TRUST WIDE POLICY

Domestic Violence and Abuse & Harmful Practices Policy

DOCUMENT REF: PTWPDVHP
(Version No. 1.0)

Name and designation of policy author(s)	Fiona Courtnell: Matron of Chemotherapy Sophia Bourne: Quality Matron Linda Williams: Interim Safeguarding Advisor
Approved by (committee, group, manager)	Safeguarding Task & Finish Group
Approving signature	Electronic approval received
Date approved	19th June 2018
Review date	June 2019
Review type (annual, three yearly)	First review in a year, then 3 yearly
Target audience	All paid and non-paid staff
Links to other strategies, policies, procedures	
Protective Marking Classification	Internal
This document replaces	New policy

Consultation:

	Authorised by	Date Authorised	Comments
Impact Assessment	Michelle Pennington- Document Control Manager & Freedom of Information Lead	20th June 2018	No requirement for full assessment.
Fraud Assessment	N/A	N/A	N/A

Circulation/Dissemination:

Date added into Q-Pulse	20th June 2018
Date notice posted in the Team Brief	20th June 2018
Date document posted on the intranet	20th June 2018

Version History:

Date	Version	Author name and designation	Summary of main changes
May 2018	1.0	Fiona Courtnell: Matron of Chemotherapy Sophia Bourne: Quality Matron Linda Williams: Interim Safeguarding Advisor	New Document

Contents

1.0 Introduction 4
2.0 Purpose 5
3.0 Scope 5
4.0 Responsibilities 6
4.1 Chief Executive (CEO) 6
4.2 The Director of Nursing and Quality 6
4.3 The Head of Safeguarding 7
4.4 The Named Nurse Safeguarding Adults and Children 7
4.5 Line Managers 7
4.6 The Royal Liverpool and Broadgreen University Hospital Trust (RLBUHT) Safeguarding Lead 8
4.7 Clinical Staff 8
4.8 Non-Clinical Staff 9
5.0 Relevant Legislation / Statutory Requirements 9
6.0 Definitions 10
7.0 Main Body of Policy 15
7.1 Domestic Violence and Abuse 15
7.2 Honour Based Violence 16
7.3 Forced Marriage 17
7.4 Female Genital Mutilation 19
8.0 Training 24
9.0 Audit 24
10.0 Appendices 24
Appendix 1 25
Appendix 2 31
Appendix 3 34
Appendix 4 38

1.0 Introduction

The Domestic Violence and Abuse & Harmful Practices Policy is designed to give clarity and guidance to all Clatterbridge Cancer Centre NHS Foundation Trust (CCC) staff in responding to domestic violence and abuse and harmful practices when promoting the welfare of adult victims, young people, children and families. This Policy is designed to ensure that all staff working for or on behalf of CCC provide a consistently high standard of service delivery to the adults, young people, children and families within their care.

CCC recognises that domestic violence and abuse (DVA) is a crime, the impacts of which cut across all social and cultural groups. It is a crime generally committed in private behind closed doors and is under-recorded. It is however, far from being a private issue as DVA impacts on the emotional, physical and psychological wellbeing of the people who are abused and the children who live with them. This can take many forms and has no boundaries in society.

This policy recognises that both men and women can be victimised through DVA, although a greater proportion of women experience all forms of DVA, and are more likely to be seriously injured or killed by their partner or ex-partner.

The effects of domestic violence and abuse can be wide-ranging and people experience it regardless of their social group, gender, age, ethnicity, marital status, disability, sexuality or lifestyle. In particular, DVA has significant cost and health implications including serious injury, exacerbation of other medical conditions, stress and mental illness.

CCC recognises the serious adverse effect that such violence has on adults, young people, children and families, and the potential for both short and long term damage to their health. Adults at risk may also be subjected to DVA. The

principles contained within this policy must be followed to ensure that adults at risk are afforded the same protection from domestic violence and abuse.

It is also CCC's policy that every employee who is experiencing DVA has the right to raise the issues with their employer in the knowledge that the matter will be treated effectively, sympathetically and in accordance with HR guidance.

In order to protect and safeguard patients and staff it is acknowledged that there is a need to share information and work in partnership with other agencies with greater experience of DVA in order to reduce the risk of harm to victims.

The policy relates to patients who access services from the Clatterbridge Cancer Centre Trust.

2.0 Purpose

The overall purpose of this policy is to increase safety and to improve health by recognising that DVA and Harmful Practices are crimes which adversely affect the health of individuals, families and communities. This policy will ensure staff respond appropriately to DVA and Harmful Practices and know how to access guidance and appropriate support for patients, themselves or colleagues.

3.0 Scope

This policy applies to all staff working at the Clatterbridge Cancer Centre regardless of their role within the trust, and must be bought to their attention. This policy is also applicable for bank staff, agency and non-paid volunteers. Reference is made within the policy to the Trusts Safeguarding Adult, Safeguarding Children and Prevent Policy (2018).

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

4.0 Responsibilities

4.1 Chief Executive (CEO)

The Chief Executive should ensure that: -

- A lead person is in place with overall responsibility for safeguarding adults and children and victims of domestic violence and abuse. Where possible, the same person should lead on forced marriage
- Policies and procedures are in place to protect those facing forced marriage. The policies and procedures should be in line with existing statutory and non-statutory guidance on safeguarding children, protecting adults with support needs and victims of domestic violence and abuse. These policies and procedures should form part of an overall child/adult protection strategy
- Policies and procedures are updated regularly to reflect any structural, departmental and legal changes
- A named person is in place, whose responsibility it is to ensure that cases of forced marriage are handled, monitored and recorded properly

4.2. The Director of Nursing and Quality

The Executive Director of Nursing & Quality is the nominated Director at board level and is responsible for reporting to the Trust Board on safeguarding issues, providing assurance that the Trust is meeting its safeguarding requirements on an annual basis, promoting initiatives to ensure the Trust has robust arrangements for safeguarding and provision of leadership

4.3 The Head of Safeguarding

The Head of Safeguarding will report will report on Domestic Violence and Abuse & Harmful Practices as part of the CCC Safeguarding Data Set / Dashboard.

Reports will be made to the CCC Safeguarding Committee and will include data and activity regarding domestic violence and abuse and harmful practices disclosure and response, Claire's Law, themes arising from the cases and synopsis of risks potentially faced by CCC staff together with the effectiveness of control measures that have been implemented.

4.4 The Named Nurse Safeguarding Adults and Children

The Named Nurse Safeguarding Adults and Children is responsible for the review and quality assurance compliance of the Policy, co-ordination of training delivery and effectiveness, leading on Audit and monitoring of this policy in practice. The Named Nurse is also responsible for reviewing the Policy and associated pathways and for amendment as required.

4.5 Line Managers

Line managers must:

- Ensure all staff within their department are aware of this policy and the process to be followed
- Ensure all staff have accessed the appropriate level of training as defined in the Trust's safeguarding training strategy and training needs analysis
- Provide routine management supervision assuring core competencies in safeguarding practice
- Manage any immediate safeguarding and protection issues
- Co-ordinate referral and safe transfer of responsibilities
- Co-ordinate any alternative action plans
- Make decisions about referrals to Local Authority Safeguarding Service and apply conflict resolution processes in cases of disagreement regarding thresholds for intervention

- Maintain management oversight of significant incidents where there are issues of safeguarding and protection
- Escalate cases appropriately to the Trust's Named Safeguarding Professionals
- Review safeguarding competences in line with the Trust safeguarding training strategy and as part of staff appraisal in conjunction with individual learning and development plan
- Ensure staff in their areas meet mandatory training requirements in safeguarding and provide support to those making safeguarding referrals

4.6 The Royal Liverpool and Broadgreen University Hospital Trust (RLBUHT) Safeguarding Lead

The RLBUHT Safeguarding Lead will report into CCC Safeguarding committee on concerns and incidents relating to Haemato-Oncology patients.

4.7 Clinical Staff

All clinical staff: -

- Have responsibility for the implementation of this policy, reporting variances appropriately and in a timely manner
- Have responsibility to ensure that they have accessed training appropriate to their role
- Have a duty to safeguard and promote the welfare of children and vulnerable adults as per CCC Safeguarding Policies and Procedures
- Have a duty to escalate concerns to the Head of Safeguarding and/or Named Professionals for advice and support
- Student nurses should also adhere to the organisational policy and procedures.

4.8 Non-Clinical Staff

- Non-clinical staff are responsible for attending training and ensuring that they are competent to manage domestic violence and abuse & harmful practices referrals and disclosure
- Should a disclosure of domestic violence and abuse or harmful practice be made to a member of non-clinical staff, they have a duty to ensure that this information is escalated to a line manager or safeguarding professional
- Should a member of non-clinical staff identify any concerns regarding the safety of a child or vulnerable adult they have a responsibility to ensure that they follow CCC Safeguarding Adults, Safeguarding Children and Prevent Policy

5.0 Relevant Legislation / Statutory Requirements

- The Children Act 1989 and Children Act 2004
- The Care Act 2014
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children 2015
- The UN Convention on Rights of the child (1992)
- The Human Rights Act 1998
- The Data Protection Act 2005
- Equality Act 2010
- The Serious Crime Act 2015
- Female Genital Mutilation Act 2003
- Mandatory reporting of female genital mutilation: - Procedural information 2015
- Public Interest Disclosure Act 1998
- Domestic Violence Crime & Victims Act 2004
- Domestic Violence Crime & Victims Amendment 2012
- Forced Marriage Act 2007

- Sexual Offences Act 2003
- Sex Offenders Act 1997

6.0 Definitions

Domestic violence and abuse: Home Office: new definition (March 2018)	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 • emotional
An adult **Family members**	An adult is defined as any person aged eighteen years or over. Family members are defined as mother, father, son, daughter, brother, sister and grandparents whether directly related or step-family. Abuse involving people who have not yet reached their 18th birthday is classified as child abuse and is dealt with via the safeguarding children procedures.
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.
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 or controlling behaviour offence	A coercive or controlling behaviour offence came into force in December 2015 (The Serious Crime Act 2015). It carries a maximum 5 years' imprisonment, a fine or both. Victims who experience coercive and controlling behaviour that stops short of serious physical violence, but amounts to extreme psychological and emotional abuse, can bring their perpetrators to justice. The offence closes a gap in the law around patterns of controlling or coercive behaviour that occurs during a relationship between intimate partners, former partners who still live together or family members. Guidance for police and criminal justice officials on the offence is available.
Domestic violence and abuse and young people	In 2012, the changes were made to the definition of domestic violence and abuse to raise awareness that young people in the 16 to 17 age group can also be victims of domestic violence and abuse. By including this age group the government hopes to encourage young people to come forward and get the support they need, through a helpline or specialist service.
Domestic violence protection notices and orders	Domestic violence protection orders (DVPOs) are being implemented across England and Wales from 8 March 2014. This follows the successful conclusion of a 1 year pilot in the West Mercia, Wiltshire and Greater Manchester police force areas. Domestic violence protection orders are a new power that fills a gap in providing protection to victims by enabling the police and magistrates to put in place protection in the immediate aftermath of a domestic violence incident. With DVPOs, a perpetrator can be banned with immediate effect from returning to a

	residence and from having contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need. Before the scheme, there was a gap in protection, because police couldn't charge the perpetrator for lack of evidence and so provide protection to a victim through bail conditions, and because the process of granting injunctions took time.
Honour Based Violence (HBV)	The terms "honour crime" or "honour-based violence" embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the "shame" or "dishonour" of the family. It can be distinguished from other forms of abuse, as it is often committed with some degree of approval and/or collusion from family and/ community members. Victims will have multiple perpetrators not only in the UK; HBV can be a trigger for a **forced marriage.**
Forced Marriage	Forced marriage is a term used to describe a marriage in which one or both of the parties are married without his or her consent or against his or her will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse, although the difference between the two may be indistinct.

	Forced marriages are generally made because of family pride, the wishes of the parents, or social obligation. A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent, coercion is not required for a marriage to be forced. The United Nations views forced marriage as a form of human rights abuse, since it violates the principle of the freedom and autonomy of individuals.
Female Genital Mutilation (FGM)	All procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. – World Health Organisation. FGM provides no health benefits, it contravenes human rights, it is illegal in the UK and it is child abuse.
Young people's panel	A young people's panel will be set up by the NSPCC. The panel will consist of up to 5 members between the age of 16 and 22, who will work with the government on domestic violence policy and wider work to fight violence against women and girls.
Domestic violence disclosure scheme: "Claire's Law" **Right to ask**	From 8 March 2014, the domestic violence disclosure scheme was implemented across England and Wales. This follows the successful conclusion of a 1 year pilot in the Greater Manchester, Nottinghamshire, West Mercia and Wiltshire police force areas. Under the scheme an individual can ask police to check whether a new or existing

	partner has a violent past. This is the 'right to ask'. If records show that an individual may be at risk of domestic violence from a partner, the police will consider disclosing the information. A disclosure can be made if it is legal, proportionate and necessary to do so.
Right to know	This enables an agency to apply for a disclosure if the agency believes that an individual is at risk of domestic violence from their partner. Again, the police can release information if it is lawful, necessary and proportionate to do so. Further information: • pilot assessment report • impact assessment on the disclosure scheme • Home Office assessment of the scheme: 1 year after national roll-out • domestic violence disclosure scheme guidance
Ending Violence Against Women and Girls strategy (2016-2020)	This strategy was published on 8 March 2016 and sets out the Government's vision to tackle domestic violence and abuse in all its forms.
Domestic Homicide Reviews (DHRs)	Were established on a statutory basis under the Domestic Violence, Crime and Victims Act 2004. A domestic homicide review is convened by the local community safety partnership when the defined criteria has been met following the death of a person aged 16 or over who's death has, or appears to have, resulted from violence, abuse or neglect. The purpose of a DHR is to: • establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims

	• identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result • apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate • prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity • contribute to a better understanding of the nature of domestic violence and abuse • highlight good practice.

7.0 Main Body of Policy

7.1 Domestic Violence and Abuse

Domestic Violence and Abuse (DVA) is a significant safeguarding and child protection issue and CCC endorses the Government's view that violence and abuse within the domestic context amounts to a fundamental breach of trust and contravenes an individual's right to feel safe both in their home and within a personal relationship (Department of Health 2005). The Trust is therefore committed to ensuring that domestic violence and abuse is recognised, and that service users and staff are provided with information and support to minimise risk. To underpin this, the Trust will engage with partner agencies in working towards the reduction of domestic violence and abuse.

See Appendix 1

General Support to all Victims of Domestic Violence and Abuse

7.2 Honour Based Violence

Honour based violence is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code. It can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members. Women, men and younger members of the family can all be involved in the abuse.

Young victims may find themselves in an abusive and dangerous situation against their will with no power to seek help. The usual avenues for seeking help - through parents or other family members may be unavailable. Honour based violence manifests itself in a diverse range of ways with children and young people, including forced marriage, domestic and/or sexual violence, rape, physical assaults, harassment, kidnap, threats of violence (including murder), or witnessing violence directed towards a sibling or indeed another family member and female genital mutilation. Online targeting of victims is being used more frequently as a means of controlling and exploiting them.

Victims can find it difficult to leave abusive relationships or ask for help if their immigration status is uncertain. They may face a number of issues such as a fear of deportation, bringing 'shame' on their families, financial difficulties and homelessness, or losing their children. The notion of shame and the associated risk to the victim may persist long after the incident that brought about dishonour occurred. This means any new partner of the victim children, associates or their siblings may be at serious risk of Significant Harm.

Behaviours that could be seen to transgress concepts of honour include:

- Inappropriate make-up or dress

- The existence of a boyfriend or a perceived unsuitable relationship e.g. a gay/lesbian relationship
- Rejecting a forced marriage
- Pregnancy outside of marriage
- Being a victim of rape
- Inter-faith relationships (or same faith, but different ethnicity)
- Leaving a spouse or seeking divorce
- Kissing or intimacy in a public place
- Alcohol and drugs use

It is important to be mindful that young people may be subject to honour based violence for reasons which may seem improbable or relatively minor to others

See Appendix 2

General Support to all Victims of Honour Based Violence

7.3 Forced Marriage

Forced marriage is a CRIME. It is a form of violence against women and men, domestic abuse, a serious abuse of human rights, and where a minor is involved, child abuse.

While it is important to have an understanding of the motives that drive parents to force their children to marry, these motives should not be accepted as justification for denying them the right to choose a marriage partner and enter freely into marriage.

Capacity to consent to marriage

If a person does not consent or lacks capacity to consent to a marriage, that marriage must be viewed as a forced marriage whatever the reason for the

marriage taking place. Capacity to consent can be assessed and tested but is time and decision-specific.

If families have to resort to violence or coercion alluded to above to make someone marry, that person's consent has not been given freely and it is therefore considered a forced marriage.

Where a person lacks the capacity to consent, an offence is also capable of being committed by any conduct carried out with the purpose of causing the victim to marry, whether or not it amounts to violence threats or any other form of coercion.

Perpetrators who force their children or other family members into marriage often justify their behaviour as protecting their children, building stronger families and preserving 'so-called' cultural or religious beliefs. When challenged on this practice, they often do not see anything wrong in their approach. The act of forcing another person into marriage cannot be justified on religious grounds; every major faith condemns it and crucially, freely given consent is a prerequisite of all religions.

Often perpetrators are convinced that they are upholding the cultural traditions of their home country, when in fact these practices and values may have in fact changed. There are also others who are placed under significant pressure from their extended family to ensure their children or other family members are married. In some instances, an agreement may have even been made about marriage when a child is in its infancy.

Many young people will then be living through their entire childhoods with the expectation that they will marry someone of their parents or other family members choosing. What needs to be communicated to all of those at risk is that forced marriage is a CRIME and that they have a fundamental human right to be able to choose their future spouse.

Some of the key motives that have been identified are: -

- Controlling unwanted sexuality (including perceived promiscuity, or being lesbian, gay, bisexual or transgender) - particularly the behaviour and sexuality of women
- Controlling unwanted behaviour, for example, alcohol and drug use, wearing make-up or behaving in, what is perceived to be, a “westernised manner”
- Preventing "unsuitable" relationships, e.g. outside the ethnic, cultural, religious or caste group
- Protecting “family honour” or “izzat”
- Responding to peer group or family pressure
- Attempting to strengthen family links
- Achieving financial gain
- Ensuring land, property and wealth remain within the family
- Protecting perceived cultural ideals
- Protecting perceived religious ideals which are misguided
- Ensuring care for a child or adult with special needs when parents or existing carers are unable to fulfil that role
- Assisting claims for UK residence and citizenship
- Long-standing family commitments

See Appendix 3

General Support to all Victims of Forced Marriage

7.4 Female Genital Mutilation

FGM has been a criminal offence in the UK since 1985. It is illegal to practice FGM in the United Kingdom (UK) and to assist in its practice on UK nationals or permanent residents abroad under the Female Genital Mutilation Act 2003.

FGM is practiced around the world in various forms across all major faiths with the majority of FGM taking place in 29 African and Middle Eastern countries.

FGM affects both women and girls and it is estimated that approximately 10,000 girls under 15 now living in the UK have undergone FGM.

Prevalence rates at or above 90% are found in Djibouti, Guinea and Somalia, Eritrea, Mali, Sierra Leone and Sudan. They are also increasingly found in Europe, Australia, Canada and the USA, primarily among immigrants from the above countries. In many affected communities, FGM is often performed by older women who are known by different names like ‘circumciser’ or ‘excisors’. It is often performed without sterilized equipment or anaesthetic. Often razor blades or knives are used to cut the genitals. In urban areas FGM may be performed by medically trained people.

The single most important risk factor determining whether a woman undergoes a ritual procedure is her country of origin. Any women who comes from a country which practices female genital mutilation falls within the at-risk group, especially if the prevalence is high; for example in Somalia, Egypt and Sudan.

There can be links between FGM and Forced Marriage particularly in adults/teenagers when the woman may be mutilated shortly before the marriage.

A woman/girl who has been subjected to FGM may have numerous gynaecological problems and this may make consummation of her marriage or sexual activity with her partner uncomfortable/painful/impossible. Women and girls may be raped within their relationship and suffer pain and re-traumatisation every time a partner demands sex. Some men may understand and the couple may seek support.

As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 now includes:

- An offence of failing to protect a girl from the risk of FGM.
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK.
- Lifelong anonymity for victims of FGM
- FGM Protection Orders which can be used to protect girls at risk.
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

Any person found guilty of an offence under section 1, 2, or 3 of the 2003 Act is liable to a maximum penalty of 14 years' imprisonment or a fine (or both).

A person is guilty of an offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl's labia majora, labia minora or clitoris except from operations performed on specific physical and mental health grounds by registered medical or nursing practitioners. It is also an offence to assist a girl to mutilate her own genitalia.

There is multi-agency statutory guidance (Guidance on FGM) on FGM issued by HM Government in April 2016. This guidance sets out the obligations on all health, education and social care professionals who become aware of FGM or its possible / probable commission.

The following are signs that a child may be at risk of FGM:

- A female child in a family where other family members have undergone FGM
- A family is from a country, region or community where FGM is practiced

- Family elder visiting from a country of origin
- Family making preparations for the child to take a holiday / planned absence from school
- The child talks of a 'special ceremony' which is due to take place
- Sudden non-engagement with health services / reluctance to undergo genital examinations
- A girl from a practicing community being withdrawn from sex and relationship education

Women and children who have had FGM may present with serious short and long-term complications including: -

Short Term Complications

- Haemorrhage
- Wound Infection
- Sepsis
- Death
- Pain
- Urinary retention
- Tetanus and gangrene
- Infections (HIV, hepatitis)

Long Term complications

- Recurrent urinary infections
- Painful menstruation
- Sexual difficulties
- Keloid scarring and cysts
- Complications in pregnancy
- Infertility

Other complications

- Internal pelvic examination (including cervical cytology testing) might be impossible without general anaesthetic.
- HIV and hepatitis infection
- Implantation dermoid cysts
- Pelvic infection
- Labial fusion
- Difficulty in conceiving
- Difficulty in gynaecological examinations

There are also psychological effects of FGM that should be considered including: -

- Feelings of anxiety
- Fear
- Betrayal
- Loss of trust
- Feelings of incompleteness
- Loss of self-esteem including difficulty with body image and post-traumatic stress disorder
- Chronic pain
- Keloid scar formation
- Dysmenorrhoea (including haematocolpos)
- Urinary outflow obstructions

See Appendix 4

General Support to all Victims of Female Genital Mutilation

8.0 Training

All CCC staff will access training in domestic violence and abuse & harmful practices in accordance with the CCC Safeguarding Training Strategy (2018) and Training Needs Analysis.

9.0 Audit

This policy will be audited annually by the safeguarding team and audit results and plans will be reported to the CCC Safeguarding Sub Committee.

10.0 Appendices

Appendix 1

General Support to all Victims of Domestic Violence and Abuse

CCC recognises that domestic violence and abuse is not only unacceptable but it also involves criminal activity. Staff should consider informing the Police of any incidents of domestic violence and abuse, taking into account issues of mental capacity and the client's wishes. Where children are involved, their welfare is paramount and overrides the client's wishes for confidentiality if they are at risk of significant harm.

Domestic Violence and Abuse and Children

Where it is identified that a child is suffering or is likely to suffer significant harm due to domestic violence and abuse, an immediate referral to Children Services (Social Care) is required.

The issue of children living with domestic violence and abuse is now recognised as a matter of concern in its own right by both Government and key children's services and agencies. The impact of domestic violence and abuse on an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances, as well as a range of factors in respect of the abuse/acts of violence.

The two key imperatives of any intervention for children living with Domestic Violence and Abuse are:

- To protect the child/children
- To empower the victim to protect themselves and their child/children

It is recognised that children are at increased risk of physical, social and emotional abuse or neglect if they live in a household with domestic violence and abuse. Where it is known that child/ren are living with Domestic Violence and Abuse, it is important to assess the risk of harm to the parent and child/ren. Staff should always consider a referral to Children's Social Care (see CCC

Safeguarding Adults, Safeguarding Children and Prevent Policy).

Domestic Violence and Abuse and Adults at Risk

Where it is identified that an adult is experiencing or is likely to suffer significant harm due to domestic violence and abuse, staff can access advice and support from the CCC Named Professionals: -

- Consider immediately any risks and take appropriate actions to manage identified risks of harm. Careful consideration by staff is needed as interventions may place the individual and their child/ren at an increased level of risk
- Deliver your own service response to specific issues, appropriate to the level of risk. If the risk is high, CCC staff should refer to MARAC (Multi Agency Risk Assessment Conference) and consider a referral to the Local Authority (Adult Services) as per the Safeguarding Adults Policy
- Consider mental capacity, establish the individual’s wishes and wherever possible, try to speak with the individual on their own to support the person to speak freely
- Being at high risk of harm can often limit an individual’s ability to safeguard themselves. This can prevent individuals from acknowledging the risks they face and prevent them from taking steps to keep themselves safe, including leaving or ending an abusive relationship

If an individual who appears to have mental capacity chooses to stay in an abusive, high-risk relationship, staff must carefully consider if they are making that choice free from influence of the person perpetrating harm or others. The person may perceive the relationship to be more important than the abuse itself. Whilst the decisions made by the individual may be at odds with our own views regarding safety, support options need to be explored to minimise risks as far as possible in accordance with the service user’s wishes: -

- Discuss your concerns with the Named Professionals Safeguarding within CCC to access further support and guidance

- Contact local specialist agencies for advice, information and/or to make a referral for specialist support

Identifying Domestic Violence or Abuse

There is an ongoing debate about the effectiveness and desirability of screening, routine and targeted enquiries to identify people who are experiencing domestic violence and abuse. Currently there is insufficient evidence to recommend screening or routine enquiry in all healthcare settings. It is recognised that asking patients routinely about abuse in some specialised health care settings e.g. Health visiting and Maternity Services was considered good practice. People experiencing domestic violence and abuse may choose not to disclose it when asked (NICE 2014). The most compelling reason for routine enquiry is that women have reported that they want to be asked (Department of Health 2005).

Healthcare staff should consider Domestic Violence and Abuse as an alternative diagnosis when there are unexplained injuries, Substance Misuse (70% of victims of Domestic violence and abuse also abuse drugs and/or alcohol) and Mental Health Issues (50% and 60% of women mental health service users have experienced domestic abuse, and up to 20% will be experiencing current abuse mental ill health)

Creating an environment for disclosing domestic violence and abuse

Clearly display information in waiting areas and other suitable places about the support on offer for those affected by domestic violence and abuse. This includes contact details of relevant local and national helplines. Ensure the information on where to get support is available in a range of formats and locally used languages. The former could include braille and audio versions and the use of large font sizes. Consider the use of a professional interpreter (never a family member) when discussing domestic violence and abuse with service users where English is not their first language.

Take steps to ensure people who use the service are given maximum privacy, for example, by arranging the reception area so that people cannot be overheard.

Domestic Violence and Abuse and Employees

All employers have a responsibility to provide a safe and healthy working environment for their staff. CCC recognises that the effects of domestic violence and abuse can not only impact on mental wellbeing but also on punctuality, attendance, health and safety, work performance and productivity. CCC is committed to the welfare of its employees and seeks to support and assist any employee who is experiencing problems related to domestic violence and abuse. Where an employee discloses Domestic Violence and Abuse, managers should refer to the CCC Domestic Abuse and the Workplace Policy (2018)

Violence and Abuse Information Sharing and Confidentiality in Relation to Domestic Violence and Abuse

Information Governance policy/procedures promote appropriate sharing of information and should not be a barrier to sharing information. Best practice is to share information with consent when possible. Even without consent you can still share under certain circumstances. Being open and honest should be standard practice unless this would put you or others at risk.

You should share information in order to prevent:

- A serious crime
- A danger to a person's life
- A danger to others
- Danger to the community
- Danger to the health of the person

Keep it relevant, timely, proportionate and on a need to know basis.

Justify your actions and record exactly what you have shared, with whom and why. Sharing of information between practitioners and organisations is essential for effective identification, assessment, risk management and service provision.

Response and Risk Assessment Following Disclosure of Domestic Abuse

Following disclosure of domestic violence and abuse, a professional assessment has to be made regarding the level of threat, danger and violence posed to the victim and or any children and the appropriate action taken. To facilitate this seek the advice of the CCC Named Professionals.

Safety Planning

It is vital that when health professionals are working with victims of domestic violence and abuse that they appreciate: ‘Women are at greatest risk of homicide at the point of separation or after leaving a violent partner’. It is therefore necessary for health professionals to recognise the limitations in their knowledge and signpost victims to relevant support services.

Staff should consider the following points when discussing safety planning with victims: -

- ✓ Have a phone to use in an emergency, and try to keep it with you
- ✓ Rehearse an escape plan and plan in advance how you might respond to different situations, including crisis situations
- ✓ Copy all major documents (including passport) and store them safely (friend or family members if appropriate)
- ✓ Have a cash fund if possible for emergency use
- ✓ Extra set of keys for house/car (kept in safe place)
- ✓ Teach children if appropriate and developmental age/ safety issues have been considered to call 999 in an emergency and what they would need to say (full name address and telephone number)
- ✓ Leaving or getting ready to leave– take legal documents, birth certificate, car documents, money, credit cards, keys, benefit books, medicines, children clothes and special toys, health records
- ✓ Pack an emergency bag for yourself and children, and hide it somewhere safe (for example at a neighbour or friend’s house) try to avoid mutual friends or family

- ✓ Safe place to go or stay should they need to leave

Supervision

All CCC staff can access supervision from the Named Professionals if they have any concerns about Domestic Violence and Abuse.

Appendix 2

General Support to all Victims of Honour Based Violence

- It is likely that awareness that a child, young person or adult is the victim of an honour based crime will only come to light after an assault of some kind has taken place e.g. an allegation of domestic abuse or it may be that a child is reported as missing
- There are inherent risks to the act of disclosure for the victim and possibly limited opportunities to ask for help for fear of retribution from their family or community
- There may be evidence of domestic abuse including controlling, coercive and dominating behaviour towards the victim
- Self-harming, family disputes, and unreasonable restrictions on the young person such as removal from education or virtual imprisonment within the home may occur
- Young people may be fearful of being forced into engagement/marriage
- Other warning signs may be FGM, sexual abuse and forced marriage
- Continual assessment and review is paramount as circumstances can change very quickly, for example, following disclosure to the police the risks to the victim and others who are supporting the victim may increase
- Young people may face significant harm if their families realise that they have asked for help. All aspects of their safety need to be carefully assessed at every stage. Initially this needs to address whether it is safe for them to return home following a disclosure. The young person will need practical help such as accommodation and financial support, as well as emotional support and information about their rights and choices
- Some families go to considerable lengths to find their children who run away, and young people who leave home are at risk of significant harm if they are returned to their family. They may be reported as missing by their families, but no mention is made of the reason. It is important that practitioners explore the underlying reasons before any decisions are made
- Any suspicion or disclosure of violence or abuse against a child, young

person or adult in the name of honour should be treated equally seriously as any other suspicion or disclosure of significant harm. However, there are significant differences in the immediate response required.

Involving families in cases of forced marriage is dangerous:

- It may increase the risk of serious harm to the victim
- Experience shows that the family may punish them for seeking help
- Interpreters should be on the approved list. Relatives, friends, community leaders and neighbours should not be used as interpreters in case they are linked to the group suspected of carrying out the crime - despite any reassurances from this known person
- In cases of violence in the name of honour and of forced marriage, it is essential to consider other siblings in the family that may be experiencing, or at risk of, the same abuse
- Accurate record keeping in all cases of violence/abuse in the name of honour is important

Records should:

- Be accurate, detailed, clear and include the date
- Use the person's own words in quotation marks
- Document any injuries - include photographs, body maps or pictures of their injuries
- Only be available to those directly involved in the person's case
- Practitioners must take care that information which increases the risk to the child is not inadvertently shared with family members

Addressing the needs of the individual is key, as victims of honour-based violence will require a tailored response dependent on a number of factors including e.g. language and cultural barriers, how long they have been in the country, their social and family networks and their economic circumstances.

The 'One Chance Rule'

All practitioners working with victims of honour based violence need to be aware of the 'one chance' rule. That is, they may only have one chance to speak to a potential victim and thus they may only have one chance to save a life. This means that all practitioners working within statutory agencies need to be aware of their responsibilities and obligations when they come across these cases. If the victim is allowed to walk out of the door without support being offered, that one chance might be wasted.

Appendix 3

General Support to all Victims of Forced Marriage

Forced marriage of any person, regardless of gender, age, disability, ethnic origin or sexual orientation, is unacceptable. Consequently, effective handling of forced marriage and related cases should form part of existing child and adult protection structures, policies and procedures.

If a person does not consent or lacks capacity to consent to a marriage, that marriage must be viewed as a forced marriage whatever the reason for the marriage taking place. Capacity to consent can be assessed and tested but is time and decision-specific.

Experience has clearly identified that it usually falls to more than one specific agency to meet all of the needs of an individual, or indeed a wide group of individuals affected by forced marriage. A multi-agency response is critical.

Warning signs that a child or young person may be at risk of forced marriage or may have been forced to marry may include:

- Extended absences from school/college, truancy, drop in performance
- Low motivation
- Excessive parental restriction and control of movements and history of siblings leaving education early to marry
- A child talking about an upcoming family holiday that they are worried about, fears that they will be taken out of education and kept abroad
- Evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse
- Evidence of family disputes/conflict
- Domestic violence/abuse or running away from home
- Unreasonable restrictions such as being kept at home by their parents ('house arrest') or being unable to complete their education

- A child being in conflict with their parents
- A child going missing/running away
- A child always being accompanied including to school and doctors' appointments
- A child directly disclosing that they are worried s/he will be forced to marry
- Contradictions in the child's account of events

Anyone threatened with forced marriage or forced to marry against their will can apply for Forced Marriage Protection Order. Third parties, such as relatives, friends, voluntary workers and police officers, can also apply for a protection order with the leave of the court.

Local authorities can seek a protection order for Adults at Risk and children without leave of the court.

The Anti-social Behaviour, Crime and Policing Act 2014 made it a criminal offence, with effect from 16 June 2014, to force someone to marry.
This includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- Marrying someone who lacks the mental Capacity to consent to the marriage (whether they're pressured to or not)

Breaching a Forced Marriage Protection Order is also now a criminal offence. The civil remedy of obtaining a Forced Marriage Protection Order through the family courts, as set out above, continues to exist alongside the criminal offence, so victims can choose how they wish to be assisted.

Protection and Action to be Taken

- CCC Safeguarding procedures must be followed
- Practitioners should always consider the need for immediate protection, as

disclosure of the forced marriage may be the direct consequence of the impending event

- Children's social care will liaise with the police to ensure the safety of the victim and any other family members
- A Strategy Discussion/Meeting will be needed to deal with this issue
- The Police, Housing Services, Children's social care, Health and voluntary organisations must work together to address the young person's need for information, protection, financial support, accommodation and emotional support
- Legal advice will be needed to inform the Strategy Discussion as legal action may be necessary
- Any child or young person considered to be at risk of a forced marriage will be considered a child in need and assessed accordingly
- Where an Initial Child Protection Conference is convened, great care must be taken to manage information about the whereabouts of the young person
- The social worker and his/her manager must discuss the arrangements with the Conference Chair and consider whether the family should be present or not, or at the same time as the young person, as threats may be made
- An interpreter fully independent of the family should be present at all times

Allegations of plans and arrangements to force a child to marry will inevitably be divisive for the family and possibly the wider community. Therefore, attempts to discuss this with the family could potentially place a child at greater risk.

A child arriving in this country for the purposes of a forced marriage or one who has recently married abroad may be extremely isolated and feel threatened and abused. The legal right to remain may be in question and the consequences of returning home may also be very serious.

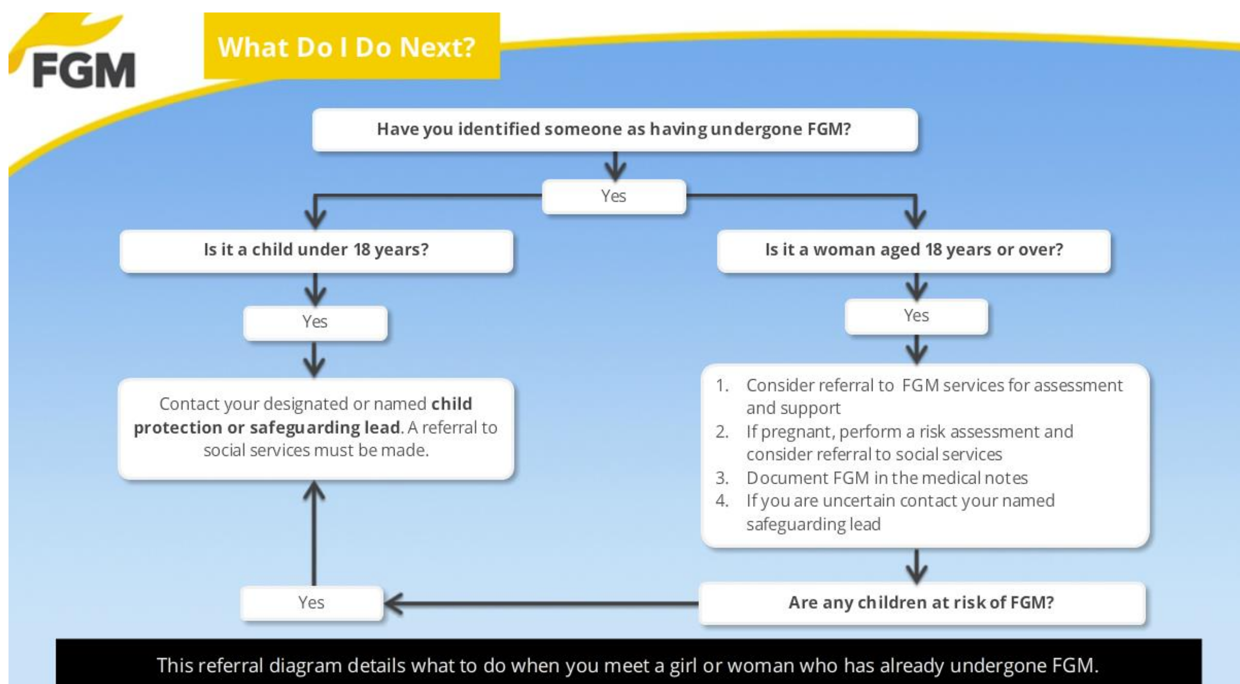
Professionals should not:

- Underestimate the potential risk of harm;
- Speak to the child on the telephone (to ascertain if they are being held against their will) - the family may be present or it may be a different person speaking on the telephone
- Approach or inform the child's family, friends or members of the community that the victim has sought help as this is likely to increase the risk to the victim significantly
- Share information outside child protection information-sharing protocols without the express consent of the child
- Attempt to be a mediator. This has in the past resulted in the victim being removed from the country and not traced/or murdered

Appendix 4

General Support to all Victims of Female Genital Mutilation

- What should I do if FGM is detected?



- There is ***no*** requirement for automatic referral of adult women with FGM to adult social services or the police.
- Healthcare professionals should be aware that any disclosure may be the first time that a woman has ever discussed her FGM with anyone. Referral to the police must not be introduced as an automatic response when identifying adult women with FGM, and each case must continue to be individually assessed.
- The healthcare professional should seek to support women by offering referral to community groups who can provide support, and for possible clinical intervention or other services as appropriate, for example through an NHS FGM clinic.

- The wishes of the woman must be respected at all times. If a woman discloses she has adult daughter(s) over 18 who have *already* undergone FGM, even if the daughter does not want to take her case to the police, it is likely to be important to establish when and where this took place. This should lead to enquiries about other daughters, cousins or girls in the wider family context.
- If a decision has been taken within the family not to carry out FGM on a UK-born female child, this can allow for a useful conversation to ascertain whether this was as a result of a change in attitude, a fear of prosecution, or due to a lack of opportunity or other motivations.
- This is a complex area and many women have greater influence in decision making with regards to FGM when they are outside their country of origin, and may therefore elect to discontinue FGM practice.
- All information should be recorded and shared with the appropriate multi-agency partners.
- It is important to deal with any immediate health issue first, such as urinary tract infection.
- You must be able to provide the individual with information about FGM by providing leaflets and details of support organisations.
- A girl who is at risk of FGM will need a risk assessment and guidance should also be taken from the Department of Health. Consideration should be given if there are also any other girls in the family that may at risk, such as sisters or female children.
- If a child is identified, then they should be referred to the local paediatric service for further investigation and management.
- A woman should be referred to the local FGM specialist.
- If FGM has been identified, then this should be included in any discharge documentation so that the patients GP is made aware of the patients FGM status.

- If a girl (under 18) has been identified as at risk of FGM this information must be shared with the GP, Health Visitor or School Nurse (dependent on the child's age) as part of Child Safeguarding actions.
- If FGM has been disclosed or identified, then it is the responsibility of all health care staff to report this to the Named Nurse Safeguarding Adults and Children or Named Doctor. A Datix should always be completed. This enables the Trust to accurately collect FGM data that needs to be reported to the Health and Social Care Information Centre (HSCIC) as part of the Trusts mandatory reporting duties (incident from healthcare professional, info shared by Safeguarding.)
- It is mandatory for health care professionals to record the presence of FGM in a patient's healthcare records whenever it is identified through the delivery of NHS healthcare.
- The patients' health record should always be updated with whatever discussions or actions have been taken. If FGM has been identified, then this should be included in any discharge documentation so that the patients GP is made aware of the patients FGM status.
- Since April 2014 it has been mandatory for NHS hospitals to record the following:
    - If a patient has undergone FGM
    - What type of FGM
    - If there is a family history of FGM
    - If an FGM-related procedure has been carried out on the woman i.e. deinfibulation

If FGM has been disclosed or identified then it is the responsibility of all health care staff at CCC to complete the following form:-

'**Female Genital Mutilation New patient record'** which can be found on the intranet here:-http://nww.clatterbridgecc.nhs.uk/index.php/intranet/policies-and corporate-documents/procedures-and-protocols/fgm

A **datix** should be also be completed to enable the Trust to accurately collect FGM data that needs to be reported to the Health and Social Care Information Centre (HSCIC) as part of the Trusts mandatory reporting duties.

- If a girl (under 18) has been identified as at risk of FGM this information must be shared with the GP, Health Visitor or School Nurse (dependant on the child’s age) as part of Child Safeguarding actions.
- Healthcare workers must not undertake or assist with female genital mutilation, even with the intention of lessening the medical impact of the procedure.
- Terminology used with individual women would be that which does not cause upset or a sense of disapproval. It must be appreciated that women who have undergone female genital mutilation did not choose this. The procedure is carried out in childhood, when they are too young to give their consent. Moreover, they come from societies where such practices are traditional and are viewed by some as normal; they may see it as such themselves.
- Child protection advice should be sought if a child is at risk of or has undergone FGM
- Interpreters should be used where required. The interpreter should be an authorised accredited interpreter and should not be a family member, not be known to the individual, and not be an individual with influence in the individual’s community.