controlled.

9. NON CONFORMANCE

Conformance with this guidance will be monitored on a regular basis; non-conformance may be subject to an internal review.

10. EQUALITY IMPACT ASSESSMENT

This guidance has been subject to an equality assessment and no impact has been identified.

11. REFERENCES

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

Serious Crime Act 2015

Welsh Government, 'National Strategy on Violence Against Women, Domestic Abuse and Sexual Violence 2016-2021'.

S5B Female Genital Mutilation Act 2003 (amended by Serious Crime Act 2015)

HM Government, 'Multi-Agency Statutory Guidance on Female Genital Mutilation April 2016'.

National Institute for Health and Care Excellence:
Public Health Guidance 50 (Feb 2014)

Quality Standard: Domestic Violence and Abuse (Feb 2016)

APPENDIX 1

Cwm Taf University Health Board

Disclosure of Domestic Abuse Referral Pathway

Targeted Enquiry/Routine Enquiry or Domestic Abuse Identified

Client to be asked if they are on their own and it is safe

Domestic Abuse Disclosed

Acting on Disclosure

- Is the client concerned for safety?
- Safeguarding Concerns - Consider are there children or vulnerable adults in household?
- Has the Domestic Abuse occurred in the last 12 months/ is the client having contact with perpetrator?

Domestic Abuse Risk Assessment (RIC, DA2) to be completed by trained Health Practitioner, Domestic Abuse Champions (all staff who need support to seek advice from line managers/safeguarding team)

Support Services/Contacts

Offer Support - Live Fear Free Helpline - **0808 80 10 800**

Or local Independent Domestic Abuse Advisors

RCT (Oasis) **01443 494190**

Merthyr (Tydfil DART) **01685 353999**

Refer to Multi-Agency Domestic Abuse Conference (MARAC) if:

Risk Assessment Score **14** or above **High Risk**

Or

3 or more DA incidents in the past 12 months

Or

Professional Judgement (if you feel client is at high risk of serious harm but score under 14)

Send MARAC referral and if any safeguarding concerns: children (C1) adult (A1) to:

CTHB_SafeguardingTeam@wales.nhs.uk

Following risk assessment advise client on the support services available and offer to make telephone contact/referral on their behalf. File risk assessments in accordance to your Directorate/Department guidelines.

Appendix 2

SUPPORT FOR DOMESTIC ABUSE

- **Live Fear Free -24 hour advice 0808 80 10 800**
- **The Oasis Centre: Pontypridd Safety Unit – 01443 494190**
IDVA (Independent Domestic Violence Adviser) Service. The service is non-gender specific and provides independent support and advice for victims of Domestic Abuse. There is a drop in centre open Monday to Friday 9–5 pm.
- **Women’s Aid based in Pontypridd 01443 400791**
Refuge, Support and Advice.
- **Teulu Mac –One Stop Shop 01685 387 172**
Local support centre including a range of co-located services such as Llamau Merthyr Women’s Services (Refuge), Freedom Programme, IDVAs, Recovery Toolkit, , Children’s Support. Appointments and drop-in available, open Monday-Friday 9-5pm
- **BAWSO based at Teulu Mac 01685 375394**
Information, advice & support for Black Minority Ethnic Communities in Wales
- **Safer Merthyr Tydfil Domestic Abuse Resource Team (DART) - 01685 388 444 (Free phone) 0800 3897552.**
Supports male and female victims of domestic abuse
- **The Dyn Project – 08088 010 321**
The Dyn Wales Helpline provides free confidential support and advice to men who experience domestic abuse in Wales.

SUPPORT FOR SEXUAL VIOLENCE

- **New Pathways (Rape & Sexual Abuse Support Service) 01685 379310**
Covers Cwm Taf area and includes: Sexual Assault Referral Centre (SARC), Independent Sexual Violence Advisors (ISVAs), counselling for adults and children.

LEGAL

Citizens Advice Bureau – See local telephone directory.

Offers free, confidential, impartial and independent advice on a range of issues including debt, benefits, housing and legal matters. Advisers can help clients to fill out forms, write letters negotiate with creditors and represent them at court.

All of the above details were correct at the time of writing, but please be aware that they may change over time.