

<i>Title of Trust-wide PPS:</i>	
Domestic Abuse Policy	
eLibrary ID Reference No:	OPER-POL-001-15
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Version: <i>(must be a rounded number, i.e. 6.0,7.0 etc.)</i>	2.0
Title of Approving Committee:	Safeguarding Vulnerable Adults and Children Committee
Date Approved:	17 th September 2018
Risk Rating: <i>(this must be applied by the Author prior to being submitted to the Quality Dept. (refer to CBR guidance pack on eLibrary)</i>	Moderate
Next Review Date: <i>(this must be applied by the Author dependant on risk rating or record alternative date if required to meet national guidance)</i>	2021
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Summary of Trust-wide PPS: <i>(Brief summary of the Trust-wide Corporate Business Record)</i>	Staff must ensure the safety of those abused and that of dependent children. They should create an environment where the abused can talk about their experience in a safe and confidential environment and receive appropriate information concerning other agencies providing support services.
Purpose of Trust-wide PPS: <i>(Purpose of the Corporate Business Record)</i>	This policy is to ensure that all UHCW staff and anyone working on behalf of or undertaking work or volunteering for UHCW employees can recognise the signs of domestic abuse and address their concerns with sensitivity whilst protecting the patient/victim/perpetrator.
Audience <i>(Who the CBR is intended for)</i>	This policy applies to all University Hospitals Coventry and Warwickshire (UHCW) NHS Trust staff, and anyone working on behalf of or undertaking work or volunteering for UHCW.
Trust-wide PPS to be read in conjunction with: <i>(List overarching/underpinning strategies, policies and procedures – refer to CBR Evidence Summary)</i>	UHCW Access Policy UHCW Child Protection Policy UHCW Child Protection Supervision Policy UHCW Disciplinary Policy UHCW Safeguarding Vulnerable Adults Policy
Relevance: <i>(State one of the following: Governance, Human Resource, Finance, Clinical, ICT, Health & Safety, Operational)</i>	Operational
Superseded Trust-wide PPSs (if applicable): <i>(Should this CBR completely override a previously approved Trust-wide CBR, please complete the 'Request for Removal of CBR' form and submit to Quality Dept – please refer to eLibrary and state full title and eLibrary reference number and the CBR will be removed from eLibrary)</i>	

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Version	Consulting & Endorsing Stakeholders, Committees/Meetings/Forums etc for this version only <i>List all Consulting & Endorsing Stakeholders for this version, this can include direct consultation with individuals, Committees/Forums/Bodies/Groups, refer to guidance pack.</i>	Date
	<i>(This table must be complete or the PPS will be returned to the author)</i>	
2.0	Safeguarding Vulnerable Adults and Children Committee	17 th September 2018

Document Summary

Domestic Abuse Policy

Purpose of PPS

This policy is to ensure that all UHCW staff, and anyone working on behalf of or undertaking work or volunteering for UHCW employees can recognise the signs of domestic abuse and address their concerns with sensitivity whilst protecting the patient/victim/perpetrator.

Description of vision of PPS

Domestic abuse occurs daily, affecting not only the victim but also the wider family and community. However, it still remains very much a “hidden crime.” There can be stigma attached to reporting and certain groups of people face additional barriers to accessing services which could help and support them. This policy provides a clear pathway for all employees when they have concerns in relation to domestic abuse

Who does PPS affect?

This policy applies to all University Hospitals Coventry and Warwickshire (UHCW) NHS Trust staff, and anyone working on behalf of or undertaking work or volunteering for UHCW.

Key Points of PPS

Staff must ensure the safety of those abused and that of dependent children. They should create an environment where the abused can talk about their experience in a safe and confidential environment and receive appropriate information concerning other agencies providing support services. The question about domestic abuse should be asked routinely if safe to do so, as part of clinical assessment. The outcome of this question will be documented as part of the health record. Staff will listen and be non-judgemental. If a disclosure of domestic abuse is made the staff member will complete the DASH risk assessment tool.

High Risk - discuss the case with the Safeguarding Team, with a view to making a referral to the Local Support Services and Social Care.

Medium Risk - discuss with the patient the potential for increased risk, because of escalating behaviours by the perpetrator and seek consent to share information with Local support Services.

Standard Risk - sign post to Local Support Services for domestic abuse

Ensure that the provision of Local Support Service (see appendix 2) information does not place the victim at further risk.

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1.0 SCOPE

1.1 This policy applies to all University Hospitals Coventry and Warwickshire (UHCW) NHS Trust staff, and anyone working on behalf of or undertaking work or volunteering for UHCW. Domestic abuse occurs daily, affecting not only the victim but also the wider family and community. However, it still remains very much a “hidden crime.” There can be stigma attached to reporting and certain groups of people face additional barriers to accessing services which could help and support them. It is the aim of this policy is to help remove those barriers by providing a clear pathway for all employees when they have concerns in relation to domestic abuse.

2.0 INTRODUCTION

2.1 Domestic abuse is a manifestation of one person (or persons) exerting power and control over another. Domestic abuse is most commonly thought of as occurring between intimate adult partners, however it can feature in relationships between people as young as 13; be perpetrated by children against their parents; and involve the wider family. Domestic abuse affects males and females; people of all sexual orientations; all religions and ethnicities; and individuals of all ages. It is also the case that some relationships are mutually abusive therefore individuals of both genders may be both a victim and a perpetrator. Domestic abuse can encompass, but is not limited to, the following components:

- Psychological
- Physical
- Sexual
- Financial
- Emotional
- Honour based violence
- Female Genital Mutilation
- Forced Marriage

2.2 In 2015 parliament introduced an offence of coercive or controlling behaviour. Examples of such behaviour may include isolating someone from their relatives and

friends, repeatedly putting them down or taking control of their daily life (e.g. what they can wear and who they are allowed to see). It does not have to have a physical element. Due to the subtlety of many of the behaviours that comprise coercive control it may be poorly understood and not be recognised by the victim.

2.3 According to the Crime Survey for England and Wales (year ending March 2017) an estimated 1.9 million adults aged 16-59 years had experienced domestic abuse (defined as non-sexual partner abuse, non-sexual family abuse, sexual assault or stalking) in the previous year (1.2 million women and 713,000 men). For both men and women, the most common type of domestic abuse was partner abuse, specifically non-physical abuse, threats, force, sexual assault or stalking. The 16-19 year age group made up the highest proportion of victims of domestic abuse for men and women (combined data from 2014 to 2017).

2.4 Domestic abuse is associated with an increased risk of mental health problems, including depression and anxiety; a greater use of mental health services; and an increased likelihood of self-harm or suicide. Substance abuse (misuse of alcohol and/or drugs) may co-exist with mental health problems and is independently associated with domestic abuse. Domestic abuse can cause both long and short term impacts on physical health including, injuries such as bruising and broken bones; pregnancy complications such as miscarriage and stillbirth; and onset or exacerbation of chronic conditions such as migraines.

3.0 STATEMENT OF INTENT

3.1 The objective of this policy is to ensure that all UHCW staff, and anyone working on behalf of or undertaking work or volunteering for UHCW employees can recognise the signs of domestic abuse. All staff will be able to follow the guidance which will ensure they address their concerns with sensitivity whilst protecting the patient/victim/perpetrator as their main priority.

4.0 DETAILS OF POLICY

4.1 Key Principles

- To ensure the safety of those abused and that of dependent children.
- To enable the healthcare professional to supply those abused with the appropriate information concerning other agencies providing support services.
- Create a healthcare environment where the abused can talk about their experience in a safe and confidential environment.
- Ensure that staff have the ability to receive disclosures of abuse and respond to such disclosures in a supportive, reassuring and appropriate manner.
- To ensure staff respond effectively to ensure compliance with the wider multi-agency response to domestic abuse, including referring to Childrens social care.
- To establish appropriate referral pathways and support for staff subjected to domestic abuse.

Any actions undertaken by staff in respect of domestic abuse will only be undertaken with the consent of the individual unless the risk assessment identifies that there is a significant risk to the child's or adults at risk health and well-being, or if the capacity of the individual is such that he/she is unable to consent.

Professionals may need to escalate concerns based on their professional judgement following discussion with appropriate specialist professionals. Professional judgement should be used but the welfare of the child and the adult should be paramount.

The question about domestic abuse should be asked routinely if safe to do so, as part of clinical assessment. The outcome of this question will be documented as part of the health record.

Staff will listen and be non-judgemental. If a disclosure of domestic abuse is made the staff member should complete the DASH risk assessment tool and make written notes particularly of time, dates and persons present of/at incident/s.

4.2 Outcome of Domestic Abuse, Stalking and Harassment (DASH) assessment:

High Risk (more than 14 ticks) - A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.

If it is suspected that a serious assault has occurred, consideration must be given to protection through hospitalisation and/or a report made to the Police. Where adults with care and support needs are victims of domestic abuse, a referral should be made to Adult Safeguarding. If the patient / individual is assessed as being at high risk because of domestic abuse, the staff member must discuss the case with the Safeguarding Team, with a view to making a referral to the Local Support Services and the Multi Agency Risk Assessment Conference. If there are children within the family a referral to children's social care will be required.

Medium Risk -There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, and drug or alcohol misuse

- The staff member should seek consent from the client to enable sharing of the information with Local Support Services.
- The staff member can contact the Safeguarding Team, or Local Support Services.
- The staff member will discuss with the patient the potential for increased risk, because of escalating behaviours by the perpetrator.

Standard Risk - sign post to Local Support Services for domestic abuse. Ensure that the provision of this information does not place the victim at further risk and that opportunities are available for self-referral. Seek consent to inform Local Support Service.

4.3 Routine Enquiry

Patients should be asked routinely about domestic abuse because evidence suggests that one of the consequences of domestic abuse for victims is deterioration in their physical and mental health. Some patients will find it difficult to disclose domestic abuse for a variety of reasons, domestic abuse information can and should be given to service users where domestic abuse is known or believed to have occurred.

Where possible, patients should be unaccompanied when asked about domestic abuse. This allows full disclosure, if appropriate or it can facilitate information gathering and provision of advice. Interpreting services must be utilised when English is not the first language. These should be professional interpreters who are impartial and have a duty to

maintain confidentiality. Family members or friends should not act as interpreters for enquiries or discussions.

Framing the question.

As domestic abuse is so common in the UK we are now routinely asking patients if it is something they are concerned about.

Direct questions

- Your partner seems very concerned and anxious – sometimes they react like that when they feel guilty, were they responsible for your injuries?
- Do you ever feel frightened of your partner?

4.4 Recording incidents of domestic abuse

Staff have a duty of care to record incidents of domestic abuse as with child protection, this should include details of any given explanation and any further observations by the member of staff which contribute to the information base.

Recording of domestic abuse should include any disclosure, that is, what the patient said, their emotional state and composure and a description of any injury/bruising on a body map if possible.

It is also useful to note who is present, such as a partner, when a history of an injury is being taken. If there were children in the house, were they present at any time of the alleged incident and/or present at the history taking?

4.5 Confidentiality

Extreme care should be taken to protect the safety of victims of abuse and no information should be disclosed which may breach their safety. For instance, a third party may try and use the whereabouts of children to trace a mother. This would apply even if the enquirer was a professional member of staff, a partner or family member who works in the system.

However, it must be made clear to patients that there are limits to the extent of confidentiality where the safety of children and adults at risk are concerned. Where children are living in violent households, information may be passed to other agencies in

line with child protection procedures and similarly for adults, consistent with safeguarding adults procedures. If there is a serious risk to life or safety, information may be disclosed without consent.

4.6 CRRS Alerts

All high risk domestic abuse cases that are reviewed at a MARAC should be flagged by the Safeguarding Team on CRRS. Each case will remain flagged as a high risk domestic abuse case for a total of 12 months after the most recent MARAC review. This will be the same process regardless of the individual being an adult or child.

4.7 Children

If children are living in a household and there is a known history of domestic abuse or a disclosure during the present episode of care, a referral to Children's Social Care must be completed. If there is concern about the safety of a child, consent does not have to be sought from the parent / carer prior to the referral, however it is best practice to gain consent.

4.8 Adults With Care and Support needs

All individuals with care and support needs who are experiencing or maybe experiencing abuse and are not able to protect themselves from abuse or neglect must be referred into Adult Safeguarding. When a person with care and support needs appears to have mental capacity and appears to be choosing to stay in a high-risk abusive relationship then careful consideration must be given to whether they are making that choice free from the undue influence of the person who is causing them harm. It may be that the relationship is more important to them than the harm that is being done, perhaps more so if the harm is not life threatening. Professional judgement should be used in this cases in regards to the individual risk and a referral to Adult Safeguarding may be required.

4.9 Known domestic abuse victims who do not attend appointments

Consideration to offer an alternative appointment should be given when it there is known to be domestic abuse within the household. The patient's GP should be notified of the failure to attend an appointment. The trust access policy should be consulted in relation to elective procedures also.

Consideration must be given to informing other health and social care practitioners of a disengagement with the Trust, as this may indicate an increase in risk of domestic abuse.

4.10 Discharge and Transfer of Care

Where a patient who is known to suffer domestic abuse is discharged from our care and treatment, a reference to their experience of domestic abuse must be included in any documentation sent to their GP. This is to ensure that up to date information around domestic abuse risk is shared with other professionals who may be involved with the patient.

4.11 Domestic Violence Disclosure Scheme (Claire's Law)

An individual can ask the police to check whether a new or existing partner has a violent past, under 'the Right to Ask'. If records show that an individual may be at risk of domestic abuse from a partner, the police can make a decision to disclose information if it is legal, proportionate and necessary to do so. Please note, the police are the lead agency regarding disclosure and that staff do not give information about a potential perpetrator to the new or potential partners. This is to ensure that disclosure is undertaken safely with a risk assessment and domestic abuse support when necessary.

5.0 DUTIES / RESPONSIBILITIES

5.1 The Trust

UHCW is responsible for ensuring its employees are confident and competent in carrying out their responsibilities to safeguard children, young people and adults by ensuring that employees are aware of how to recognise and respond to welfare and safeguarding concerns. The Trust will endeavour to support employees who are identified as either perpetrators or victims of domestic abuse.

5.2 Chief Nursing Officer

The Chief Nurse has the delegated responsibility from the Chief Executive in relation to safeguarding adults, children and young people and is the accountable officer to the trust board.

5.3 Associate Director of Nursing for Womens, Children and Safeguarding

The Associate director of nursing for Womens, Children and Safeguarding provides leadership for the safeguarding agenda, ensuring all legislative and quality indicators are

met and works closely with all partners to ensure that interagency safeguarding services are optimised.

5.4 Lead Professional for Safeguarding

The Trust has a Lead Professional for Safeguarding, who provides expert advice, acting as an accurate and accessible resource for all staff, patients, carers and relatives in the context of safeguarding. They will ensure maintenance of accurate records in respect of all the internal safeguarding cases, and develop and implement policies relating to the safeguarding agenda.

5.5 Safeguarding Team

The practitioners within the Safeguarding Team are the designated advisors for the Trust in relation to domestic abuse and will provide training and guidance for staff. They represent the trust at the Multi-Agency Risk Assessment Conference (MARAC) enabling information sharing for high risk domestic abuse victims and are members of the domestic abuse operational group locally.

5.6 Maternity Staff

A third of domestic abuse cases begin or get worse during pregnancy (Safe Lives). Routine enquiry regarding domestic abuse will be offered to all pregnant women within the Maternity Services antenatally on at least two occasions, when it is safe to do so. A blue dot will be added to the front page of the patient's handheld pregnancy records which will be signed and dated, to reflect a discussion has been undertaken in relation to domestic abuse.

A disclosure of domestic abuse will result in the confidentiality box being ticked within the handheld pregnancy records (page 2). **Do Not** document in the pregnancy handheld notes if it is not safe to do so. In these circumstances the midwife is responsible for recording all of this information in the UHCW medical records (on the antenatal summary card).

5.7 All Employees.

All employees need to be aware of the policy and how it impacts on their role and practice. It is the responsibility of every employee to ensure they keep up to date with the contents of this policy and implement when relevant.

If an employee requires personal assistance in relation to domestic abuse they can access confidential support from the Safeguarding Team, the Workforce Department or Occupational Health who will listen to the employee and provide information and support in a sensitive and non-judgemental manner.

Managers should be mindful of other indicators of domestic abuse such as persistent lateness, staying at work longer than required, sickness patterns

6.0 DISSEMINATION AND IMPLEMENTATION

6.1 All employees to be informed of guideline content at induction during safeguarding session and refreshed in safeguarding training delivered by the Safeguarding Team.

7.0 TRAINING

7.1 UHCW NHS Trust recognises the importance of appropriate training for staff. The *Responding to domestic abuse: A handbook for health professionals (2005)* specifies that all clinical, including both health and social care staff should access domestic abuse training and a variety of training options are available from the Trust's Safeguarding Team and from the surrounding local authority areas. Domestic Abuse is included in safeguarding adults training and levels two and three safeguarding children training (required by all clinical staff). The guidance within this document will be shared via all the classroom based safeguarding sessions delivered within the trust.

8.0 MONITORING COMPLIANCE

8.1 The effectiveness of the policy in practice will be monitored by the Safeguarding Vulnerable Adults and Children's Committee (SVACC).

Monitoring Table

Aspect of compliance or effectiveness being monitored	Monitoring method (ie regular audits/reviews)	Individual/ department responsible for the monitoring	Frequency of the monitoring activity (ie Monthly/ Annually)	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Maternity routine questioning twice in pregnancy	Audit	Safeguarding Team	6 monthly	SVACC	SVACC
Use of appropriate assessment and signposting	Audit	Safeguarding Team	6 monthly	SVACC	SVACC

9.0 STAFF COMPLIANCE STATEMENT

All staff must comply with this Trust-wide Policy, Procedure or Strategy and failure to do so may be considered a disciplinary matter leading to action being taken under the Trust's Disciplinary Procedure. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual/s concerned.

A copy of the Trust's Disciplinary Procedure is available from eLibrary.

10.0 EQUALITY & DIVERSITY STATEMENT

Throughout its activities, the Trust will seek to treat all people equally and fairly. This includes those seeking and using the services, employees and potential employees. No-one will receive less favourable treatment on the grounds of sex/gender (including Trans People), disability, marital status, race/colour/ethnicity/nationality, sexual orientation, age, social status, their trade union activities, religion/beliefs or caring responsibilities nor will they be disadvantaged by conditions or requirements which cannot be shown to be justifiable. All staff, whether part time, full-time, temporary, job share or volunteer; service users and partners will be treated fairly and with dignity and respect.

11.0 ETHICAL CONSIDERATIONS

The Trust recognises its obligations to maintain high ethical standards across the organisation and seeks to achieve this by raising awareness of potential or actual ethical issues through the PPS consultation and approval process. Authors of PPSs are therefore encouraged to liaise with the Trust's Clinical Ethics Forum to seek input where necessary.

12.0 DEFINITIONS

Independent Domestic Violence Advisor (IDVA) - Also known as independent domestic violence advocates, IDVAs work primarily with people at high risk of domestic violence and abuse, independently of any one agency, to secure their safety and the safety of their children. Serving as the primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the options and develop plans that address their immediate safety, as well as longer-term solutions. In many areas they are funded by the local community safety partnership, in some areas they are funded by the police or local authorities.

Female Genital Mutilation (FGM) - FGM is recognised internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. The practice violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

Forced Marriage – A forced marriage is one in which one or both spouses do not (or, in the case of some adults with learning or physical disabilities, cannot) consent to the marriage but are forced into it using physical, psychological, financial, sexual or emotional pressure. It is distinct from an arranged marriage that both partners enter into freely.

Honour Based Violence (HBV) – Honour based violence is a collection of practices, which are used to control behavior within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when

perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code.

Multi Agency Risk Assessment Conference (MARAC) - Regular meetings at which information about people experiencing domestic violence or abuse and who are at high risk (those at risk of homicide or serious harm) is shared between local agencies. Whenever possible, the person who experiences the violence is represented by an independent domestic violence adviser or advocate (IDVA). Participants aim to draw up a coordinated safety plan to support the person. In many areas they are funded by the local community safety partnership, in some areas they are funded by the police or local authorities.

13.0 REFERENCES AND BIBLIOGRAPHY

Domestic Violence and Abuse 2014 - NICE public health guidance 50

Responding to Domestic Abuse: A Handbook for Professionals, 2005 - Department of Health 2005

Mental Capacity Act 2005

Safe Lives - <http://www.safelives.org.uk/>

The Care Act 2014

Working Together to Safeguard Children 2018 - HM Government

14.0 UHCW ASSOCIATED RECORDS

UHCW Access Policy

UHCW Child Protection Policy

UHCW Child Protection Supervision Policy

UHCW Disciplinary Policy

UHCW Safeguarding Vulnerable Adults Policy

15.0 APPENDICES

Appendix 1 - DASH Risk Identification Checklist

Appendix 2 – Local Support Services

Appendix 1

DASH Risk Identification Checklist for use by IDVAs and other non-police agencies¹ for identification of risks when domestic abuse, 'honour'-based violence and/or stalking are disclosed

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present <input checked="" type="checkbox"/> . Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is <u>not the case</u> please indicate in the right hand column	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children). Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s)) try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes (tick)	No	Don't Know	State source of info if not the victim
13. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>23. Has (.....) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)</p> <p>Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.)</p> <p>DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				
<p>For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe:</p> <p>Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:</p>				
<p>What are the victim's greatest priorities to address their safety?</p>				
<p>Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No If yes, have you made a referral? Yes/No</p> <p>Signed: _____ Date: _____</p>				
<p>Do you believe that there are risks facing the children in the family? Yes / No If yes, please confirm if you have made a referral to safeguard the children: Yes / No Date referral made</p>				
<p>Signed: _____ Name: _____</p>			<p>Date: _____</p>	

Local Support Services

Coventry Domestic Violence and Abuse Support Services (CDVASS)

This service is a one point contact for victims, perpetrators and children in need of domestic violence support.

Tel: 0800 035 5309

Coventry Haven

Independent Women's Aid Domestic Violence and Abuse service in the city, provides a high level of support, refuge and safeguarding of vulnerable women and children

Tel: 02476 444077

Panaghar

Provides a range of services for young Asian women experiencing or have experienced domestic violence.

Tel: 024 7622 8952

Warwickshire Domestic Violence Support Service

Warwickshire Domestic Violence Support Services is a voluntary organisation which exists to support those experiencing domestic violence.

Tel: 0800 408 1552

National Centre for Domestic Violence

The National Centre for Domestic Violence (NCDV) provides a free, fast emergency injunction service to survivors of domestic violence regardless of their financial circumstances, race, gender or sexual orientation.

24 Hour Emergency helpline: 0844 8044 999 or for help text "NCDV" to 6077