**Domestic Violence and Abuse pathway for Health Services**

Domestic violence and abuse (DVA) 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 and Emotional”.

The [NICE DVA](http://pathways.nice.org.uk/pathways/domestic-violence-and-abuse) Pathway suggests that trained staff in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services should ask service users whether they have experienced domestic violence and abuse as a routine part of good clinical practice, even where there are no indicators of such violence and abuse.

**Opening Questions**

Do not ask questions in front of the potential perpetrator or children over the age of 2

**Health indicators of Domestic Violence and Abuse**

**Enquire if:**

* Pregnant / miscarriage / new baby
* Depression, self-harming behaviour or mental health problems
* Substance misuse
* Genital injuries / Sexually Transmitted Infections
* Facial or dental injuries
* Delay in presentation with injuries
* Frequent attendances to unscheduled care settings such as Emergency Departments/GP
* Unexplained injuries
* Cancelled appointments
* Always accompanied by partner and unable to speak alone

**Including if Client Refuses**

**If appropriate, complete the Screening Questions on page 2 with the victim/survivor**

**Talk to your client about safety planning –** [Safety Plan](http://www.reducingtherisk.org.uk/cms/content/safety-planning) **Consider what your agency could do to help them and keep them safe, and which other agencies should be contacted. Ask if they want further support or information to take away.**

**In an emergency call 999 and**

**Ensure your own and the client’s safety.**

**Yes**

**Do you have any immediate concerns for your client’s welfare or safety?**

**Refer to your agency’s procedures for Safeguarding Children and Adults and make a referral (inc. for perpetrators who are adults at risk.**

**No**

**Yes**

**Are there children or other adults at risk of abuse involved? Does the client have additional vulnerabilities?**



**Refer to Hampshire Domestic Abuse Service for a risk assessment, further advice and support.**

**PERPETRATORS OF ABUSE:**

**For concerns or advice about perpetrators of domestic abuse, or to make a referral, call Hampshire Domestic Abuse Service Advice Line:**

**03300 165 112**

**In all cases, undertake the following actions with your client if it safe to do so**:

* **Talk to your client about safety planning**
* **Consider what your agency should do to help them and keep them safe, and which other agencies should be contacted**
* **Ask if they want further support or information to take away if they have somewhere they can keep it (e.g. make client aware that they can cover their internet tracks when accessing domestic abuse websites)**

**Before asking the Domestic Violence and Abuse screening questions – consider:**

* **Do not ask questions in front of the potential perpetrator**
* **Make sure you ask in a private environment and do not use family or friends as interpreters. Consider the presence of children over the age of 2 years who may be able to report back to perpetrator**
* **Be aware of patients holding a mobile phone during the consultation as the perpetrator may be listening to the conversation**

C:\Users\JonesK2\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\BQICMN04\Tick-green[1].png **Patients highly value compassion and the quality of being non-judgemental**

**Opening Questions:**

1. **You seem upset/frightened/anxious/low/quiet, is there something troubling you?**
   1. *If* ***yes****, proceed to asking the screening questions below. If no, but you are concerned use your professional judgement and proceed to the screening questions below.*
2. **Have you ever felt frightened or had to change your behaviour due to someone who you have a close relationship with?**
   1. *If* ***yes****, proceed to asking the screening questions below. If no, but you are concerned use your professional judgement and proceed to the screening questions below.*

**Screening Questions:**

1. **Have you ever been hurt by this person?** 
   1. *Do you feel able to tell me about it?*
   2. *Has this happened before? How many times?*
2. **Within the last year, have you ever been embarrassed or made to feel stupid by this person?** 
   1. *Do you feel able to tell me about it?*
   2. *Does this happen at home or in front of other people?*
3. **Have you been stopped from doing things that you enjoy?** 
   1. *Do you feel able to tell me about it?*
   2. *Do they have control over your finances or possessions, i.e. car?*
   3. *Do you feel that you are being sabotaged, such as not being able to find your purse/keys when you are planning to go out? Are you no longer allowed to see your friends or family, have you seen them less often?*
   4. *Do they tell you who you can see socially or contact, including via social media?*
4. **Have you been in any situation sexually where you felt uncomfortable or felt unable to say no to any kind of sexual activity that you did not want?** 
   1. *Do you feel able to tell me about it?*
   2. *Have you been forced or pressured to do anything of a sexual nature that has humiliated, upset or hurt you?*
   3. *Have you ever been pressurised to use any drug/substance as part of a sexual encounter?*
5. **Do you have any concerns about the impact on children/people that you have caring responsibilities for and/or pets?** 
   1. *Are you worried about them? Have they been hurt?**What about pets?*
   2. *What are you worried about?*
   3. *Have you noticed any change in their behaviour?*

***Protection Planning:******Do you have a safe place to go in an emergency?***

1. *Do you have family or friends who can support you? Are they aware of your circumstances?*
2. *Would you call the police if you were frightened?*

**Key contacts & services**

* Hampshire Police: 999 in an emergency and 101 for all other calls/enquiries
* Hampshire Domestic Abuse Service (for all members of the family): 0330 0165 112 [www.hants.gov.uk/domesticabuse](http://www.hants.gov.uk/domesticabuse)
* Victim Care Service (for standard risk victims): 0808 178 1641
* Hampshire Children’s Services: 0300 555 1384
* Hampshire Adult Services (safeguarding): 0300 555 1386
* MARAC/HRDA (Police Safeguarding Team): 01329 316 113 [hampshire.mash.Admin@hampshire.pnn.police.uk](mailto:hampshire.mash.Admin@hampshire.pnn.police.uk)

**Domestic Violent and Abuse Tool (DVA Tool)**

The Domestic Violence and Abuse tool has been developed to aid practitioners to understand/establish the level of concern they have following discussions with the client. This can help to ensure that an appropriate response is given to the level of concern indicated and covers a wide range of DVA indicators which should be considered.

| **Level of Concern** | **LOW** | **MEDIUM** | **HIGH** |
| --- | --- | --- | --- |
| **General Relationship Dynamics** | Consensual & respectful, equal relationship | Difference in balance in relationship  Consider age gap/difference in ability/ level of maturity & intellect  Consider ethnicity/culture | Significant difference in balance of relationship  Consider the same issues as in Amber  Previous violence / abuse in this or other relationship |
| Joint decision making | Unequal power balance and decision making | Power and control used in relationship (and accepted)  Forced to comply |
| **Jealous and controlling behaviour** | Freedom of choice | Pressure to undertake activities or behave in a certain way – feels uncomfortable or unable to refuse | Coercion or forced to undertake activities or behave in a certain way - feels unable to refuse; often due to fear of consequences |
| Communicates with friends and family as wishes | Possessiveness, loss of autonomy, can be a slow creep of loss of independence, may not be obvious initially | Controlling jealous behaviour by perpetrator so victim is prevented from making own decisions |
| Communication with friends/family | Becoming withdrawn from friends / family  May have relationships actively sabotaged by partner  May still have a significant other to speak to eg friend/family member | Isolated from friends / family / sudden unexplained change in social circle  Made to account for/prove whereabouts  Has to respond to calls/texts immediately |
| **Separation** |  | May attempt/ indicate desire to separate | Scared to separate/ Attempts to separate / recent separation |
| **Verbal abuse** | Appropriate language and healthy disagreements | Aggressive / disrespectful language to individual | Direct threats and intimidation to individual , they may describe violent, aggressive &/or degrading language |
| **Physical abuse** | None | Pushing and shoving to the individual    Minor injuries where medical attention not sought  No physical abuse to children  Destruction of property | Escalating aggressive behaviour e.g. hitting, punching, kicking, aggressive pushing, strangulation, choking, smothering, restricting breathing  Injuries that should require medical attention but do not seek medical advice  Injuries do not accord with explanation of cause  Fear evident – verbal or non-verbal cues from individual or their children |
| **Financial abuse** | None - Able to access money whether it in a joint or own account | Unable to access accounts freely | Unable to access accounts  Finances controlled by perpetrator  Made to account for purchases/provide receipts |
| **Sexual activity** | Consensual | Verbal, physically unacceptable sexual activity; threats made if partner does not comply | Non-consensual sexual contact/activity  Feels unable to say no due to fear of consequences  May feel they have “consented” because they failed to decline due to fear of the consequences |
| **Internet/social media use** | No restrictions to use of internet / media to communicate with friends/family | Some restriction imposed | Controlled & restricted use of social media  Tracking the victim  Perpetrator sharing or viewing threatening /violent / abusive/explicit content online and / or interest in accessing ‘violent’ websites or explicit images online NB this could also indicate CSE |
| **Mental Health and Substance Abuse** | Emotionally stable | Low mood as a result of relationship that makes individual more vulnerable to anxiety / depression  Substance / alcohol misuse | Self-harming / suicidal / erosion of self-esteem  Panic attacks, anxiety  Substance misuse / Alcohol misuse |
| **Animal Welfare** | No concerns | Threats to pets including threats if you say you will leave | Maltreatment or killing pets |
| **Individual at risk** |  | Prepared to take advice on safety  Insight into the risk to both themselves (and children / vulnerable adult if appropriate) | Increased requests for police intervention  Fear of use of statutory services |
| **Abuser/ Perpetrator** |  | Engaging with services fully (not just turning up)  Victim makes excuses for behaviour | Stalking & harassment behaviour  Breaching bail conditions/non-contact orders  Says will engage with services but makes excuses  Minimal or no remorse /guilt  Blames victim  No insight into impact on partner or children  Minimises and denies |
| **Children** |  | Children may be witnessing DA incidents  Children may be threatened with harm if they intervene  Consider the impact on the child | Threats to harm children  Children unable to use safety strategy due to fear of abuser OR Physical harm to children  Consider Neglect - look at repeated non-attendance – was not brought guidance |

**Other areas to note as risks:**

* During pregnancy domestic violence and abuse may start or intensify. Having a child < 1year old is also an additional risk
* Family history of domestic violence and abuse: witnessing DA impacts on individual’s risk of becoming either a perpetrator or a victim. It can impact on what is perceived as acceptable behaviour
* Previous history of an abusive relationship: Either by a partner, ex-partner or a family member
* Forced marriage/honour based violence: family may be unsupportive to the victims requests for help or indeed harm the victim for bringing the family into disrepute
* Victim’s minimisation, self-blame or excuses abusive behaviour

**RECORDING: Domestic Violence and Abuse Opening and Screening Questions**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | | **Address** | | | | | **Date of Birth** | | | |
|  | | |  | | | | |  | | | |
| **Positive response to Domestic Violence and Abuse Opening Questions?** | | | | | | | | | **Y** | **N** | |
| **Domestic Violence and Abuse Screening Questions completed due to concerns? (professional judgement)** | | | | | | | | | **Y** | **N** | |
| **Detail the response to the Domestic Violence and Abuse Screening Questions below:** | | | | | | | | | | | |
|  | Have you ever been hurt by this person?  ***Details:*** | | | | | | | | **Y** | **N** | |
|  | Within the last year, have you ever been embarrassed or made to feel stupid by this person?  ***Details:*** | | | | | | | | **Y** | **N** | |
|  | Have you been stopped from doing things that you enjoy?  ***Details:*** | | | | | | | | **Y** | **N** | |
|  | Have you been any situation sexually where you felt uncomfortable or felt unable to say no to any kind of sexual activity that you did not want?  ***Details:*** | | | | | | | | **Y** | **N** | |
|  | Do you have any concerns about the impact on children / people you have caring responsibilities for / pets?  ***Details:*** | | | | | | | | **Y** | **N** | |
| **Protection Planning:**  Do you have a safe place to go in an emergency? Any additional information? | | | | | | | | | | | |
| If the victim answered YES to the **Domestic Violence and Abuse Opening Questions** and one or more of **Domestic Violence and Abuse Screening Questions** then a referral should be made to Hampshire Domestic Abuse Service Advice Line: 03300 165 112as this indicates that the victim may be at risk of Domestic Violence of Abuse. This will require the victims consent, unless they lack capacity to make this decision (Mental Capacity Act, 2005). If this is the case, a Best Interests Decision supported by the rationale should be made and fully recorded.  If you think that a child or adult with care or support needs may be witnessing or experiencing abuse/neglect, you should make a referral to Children’s and/or Adult Services. If unsure please refer to your Safeguarding Children/Adult Policy and the Mental Capacity Act 2005 Guidance.  If you are concerned that a child or adult is immediate risk, contact the Police directly on 101 or 999 (in an emergency). | | | | | | | | | | | |
| **Action Taken**  **\*tick as appropriate** | | **DVA Information Provided** | |  | **Safety Planning Completed** |  | **Referral DA Service** | | | |  |
| **Name and title of person completing this form:** | |  | | | | | | | | | |
| **Organisational Address and Telephone Number:** | |  | | | | | | | | | |
| **Date:** | |  | | | | | | | | | |