



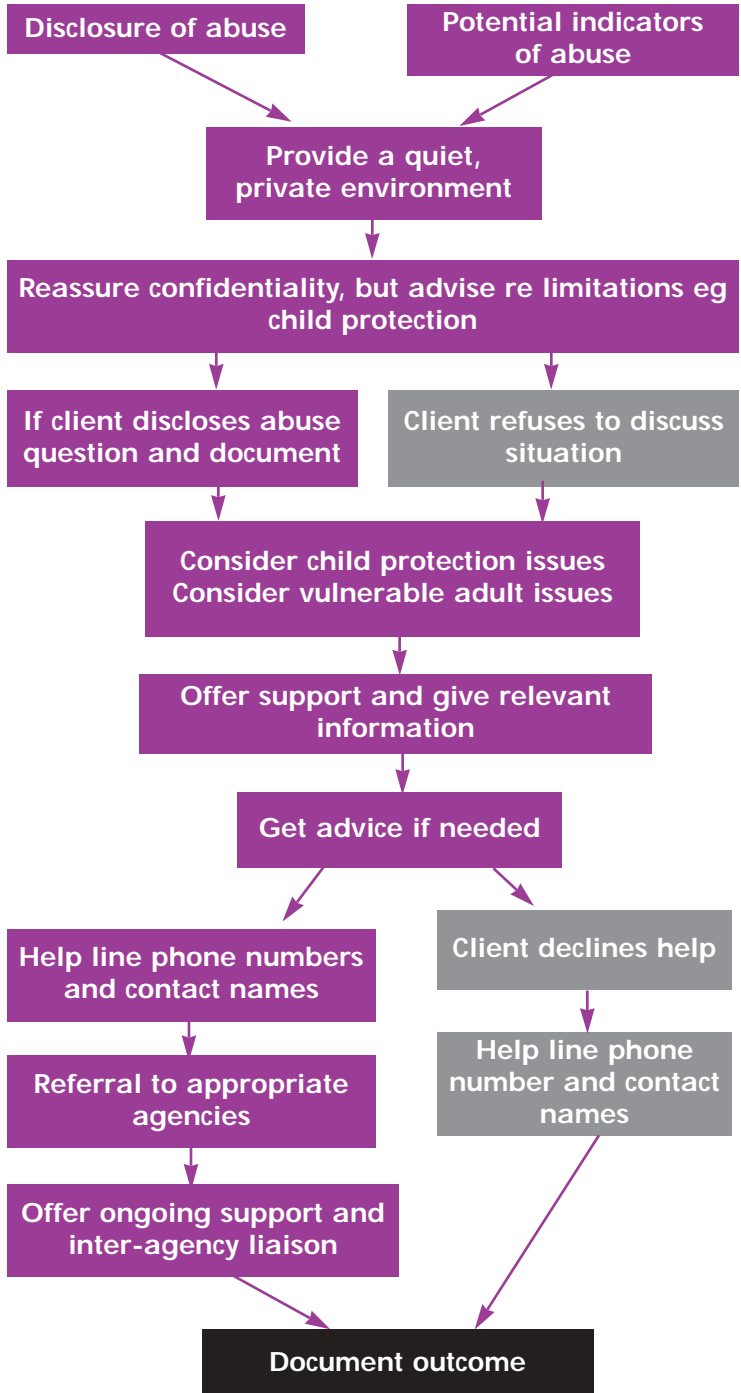
DOMESTIC ABUSE

Guidelines for Health Care Professionals



Chesterfield & North Derbyshire Royal Hospital NHS Trust,
Chesterfield Primary Care Trust,
High Peak & Dales Primary Care Trust,
North East Derbyshire Primary Care Trust,
Derbyshire Mental Health Service NHS Trust
Southern Derbyshire Health Primary Care Trusts

Domestic Abuse Pathway



Introduction

Domestic abuse is a health issue and health care staff should be aware of the extent and seriousness of this problem.

(for example)

- Women who have been abused are:
 - 15 times more likely to abuse alcohol
 - 9 times more likely to abuse drugs
 - 3 times more likely to be diagnosed as depressed or be psychotic
 - 5 times more likely to attempt suicide (Stark et. Al. 1998)
- Domestic violence often starts and/or escalates during pregnancy (British Medical Review, 1998).
- Prolonged/and or regular exposure to domestic abuse can have a serious impact on a child's development and emotional well-being (Working Together to Safeguard Children, 1999).
- Many abused women experience worsening health and seek medical care; - most do not volunteer a history of violence. 78% patients favoured routine enquiry by primary care staff (Friedman et al, 1992).
- Domestic violence accounts for almost a quarter (23%) of all violent crimes. (British Crime Survey England Wales 2000)

This booklet was produced by health care professionals from North Derbyshire and by members of local partnership agencies to raise awareness of the extent and seriousness of domestic abuse and to provide guidelines to assist health care staff to deal appropriately with this issue. This guidance is consistent with 'Domestic Violence': A Resource Manual for Health Care Professionals' - Department of Health 2000.

These guidelines complement the use of Derbyshire County Forum Domestic Abuse Protocol.

Further Information is available from 0845 6058058





Definition

The emotional, physical, financial, sexual or psychological abuse by one person over another to exercise control and power. This abuse can be exercised by a partner, ex-partner, family member, or someone with whom there is or has been a relationship. This definition applies irrespective of gender, age, race, sexuality, disability, religion and social class. (North Derbyshire Working Party on Domestic Abuse - 2002)

These guidelines refer to women and children throughout the document because 98% of victims of abuse are women but it should be recognised that **men can also be victims of domestic abuse and domestic abuse can occur in same sex relationships**. Some healthcare staff will also suffer from domestic abuse and may need support from the staff counselling services refer to contact list or other support agencies.

Principles of good practice

Health Care Staff may sometimes be reluctant to acknowledge domestic abuse or to seek evidence of it. This reluctance may be a reflection of particular beliefs or prejudices about domestic abuse or concern that addressing this issue is beyond their remit. It should be recognised that health staff work within a multi-agency environment and that help and advice is available to support both client and professional.

People who experience domestic abuse may be reluctant to disclose what has happened to them. It is therefore vital that health care professionals are sensitive to clues and indications that might suggest domestic abuse.

Although clients may be reluctant to disclose what is happening to them, often they are hoping that someone will realise that something is wrong and ask them about it. (See Domestic Violence: A Resource Manual for Health Care Professionals DOH 2000)

Principles of Conduct

- Ensure the safety of the abused (and any dependent child/vulnerable adult). This is the paramount consideration.
- Treat people with respect and dignity at all times; listen to what they are saying and do not be judgemental; establish empathy and trust.
- Seek to empower people to make informed decisions and choices about their lives, and do not try to make decisions on their behalf.
- Respect confidentiality and privacy, and recognise the real dangers which may be created if this is breached.
- Recognise the skills and contributions of other agencies and co-operate with them.
- Ensure that you do not place yourself or other colleagues at risk in a potentially violent situation.

Asking about Domestic Abuse

In all contact with women who may have experienced domestic abuse, it is vital that health care staff ask the question: "Will my intervention leave this woman and her children in greater safety or greater danger?"

Questions about domestic abuse should be asked in a sympathetic manner so that the woman can feel safe. Abused women may feel ashamed, humiliated, frightened, and are prone to blaming themselves. In this state, even the slightest hint that a health worker is sceptical about her story, or feels that she is in some way responsible for the abuse may deter her from seeking the help she needs.





Good Practice

● See the woman on her own

The presence of a partner or a relative may constrain discussion of domestic abuse as this person may be the perpetrator or may wish to protect the perpetrator, this could place the woman in greater danger. Discussion should also not take place in the presence of children. Seeing the woman on her own may sometimes be difficult without arousing the suspicions of a partner but it can be stressed that this is a routine practice, or a reason can be found to divert the partner elsewhere (filling in documentation etc.). In maternity services there is an increasing emphasis on seeing the woman and her partner together and the requirement to see the woman alone may be felt to undermine this principle, however, health professionals should understand the importance of seeing the woman alone **at least once**.

● Consider the need for an interpreter or advocate

Some people may need someone else to be present (preferably of the same gender) either as an interpreter for different spoken languages, or for sign language or as an advocate particularly if the person has a learning disability or mental health problem. The person who is used as an interpreter should be an independent and professional interpreter rather than a family member or friend. If an advocate is required it will be necessary to speak to the woman on her own to find out who her preferred advocate would be. Independent advocates can be contacted via the local advocacy service (see contact list).

● Ensure privacy

The consultation should take place in a room where:

- Confidentiality can be assured.
- The client cannot be overheard or seen from outside the room.
- There will not be disturbance or interruption

● Emphasise confidentiality

But be clear about its limits and explain these, for example, if there are reasons to believe that a child/vulnerable adult may be at risk (response and risk assessment).

● Consider the welfare of any children

Whenever there is any suspicion of domestic abuse, there should be awareness of the potential risks to any children. Children who have witnessed or experienced a violent episode may also need an immediate response to address their own needs and fears.

Questions to ask (and how)

There are two main situations where questions about domestic abuse need to be asked:

Good record keeping is essential throughout this process

1. Routine Enquiry

Sensitive routine questioning gives abused women permission to speak about domestic abuse. Health care staff should therefore identify opportunities to initiate routine questioning in various health care settings. These may include:

<ul style="list-style-type: none">• Midwives	Booking clinic, 2nd trimester and 3rd trimester
<ul style="list-style-type: none">• General Practitioner	Ongoing mental health problems Multiple consultations for non-specific reasons Women's clinics New patient - transferred in
<ul style="list-style-type: none">• Health Visitor	New family encounter Birth visit
<ul style="list-style-type: none">• Accident and Emergency	Any attendance - especially with injuries
<ul style="list-style-type: none">• Community Mental Health Teams	On assessment
<ul style="list-style-type: none">• Learning Disability Service	On assessment
<ul style="list-style-type: none">• Contraception and Sexual Health	Initial visit and on an annual basis
<ul style="list-style-type: none">• Dentists	Particularly with dental injuries

Some health workers may wish to establish a rapport with the woman before asking sensitive questions it is important, however, that such questions **are** asked by properly trained staff using appropriate locally developed protocols.





Suggested Openings

"We are sorry if you have been asked these questions before. We need to ask routine questions about domestic abuse because it is a health issue".

Suggested questions:

- a) "Do you ever feel afraid at home?"
- b) "Have you been hurt by your partner or other person at home"?
 - If 'no' - ask question c) and d).
 - If 'yes' - respond as appropriate - (see Response and Risk Assessment) or (Domestic Abuse Pathway.)
- c) "Do you have any problems at home that you may need help and support with"?
- d) "Does your partner get jealous of you seeing friends or talking to other people or going out"? If so what happens?

2. Opportunistic Enquiries

If there is suspicion of domestic abuse then opportunistic enquiry should take place.

It may be helpful to ask indirect questions to establish a relationship with the client and to develop empathy.

Suggested Opening:

"I am sorry if someone has already asked you about this, and I don't wish to cause you any offence, but we know that throughout the country 1 in 4 women and 1 in 7 men experience abuse at home at some time during their life. I noticed that you have a number of bruises/cuts/burns (whatever) it is routine for health care staff to ask about domestic abuse in these situations".

Suggested questions:

(Some questions may be more appropriate than others).

1. "Is everything alright at home"?
2. "Do you get on well with your partner"?
3. "Could you tell me how you got those injuries"?
4. "Do you ever feel afraid of your partner or other people at home"?

5. "Are you currently in a relationship where this is happening to you"?
6. "Does your partner often lose his/her temper with you? If so, what happens"?
7. "Has your partner ever:
 - Destroyed or broken things you care about?
 - Threatened or hurt your children?
 - Forced sex on you, or made you have sex in a way you did not want?
 - Withheld affection or rejected you in a punishing way.
8. "Does your partner get jealous of you seeing friends, talking to other people or going out? If so, what happens"?
9. Your partner seems very concerned and anxious about you. Sometimes people react like that when they feel guilty, was he/she responsible for your injuries?
10. Does your partner use drugs or alcohol excessively? If so how does he/she behave at this time?
11. Would you like support?
If **'yes'** - respond as appropriate (see Response and Risk Assessment) or (Domestic Abuse Pathway.)

If **'no'** respond as appropriate (see Response and Risk Assessment) or (Domestic Abuse Pathway.)

Consider the vulnerability of the adult and consider protection of any children and follow appropriate policies/procedures as required.

Response and Risk Assessment

Immediate response to physical injuries may be necessary, and referral for further assessment, treatment, specialist advice or counselling may also be needed. Once the immediate needs of the person have been met or during that process an assessment of safety should be undertaken. This assessment should consider the immediate risks that may face the woman in a domestic abuse situation, and whether she is in danger of serious injury or even death. Going through such an assessment with the woman may help her to think through her situation and make decisions about what she needs to do.





A safety assessment should address:

1. **History of abuse** (physical, emotional, or sexual) of the woman and her children. Has violence increased in intensity, frequency and severity? (One way of evaluating escalation may be to ask about first, worst, and last episodes of abuse).
2. **Is the abuser:**
 - Making verbal threats?
 - Frightening/disturbing/threatening friends and neighbours?
 - Threatening to harm or abduct the children?
 - Actually harming the children?
 - Frequently intoxicated (drugs/alcohol) and more violent when in this state?
 - Threatening suicide or self-harm.
3. **Woman's current fear** of the situation, and her beliefs about the immediate danger.
4. **Self-harm or attempted suicide** by the abused person.
5. **Attempts to get help** (e.g. from police, courts, refuges etc) during past 12 months.
6. **Availability of support** both external and practical. (e.g. friends, family).
7. **Availability of a 'safe haven'** of alternative accommodation if they do not wish to return home, bearing in mind the woman's own preferences.

The person who is experiencing violence is ultimately the only one who can reliably predict the risks and the likelihood of further violence. In considering the likely risks, the principal responsibility of the health professional is to support the woman in the decisions and choices she wishes to make.

Record Keeping

Extreme 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 the perpetrator could have access to. Confidentiality should be discussed with the client and consent should be obtained if information needs to be shared with other health care staff or with other agencies in accordance with locally agreed protocols on information sharing and confidentiality. (See separate section on confidentiality).

In situations in which forensic evidence may be required, liaison should take place with the Police Domestic Violence Unit which will have established procedures.

Providing Information

It is not the job of health care staff to advise someone experiencing domestic abuse about what direct action they should take. Indeed, ill-informed (however well-intentioned) advice - such as to leave the abusive relationship - can be positively dangerous. Women who leave their partners can face an increased risk of assault.

At a minimum the health worker should provide the woman with information about where she can go for help, and how to contact local services including the local Women's Aid group. The nature and type of help should be in direct response to the woman's identified needs and preferences. Health care staff should offer to contact other agencies on behalf of the woman if this is considered appropriate. The availability of information leaflets and cards, and display of posters within health service premises can be useful, and signals to women that they can talk to health workers about such issues.


Leaflets should be available in the range of languages that are appropriate for the local area, and should provide information about local support services and contact details. Ensuring these are made available in the toilets (and in changing cubicles) can help both with confidentiality and with situations in which women are otherwise constantly accompanied by a partner.

Information sharing and confidentiality

Confidentiality is essential in enabling women experiencing domestic abuse to disclose their situation. Their physical safety can be dependent on confidentiality being maintained. In some situations, a health care worker will also have contact with the perpetrator of domestic abuse and it is vital that confidential information is not disclosed. All health care workers must understand, and be honest about, the limits to confidentiality.

It is not only in the area of child protection that confidentiality may need to be balanced against the interests of disclosure. Where a health care worker is aware that someone has been the target of domestic abuse, and is believed to be at risk of serious harm, the decision might be made to pass this information to other parties and agencies in line with locally agreed multi-agency guidelines and protocols on domestic abuse which address how such information is to be used and safeguarded.





This decision must be discussed with the person concerned, an explanation of the reason for sharing information should be given, and their consent should be obtained. Consent should only be overridden in a case of child protection, protection of vulnerable adults and in the interests of public safety. The only information which should be shared is that which is judged to be necessary for securing the best interests of the woman and/or her children or other people that may be at risk from the alleged abuser.

Protection of Children

Children (under 18) experiencing domestic abuse may be at risk of significant harm because of their age and dependency on parents and carers. Generally speaking, babies, toddlers and children with disabilities are most vulnerable in domestic abuse situations however all children will be effected by domestic abuse.

When professionals become aware that a child is at risk of physical abuse, emotional abuse, sexual abuse or neglect they should consult the Derbyshire Child Protection Procedures.

The need to follow these procedures should be discussed with the client and their consent obtained if possible. However, 'the interests of the child are paramount', and initiating child protection procedures is not conditional on obtaining consent. It is essential that there is an understanding of the inter-relationship which frequently exists between domestic abuse and the abuse and neglect of children. As the guidance on safeguarding children states:

"Where there is evidence of domestic violence, the implications for any children in the household should be considered, including the possibility that the children may themselves be subject to violence or other harm. Conversely, where it is believed that a child is being abused, those involved with the child and family should be alert to the possibility of domestic violence within the family".
(Working Together to Safeguard Children - DOH 1999)

In undertaking a risk assessment, health care staff should also take account of their own safety and that of their colleagues, and must minimise the risks which they may face from the perpetrator of domestic abuse.

Protection of Vulnerable Adults

Adults (aged 18 or over) experiencing domestic abuse may be already vulnerable because of learning disability, age, mental or physical illness.

The abuse they experience may be physical, sexual, psychological, financial discriminatory or as a result of neglect. The abuser may be a member of the family including a partner, a paid member of staff or other professional, another vulnerable adult or stranger.

If abuse is indicated then Derby and Derbyshire Policy and Procedures for the Protection of Vulnerable Adults must be referred to. In dangerous emergencies/life threatening situations - health staff should phone the police (999) immediately. In all other cases a report should be made to Derbyshire County Council Social Services. See "Contact Numbers".

Follow Up

Where possible women should be invited to return to visit the health worker/clinic if they so wish or be given local information about where else to go for advice and support such as:

Women's Aid

North Derbyshire Women's Aid exists for the benefit of all women and children experiencing physical, emotional or sexual abuse in their relationships. They offer information, advice and access to temporary accommodation, ongoing support and aftercare via two refuges and an Advice and Drop in Centre in Chesterfield.

DARP (Domestic Abuse Reduction Partnership)

High Peak and Derbyshire Dales - Domestic Abuse Outreach Service. This service provides confidential advice, support, information and access to emergency transport.

Police Child & Domestic Abuse Unit

There are two plain clothed police officers dedicated to domestic abuse issues working within the Child & Domestic Abuse Unit.

Continued advice and support can be offered to victims of domestic abuse regardless of previous police involvement and/or reported crimes. Referrals to other agencies are tailored to the individuals needs.

If required it is possible for the victims to meet with the domestic abuse officers in a safe place for ongoing support and information. Advice is also offered to professionals in a situation of disclosure.



Contact Numbers

North Derbyshire Area

North Derbyshire Women's Aid Advice & Drop in Centre

Chesterfield ☎ 01246 540444

Buxton out reach office ☎ 01298 71132

Glossop Women's Aid

☎ 01427 856675

D.A.R.P

Domestic Abuse Reduction Partnership Helpline ☎ 0800 3281242

North Derbyshire NHS Safeguarding Children's Service

☎ 01246 514405

Sexual Abuse and Incest Line (S.A.I.L)

PO Box 8, Chesterfield S40 1NY

Office ☎ 01246 556114 or ☎ 01246 559889 (appointments)

Tuesday 7pm - 9pm & Thursday 7pm - 9pm, Wed 1-3 pm

(A confidential helpline for women experiencing sexual abuse)

The Samaritans

☎ 01246 270000 or ☎ 08457 909090 (Nationwide)

(A listening, caring 'ear' available 24 hours)

Housing and rehousing advice

Chesterfield Borough Council

Community Housing Department - ☎ 01246 345177

High Peak - ☎ 01457 854361

Derbyshire Dales - ☎ 01629 580580

North East Derbyshire District Council

Advice for homeless people - ☎ 01246 217299

Bolsover District Council Housing Department -

☎ 01246 240000

Welfare Benefits Legal Helpline

☎ 0845 1202985 1-4.30pm Mon-Fri

Job Centre Plus ☎ 01246 553100

(For advice on benefit entitlement)

Citizens Advice Bureau

☎ 01246 209164 (Details of available help)

Victim Support

Chesterfield & District ☎ 01246 260299
High Peak ☎ 01457 862150
Derbyshire Dales ☎ 01629 825544
(Help and support to all victims)

Rape Crisis Group

Derby ☎ 01332 372545
Sheffield ☎ 0114 2447936
(Counselling and support for women who have been raped, sexually abused or assaulted)

Relate

Chesterfield ☎ 01246 231010
for High Peak ring Stockport ☎ 01614 422443
(Relationship counselling)

Police (Domestic Violence Unit)

Chesterfield ☎ 01246 522319
Derbyshire Police ☎ 0845 1233333

Social Services

Out of hours service ☎ 01773 728222
Bolsover ☎ 01246 348400
Chesterfield ☎ 01246 347777
Clay Cross ☎ 01246 348888
Derbyshire Dales ☎ 01629 772323
High Peak ☎ 01457 728888

Derbyshire Advocacy Service ☎ 01246 565000 ext: 127

National Domestic Violence National Helpline

☎ 0808 2000 247

High Peak & Derbyshire Dales Domestic Abuse Helpline

☎ 0800 328 1242

Young Persons Helpline ☎ 0800 328 1242

Hadhari Nari Project

Specialist resource for Asian Women ☎ 01332 270101

Prevention of Domestic Abuse

(Counselling and group work for those perpetrating Domestic Abuse ☎ 01332 59 2063)

For Solicitors specialising in family law

(Please see your local Yellow Pages or ring Women's Aid)
For more information on services visit www.saferderbyshire.gov.uk



Chesterfield & North Derbyshire
Royal Hospital
NHS Trust



Chesterfield
Primary Care Trust



High Peak and Dales
Primary Care Trust



North Eastern Derbyshire
Primary Care Trust



Derbyshire Mental Health Service
NHS Trust



Supplied by North Derbyshire Health Promotion Service
Tel: 01246 514276

