



Family Nursing & Home Care

Domestic Abuse Policy

April 2023

Document Profile

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Version control / changes made

Date	Version	Summary of changes made	Author
04/04/2018	Version 1	Professional guidance for child and family services only	Jenny Querns
5/11/2020	Version 2	Extended to be relevant to the whole organisation for professional guidance	Jenny Querns
04/2023	Version 3	Changed from professional guidance to Policy. Includes the Domestic Abuse (Jersey) Law 2022.	Jenny Querns

		<p>Safeguarding Partnership Board (SPB) – Domestic Abuse Strategy 2022 to 2024 definition of domestic abuse.</p> <p>This document meets an action from the SPB Domestic Abuse Strategy for single agencies to have a single agency policy by 2024 which also includes the employers role in supporting staff who may be at risk of domestic abuse.</p>	
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1. INTRODUCTION

1.1 Rationale

Family Nursing & Home Care (FNHC) have a crucial role in identifying and supporting clients and colleagues experiencing domestic abuse.

It is important that there is a shared understanding of what domestic abuse is; and the impact that this has on the people who experience it. It is important to consider the impact on children and young people.

The Safeguarding Partnership Board (SPB) definition of domestic abuse (2022) is:

'Any incident or pattern of incidents of controlling, coercive or 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.'

This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

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.

Controlling and coercive behaviour can manifest itself in many different forms and is not always visible to others (please see [appendix 1](#)).

Coercive control lies at the heart of domestic abuse and all aspects of domestic abuse that become visible to others must be understood within this context. It is a criminal offence in Jersey for a person to intentionally or recklessly engage in behaviour that is domestically abusive, (Domestic Abuse (Jersey) Law 2022 (at the time of writing the new law signed).

FNHC, as an employer, recognises the need to support staff who may be living with domestic abuse. Staff can report domestic abuse to their employer if they wish (SPB Domestic Abuse Strategy 2022 – 2024).

This policy aims to develop an understanding for all staff in how to:-

- **Recognize** the indicators of domestic abuse
- **Respond** to disclosure or where domestic abuse is suspected
- **Refer** the victim for support
- **Record** accurately any disclosure or suspicion of abuse

1.2 Scope

This policy applies to all FNHC staff, (including, volunteers, students and staff who are seconded or co-located to work for FNHC) and Committee.

1.3 Role and Responsibilities

The Chief Executive Officer (CEO) and the Committee

The CEO and the committee ensure FNHC takes its responsibility towards clients and staff who may be at risk of domestic abuse seriously and understand on island supportive services.

Director of Governance and Care

The Director of Governance and Care is responsible for ensuring systems and process are in place to safeguard children, young people and adults at risk of significant harm from domestic abuse. They are also responsible for ensuring training is available for staff and there is a process for monitoring compliance with training.

Safeguarding Lead Nurse

The Safeguarding Lead Nurse is responsible for:

- Promoting best practice as guided by SPB Jersey and the islands Domestic Abuse Strategy (2022 – 2024).
- Maintaining an in-depth knowledge of domestic abuse
- Providing safeguarding restorative supervision (SRS) for staff where they can discuss concerns and be supported to **recognize, respond, refer and record**
- Maintaining an open door for staff who may experience domestic abuse.

Registered Managers/Operational Leads

Registered managers are responsible for:

- Promoting excellence in practice through working in partnership with the Safeguarding Lead Nurse,
- Following advice from on island specialists in domestic abuse, Jersey Domestic Abuse Services (JDAS). JDAS directly support victims/survivors of domestic and sexual abuse and also offer a support service for children and young people (13 – 25) who are experiencing domestic abuse within their home. Sexually Assault Referral Centre (SARC), The Woman's Refuge, Police, Adults and Children's Safeguarding Services.
- Enabling staff to follow the Domestic Abuse Practice Policy by ensuring staff have access to this policy

Team Leads

Team Leads are responsible for:-

- Directing staff to the relevant policy document
- Releasing staff for On-Line Domestic Abuse Mandatory Training.
- Supporting staff who recognise indicators of domestic abuse in how to follow this policy
- Seeking advice from the Registered Manager or Safeguarding Lead Nurse if clients or staff present with possible indicators of abuse.

All Staff

All staff are responsible for:

- **Recognising** signs of domestic abuse where possible
- **Responding and referring any person at risk of domestic abuse** (Appendix 1) to appropriate services.
- Seeking support from their Team Lead, Registered Manager or Safeguarding Lead Nurse where domestic abuse may be disclosed (or suspected with no disclosure).
- Following the guidance in this policy, using a think family approach.
- **Recording** on the data subjects health record within EMIS

2. Policy

2.1 Working in Partnership

FNHC work in partnership with the SPB and JDAS.

In parallel, FNHC consider risk to vulnerable adults, children and young people and consider referral to the Children and Family's Hub Enquiry, or to the Adult Safeguarding Team where domestic abuse may be recognised as a potential cause for significant harm. See Appendix 1 [common behaviours associated with domestic abuse](#).

The following document is a live document with links to the resources that may be required to make effective practice decisions.

By following these links:-

How to refer to the Independent Domestic Violence Advisors (IDVA's) and Independent Sexual Violence Advisors (www.idas.gov.ie)

How to refer the Children and Families Hub (Children and Young People) <https://safeguarding.ie/>

How to refer to the Single Point of Referral (SPOR) for Adults at risk of significant harm <https://safeguarding.ie>

2.2 Information Sharing

It is important clients remain confident their personal information will be kept safe and secure and staff maintain the privacy rights of the individual, whilst sharing

information. Staff must consider the safety and well-being of the person and others who may be affected.

The Data Protection (Jersey) Law 2018 is not a barrier to sharing information which is purposeful.

Apply the Caldicott Guidelines for guidance on sharing information.

Staff will be open and honest with the person at the outset about, why, what, how and with whom information will, or could be shared and seek their agreement unless it is unsafe to do so.

Staff will share information with consent where appropriate. Share information if staff feel a person or their children may be at risk of significant harm and or it is in the public interest to do so, (seek advice where in doubt).

Staff will establish whether there is a clear and legitimate purpose to share information. Where domestic abuse is concerned there may be legitimate reason to share without consent; if there is reason to suspect risk of significant harm and to gain consent is difficult or places the person or child at increased risk.

In making a decision to share information staff will consider:

- Do I need to share this information with another party?
- Could sharing this information promote and support the wellbeing, and safeguard the welfare, of the person?
- Am I responsible for making this decision around information sharing?
- Staff should consider the impact of sharing information and document rationale for sharing.
- For further guidance refer to the FNHC's Information Sharing Policy or from your line manager of Safeguarding Lead Nurse.

2.3 Develop a Shared Understanding

Research recognizes that domestic abuse can occur in all sections of society irrespective of gender, race, culture, nationality, religion, sexuality, disability, age, class or educational level. Those with protected qualities may experience barriers to disclosure and this is recognised as increased risk.

Sometimes this is the only chance for a victim to disclose, staff should acknowledge the bravery of the client if they disclose (Safelives, 2014)

The impact of domestic abuse on health can be acute but also causes chronic and long lasting health problems, lifelong trauma, developmental issues and distress to children who live with domestic abuse (Safelives 2020).

2.4 Indicators of Abuse

see [Appendix 1](#)

3. PROCEDURE

3.1 Recognise

If no one asks we know that from talking to victims and survivors, it is hard for someone to disclose. People need to feel the person asking is genuinely interested, will be non judgmental and will know how to respond if they answer “yes”.

Staff should routinely ask clients (see further advice about asking when it is safe to do so) “are their family relationships supportive and safe?”

By using the advice in this policy staff are armed with what to do if someone discloses they feel unsupported or unsafe.

Many people may not recognise what they are living with domestic abuse and may not be familiar with the term (especially if English is not their first language). It is important to think about how to ask questions.

Elderly clients more likely to have lived with domestic abuse for longer and without disclosure.

This document recognizes the importance of staff following their professional judgement, (Munro 2011). There is growing recognition that the combination of evidence based measures/tools when combined with professional knowledge leads to improved professional judgement (Pfister and Bohm 2008)

Use the Safe Lives Domestic Abuse Risk Checklist if trained and competent in its use.

https://safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance%20FINAL_1.pdf

The Domestic Abuse risk checklist is a tool to help identify those who are at high risk of harm and whose cases should be referred to an IDVA or to the Multi-Agency Risk Assessment Meeting (MARAC). Seek further advice about MARAC from the safeguarding Lead.

Using a Power and Control wheel can help a person to identify areas of abuse and can enhance decision-making:- <https://www.theduluthmodel.org/wheels/>

If these documents are not to hand, don't let that stop you from taking safeguarding action on professional judgement.

It is not safe to ask questions around domestic abuse in front of a perpetrator, other family members or children over the age of 2 years. You may need to create a time and space to ask questions safely. At all times, be aware of own safety and follow the organizational guidance on lone working.

<http://www.fnhc.org.ie/media/42534/lone-workerpolicy-1-3.pdf>

If English is not a first language, use professional interpreters - never family members, friends or children. FNHC employ a Portuguese interpreter who can be

booked through reception on 443600. Health and community services hospital interpreting service and information should be sought about using Big Word if required.

The pre-birth period is a reachable moment for many woman who are living with domestic abuse and identification and support in this window, practitioners should follow the Multi-Agency Pre-Birth Protocol for Unborn Babies, <https://www.fnhc.org.je/media/43318/multi-agency-pre-birthprotocol-for-unborn-babies-ratified-july-2020.pdf>

Staff who feel they may be living with domestic abuse, can make self-referral to JDAS, and on their direction, their employer can be asked to offer a safe approach, enabling that person to remain at work if this is their wish (www.jdas.gov.je).

Colleagues can be alert to potential signs for example colleagues may be off sick more often than others, called or texted at work, anxious on answering calls or texts.

3.2 Respond

Studies reveal it can be better to ask questions about the behaviours of a person. The advice is to *Frame the Question* first before asking open questions.

Frame the Question

“Framing the Question” means explaining, before a question is asked why it is being asked. Explaining why it is asked helps, when talking to people who may feel wary.

Open questions

The following are examples of open questions:

- Is everything all right at home? How are you feeling?
- Are you getting support from your partner/family members at home?
- Everyone has rows at times, have you seen an increase in rows/arguments? What happens when these occur?
- Do arguments or comments made ever result in you feeling put down or bad about yourself.
- Has anyone ever been violent towards you? Who?
- Do you ever feel frightened or have you ever felt frightened?
- Does your partner and/or family use alcohol/drug/gamble – how do you react when they do this?
- Does anyone constantly text you, check your mobile phone or track where you are, using your phone as a way of knowing where you are at any time?
- Does anyone pressure you to have sex or perform sexual acts?

Validate

Be sensitive, respectful and listen carefully to what the person tells you. Seek to empower the victim, not take over or make decisions for them. Ask them what they want to do and remain non-judgmental in the answer.

Although children do come to harm because of domestic abuse, be honest but do not imply that the victim is the cause of the harm to their children; and in a non-patronising way say how brave they are to have let you know.

Make your role clear, explain the boundaries and the limit of your confidentiality. Give key messages such as “you are not alone”, “you do not deserve to be treated like this”, “you are glad they have told you” and “there is support”.

Provide information on the help available, to enable the client to make an informed and safe choice to protect themselves and their children.

Address immediate safety issues

Ensure the immediate safety of the victim, their children, and others. Don't take action that could place yourself or colleagues at risk. Where there is immediate risk of significant harm seek assistance from the police and then refer to specialist services.

3.3 Refer

With consent, refer to the Jersey Domestic Abuse Services using the referral form on EMIS or via www.jdas.gov.je . See Appendix 2 for the [Domestic Abuse Referral Pathway](#).

If you suspect risk is high and gaining consent raises risk or you cannot gain consent, refer without consent. The referral form acknowledges this and if the referral is without consent then the information will be handled sensitively.

You can consider referral to the multi-agency risk assessment conference MARAC, contact the Safeguarding Lead Nurse for advice or MARAC Referrals; marac@jersey.police.je .

In protecting the victim it is extremely important to protect the children in the family using the safeguarding procedures in FNHC Safeguarding Adult and Children Policy 2021. Refer to the Children and Families Enquiries Hub using the referral form on EMIS and send to www.childrenandfamilieshub.gov.je

Consider if the adult you are working with is an **adult at risk of significant harm** and if so use the referral form on EMIS and send the Single Point of Referral Form (SPOR) to www.spor.gov.je

3.4 Record

Disclosure

Consider safety and confidentiality when recording in notes, record the victim's words verbatim, use the person's own language if you have the ability to do so, and describe their body language and presentation.

Records may be used in future criminal/civil court proceedings and may also be used as part of MARAC information.

Be particularly careful if anything is recorded in hand held notes or records where a perpetrator may have access.

Document the risk to the client of domestic abuse in their health record. Document this safely and as far as possible do not document an adult disclosure in their child's record.

Keep a chronology

Link the adults and their children on EMIS.

No Disclosure

Record that you have asked the questions and details of your conversation.

If there is no disclosure and you have no reason to suspect, the person is living with domestic abuse **record this**

If you do not have the opportunity to ask questions, **record this** and think how to create an opportunity to safely ask questions on another date.

If there is no disclosure, but you have some feelings of concern, consider when you can ask the question again?

If you have no disclosure but you suspect risk of significant harm, seek advice from your line manager and safeguarding lead and refer to supportive services without consent.

Be familiar with and give relevant information about on island support, when you know it is safe if to do so. www.idas.gov.je – 01534 880505

Sexual Assault Referral Centre – Any disclosure of sexual assault, then SARC will offer immediate support, they are based at Dewberry House www.dewberryhouse.je

Police and Police Protection Unit - Call 999 in an emergency or 01534 612612 and ask to be forwarded to the police protection unit.

Jersey Women's Refuge, www.jerseywomensrefuge.org, helpline: 0800 7356836; office: 873288; email: info@jerseywomensrefuge.org (for all enquiries including safe house, outreach, CYP, courses).

MARAC referral - Seek advice from the Safeguarding Lead for adults and children and/or contact MARAC Referrals. marac@jersey.police.je

Domestic Violence Disclosure Scheme (Claire's Law) - If it is thought that a client has made a relationship with a person who has a known history of domestic abuse, you can direct the client to the police or make a request on their behalf for a personal information disclosure otherwise (PID). This is also known as Claire's Law <https://jersey.police.uk/accessing-information/domestic-abuse-disclosure/>

4. CONSULTATION PROCESS

Name	Title	Date
Michelle Cumming	Registered Manager for Child and Family Services	December 2022
Mo De Gruchy	Quality and Performance Development Nurse	December 2022
Elsbeth Snowie	Head of Quality and Safety	December 2022
Tia Hall	Operational Lead for Adult Services	December 2022
Claire White	Quality and Governance Lead	December 2022
Claire Whelan	Head of Information Governance and Systems	January 2023
Sarah Hamon	Independent Domestic Advisory Services Manager	January 2023

5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Place on Virtual College for all staff	Education & Development Administrator	Within 2 weeks following ratification
Policy to be added to the Procedural Document Library	Education & Development Administrator	Within 2 weeks following ratification

6. MONITORING COMPLIANCE

Monitoring adherence with this policy will be done informally by the Safeguarding Lead/Operational Lead during, for example, safeguarding supervision when cases involving domestic abuse are raised. Team Leaders will also monitor informally adherence with this policy when staff identify potential/actual domestic abuse.

Training figures for mandatory virtual domestic abuse training will be monitored monthly at the Operational Management Meetings. Line Managers are also made aware of the staff compliance with relevant training.

The requirements of this policy may be included in relevant audits where a need for this is identified.

7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values. See Appendix 3 for the [Equality Impact Assessment](#) for this policy

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

8. GLOSSARY OF TERMS

Glossary consisting of definitions of technical or specialised terminology used within the document:-

Independent Domestic Violence Advisors (IDVA)

Independent Sexual Violence Advisors (ISVA)

Jersey Domestic Abuse Service (JDAS)

Multi-Agency Risk Assessment Meeting (MARAC).

Personal Information Disclosure (PID)

Safeguarding restorative supervision (SRS)

Safeguarding Partnership Board (SPB)

Sexual Assault Referral Centre (SARC)

Single Point of Referral (SPOR)

9. APPENDIX

Appendix 1 Common behaviours associated with domestic abuse

Emotional abuse

You can experience abuse and violence without being physically hurt. Emotional abuse does not leave physical scars but it can have a big impact on a person's mental health and well-being. Someone experiencing emotional abuse can feel anxious, depressed and even suicidal.

Perpetrators of emotional abuse use it to take away a person's independence, confidence and self-esteem. This helps the perpetrator maintain power and control in the relationship. Physically abusive relationships often include aspects of emotional abuse.

The signs of emotional abuse can be difficult to identify, especially because it is non-physical. Emotional abuse includes:

- Blaming a partner for the problems in a relationship
- Constantly comparing them to others to undermine their self-esteem and self-worth
- Usually being in a bad mood
- Intentionally embarrassing them in public
- Name calling
- Yelling, insulting or swearing at them
- Telling them what to wear
- Preventing them from seeing family and friends
- Threatening suicide
- Making them feel guilty when they refuse sex
- Online humiliation and intimidation

Someone experiencing emotional abuse can start to believe what the perpetrator says about them. They may also blame themselves for the abuse. The constant criticism lowers their self-esteem and confidence making it very difficult to leave the relationship.

All children may demonstrate age specific signs of wariness, mirroring their experience with acting out play, demonstrating signs of anxiety and fear in ways which may be described as "behaviour".

Controlling/coercive behaviour.

Coercive control seeks to make a person dependent by isolating them from support, exploiting them, depriving them of their independence and regulating their everyday activity through fear and intimidation. Behaviours can include, restricting daily activities; isolation from family and friends; monitoring time; taking control over aspects of their everyday life, such as where they can go, who they can see, what to wear, threats and intimidation; sexual abuse and violence; reproductive coercion, economic control, and exploitation; extreme jealousy, possessiveness, and accusations of infidelity; controlling partners access to information and services etc.

It creates invisible chains and a sense of fear that pervades all elements of a victim's life.

Indicators of coercive control are where a partner attempts to isolate you from your family and friends, may monitor your time and take control over aspects of your everyday life, such as where you go, who you see, what you can wear and when you can sleep. They may also deprive you of your basic needs such as food or access to medical care.

Abusive partners will also often repeatedly put you down, making you feel worthless and use manipulative language to sow seeds of doubt that makes you question your own memory, perception and sanity.

Financial/economic abuse

Financial abuse can be subtle, with a perpetrator gradually taking control over bank accounts and financial transactions. Financial abuse can also be obvious, violent and threatening. For example, someone may forbid their partner from working or spending their wages.

Financial abuse can leave people without means for basic essentials or access to their own bank account. It can also result in huge debts being built up against their names.

Economic abuse broadens this definition and takes into consideration resources such as food, clothing and transport.

Financial abuse includes:

- Someone taking complete control of finances and money
- restricting access to bank accounts
- providing an inadequate allowance and monitoring what their partner spends money on
- forbidding a partner to work
- taking a partners pay and not allowing them access to it
- preventing them from getting to work by taking their keys or car
- identity theft to secure credit
- using their credit cards without permission

- refusing to work or contribute to household expenses

Sexual abuse

Sexual abuse is any form of forced or unwanted sexual activity. The perpetrator of sexual abuse may use physical force, make threats or take advantage of a person unable to give consent.

Sexual abuse mainly happens between people who know each other and can occur in the context of domestic abuse. Sexual coercion is particularly common and involves continuing to pressure the victim to have sex after he or she has said no.

Sexual abuse impacts on a person's physical and emotional health. It can lead to long-term mental health issues, including anxiety and post-traumatic stress disorder.

Sexual abuse includes:

- Rape
- Deliberately causing pain during sex
- Assaulting the genitals
- Forced sex without protection against pregnancy or STI's
- Forcing someone to perform sexual acts
- Using sexually degrading insults
- Unwanted touching
- Unwanted exposure to pornography
- Sexual jokes
- Withholding sex as a punishment
- Using sex to coerce compliance

Physical abuse

Physical abuse happens when a person uses physical force against another person. Physical abuse can start slowly and inconspicuously, for example with throwing an object or a slap and can often get more intense or worse over time.

A person may experience many different types of physical abuse. Physical abuse includes:

- Hitting, slapping, punching, kicking, hair pulling, biting, pushing.
- Rough handling
- Scalding and burning
- Physical punishments

- Inappropriate use of restraints
- Making someone purposely uncomfortable
- Misuse of medication
- Sleep and food deprivation
- Forced feeding
- Abuse of children or pets
- Destroying property or pets
- Driving dangerously
- Using weapons
- Locking someone out of their house or in their house.

Clients may present with signs of physical injury, emotional responses which raise red flags, frequent calls and ED attendances may be help seeking behaviours, chronic pain, bruising often in unusual or hidden places, fractures, sprains, internal injuries, repeat or chronic injuries.

Less obvious indicators may be unwanted pregnancies, gynaecological difficulties, uterine infection, terminations of pregnancy, miscarriages, placental abruption, and problems associated with painful sexual intercourse/sexually transmitted diseases.

Babies born with low birth weight, fractures, pre-term birth, foetal bruising, still birth.

Harassment/Stalking

Harassment and stalking happen when a person is persistently pursued against their will. The perpetrator does this to control, intimidate and create fear. Stalking and harassment limit a person's freedom and makes them feel that they have lost control of their lives. Some people who have been stalked have been forced to change their lives completely by moving house and changing jobs. Anyone can be a victim of stalking/harassment.

To control, intimidate and create fear in a person a perpetrator may:

- Make repeated phone calls
- Send numerous text messages
- Loiter outside or near a person's home or work
- Leave messages on social networking sites, such as Facebook.
- Leave notes on a person's car
- Leave flowers at a person's home
- Follow or continually stare at the person that they are stalking
- Monitor a person's use of technology, including phone, email and other communications.

Online or digital abuse

- Monitoring of social media profiles or emails
- Abuse over social media such as Facebook or Twitter
- Sharing intimate photos/videos without consent
- Spyware or GPS locators

Appendix 2 Domestic Abuse Referral Pathway

Domestic abuse is "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or who have been intimate partners or family members regardless of gender, sexuality or ethnicity. This can encompass but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional". This also includes honour based violence (HBV), forced marriage and female genital mutilation (FGM)

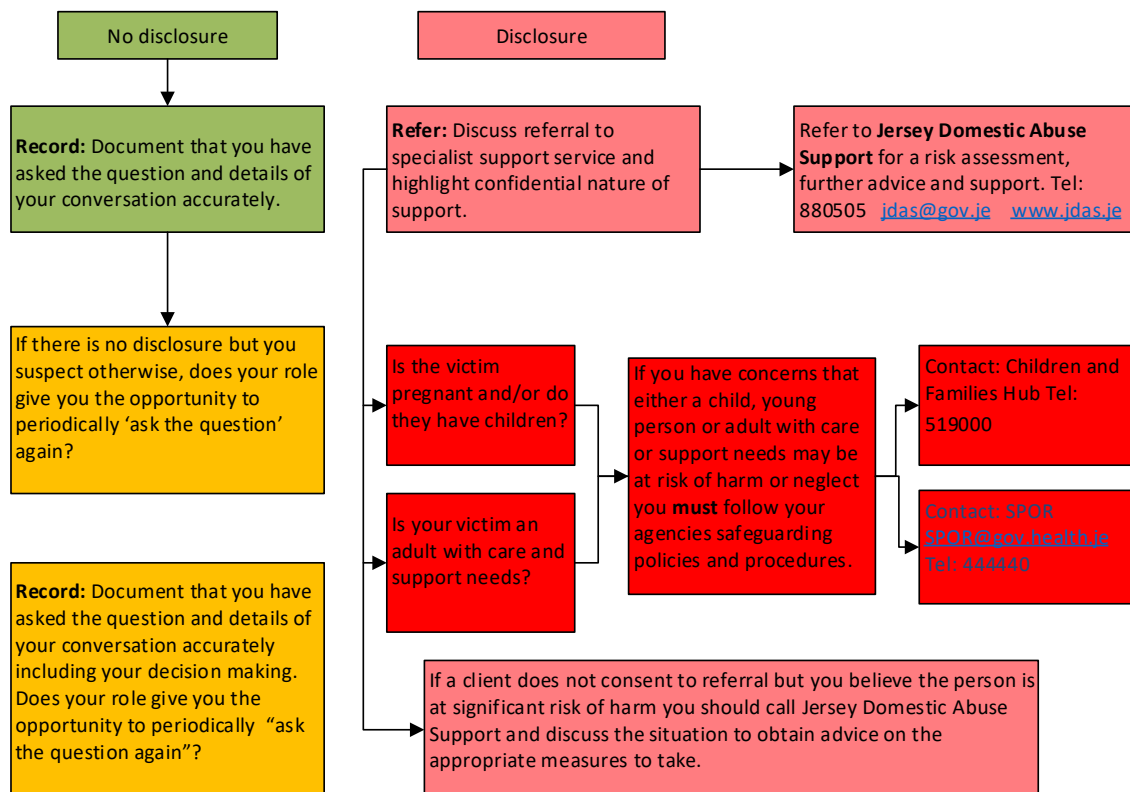
Recognise: Be familiar with the signs of domestic abuse and ask all client on contact about their home situation .

Respond: Frame the question, validate and address immediate safety concerns.

Example questions:

- Is everything alright at home? How are you feeling?
- Are you getting support from your partner/family members at home?
- Everyone has rows at times, have you seen an increase in rows/arguments? What happens when these occur?
- Do arguments or comments made ever result in you feeling put down or bad about yourself?
- Has anyone ever been violent towards you? Who?
- Do you ever feel frightened or have you ever felt frightened?
- Does your partner and/or family members like to know what you are doing? Who you are speaking to?
- Do they control your access to finances or ability to do what you would like to do?
- Does or has your partner and/or family member ever prevented you from accessing medical support or assistance for care needs?
- You mentioned that your partner and/or family member uses alcohol/drugs/gambles – how do they react when doing this?
- Does your partner pressure you to have sex or perform sexual acts?

If there is any immediate danger call 999.



Appendix 3 Equality Impact Screening Tool

Stage 1 - Screening

Title of Procedural Document: Domestic Abuse Practice Policy

Date of Assessment	TBC	Responsible Department	Safeguarding
Name of person completing assessment	Jenny Querns	Job Title	Safeguarding Lead for Adults and Children FNHC

Does the policy/function affect one group less or more favourably than another on the basis of :

	Yes/No	Comments
<input type="checkbox"/> Age	No	
<input type="checkbox"/> Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No	
<input type="checkbox"/> Ethnic Origin (including hard to reach groups)	No	
<input type="checkbox"/> Gender reassignment	No	
<input type="checkbox"/> Pregnancy or Maternity	No	
<input type="checkbox"/> Race	No	
<input type="checkbox"/> Sex	No	
<input type="checkbox"/> Religion and Belief	No	
<input type="checkbox"/> Sexual Orientation	No	
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2	Domestic Abuse can be a gender based crime, this document acknowledges that all people can be at risk of domestic abuse and that there can be barriers to disclosures which are based on equality.	

Stage 2 – Full Impact Assessment

What is the impact	Level of Impact	Mitigating Actions (what needs to be done to minimise / remove the impact)	Responsible Officer

Monitoring of Actions

The monitoring of actions to mitigate any impact will be undertaken at the appropriate level