

CLINICAL POLICY

Domestic Abuse

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Purpose:	The policy is designed to ensure a consistent and systematic response from health professionals to clients/service users and colleagues who are or have been affected by domestic abuse
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Dissemination:	The policy will be published on the GHC intranet, and its update will be listed on the Clinical Policy update bulletin.
Impact Assessments:	This Policy has been subjected to an Equality Impact Assessment. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust

Version History

Version	Date Issued	Reason for Change
V1	01/10/2019	Merger of 2getherNHSFT with GCS (Carol Innes/Alison Feher) for Gloucestershire H&C NHSFT and Herefordshire MH&LD services
V2	27/07/2021	Removal of Herefordshire references. Policy updated to include recommendations from the Pathfinder Toolkit and new definition under Domestic Abuse Act 2021 (Ann Thummler)
V2.1	23/11/2023	Policy alignment to link with other associated policies
V3	18/07/2024	Inclusion of summary statement. Policy updated to include compliance statement and mechanism for monitoring /

		Numerous outdated links updated. Appendix 5 updated. Updates to DHR / DARDR review process.
V3.1	12/12/2024	Changes made to reflect new IUC service which may encounter people living and experiencing domestic abuse outside Gloucestershire. Changes confirm that staff working for the service are covered by this policy and reflect the possible need to make referrals to other locality domestic abuse services.

SUMMARY

This policy aims to ensure a consistent and effective multi-professional response to the Government's drive in tackling Domestic Abuse. The National Health Service (NHS) has a particular contribution to make because it is the one service that almost all victims of Domestic Abuse will come into contact with at some point in their lives.

This policy will enable all Gloucester Health and Care Foundation Trust (the Trust) employees to understand their roles and responsibilities and ensure that they are aware of the processes in place to adequately identify, risk assess and respond effectively in cases of Domestic Abuse.

When working with people who are experiencing Domestic Abuse, employees must support them to make choices about their safety. Employees **MUST** also consider the safety of any involved children or adults who may be at risk. The policy recognises that employees may be required to make a referral to children/adult social care.

Most often, it is women who experience Domestic Abuse, and almost always at the hands of their male partners or former partners. Men are also victims of Domestic Abuse and Domestic Abuse can also take place within same sex relationships and family members can be abused by siblings, children, grandchildren and other family members.

Domestic Abuse can occur regardless of age; although, age may affect a victim's ability to seek help and access services, and individuals may face stereotyping because of age. Children and young people can experience abuse within intimate relationships.

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ABBREVIATIONS

<i>Abbreviation</i>	<i>Full Description</i>
CPS	Crown Prosecution Service
EDT	Emergency Duty Team
DARDR	Domestic Abuse Related Death Review
DASH	Domestic Abuse, Stalking and Harassment
DASV	Domestic Abuse and Sexual Violence
DVDS	Domestic Violence Disclosure Scheme - Clare's Law
DHR	Domestic Homicide Review
FGM	Female Genital Mutilation
FM	Forced Marriage
GDASS	Gloucestershire Domestic Abuse Support Service
GHC	Gloucestershire Health and Care NHS Foundation Trust
GRASAC	Gloucestershire Rape and Sexual Assault Centre
GSCP	Gloucestershire Safeguarding Children's Partnership
GSAB	Gloucestershire Safeguarding Adults Board
HBV	Honour Based Violence
IDVA	Independent Domestic Violence Advisor
MASH	Multi-Agency Safeguarding Hub
MARAC	Multi-Agency Risk Assessment Conference
OOH	Out of Hours
SAR	Safeguarding Adult Review
SARC	Sexual Assault Referral Centre
SCR/SPR	Serious Case Review/Safeguarding Practice Review
VIST	Vulnerability Identification Screening Tool

1. INTRODUCTION

Health services, as both an employer and service provider, have a crucial role to play in responding to domestic abuse. The NHS has a particular contribution to make because it is the one service that almost all victims and perpetrators of domestic abuse will come into contact with at some point in their lives.

Domestic abuse is a serious health, social and criminal issue that affects not only those directly involved but society as a whole. It is present in all areas of society and can impact on anyone ranging from the unborn child to people at end of life. In the worst-case scenario, it can result in death by means of domestic homicide or suicide and by accidental death or injury to children or babies who may be present.

1.1 Definition of Domestic Abuse (Domestic Abuse Act 2021)

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if:

- A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive.

Behaviour is “abusive” if it consists of any of the following:

- Physical or sexual abuse;
- violent or threatening behaviour;
- controlling or coercive behaviour;
- economic abuse (see subsection (4));
- psychological, emotional or other abuse;

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

1.2 Definition of “Personally Connected”

For the purposes of this Act, two people are “personally connected” to each other if any of the following applies:

- they are, or have been, married to each other;
- they are, or have been, civil partners of each other;
- they have agreed to marry one another (whether or not the agreement has been terminated);
- they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- they are, or have been, in an intimate personal relationship with each other;
- they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (parent or has parental responsibility)
- they are relatives (this includes children).

1.3 Controlling Behaviour

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.

1.4 Coercive 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.' Coercive control is a specific crime.

Domestic abuse can be present potentially in any intimate or family relationship but women are disproportionately affected. In addition, women with disabilities are twice as likely as women who do not have disabilities to experience domestic abuse. Older women account for 1 in 4 victims of domestic homicide and are often a hidden group in context of domestic abuse. For the year ending March 2020, the Crime Survey for England and Wales reports a prevalence rate of approximately 7 in 100 women and 4 in 100 men as being victims of domestic abuse.

The Crime Survey for England and Wales reports 357 domestic homicides between March 2017-March 2020. 39 men died at the hands of their female partner or ex-partner compared with 263 women by their male partner or ex-partner.

Domestic abuse is prevalent in Lesbian, Gay, Bisexual and Transgender + (LGBT+) relationships at similar prevalence rates as reported by heterosexual women. Some studies have suggested that transgender individuals may be at even higher risk (Pathfinder Toolkit 2020).

While males are statistically less likely to experience domestic abuse, it should be recognised that they need to be asked about their experiences and supported accordingly. There are potential barriers for men reporting domestic abuse and seeking help due to gender stereotypes.

People from Black, Asian and Minority Ethnic communities may experience different barriers in reporting domestic abuse. This may include concerns about the impact of stigma on their family, fear of not being believed, immigration status or language difficulties. Religious or cultural beliefs may also impact on the individuals' recognition and reporting of abuse.

Domestic abuse is always harmful to children. The Domestic Abuse Act 2021 recognises children as victims of domestic abuse in their own right. They are experiencing effects of the abuse whether by directly seeing, hearing or being aware of the abuse. They may also be experiencing the effects of the perpetrator's behaviours in their lives.

Domestic abuse is recognised as an Adverse Childhood Experience (ACE) which may have a lifelong impact. In a national review of Serious Case Reviews 2011-14 (where children have died or been seriously harmed and where abuse or neglect was known or suspected), 54% of reviews had a background of domestic abuse in the family. There is a cumulative risk of harm to the child when domestic abuse co-exists with parental substance misuse and parental mental health problems.

It should be borne in mind that children aged 16 and over may be victims or perpetrators of domestic abuse in their own right in line with the definition of domestic abuse.

2. PURPOSE

The purpose of this document is to:

- Raise awareness by recognising domestic abuse as a serious crime which has an adverse impact upon the health of individuals, families and communities.

- Assist staff in their understanding and response to reports of domestic abuse.
- Provide a pathway to follow when dealing with a disclosure of domestic abuse to ensure appropriate referrals and links with domestic abuse services are made.
- Identify and address any safeguarding issues for children and/or adults with care and support needs.
- Ensure staff are aware of the training available in regard to recognising the indicators of domestic abuse and increasing confidence when asking people about it.
- Ensure that information is shared appropriately and that staff work in partnership with agencies who have greater experience of domestic abuse in order to reduce the risk of harm to victims and their families.
- Ensure colleagues seek advice regarding the need to report and/or investigate adverse incidents whilst in the workplace.
- Ensure that processes are in place to support action plans developed following a Domestic Homicide Review, Safeguarding Practice Review, Safeguarding Adult Review or Internal Management Review/Serious Incident learning reviews.

Finally, the purpose of this policy also includes a recognition and need that staff must work to the principles and key lines of enquiry of the CQC Quality Standards Framework.

- Safe
- Effective
- Caring
- Responsive
- Well led.

3. SCOPE

This policy applies to all Trust staff, who have a duty to abide by and promote the use of this policy.

4. DUTIES

Managers

It is the duty of managers to ensure staff are aware of this policy and know how to access training and support related to domestic abuse. Managers are also responsible for supporting staff accordingly who may be experiencing domestic abuse and addressing concerns if staff are known to be perpetrators of domestic abuse. This responsibility extends to supporting the temporary workforce, apprentices, students and other learners.

All Trust Colleagues

- Be aware of the Trust's Adult and Children Safeguarding Policies and Procedures
- Be able to identify children and adults who are experiencing domestic abuse
- Ask about domestic abuse as a core part of assessment
- Know how to respond to disclosure of domestic abuse
- Understand the impact of domestic abuse on victims and those witnessing abuse (this includes hearing the abuse of another) including the impact on mental health
- Know how to refer and signpost to specialist domestic abuse services
- Know how to identify and respond to high risk cases involving domestic abuse (MARAC)
- Know how to refer and signpost perpetrators for support
- Be aware of equality and diversity considerations in relation to domestic abuse

- Be aware of high-risk indicators (see [appendix 1](#))
- Report safeguarding concerns once identified, according to established processes for children and adults (referrals for children to the MASH and adults to the local authority adult safeguarding team if meeting the criteria - keeping the Making Safeguarding Personal principles in mind)
- Maintain records according to guidance and policy
- Participate in training according to job role
- Work collaboratively with services/providers to support those impacted by domestic abuse.

5. MENTAL CAPACITY ACT COMPLIANCE

Where parts of this document relate to decisions about providing any form of care treatment or accommodation, staff using the document must do the following: -

- Establish if the person able to consent to the care, treatment or accommodation that is proposed? (Consider the 5 principles of the Mental Capacity Act 2005 as outlined in section 1 of the Act. In particular principles 1,2 and 3) [Mental Capacity Act 2005 \(legislation.gov.uk\)](#).
- Where there are concerns that the person may not have mental capacity to make the specific decision, complete and record a formal mental capacity assessment.
- Where it has been evidenced that a person lacks the mental capacity to make the specific decision, complete and record a formal best interest decision making process using the best interest checklist as outlined in section 4 of the Mental Capacity Act 2005 [Mental Capacity Act 2005 \(legislation.gov.uk\)](#).
- Establish if there is an attorney under a relevant and registered Lasting Power of Attorney (LPA) or a deputy appointed by the Court of Protection to make specific decisions on behalf of the person (N.B. they will be the decision maker where a relevant best interest decision is required. The validity of an LPA or a court order can be checked with the Office of the Public Guardian) [Office of the Public Guardian - GOV.UK \(www.gov.uk\)](#).
- If a person lacks mental capacity, it is important to establish if there is a valid and applicable Advance Decision before medical treatment is given. The Advance Decision is legally binding if it complies with the MCA, is valid and applies to the specific situation. If these principles are met it takes precedence over decisions made in the persons best interests by other people. To be legally binding the person must have been over 18 when it was signed and had capacity to make, understand and communicate the decision. It must specifically state which medical treatments, and in which circumstances the person refuses and only these must be considered. If a patient is detained under the Mental Health Act 1983 treatment can be given for a psychiatric disorder.
- Where the decision relates to a child under the age of 16, the MCA does not apply. In these cases, the competence of the child must be considered under Gillick competence. If the child is deemed not to have the competence to make the decision, then those who hold Parental Responsibility will make the decision, assuming it falls within the Zone of Parental control. Where the decision relates to treatment which is life sustaining, or which will prevent significant long-term damage to a child under 18 their refusal to consent can be overridden even if they have capacity or competence to consent.

6. POLICY DETAIL

6.1 Basic Principles

- Disclosures of abuse should always be taken seriously.
- Domestic abuse is unacceptable and should not be condoned in any circumstance.

- Domestic abuse is about power and control (see power and control wheel [appendix 7](#)).
- Professional curiosity is a combination of **LOOKING, LISTENING, ASKING** direct questions, **CLARIFYING** and reflecting on information received. It includes:
 - Avoiding optimism bias when considering the situation
 - Not making assumptions
 - Not accepting explanations on face value when you have doubts.
- Professional curiosity is particularly pertinent where sexual abuse and domestic abuse is suspected. Children rarely verbally disclose (but frequently demonstrate behavioural signs), with adults less likely to describe domestic abuse, particularly if the suspect is a relative. Often parents will simply not recognise themselves as victims of domestic abuse at the hands of their children.
- Do not blame the victim for the abuse - responsibility for the abuse lies with the perpetrator.
- Do not confront the perpetrator.
- Speak to the victim without the perpetrator present so they are able to speak freely.
- Consideration should be given to service user's emotional wellbeing and physical health.
- The impact on the victim's mental health should be considered with particular concern for suicidal indicators [CLP249 - Assessing and Managing Clinical Risk and Safety - Interact \(ghc.nhs.uk\)](#).
- Information and support should be offered in a way that is safe and does not increase risk of harm (e.g. do not post leaflets if the perpetrator has access to the victim's mail).
- Victims should be given time and space to make choices and be supported, whatever decision they make - providing this does not put others at risk or override concerns about risk (e.g. where children are involved or there is risk of serious harm, or an adult lacks capacity to make specific decisions in line with protecting themselves).
- Consideration should be given to those who may have communication difficulties e.g. learning disabilities, speech and language or hearing difficulties. Reasonable adjustments should be made.
- An appropriate translation service or format for information should be used.
- Family members or partners should not be used as translators.
- Any response must ensure that the safety of victims and children is the first priority.
- Do not assume anger management or couple counselling are appropriate interventions when domestic abuse is evident. These can increase risk.
- Treat people with respect and dignity. Victims living with domestic abuse will not necessarily want to end their relationship, or may decide to return to an abusive partner. They should be offered a choice of options, time to talk these through and receive non-judgmental support in making their own decisions (providing this does not put others at risk).
- Safeguarding/child protection policies and procedures should be fully explained to parents/carers to enable their fears to be addressed. When child protection concerns are raised, appropriate support should be given to parents/carers.
- Line Managers should be kept informed of any safeguarding issues.
- Staff should be aware that raising child protection concerns can increase the danger and risk of further abuse for the family. However, this does not override the responsibility of staff needing to report child protection concerns as per existing Child Safeguarding policies and procedures.
- Parental/adult criminality should also be considered when assessing risk of harm to children and victims of domestic abuse.
- Colleagues need to consider their own personal safety and must not expose themselves to unnecessary risk.

6.2 Record Keeping

Documentation and record keeping have an important role in responding to domestic abuse. Records can be used in:

- Criminal proceedings if a perpetrator faces charges
- Obtaining an injunction or court order against a perpetrator
- Immigration and deportation cases
- Housing provision
- Civil procedures in family courts to assess the risks associated with granting an abusive parent contact with children
- Serious Case Reviews, Safeguarding Adult Reviews and Domestic Abuse Related Death Reviews (formally known as Domestic Homicide Reviews (DHR's)).

Care needs to be taken when documenting domestic abuse. In order to maintain confidentiality, any record of domestic abuse should be kept separately from notes which may be held by the service user which the perpetrator could access e.g. records that are taken home.

- Always keep a detailed record of what has been discussed, even if your suspicions have not led to disclosure.
- Permission is not required to record a disclosure of domestic abuse or the findings of assessment. There is a responsibility to keep a record of any disclosures or injuries. When recording information describe exactly what happened and use their own words using quotations marks.
- Use body maps (if relevant to job role and where necessary) and if taking photographs only use equipment provided by the Trust. Confidentiality should be discussed with the service user and their consent should be sought if information needs to be shared with other health care professionals, or with other agencies in accordance with locally agreed protocols.
- Where consent to share information cannot be obtained or is refused, or where seeking consent is likely to undermine the prevention / detection of a crime, professionals may lawfully share information if this can be justified. This should be in line with legislation and the Caldicott Principles. Further guidance can be located - [Legal Grounds for Sharing Information Guidance.pdf \(safelives.org.uk\)](https://safelives.org.uk/LegalGroundsforSharingInformationGuidance.pdf). Staff should seek guidance if they are unsure from the Trust Safeguarding Team, Caldicott Guardian or their line manager. Consideration should be given to an individual's mental capacity to fully understand the situation and risks as well as the impact of coercive control on capacity to make decisions. If there are doubts about capacity, a Mental Capacity Assessment should be undertaken in line with the Mental capacity Act 2005 and must be related to the specific decision being considered. This should be documented in the relevant section of the service user's record.

See Trust MCA information site for further guidance:

<https://intranet.ghc.nhs.uk/Interact/Pages/Section/ContentListing.aspx?subsection=4217>

6.3 Records Should Include:

- Whether routine enquiry (generic enquiry about domestic abuse) or selective enquiry (where there are indicators of abuse) has been undertaken and the responses.
- Any evidence of or suspected signs of abuse.
- Nature of abuse, the impact of the abuse and any injuries.
- Specific incidents, prevalence/duration.
- Relationship to the perpetrator e.g. partner, ex-partner, brother, daughter etc (name and DOB of perpetrator).

- Who is in the household (to be added to the relevant section of the clinical system being used).
- Pregnancy.
- Children and/or dependents (names and DOB).
- Presence of high-risk indicators (see [appendix 1](#)).
- Result of completed DASH form with level of risk noted (see [appendix 4](#) for DASH form link).
- Information given.
- Service users' wishes.
- Capacity has been considered.
- Referrals made/action taken/service users consent.
- Safety plan (if indicated).
- Risk to self (e.g. self-harm/suicide).
- Risk to others (including any risk to children and unborn babies).

Conditions may not be conducive to routine enquiry e.g. the perpetrator/suspected perpetrator is present. In such circumstances it may be necessary to be creative to set up circumstances to see the person alone.

6.4 High Risk Cases and MARAC

MARACs (**M**ulti-**A**gency **R**isk **A**ssessment **C**onferences) are Police convened multi-agency meetings, which are coordinated in Gloucestershire by police within the MASH', these meetings that are held in the Victim's name to manage and reduce risks. They specifically prioritise the safety of victims who have been risk assessed at high or very high risk of harm and for agencies to work together on safety planning. The meetings also aim:

- To prioritise the safety of children
- To hold perpetrators of domestic abuse accountable for their actions
- To reduce repeat incidents of domestic abuse
- To emphasise community responsibility for confronting abusers and restricting their behaviour
- To encourage co-operation between organisations.

The DASH (Domestic Abuse Stalking and Harassment) form can be used to assess level of risk and can be submitted to: marac@gloucestershire.pnn.police.uk, the Trust safeguarding team can be contacted for advice. The MARAC protocol can be found here: <https://www.gdass.org.uk/support-for-professionals/>

If the domestic abuse has taken place outside of Gloucestershire, please submit to the MARAC team where the alleged abuse took place. Please undertake an internet search for '(county) MARAC' for details of how to make a referral.

Further information on stalking and harassment can be found here: <https://www.gdass.org.uk/wp-content/uploads/2024/05/Guidance-for-Professionals-on-Identifying-and-Responding-to-Stalking.pdf>

Suspects / perpetrators of domestic abuse and victims are not involved in the conferences. Victims can be referred without their consent if the risk of harm is deemed high. Victims will likely have been made aware of the conference but never the suspect/perpetrator.

It is important that information about MARACs is not shared without permission from MARAC. Any reference to MARAC should not be specifically cited in any correspondence to service users,

parents or carers. In some cases, suspects/perpetrators of domestic abuse monitor the victim's mail, emails and text messages so reference to MARAC could put them at increased risk of harm.

Sharing information with other health professionals about MARAC may be justified to prevent harm (e.g. discussing with a child's GP). Before sharing information about MARAC with other professionals, permission should be sought from the MARAC team by contacting: marac@gloucestershire.pnn.police.uk. If the domestic abuse has taken place outside of Gloucestershire, please contact the MARAC team where the alleged abuse took place. Any correspondence sent to health professionals that mentions MARAC, should not be copied to the service user, their parents or carers to ensure that they are not put at increased risk of harm.

6.5 Managing Domestic Abuse in Relation to Trust Employees - Responsibilities of Managers

The Trust is aware that some staff may either be experiencing domestic abuse in their personal lives or that some staff may be perpetrators of domestic abuse.

Those experiencing domestic abuse may have performance problems such as absenteeism or lower productivity. Staff should be given opportunity in a safe, supportive environment to disclose abuse and be assured they will receive a compassionate response.

Every employee who is experiencing domestic abuse has the right to raise the issues with their employer/manager in the knowledge that the matter will be treated effectively, sympathetically and confidentially. However, there may be exceptions to confidentiality in cases of public protection, safeguarding children / adults with care and support needs. Established processes should be followed if there are safeguarding concerns relating to other adults or children with the employee being fully informed and supported.

Staff should be given information on, and offered referrals to, specialist support services (see [appendix 5](#)).

Consideration should be given to their safety at work and the Trust security team should be consulted if there are concerns about alleged perpetrators attending Trust premises to access the individual.

When addressing performance and safety issues, the Trust will make reasonable efforts to consider all aspects of the employee's situation and/or safety.

Key teams that can support managers may include:

- Trust Safeguarding Team
- Occupational Health /Working Well
- The Trust Security Team
- Human Resources
- Trade Unions.

6.6 The Management of Perpetrators of Domestic Abuse Trust Employees

In instances where a perpetrator of domestic abuse is identified as being employed by the Trust, it may be necessary to follow the procedure for dealing with allegations made against staff. Manager's should consult with HR and should notify the Trust Safeguarding Lead in cases where

perpetrators of domestic abuse are known.

Where it is believed that children have been harmed through the behaviour of the perpetrator, a referral should be made to the Local Authority Designated Officer: [The Role of the LADO and The Allegations Management process | Gloucestershire County Council](#)

Where it is believed that adults with care and support needs have been harmed through the behaviour of the perpetrator, a referral to the local authority safeguarding adults' team should be made. [Adult Social Care Safeguarding Adults Referral Form | New Adult Social Care Safeguarding Adults Referral Form – Gloucestershire Forms](#)

If the abuse or neglect took place in a different county, please make a referral to the relevant local authority. Please undertake an internet search for '(county) adult safeguarding' for details of how to make a referral.

Perpetrators should be given information on support services available (see [appendix 5](#)).

Consideration should be given to potential contact with the victim if they are also employed by the Trust and whether the person is facing any criminal charges.

7. DEFINITIONS

A child - for the purpose of this policy is anyone up to their 18th birthday.

An Adult - for the purpose of this policy- is anyone who is aged 18 and over.

For purposes of adults who need safeguarding in line with the Care Act (referred to adults with care and support needs):

- Have needs for care and support (whether or not those needs are being met and regardless of whether the adult lacks mental capacity or not) and
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Types of abuse in relation to domestic abuse (not exhaustive):

- **Physical:** Shaking, smacking, punching, kicking, presence of finger or bite marks, starving, tying up, stabbing, strangulation, suffocation, throwing things, using objects as weapons, female genital mutilation, 'honour violence'. Physical effects are often inflicted on areas of the body that are covered by clothing, for example, breasts and abdomen.
- **Sexual:** Forced sex, forced prostitution, ignoring religious prohibition about sex, refusal to practice safe sex, sexual insults, passing on sexually transmitted diseases, preventing breastfeeding.
- **Psychological** Intimidation, harassment and stalking, insulting, isolating from friends and family, criticising, denying the abuse, treating them as an inferior, threatening to harm children or take them away, forced marriage.
- **Financial/Economic:** Not letting their partner work, interfering with efforts to find work, education or study, refusing to give money, asking for an explanation of how every penny is spent, making them beg for money, gambling, not paying bills, having sole control over finances, preventing a victim from claiming benefits, damage to victim's property, not allowing or controlling access to a victim's mobile phone, transport or food. Creates economic

dependence on the abuser.

- **Emotional:** Swearing, undermining confidence, making racist or sexist remarks making them feel unattractive, calling them stupid or useless, eroding their independence, threatening to 'out' a victim's sexual orientation or gender identity to friends, family or work colleagues.

Forced Marriage (Crown Prosecution Service (CPS) Definition)

Any criminal offence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) that has been carried out in the context of a forced marriage either:

- To coerce a party/parties into marrying without their consent, which would be prosecuted for the specific offence committed, e.g. harassment, kidnap, threats to kill; or
- After a forced marriage without the consent of one or both parties and where duress is a factor, which would be prosecuted for the specific offence e.g. rape, sexual assault.

So-Called 'Honour' Based Abuse (CPS Definition)

An incident or crime involving violence, threats of violence, intimidation coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/ or community for alleged or perceived breaches of the family and/or community's code of behaviour.

See [appendix 6](#) for full glossary of frequently used terms.

8. PROCESS FOR MONITORING COMPLIANCE

Are the systems or processes in this document monitored in line with national, regional, trust or local requirements?	YES
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Monitoring Requirements and Methodology	Frequency	Further Actions
The Trust safeguarding team will conduct an annual audit to assess compliance with this policy and safeguarding practices.	Annually	Reported to Safeguarding Group and Quality Assurance Group. Action plan formulated from the audit results to target areas for improvement.
Annual Safeguarding Report	Annually	Reported to Quality Assurance Group and Trust Board with assurances, concerns and recommendations.
The Trust Safeguarding Group provides assurance to the Quality Committee and Board that GHC is taking all necessary action to identify and respond to areas of activity that require support in relation to safeguarding or areas which impact upon delivery of care.	Bi-monthly	Services are held to account to ensure that their activities are commensurate with the safeguarding principles set out by Gloucestershire Safeguarding Adult Board

9. INCIDENT AND NEAR MISS REPORTING AND REGULATION 20 DUTY OF CANDOUR REQUIREMENTS

To support monitoring and learning from harm, staff should utilise the Trust's Incident Reporting System, DATIX. For further guidance, staff and managers should reference the [Incident Reporting Policy](#). For moderate and severe harm, or deaths, related to patient safety incidents,

Regulation 20 Duty of Candour must be considered and guidance for staff can be found in the [Duty of Candour Policy](#) and Intranet resources. Professional Duty of Candour and the overarching principle of 'being open' should apply to all incidents.

10. TRAINING

Level 1 - When new staff start, they have Safeguarding training assigned to them according to role. Level 1 (Adults and Children's training) is assigned to all non-clinical staff. This includes being aware of the types of abuse and how to report suspected or known abuse. Clinical staff have the higher levels assigned, for both Adults and Children, based on their role.

Level 2 - All professional/clinical staff receive training in recognising and responding to domestic abuse. This includes MARAC and MAPPA.

Level 3 - Multi-agency safeguarding children and multi-agency safeguarding adults training also incorporates Domestic Abuse.

Additional specific Domestic Abuse training is available through the local authority (Gloucestershire Safeguarding Children Partnership) in conjunction with GDASS. Training can be booked via Care2 Learn:

[Course: Domestic Abuse \(ghc.nhs.uk\)](https://ghc.nhs.uk)

Further advice and information can be obtained from the Trust Safeguarding Team 0300 421 6969, or the Gloucestershire Safeguarding Board websites.

Line Managers should ensure all appropriate staff members are aware of and follow this policy.

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Pathfinder Toolkit (2020) [Pathfinder+Toolkit Final.pdf \(squarespace.com\)](https://www.squarespace.com/pathfinder-toolkit)

Responding to staff experiencing domestic abuse: Practical guidance
<http://www.safelives.org.uk/sites/default/files/resources/DV%20Employer%27s%20guidance%20FINAL%20Update%203%20-%20SafeLives%20rebranded.pdf>

12. ASSOCIATED DOCUMENTS

Safeguarding Adult Policy (CLP101)

Safeguarding Children Policy (CLP071)

Managing Allegations against Professionals who work with Children and Adults (CLP152)

Diversity and Inclusion Policy (010)

Clinical and Non-Clinical Supervision Policy (CLP116)

Multi-Agency Public Protection Arrangements (MAPPA) Policy (CLP162)

Freedom To Speak Up Policy

Sexual Safety Policy (CLP154)

NHS England Sexual Safety Charter for reference ([NHS England » Sexual safety in healthcare](https://www.nhs.uk/sexual-safety-in-healthcare))

[– organisational charter](#)).

SARC Operational Policy

Relationships and Professional Boundaries Policy (007)

Appendix 1 - High Risk Indicators for Domestic Homicide

Seven high risk indicators that have been identified from domestic homicide reviews:

SPECSSS

- Separation
- Pregnancy and new birth
- Escalation of abuse (frequency and severity)
- Cultural and community factors (e.g. if the survivor is from a cultural background where so called 'honour-based' abuse, forced marriage or female genital mutilation might be present or there are factors which may serve as a barrier to accessing support including disabilities, immigration status, language barriers etc.)
- Stalking
- Sexual Assault
- Strangulation (significant number of domestic homicides show a history of non-fatal strangulation).
- Coercive control.
- Isolation
- Use of weapons

Also consider if there have been **threats to kill**

Consideration should also be given to substance misuse: whilst not a cause, is an aggravating factor

Dr Jane Monckton-Smith has further identified eight stages that constitute a pattern that precede domestic homicide

1. **History:** The perpetrator has a pre-relationship history of stalking or abusing other people
2. **Fast pace:** The relationship develops quickly into something serious
3. **Coercive control:** The relationship becomes increasingly controlling, whether that's emotionally, financially, socially or otherwise.
4. **Trigger:** An event occurs to threaten the perpetrator's control, for example the relationship ends
5. **Escalation:** The perpetrator's control tactics increase in intensity and/or frequency, for example by threatening suicide or regularly stalking
6. **Change of heart:** The perpetrator has an apparent change in thinking, seemingly wanting to move on
7. **Planning:** The perpetrator will hone in on how the homicide will be carried out (they may buy weapons or try to create opportunities to get the victim alone)
8. **Homicide:** The perpetrator kills his partner, and sometimes others like the victim's children.

Appendix 2 - Indicators of Domestic Abuse

Inconsistent relationship with health services

- Frequent appointments for vague symptoms
- Frequently missed appointments, including at antenatal clinics
- Non-compliance with treatment or early discharge from hospital.

Physical symptoms

- Injuries inconsistent with explanation of cause or they try to hide or minimise the extent of injuries
- Multiple injuries at different stages of healing or repeated injury, all with vague or implausible explanations (particularly injuries to the breasts or abdomen)
- Problems with the central nervous system – headaches, cognitive problems, hearing loss, long-term gastrointestinal symptoms
- Genitourinary symptoms, including frequent bladder or kidney infections Long-term pain.

Reproductive/sexual health issues

- Unexplained reproductive symptoms, including pelvic pain and sexual dysfunction Adverse reproductive outcomes, including multiple unintended pregnancies or terminations/miscarriages
- Delayed antenatal care, history of premature labours or stillbirths
- Vaginal bleeding, recurring sexually transmitted infections or recurring urinary tract infections.

Emotional or psychological symptoms

- Symptoms of depression, fear, anxiety, post-traumatic stress disorder (PTSD), sleep disorders*
- Self-harming or suicidal tendencies Alcohol or drug misuse.

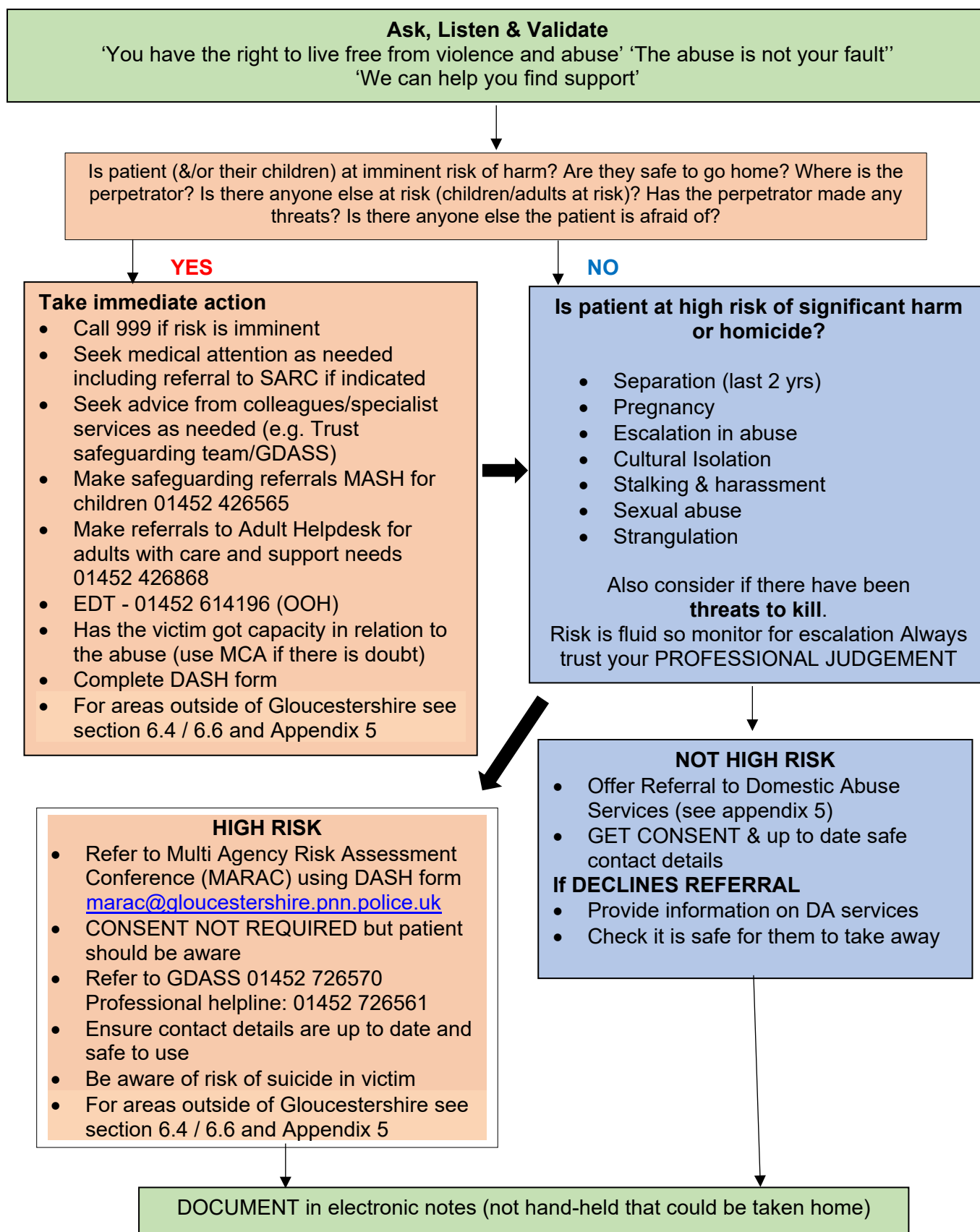
Intrusive 'other person' in consultations

- Partner or spouse, parent, grandparent (or, for elder abuse, a partner or family member) always attends appointments unnecessarily
- The service user is submissive or afraid to speak in front of the partner or relative, escort or spouse. The escort is aggressive, dominant or over attentive, talking for the service user or refusing to leave the room.

Indicators of domestic abuse in children

- Disordered attachments.
- Poor conflict resolution skills
- Poor emotional regulation
- Hypervigilance/Hyperactivity
- Externalising problems (acting-out) and or Internalising (withdrawn)
- Unexplained or frequent illness
- 'Symptoms' of ADHD/anxiety/depression/learning-difficulties/naughtiness
- Limited capacity to explore and play
- Appears desensitised to certain behaviours
- Appears anxious of parent/s or adults in parental role
- Aggressive /confrontational behaviour
- Concerned/protective of parent/siblings
- Lack of school attainment/attendance
- Not wanting to go home/lots of afterschool clubs
- Needy for adult roles models.

Appendix 3 - Domestic Abuse Pathway



Appendix 4 - Five-Minute Guide on How to Respond to Domestic Abuse

Notice

- Misses appointments,
- Cancels appointments,
- Needs to be back home by a certain time,
- Difficulties adhering to treatment
- Injuries – unexplained, account doesn't match the injury, repeated injury/visits to A+E
- Physical complaints e.g. headaches, abdominal pain
- Sexual health issues
- Symptoms including depression, anxiety, fear, PTSD, sleep disorder, substance misuse
- Intrusive or 'protective' other person is always present
- Isolation, restrictions on social activities and monitoring by someone by text or phone calls
- No access to own phone, calls are through the intrusive or 'protective' other person.

Ask

- Are there times when you have felt unsafe at home?
- Have you been upset because someone talked to you in a way that made you feel ashamed or threatened?
- Has anyone hurt you/taken money belonging to you/upset you?
- Has anyone prevented you from getting food/medication/support/clothing?

Validate

- What you are describing sounds like abuse
- The abuse is not your fault
- You have options and we can help you find support.

Assess

- Are you safe/capable of returning home today?
- What are you frightened of?
- Are there any children involved - where are the children?

Action

- Options: Police/emergency services if immediate response required 999
- See the person alone
- Use an independent interpreter if there are language difficulties not friends, partners or family
- Complete DASH form (Domestic Abuse Stalking Harassment risk assessment)
- Refer to MARAC (Multi Agency Risk Assessment Conference) for high risk cases
- Offer details of or referral to GDASS (Gloucestershire Domestic Abuse Support Services) 01452 726 570 GDASS professionals' number 01452 726 561 for advice
- For areas outside of Gloucestershire please see Appendix 5 and section 6.4
- Karma Nirvana – supporting victims of forced marriage/FGM 0800 999 5428
- LGBT and Domestic Abuse helpline 0800 999 5428
- Men's Advice line 0808 801 0327
- National Domestic Violence Helpline 0808 2000 247
- Southall Black Sisters 0208 571 0800
- Action any safeguarding referral needed for adults and/or children
- Contact the Trust Safeguarding Advice line/ Specialist Safeguarding Nurse- Domestic Abuse 0300 421 6969
- Record.

Appendix 5 - Support Services and Useful Forms

Immediate risk of harm - call 999

Police non-emergency number - 101

Local Domestic Abuse Support Services	
Gloucestershire Domestic Abuse Support Service (GDASS) Main DA service for Gloucestershire Support all victims of DA aged 16+, Honour based abuse and DA related stalking -Helpdesk (general advice/access to service) -Floating Support (standard/medium risk support) -IDVA service (high risk support) -Target Hardening/sanctuary scheme (to secure victims' property) -Litigant in person (support for civil orders) - Places of safety (if someone cannot stay in their home)	Helpdesk: 01452 726 570 Professionals: 01452 726 561 Email: support@gdass.org.uk Website: www.gdass.org.uk https://www.gdass.org.uk/support-for-professionals/
STREET STREET is a county-wide service for young people aged 13-19 who: -have experienced or are experiencing teenage relationship abuse; -are adversely affected by domestic abuse in the home either current or historic; -are displaying harmful behaviour in their relationships.	Email: STREETreferrals@victimsupport.org.uk
Positive Relationships Gloucestershire (PRG) Voluntary domestic abuse behaviour change perpetrator programme (for those 18+)	To make a referral either complete the Online Referral Form or call us on 01452 529 866 .
Stroud Beresford Refuge Female refuge	Tel: 01453 764385 Email: office@beresfordgroup.org
Gloucestershire Stalking Advocacy Service (GSAS) For high risk non-DA stalking	Contact to be made via StalkingClinic@gloucestershire.police.uk
Victim Support General victims services and support for standard and medium risk non DA stalking	Phone: 0808 281 0112 Out of hours Support line: 08 08 16 89 111
Nelson Trust Women's Centre Trauma-informed, gender responsive service, that provides holistic support for women and their families. Particularly for women with multiple and complex needs.	Gloucester Women's Centre Belsize House, 1 Brunswick Square, Gloucester, GL1 1UG Phone: 01452 397690 Email: gloucester.info@nelsontrust.com

Gloucestershire Sexual Assault Referral Centre Hope House SARC offers immediate emotional and practical support; as well as medical care, to anyone who has been raped or sexually assaulted They also provide forensic medical examinations	Phone: 0300 421 8400 Address: Hope House SARC, Gloucestershire Royal Hospital, Great Western Road GL1 3NN. Website: https://www.hopehouse.nhs.uk/sarc/
Gloucestershire Rape and Sexual Abuse Centre (GRASAC) Provide emotional and practical support to survivors of rape, sexual assault and childhood sexual abuse regardless of gender.	Phone: 01452 305421 Email: info@glosrasac.org.uk
Sexual Violence Counselling Services	www.survivorpathway.org.uk
GARAS Support for those seeking asylum	https://www.garas.org.uk/
Honour Thy Woman Community services offering peer support	www.honourthywomangroup.org
Local Authority Housing (for emergency accommodation)	
Gloucester City Council: 01452 396396 (Emergency out of Hours Team Phone: 01452 614 194) Cheltenham: 01242 387615 Stroud: 01453 766321 (Emergency out of hours 01453 222 104) Forest of Dean: 01594 810000 (out of hours is same number, option2) Tewksbury: 684 272212 (out of hours: 01452 614194) Cotswolds: 01285 623000 (out of hours is same number, option2)	
Other Local Safeguarding Services	
Children's Social Care	Phone: 01452 42 65 65 Email: childrenshelpdesk@gloucestershire.gov.uk Out of hours: Call the Emergency Duty Team on 01452 614194
Adult Social Care	Phone: 01452 426 868 Website: http://www.gloucestershire.gov.uk/health-and-social-care/adults-and-older-people/
Mental Health Crisis Team	Phone: 0800 169 0398 Hearing impaired, please TEXT: 07775510693 – 7am – 9.30pm 07768776863 – 9.30pm – 7am
National Domestic Abuse Services	
National Domestic Abuse Helpline Access to National Refuge Network	The freephone, 24-hour: 0808 2000 247 https://www.nationaldahelpline.org.uk/en
National Stalking Helpline	0808 802 0300

Paladin National Stalking Advocacy Service	https://www.paladinservice.co.uk/
Respect (Help for DA perpetrators)	Freephone 0808 8024040 https://respectphoneline.org.uk/
Karma Nirvana (honour based abuse and forced marriage support)	UK Helpline: 0800 5999 247 https://karmanirvana.org.uk/
IKWRO (support to Middle Eastern, North African and Afghan women and girls living in the UK, who have experienced, or are at risk of all forms of “honour” based abuse, including; forced marriage, child marriage and female genital mutilation (FGM), or domestic abuse)	https://ikwro.org.uk/
GALOP (LGBTQ service)	LGBT+ Domestic Abuse Helpline 0800 999 5428 https://galop.org.uk/
Men’s advice line	0808 801 0327 info@mensadviceline.org.uk
Southall Black Sisters (support for victims from BAME communities and those with no recourse to public funds)	020 8571 9595 (9:00am and 5:00pm Monday – Friday) info@southallblacksisters.co.uk
Support with civil orders: -Flows: https://www.flows.org.uk -DV Assist: https://dvassist.org.uk -NCDV: https://www.ncdv.org.uk/	

Worcestershire Locality:

Full details of all the services available in Worcestershire can be found on the West Mercia Women’s Aid (WMWA) website - [West Mercia Women's Aid | WMWA is a full member of the Women's Aid Federation of England.](#)

Any enquires for support Helpline - [0800 980 3331](tel:08009803331)

The services available are:

- **Refuge** - WMWA has 3 refuges in Worcestershire. They are confidential, safe places staffed by supportive, trained workers who help victims who have fled abuse settle in and begin to plan their future. Refuge is emergency, temporary accommodation for those who are fleeing domestic abuse, seeking safety.
- **Independent Domestic Violence Advisors (IDVAs)** - WMWA IDVAs are specialist trained Domestic Abuse safety workers who support people who are at high risk of immediate and significant harm from domestic abuse. IDVAs provide both emotional and practical support and information, enabling them to make their own choices about the action that they wish to take in order to promote their long-term safety.
- **Community Support** - WMWA’s ‘Recovery Pathway’ is a programme of safe and welcoming groups that help survivors to build their own knowledge and confidence, and to help and support each other on their recovery journey. Groups include the Freedom Programme, Power to Change and Recovery Toolkit and a programme to support parents where children have been affected.
- **Children and Young People (CYP)** - WMWA provides support to children and young people who have been affected by domestic abuse. Our work has a strong focus on self-

esteem, self-care and on understanding healthy relationships. This includes support for young people who are themselves experiencing abuse in their teen relationships.

Referrals from individuals and professionals to any WMWA services can be made via the website.

Useful forms

DASH form <https://gdass.org.uk/wp-content/uploads/2022/03/DASH-form.doc>

Young person's DASH form <https://www.gdass.org.uk/wp-content/uploads/2019/12/YPDASHform.docx>

Stalking log

https://gdass.org.uk/wp-content/uploads/2020/01/GDASS_stalking_incident_log_digital.pdf

Safety plans

<https://www.gdass.org.uk/wp-content/uploads/2022/11/GDASS-A-guide-to-safety-planning.pdf>

<https://www.gdass.org.uk/wp-content/uploads/2022/11/GDASS-A-teens-guide-to-safety-planning.pdf>

Power and Control Wheel

<https://www.gdass.org.uk/wp-content/uploads/2019/12/power-and-control-wheel.jpg>

GDASS Support for Professional

<https://www.gdass.org.uk/support-for-professionals/>

Appendix 6 - Glossary for Terms

Clare's Law - Domestic Violence Disclosure Scheme (DVDS)

This aims to give individuals the opportunity to ask about their partner if they are worried they may have been abusive in the past. This is known as the 'Right to Ask'.

Professionals can also make an application where they have concerns about a person at risk of domestic abuse. This is known as the 'Right to Know'.

An application can be sought via GDASS/visiting a police station/visiting Gloucestershire Constabulary website www.gloucestershire.police.uk

Domestic Abuse Related Death Review (DARDR) (formally known as Domestic Homicide Review (DHR)).

Statutory DHRs were introduced under Section 9 of the Domestic Violence, Crime and Victims Act, 2004. The duty to undertake DHRs came into force on the 13th April 2011.

Domestic Homicide Reviews should be carried out when a person has been killed as a result of domestic violence (domestic homicide). A DHR is a multi-agency review aimed at learning lessons from the way agencies and individuals worked together in cases where someone is killed in circumstances of domestic abuse.

DARDR has come into effect following the Victim and Prisoners Bill receiving Royal Assent. However, the revised statutory guidance is still out for consultation.

In summary, the Government have confirmed that the following changes will be made to the DHR process:

Reviews will be re-named to Domestic Abuse Related Death Reviews. This change is designed to ensure that the reviews continue to build on our understanding of deaths related to domestic abuse. For suicides linked to domestic abuse, there may not be a clear perpetrator or criminal charges for domestic abuse and therefore the term 'homicide' is not applicable. The term homicide is also not suitable when a death has been deemed as unexplained or unexpected by a Coroner.

The definition for where a DHR (or the new DARDR) applies will be amended to reflect the statutory definition of domestic abuse. The result will be that a DHR should be considered where a death of person, aged 16 or over, has or appears to have been the result of domestic abuse, as defined in the Domestic Abuse Act 2021. This replaces the current DHR definition where a review should be commissioned when a death has, or appears to have, resulted from violence, abuse and neglect'.

All agencies have a statutory obligation to respond to requests for information when a DARDR is underway.

Domestic Abuse Protection Notices (DAPN) and Orders (DAPO)

The police can issue a Domestic Abuse Protection Notice and then apply to the magistrates' court for a Domestic Abuse Protection Order.

A DAPO can protect the victim from further abuse. If they cohabit it can ban the perpetrator from returning to the home and contacting the victim. If the perpetrator does not keep to the Order they can be arrested and brought before the court.

A DAPO lasts for up to 28 days and gives time to explore options and get further support

Harassment - offences involve a 'course of conduct,' or repeated actions, which could be expected to cause distress or fear in any reasonable person. This will often include repeated attempts to impose unwanted contact or communication on someone.

DASH form - Safe Lives Risk Checklist

The **Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification, Assessment and Management Tool** is an evidence-based tool, developed from extensive research into domestic homicides, 'near misses' and lower level incidents.

The DASH is a consistent tool which provides a framework and structure for understanding the level of risk. DASH forms in different languages can be found here [Resources for identifying the risk victims face | Safelives](#)

Independent Domestic Abuse Advisors (IDVA)

IDVA's are based within GDASS and identify and assess risk to domestic abuse victims and their families and manage this with the victim, providing the most effective support.

Multi Agency Risk Assessment Conference (MARAC)

MARAC is a process where information about high risk domestic abuse victims (those at risk of serious harm or murder) is shared between local agencies. By bringing information from agencies together at a MARAC and ensuring that whenever possible the voice of the victim is represented by IDVA, a risk focused, coordinated safety plan can be drawn up to support the victim and their family.

MARACs are scheduled regularly in Gloucestershire.

Non-Molestation Order

Protects the victim (and their child/ren) from being harmed or threatened by the perpetrator. An application for either a non-molestation order and/or occupation order (see below) can be made in the Family Proceedings Court (part of the magistrates' court), the county court or the High Court. They will need to complete an application form, **form FL401**, which is available from the court they plan to apply to or to download from the HM Courts Service website.

Occupation Order

Decides who can live in the family home or enter the surrounding area (see above)

Restraining Order

A restraining order or protective order is used by a court to protect a person or entity, and the general public in a situation involving domestic violence, harassment, stalking, or sexual assault.

Stalking - is a specific type of harassment, often described as a pattern of unwanted, fixated or obsessive behaviour which is intrusive, and causes fear of violence or serious alarm and distress. For example, a person following, watching or spying on someone else, or forcing contact with them through social media, might be considered as stalking.

Vulnerability Identification Screening Tool (VIST)

These are information sharing reports generated by the Police when attending those considered vulnerable i.e. children and adults with additional needs.

The DASH questions are included in the VIST which ensures attending officers can access all relevant assessments and referral on their handheld device for domestic abuse, child protection and adult safeguarding.

High Risk VIST are shared with Social Care, Health, Education and GDASS to ensure that information is risk assessed and support is offered in a timely way.

Appendix 7 - Power and Control Wheel (from the Duluth Model)

