



DOMESTIC ABUSE POLICY (PATIENTS & SERVICE USERS)

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1. INTRODUCTION AND BACKGROUND

This Policy is designed to ensure that all staff working for or on behalf of SCAS provide a consistently high standard of service delivery to the adults, young people, children and families within their care.

For ease of reference, domestic abuse, domestic violence and harmful practices will be uniformly referred to as domestic abuse in this document. Definitions are detailed within Appendix 1.

Domestic abuse can encompass a wide range of behaviours. It can but does not have to involve physical acts of violence and can include threatening behaviour, controlling or coercive behaviour, emotional, psychological, sexual and/or economic abuse. Domestic abuse can involve abuse facilitated and perpetrated online or offline. It is widely recognised that the perpetrator's desire to exercise power and control over the victim is at the centre of abusive behaviours. Many victims will experience abusive behaviours simultaneously, perpetrators may demonstrate a wide range and use different tactics to gain power and control.

SCAS recognises that domestic abuse 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 domestic abuse 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 domestic abuse, although a greater proportion of women experience all forms of domestic abuse and are more likely to be seriously injured or killed by their partner or ex-partner.

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

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2. SCOPE

This policy applies to all employees and workers of South Central Ambulance Service NHS Foundation Trust (SCAS), including secondees into and out of the organisation, volunteers, trainees, contractors, and temporary workers, including those working on a bank or agency contract. For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as 'staff' in this document.

3. AIM

This Domestic Abuse Policy is designed to give clarity and guidance to all South Central Ambulance Service NHS Foundation Trust (SCAS) staff in responding to domestic violence and abuse and harmful practices when promoting the welfare of adult victims, young people, children and families.

4. ROLES AND RESPONSIBILITIES

4.1. Trust Board

The Board has ultimate responsibility for ensuring that this policy and associated procedures are in place and complied with to protect patients and service users.

The Board will assure itself of compliance with this policy through the accountability arrangements delegated to the Executive Director of Patient Care and Service Transformation / Chief Nurse and via consideration of the metrics described within the SCAS Safeguarding Dashboard and associated reports to the Quality and Risk Committee and via consideration of an annual safeguarding report prepared by the Associate Director of Safeguarding and endorsed by SCAS Safeguarding Committee.

The Board has ultimate responsibility for ensuring that an effective system for managing any risks associated with safeguarding exists within SCAS and that all staff working in SCAS are aware of and operate within the policy.

4.2. Chief Executive

SCAS Chief Executive (CEO) is ultimately accountable for children's and young people's protection. The CEO provides strategic leadership, ensures that the role and responsibilities of the Board in relation to safeguarding are met, promoting a culture of supporting good practice and excellence with regard to safeguarding within the organisation and promotes collaborative working with other agencies.

4.3. Executive Director

The Executive Director of Patient Care and Service Transformation / Chief Nurse is the nominated Director at board level responsible for reporting to the Board on safeguarding issues, providing assurance that the organisation is meeting its safeguarding requirements on an annual basis, promoting initiatives to ensure that SCAS has robust arrangements for safeguarding and providing leadership in the long term.

The Executive Director of Patient Care and Transformation / Chief Nurse has individual responsibility for ensuring that a Safeguarding Children policy and associated procedures exist; that both are implemented effectively; that all staff are aware of and operate within the requirements of the policy and procedures and that systems are in place for the effective monitoring of the standards contained within the policy.

4.4. Non-Executive Director

The CEO will align Safeguarding to the portfolio of a Non-Executive Director. The Non-Executive Director will act as 'champion' for safeguarding, will ensure appropriate scrutiny of the Trust safeguarding performance and will provide assurance to the

Board.

4.5. Managers and Supervisors

4.5.1. The Associate Director of Safeguarding

The Associate Director of Safeguarding will provide strategic leadership and expert practice and support to manage any serious safeguarding issues, will strategically lead operational improvements, innovations and best practice, monitoring the quality and effectiveness of services against performance indicators and standards.

The Associate Director of Safeguarding will apply conflict resolution processes in cases of disagreement regarding thresholds for intervention; will provide support to the Designated Senior Manager in the management of allegations against staff providing expert safeguarding advice as required; will maintain management oversight of significant incidents where there are issues of safeguarding children and ensure dissemination of lessons learnt from safeguarding children practice reviews, multi-agency audit, and domestic homicide reviews involving children and advise on the implementation of recommendations.

The Associate Director of Safeguarding will encourage and nurture a culture of case discussion, reflective practice and the monitoring of significant events at a local level.

4.5.2. Named Practitioners

SCAS is required to have a Named Practitioner for Safeguarding Children and for Safeguarding Adults. This is a key role in promoting good professional practice within the organisation providing advice and expertise for staff members and ensuring safeguarding training is in place. The Named Practitioners will work closely with the Executive Director, the Associate Director of Safeguarding and designated health professionals for the health economy.

The Named Practitioners will provide highly specialised advice, support, supervision, and training, helping to raise the standard and quality of care and improved outcomes for children, young people and adults at risk.

The Named Practitioners are responsible for ensuring that there are systems and processes in place including the development of policies, procedures and guidance/protocols that are compliant with primary legislation, national, regional and local government strategy relating to safeguarding.

4.5.3. Line Managers

Line managers have a responsibility to:

- Contribute to the dissemination and implementation of this policy
- Develop and promote training needs and priorities
- Provide/ensure provision of effective safeguarding appraisal, support, peer review and supervision for staff
- Ensure all staff within their department are aware of this policy and the process to be followed in the event of suspected abuse

- Ensure all staff have access to the appropriate level of training as defined in the SCAS 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
- Ensure staff in their areas meet mandatory training requirements in safeguarding and provide support to those making safeguarding referrals

4.6. All staff

All members of staff, including volunteers, have a statutory duty to safeguard and promote the welfare of children and adults, including:

- Adherence to this policy and associated procedures
- All staff are responsible for recognising and responding to allegations of abuse by ensuring that they refer their concerns or assist in the referral
- All staff should contribute to whatever actions are needed to safeguard and promote the welfare of children and young people and take part in regularly reviewing the outcomes for the child or young person against specific plans and outcomes
- Being alert to the possibility of abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the patient / service user
- Knowing how to deal with a disclosure or allegation of child /adult abuse
- Undertaking training as appropriate for their role and keeping themselves updated
- Being aware of and following the local policies and procedures they need to follow if they have a concern
- Ensuring appropriate advice and support is accessed either from managers or SCAS safeguarding team
- Participating in multi-agency working to safeguard the child or adult (if appropriate to role)
- Ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to SCAS policy and procedures and professional guidelines
- Ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

5. LEGAL FRAMEWORK

Responsibilities for safeguarding are enshrined in legislation. This policy has been informed by all relevant guidance (statutory and non-statutory) that seeks to protect children, young people and adults at risk including:

- The Domestic Abuse Act 2021
- The Children Act 1989
- The 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 2018
- Modern Slavery Act 2015

- HM Government Violence Against Women and Girls 2010
- The UN Convention on Rights of the child (1992)
- The Human Rights Act 1998
- 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
- Domestic Violence Disclosure Scheme (Clare's Law)
- Forced Marriage Act 2007
- Handling Cases of Forced Marriage Ministry of Justice 2009
- Serious Crime Act 2015
- Sexual Offences Act 2003
- Sex Offenders Act 1997

6. DEFINITIONS

For ease of reference, all definitions are listed within Appendix 1.

7. MAIN BODY

7.1. Domestic Abuse Age; Gender and Disability

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

The effects of domestic 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, domestic abuse has significant cost and health implications including serious injury, exacerbation of other medical conditions, stress and mental illness.

Research has found that domestic abuse is experienced by women regardless of age, disability, ethnic background or mental health. The majority of perpetrators of interpersonal abuse in domestic circumstances are men, most of whom are themselves older people. The eldest women are found to be at greatest risk of neglect whilst men over 65 are more likely to experience financial abuse. Most perpetrators of financial abuse are younger people of both genders. More incidents of domestic abuse homicide where the perpetrators are children or grandchildren on parents or grandparents is also being reported.

Research into disabled women's experiences has found that the effect of being both disabled and a woman places disabled women at significant and higher risk than women in the general population. More than 50 per cent of disabled women in the UK may have experienced domestic abuse in their lives, and may be assaulted or raped at a rate that is at least twice that of non- disabled women.

Compared to the general population, men and women with severe mental illness experienced a substantially increased risk of domestic and sexual violence, as well as

higher prevalence of family violence and adverse health impacts following victimisation.

Although disabled women are twice as likely to experience domestic abuse as women without disabilities and are more likely to be at high risk of serious harm, statistics collated by Coordinated Action Against Domestic Abuse (CAADA) about people identified as being at high risk from domestic abuse show relatively low numbers of people with health and social care needs. This may be because for this group, domestic abuse is even more under- reported or recognised than in the general population.

As a phenomenon, domestic abuse is a 'hidden harm' that takes place 'behind closed doors' across all age groups. Similar to younger age groups, older people rarely access statutory agencies directly, in cases where domestic abuse is detected it is usually a third party report that discloses the abuse to statutory agencies. Often younger victims of domestic abuse will access specialist domestic abuse services from the third sector, however older people do not appear to access support from these specialist services either.

Consequently, older people are under- represented across both statutory and third sector service provision and thus these sectors have limited knowledge about older people's needs.

Young people can experience domestic abuse within their relationships. Teenagers may not self-identify as victims. They may perceive their relationships to be 'casual', for example engaging in multiple romantic and sexual partners through dating apps. Those who engage in abusive behaviour may seek to minimise or deny the abuse by stating that they were not in a relationship.

Teenage relationship abuse is not a term that is defined by the 2021 Act, or elsewhere in law. However, if the victim and perpetrator are at least 16 years old, abuse in their relationship can fall under the statutory definition of domestic abuse. Whilst young people under the age of 16 can experience abuse in a relationship, it would be considered child abuse as a matter of law.

Abusive behaviours by one young person toward another, where each are aged between 16 and 18 could be both child abuse and domestic abuse as a matter of law. Ultimately, in responding to cases of abuse involving those under 18, child safeguarding procedures should be followed. Abusive behaviours within relationships between young people can include similar incidents or patterns of behaviours as adult relationships. For teenagers in particular, abuse to harass or control victims can occur through using technology, this includes social media, or location-based tracking apps, such as Find My Friends. Young people's lives are often heavily online-based and perpetrators of abuse may exploit this, demanding access to passwords and monitoring online activity. Young people may also experience intimate image abuse within their relationships, including threats to expose intimate images.

Teenage relationship abuse often occurs outside of a domestic setting. Victims may feel that domestic abuse occurs only between adults who are cohabiting or married. Teenage victims may find it difficult to identify abusive behaviour, for instance, controlling or jealous behaviour may be misconstrued as love.

There is a growing recognition that domestic abuse may occur at a similar rate within

LGBT relationships as it does within heterosexual relationships. Women may experience abuse from women, and men from men. People experiencing domestic abuse in a same-sex relationship may have previous experience of or fear homophobia from agencies.

The consequences of not accessing support can be fatal. 'Standing Together' (National Charity) reports that of 32 Domestic Homicide Reviews that took place between 2012 and 2014, eight related to disabled and older people, three were mothers killed by adult sons, four were older women killed by their older husband/male partner; and in one case an older man was killed by his younger male partner.

7.2. Multi-agency approach

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

SCAS believes that patients and service users and those living with our patients and service users should not live in fear of violence or abuse from a partner, former partner or any other member of their household and is committed to supporting patients and service users at risk.

7.2.1. MARAC

A Multi Agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety. In a single meeting, MARAC combines up to date risk information with a timely assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case: victim, children and perpetrator.

7.2.2. The Aims of a MARAC

- To share information to increase the safety, health and well-being of victims – adults and their children
- To determine whether the perpetrator poses a significant risk to any particular individual or to the general community
- To identify outstanding aspects of risk assessment in regard to the victim, children or perpetrator that need referral or progress
- To pull together a risk management plan that provides professional support to all those at risk and that reduces the risk of harm
- To reduce repeat victimisation
- To improve agency accountability and
- Improve support for staff involved in high-risk domestic abuse cases

It is of note that in some local systems the High-Risk Domestic Abuse (HRDA) model is used. HRDA is a multi-agency response to high-risk cases of domestic abuse. It combines a range of multi-agency functions which complement one another to increase the safety of people experiencing domestic abuse and their families (or

known individuals) who are at high risk of harm / future harm and reducing the risk of domestic homicide. HRDA works to core principles:

- Faster, coordinated and collaborative response to the whole family affected by domestic abuse, including perpetrators and children
- Support and interventions to manage risk are provided closer to the timing of the incident
- Consistent threshold is applied to high-risk domestic abuse cases
- Simplified process that enables practitioners to respond to disclosures in a timely way and supports defensible decision making
- A model that is efficient, effective, takes advantage of digital solutions and based on evidence of best practice
- Addresses the unique needs of all families with protected characteristics
- Has clear measurable outcomes
- Utilises existing resources to provide better outcomes

7.3. Legal Orders

Legal orders are described within Appendix 2.

7.4. Domestic Homicide Review

Domestic Homicide Reviews 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 coordinated 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

SCAS could be a key contributor to Domestic Homicide Reviews and have a duty to co-operate.

SCAS could be asked to submit an Individual Management Review report (IMR) or complete an audit of a case where SCAS has had active involvement or oversight. The DHR Review Panel will give full guidance if this occurs.

It is important that the Executive Director of Patient Care and Transformation / Chief Nurse as Executive Lead for safeguarding (or nominated deputy) has full oversight of internal processes and the opportunity to scrutinise reports / audits before they are submitted to the DHR Review Panel.

8. TRAINING

SCAS will ensure that all staff receive essential safeguarding training in line with SCAS Safeguarding Training Strategy and Training Needs Analysis 2022 – 2024 and in line with NICE guidance: <https://www.nice.org.uk/guidance/ph50>

Each area will maintain records of compliance for their own staff in line with the Safeguarding Training Strategy and Training Needs Analysis.

9. EQUALITY AND DIVERSITY

The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees.

The Trust values differences between members of the communities we serve and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences to ensure equality of opportunity and diversity and remove any barriers that could potentially discriminate. Employees exercising their rights and entitlements under these regulations will suffer no detriment as a result. The Trust is entrusted to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

10. MONITORING

SCAS Safeguarding Committee will monitor this policy through a system of audit and case review.

Monitoring and Audit

Criteria	Method	By	Committee	Frequency
Quality of referral	Case Audit	Named Practitioner	Safeguarding	Yearly
DHR action plans	Audit	Named Practitioner	Safeguarding	Yearly
Quality of risk assessment	Case Audit	Named Practitioner	Safeguarding	Yearly

11. CONSULTATION AND REVIEW

This policy document is due for review in one year unless new legislation, a Safeguarding Partnership board(s) directive or learning from a serious incident requires earlier review.

12. IMPLEMENTATION

This policy will be launched by SCAS Safeguarding Service as part of a suite of revised and newly developed safeguarding policies. This will be through a programme of team

meetings and seven-minute briefings.

13. REFERENCES AND ASSOCIATED DOCUMENTATION

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215064/dh_133594.pdf

South Central Ambulance Service NHS Foundation Trust:

- Domestic Abuse Staff Policy 2022
 - Safeguarding Strategy 2022
 - Safeguarding Adults Policy 2022
 - Prevent Policy and Procedures 2022
 - Mental Capacity Act Policy 2022
 - Safeguarding Training Strategy 2022
 - Management of Allegations Against Staff Policy and Procedures 2022
 - Safeguarding Supervision Policy 2022
 - Safe recruitment Policy
 - Whistleblowing Policy
 - Complaints Policy
 - Confidentiality and information sharing Policy
 - Restraint / Restrictive Interventions or Practice Policy
- Domestic Abuse Act (2021) Fact Sheet
 - Captive and Controlled: Domestic Abuse in Rural Areas (2019) National Rural Crime Network
 - “Are they shouting because of me?” Voices of Children Living in Households with Domestic Abuse, Parental Substance Misuse and Mental Health Issues (2018) The Children’s Commissioner
 - “There’s a reason we’re in trouble” Domestic Abuse as a driver to Women’s Offending (2017) The Prison Reform Trust

Respect UK

The Respect Phonenumber is a confidential helpline, email and webchat service for perpetrators of domestic violence looking for help to stop. Respect provide help to male and female perpetrators, in heterosexual or same-sex relationships. Partners or ex-partners of perpetrators, as well as concerned friends and family and Frontline Workers are welcome to get in touch for information, advice and support.

Helpline: 0808 802 4040

Webchat also available via <https://www.respect.uk.net>

GALOP

Galop provides support to LGBT+ who have experienced sexual violence and/or domestic abuse. 0800 999 5428 The National LGBT+ Domestic Abuse Helpline

<http://www.galop.org.uk>

help@galop.org.uk

14. APPENDIX 1 – DEFINITIONS

<p>Domestic abuse: (The Domestic Abuse Act 2021)</p>	<p>The terms ‘domestic violence’ and ‘domestic abuse’ are often used interchangeably, but in this policy ‘domestic abuse’ is used as it is thought to be a more inclusive way to describe a range of behaviours, which include violence as well as all other forms of abuse. Throughout this policy, where the term domestic abuse is used, it refers to all forms of domestic abuse that would fall under the statutory definition.</p> <p>The Domestic Abuse Act 2021 puts in place a statutory definition of domestic abuse. It defines domestic abuse as abusive behaviour of a person towards another person; if both people are aged 16 or over and are personally connected to each other.</p> <p>Behaviour is abusive if it consists of any of the following:</p> <ul style="list-style-type: none"> • Physical or sexual abuse • Violence or threatening behaviour • Controlling or coercive behaviour • Economic abuse • Psychological, emotional or other abuse <p>It does not matter whether the behaviour consists of a single incident or a course of conduct.</p> <p>Economic abuse means any behaviour that has a substantial adverse effect on a person's ability to:</p> <ul style="list-style-type: none"> • acquire, use or maintain money or other property, or • obtain goods or services <p>One persons’ behaviour towards another person may be abusive despite the fact that it consists of conduct directed at another person, for example, their child.</p> <p>Two people are “personally connected” to each other if any of the following applies:</p> <ul style="list-style-type: none"> • They are, or have been, married to each other • They are, or have been, civil partners of each other (as in section 73 of the Civil Partnership Act 2004) • They have agreed to marry one another (whether or not the agreement has been terminated) • They have entered into a civil partnership agreement (whether or not the agreement has been terminated) • They are, or have been, in an intimate personal relationship with each other • They each have, or there has been a time when they each have had, a parental relationship in relation to the same child • They are relatives (as in section 63 (1) of the Family Law Act 1996) <p>A person has a parental relationship in relation to a child if:</p> <ul style="list-style-type: none"> • The person is a parent of the child, or • The person has parental responsibility for the child (as in the Children Act 1989) <p>A victim of domestic abuse includes a child who sees or hears, or</p>
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	experiences the effects of, the abuse, and is related to one of the people 'personally connected'.
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.
Domestic 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.
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	<p>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.</p> <p>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.</p> <p>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.</p>
Female Genital Mutilation (FGM)	<p>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.</p> <p>FGM provides no health benefits, it contravenes human rights, it is illegal in the UK and it is child abuse.</p>
Multi-Agency Risk Assessment Conference (MARAC)	<p>A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors.</p> <p>After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a coordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator.</p>

15. APPENDIX 2 – LEGAL ORDERS

Domestic Violence Protection Notices (DVPN) and Protection Orders (DVPO)	The police and magistrates courts have a responsibility to protect people from Domestic Abuse and help them to stop violence being used against them. Domestic Violence Protection Notices (DVPN) and Domestic Violence Protection Orders (DVPO) are a way to help stop domestic violence and gives everyone involved a “cooling off” period so that all those involved can seek help.
Domestic Violence Protection Notice (DVPN) What happens if the alleged perpetrator lives at the same address? What happens if the alleged perpetrator breaches the Domestic Violence Protection Notice (DVPN)?	<p>A DVPN is a notice served by the police against an individual (an alleged perpetrator) where the police reasonably believe that the alleged perpetrator has been violent or has threatened violence against their partner or associated person within their home. The law allows the police to serve a DVPN on this person even if their partner or associated person does not agree to it.</p> <p>The DVPN lasts for up to 48 hours (excluding Sundays and Bank Holidays) after it is served and within that time-period:</p> <ul style="list-style-type: none"> • may prohibit the alleged perpetrator from returning to, entering and being within a certain distance of the specified address, or face arrest • may prohibit the alleged perpetrator from molesting (i.e. threatening or otherwise interfering with) the named individuals living at a specified address, or face arrest • the DVPN also tells the alleged perpetrator that, within 48 hours of being served with the DVPN, he or she must attend a court hearing so that the court can decide whether to make a Domestic Violence Protection Order (DVPO) against him or her • when the date and time of the court hearing becomes known within the 48-hour period, the police will serve a “Notice of Hearing” on the alleged perpetrator <p>If the alleged perpetrator lives at the same address specified in the DVPN, then the DVPN requires him/her/them to leave this address with immediate effect.</p> <p>The alleged perpetrator may be arrested, kept in police custody and then brought before a magistrate’s court. Within 24 hours of the arrest, the Magistrates Court will hear an application for a Domestic Violence Protection Order (DVPO) and, if proceedings are adjourned, may remand the alleged perpetrator into custody.</p>
Domestic Violence Protection Order (DVPO)	<p>A Domestic Violence Protection Order (DVPO) is an order applied for by the police and made by the Magistrates Court which imposes certain restrictions on the alleged perpetrator if the court is satisfied that:</p> <ul style="list-style-type: none"> • on the balance of probabilities, the alleged perpetrator has been violent or has threatened violence towards a person living at a specified address • the court believes that the person at the specified address requires the protection of a DVPO. If the Magistrate decides to serve the

<p>What happens if the alleged perpetrator breaches a DVPO?</p>	<p>alleged perpetrator with a DVPO, then the Order will last for between a minimum of 14 days and a maximum of 28 days.</p> <p>The Order will:</p> <ul style="list-style-type: none"> • prohibit the alleged perpetrator from returning to, entering and being within a certain distance of the specified address • impose any other restriction which the Magistrates feel are necessary to ensure that the alleged perpetrator does not molest individuals within the specified address. <p>The law allows Magistrates to serve a DVPO against the alleged perpetrator even if the person living at the specified address does not consent to it. In addition, the Magistrates will take into account the welfare of any alleged perpetrator aged under 18 living at the specified address</p> <p>If the alleged perpetrator breaches a DVPO, he or she may be arrested, kept in custody and placed before a magistrates' court within 24 hours of arrest. The alleged perpetrator could be fined up to £5000 and/or sent to prison for up to 2 months. If the alleged perpetrator is in police custody for breach of a DVPN or DVPO then he or she will have access to free legal advice and assistance. If they are eligible, legal aid may also be available. If alleged perpetrator wants to be represented at their court hearing, then legal advice and assistance should be sought at the earliest opportunity.</p>
<p>Civil Orders</p>	<p>Victims can only apply for these types of orders if they are 'associated' to their abuser. They are associated to their abuser if they are or were married or in a civil partnership; are or were living together as a couple (including same-sex couples).</p>
<p>Occupation Order</p>	<p>An order issued by the court which sets out who has the right to stay, return or be excluded from a family home. It is usually a short-term measure which can last for 6 or 12, depending on the circumstances. An order can only be made for a property where both the victim and perpetrator lives, lived, or intended to live in as the family home.</p>
<p>Non-Molestation Order</p>	<p>Prevents someone from using or threatening violence and also forbids them from intimidating, harassing or pestering the victim or any children, in order to ensure the health, safety and well-being of the victim and their children. Under new legislation, a breach of a non-molestation order is now a criminal offence</p>
<p>Prohibited Steps Order</p>	<p>Forbids a parent/carer who has parental responsibility for their child from taking them away from the other parent/carer's care and control without permission. This order is particularly appropriate when the person threatening to take away the child(ren) is ordinarily allowed to have the care and control of them. This does not necessarily prevent all contact between the child(ren) and the respondent if appropriate in the circumstances. These are civil orders and as such will be assessed on the 'balance of probabilities' rather than the</p>

	criminal legal standard of 'beyond reasonable doubt'. As such, a sworn statement by the applicant is usually considered sufficient evidence.
Forced Married Protection Orders (FMPO)	The Forced Marriage (Civil Protection) Act 2007 enables the courts to make Forced Marriage Protection Orders (FMPO) to prevent or pre-empt forced marriages from occurring and to protect those who have already been forced into marriage. The order can include restrictions
	or requirements to protect a victim from a spouse, family member or anyone involved and the order can relate to conduct either within or outside of England and Wales. Applications for a FMPO can be made direct to the court by the person seeking protection and since 2009; Local authorities do not need to seek the court's permission to make an application for an order. Other people can also make applications with the leave of the court. This means that they have the court's permission to make an application. A person or persons found guilty of forcing another into a marriage can be convicted under the Forced Marriage act, as it is a criminal offence and carries a maximum of 7 years imprisonment
Female Genital Mutilation Prevention Orders (FGMPO)	A Female Genital Mutilation Protection Order (FGMPO) is a civil order used to protect those who are vulnerable to FGM and prevent it from taking place. It gives the courts flexibility in stipulating conditions around safeguarding the welfare of the protected person. This means a court can put provisions in place to facilitate the safe return of girls who have been taken outside the UK for the purpose of FGM. Breaching an FGMPO can carry a penalty of up to five years in prison.
Stalking Protection Orders	A Stalking Protection Order (SPO) is a civil order used to protect those who are at risk of and/or experiencing a pattern of unwanted, fixated and obsessive behaviour which is intrusive. It can include harassment that amounts to stalking or stalking that causes fear of violence or serious alarm or distress in the victim. The order can be made for a fixed period of at least two years or until a further order is made. Each application is considered based on its own circumstances when deciding the most appropriate conditions to include on the order but can include conditions such as prohibiting access to certain locations, limiting access to digital devices and the internet and engaging in any form of surveillance of the victim. The perpetrator can also be ordered to attend appropriate treatment or intervention programmes or be requested to provide police with access to social media accounts, mobile phones and computer devices.

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16. Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Domestic Abuse Policy – Patients & Service Users

Officer completing assessment: Matthew Hargreaves

Telephone: 07866 205544

1.	What is the main purpose of the strategy, function or policy?
The aim of this policy is to give clarity and guidance to all South Central Ambulance Service staff when responding to domestic violence and abuse and harmful practices when promoting the welfare of adult victims, young people, children and families.	
2.	List the main activities of the function or policy? (for strategies list the main policy areas)
To ensure that all staff working for or on behalf of SCAS provide a consistently high standard of service to the adults, young people, children and families within their care.	
3.	Who will be the main beneficiaries of the strategy/function/policy?
<ul style="list-style-type: none">• All SCAS colleagues• Our Patients• The Organisation• Service Commissioners	

		Positive Impact	Negative Impact	Reasons
GENDER	Women	x		This policy is designed to provide a logical, clearly defined process when dealing with any patient or service user who is suspected of suffering domestic abuse. There is nothing within the policy and procedures that would apply to any groups with protected characteristics in a negative way. If there were circumstances which required any reasonable adjustments or to help realise an equitable outcome the policy is guided by the Equality Statement in Section 9
	Men	x		
RACE	Asian or Asian British People	x		Section 7.1 specifically defines Domestic Abuse on the bases of Age; Gender and Disability
	Black or Black British People	x		
	Chinese people and other people	x		
	People of Mixed Race	x		
	White/white other	x		
DISABILITY	Disabled People	x		Specific consideration is given to anyone covered by the Domestic Abuse Policy – Patients and Service Users within section 9. Section 7.1 specifically defines Domestic Abuse on the bases of Age; Gender and Disability
SEXUAL ORIENTATION	Lesbians, gay men and bisexuals	x		
AGE	Older People (60+)	x		Specific consideration is given to anyone covered by the Domestic Abuse Policy – Patients and Service within section 9. Section 7.1 specifically defines Domestic Abuse on the bases of Age; Gender and Disability
	Younger People (17 to 25) and children	x		

		Positive Impact	Negative Impact	Reasons
RELIGION/BELIEF	Faith Groups	x		This policy is designed to provide a logical, clearly defined process when dealing with any patient or service user who is suspected of suffering domestic abuse. In order to protect and safeguard patients and service users, it is acknowledged that there is a need to share information and work in partnership with other agencies with greater experience of domestic abuse in order to reduce the risk of harm to victims.
	Equal Opportunities and/or improved relations	x		

Notes: Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	X	
Intended		X
Level of Impact	High	Low
		X
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
If there were circumstances that had a negative impact of low significance or that required any reasonable adjustments or to help realise an equitable outcome the policy is guided by the Equality Statement in Section 9. In addition, there is oversight by the Safeguarding Committee and use of a multi-Agency approach		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
Continual monitoring of any potential negative impact by the Safeguarding Committee and multi-Agency approach		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How?		
This is outlined under section by the Equality Statement in Section 9		

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.
Signed: 27542296
Name: Matthew Hargreaves
Date: 14 November 2022