

Domestic Abuse and Sexual Violence Workplace Policy

| | | | | | |
|----------------|---------------|--------------|---|-------------------|--------------|
| Policy Number: | 311 | Supersedes: | All previous arrangements and policies relating to domestic abuse | Classification | Employment |
| Version No | Date of Eql: | Approved by: | Date of Approval: | Date made Active: | Review Date: |
| V4 | November 2016 | PPPAC | 27/08/2020 | 03/09/2020 | 27/08/2023 |

| | |
|---------------------------------|---|
| Brief Summary of Document: | This policy will provide guidance to staff and managers in identifying and dealing with domestic abuse and sexual violence both in and outside of the workplace and assist managers to appropriately address situations where staff are victims or perpetrators of domestic abuse and/or violence. By developing an effective policy and working to reduce the risks associated with domestic abuse and sexual violence, Hywel Dda UHB will create a safer workplace and send out a strong message that all types of violence and abuse are unacceptable. |
| Scope: | For all Hywel Dda University Health Board employees, including agency workers, contractors, volunteers, students and trainees who may be affected by domestic abuse and sexual violence. |
| To be read in conjunction with: | Violence Against Women, Domestic Abuse and Sexual Violence Act 2015 592- Ask and Act –Violence against women, domestic abuse and sexual violence Policy Social Services and Wellbeing Wales Act (2014) Wales Safeguarding Procedures 2019 126 - Work life Balance Flexible Working Policy 122 – All Wales Special Leave Policy 768 – Managing Attendance at Work Policy 246- Allegations of Harm/Abuse involving Children or Adults (Professional Abuse Policy). NICE (2016) Domestic violence and abuse- (QS116) |

HYWEL DDA UNIVERSITY HEALTH BOARD

| | |
|--|--|
| | 203 – All Wales Capability Policy 201- All Wales Disciplinary Procedure |
|--|--|

| | |
|------------------|--|
| Owning Committee | Workforce and Organisation Development committee |
|------------------|--|

| | | | |
|---------------------|--------------|-----------|---|
| Executive Director: | Mandy Rayani | Job Title | Director of Nursing, Quality & Patient Experience |
|---------------------|--------------|-----------|---|

| Reviews and updates | | |
|---------------------|------------------------|----------------|
| Version no: | Summary of Amendments: | Date Approved: |
| 1 | New policy | July 2012 |
| 2 | Updated | December 2016 |
| 3 | Revised | 23/1/20 |
| 4 | Full review | 27/08/2020 |

Glossary of terms

| Term | Definition |
|---------|---|
| VAWDASV | Violence against Women, Domestic Abuse and Sexual Violence. |
| ONS | Office for National Statistics |

| | |
|----------|--|
| Keywords | Violence against Women, Domestic Abuse, Sexual Violence, Child Protection, Safeguarding Children, Safeguarding Adults. |
|----------|--|

HYWEL DDA UNIVERSITY HEALTH BOARD

CONTENTS

| | |
|---|----|
| 1. INTRODUCTION | 4 |
| 2. POLICY STATEMENT | 5 |
| 3. SCOPE | 5 |
| 4. AIM | 5 |
| 5. OBJECTIVES | 5 |
| 6. PROCEDURE:..... | 6 |
| 7. EMPLOYEES EXPERIENCING DOMESTIC VIOLENCE AND ABUSE | 6 |
| 8 EMPLOYEES WHO ARE ALLEGED PERPETRATORS OR PERPETRATORS OF DOMESTIC ABUSE AND SEXUAL VIOLENCE. | 8 |
| 11 RESPONSIBILITIES | 10 |
| 12 REFERENCES | 11 |
| 13 APPENDIX 1 - SOURCES OF HELP..... | 13 |
| 14 APPENDIX 2 – DEFINITIONS | 15 |
| 15 APPENDIX 3 - POSSIBLE SIGNS OF VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE | 20 |

1. INTRODUCTION

Incidents of violence against women, as well as domestic abuse and sexual violence against men, women and people identifying as transgender has a serious impact on those who experience it. It is estimated that domestic violence and abuse affects 1 in 3 women and 1 in 6 men in their lifetime (Office for National Statistics (ONS) 2019). Domestic violence and abuse affects both women and men but whilst young men are most likely to be the victims of violence generally (ONS 2019), women are disproportionately affected by all forms of intimate violence.

The effects and costs of domestic violence and abuse within the workplace remain relatively hidden and unidentified by most organisations. The Home Office (2019) note that overall in 2016/17, domestic abuse is estimated to have cost over £66 billion. They state that the largest proportion is the estimated physical and emotional costs, but lost output relating to time lost at work and reduced productivity afterwards is £14 billion.

Business in the Community (2019) demonstrate that:

- Older women and men are less likely to report their experiences of domestic abuse
- Those with disabilities are more likely to experience domestic abuse and sexual violence than non-disabled people
- Ethnic minority women and men face additional barriers to accessing support. Their experiences may be compounded by discrimination. They may be unwilling to seek help from statutory agencies because they fear a racist response
- Women and men from different cultural backgrounds might experience abuse in different forms, such as so called 'honour' based violence
- Lesbian, gay and bisexual women and men can be vulnerable to abusers who threaten to 'out' them to colleagues, employers and family members
- Transgender women and men have fewer services available to them, and can face similar emotional abuse
- Pregnancy can be a trigger for domestic abuse, and existing abuse may get worse during pregnancy or after giving birth
- Men experiencing domestic abuse and sexual violence find it more difficult to disclose abuse and often find more barriers to accessing support. 15% of men aged 16-59 say they have been physically assaulted by a current or former partner at some point in their lives
- Perpetrators may be very reluctant to acknowledge what they are doing and to ask for help
- 75% of women that experience domestic abuse are targeted at work (CAADVA, 2012) – from harassing phone calls and abusive partners arriving at the office unannounced, to physical assaults.

In 2015, The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act (VAWDASV) was enacted. This legislation seeks an improved collective public sector response, stronger leadership and a more consistent focus on the way these issues are tackled in Wales, including support to victims. . More importantly it seeks to stop the abuse happening in the first place.

For the purpose of the policy, whenever the term 'domestic violence and abuse' is used it means violence against people of any gender, domestic abuse and sexual violence as described by the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. It also includes any gender based violence.

HYWEL DDA UNIVERSITY HEALTH BOARD

2. POLICY STATEMENT

Hywel Dda University Health Board recognises that within its workforce there will be employees who have experienced, or who are currently experiencing domestic violence and abuse as well as employees who are perpetrators or who are alleged to be perpetrators.

Hywel Dda University Health Board supports the Welsh Government Violence against Women, Domestic Abuse and Sexual Violence Act (2015) in being wholly committed to the resolution of domestic violence and abuse (WG, 2015). Hywel Dda University Health Board is therefore committed to addressing the occurrence of domestic violence and abuse and sexual violence against any gender. Hywel Dda University Health Board will:

- Provide support in a confidential, sensitive and non-judgemental manner to employees who experience domestic abuse / violence;
- Raise awareness of domestic abuse and violence by providing training
- Take appropriate action in relation to employees who are perpetrators of domestic abuse.

Sources of support can be found at Appendix 1.

3. SCOPE

This policy will apply to all employees of Hywel Dda University Health Board. This also includes students, volunteers, locum staff, agency and bank staff, contractors and trainees. It is recognised that whilst both women and men can be victims of domestic violence and abuse, the majority of such abuse is perpetrated by men against women and their children. Where appropriate, this Policy should be used in conjunction with other Health Board policies such as the 592- Ask and Act –Violence Against Women, Domestic Abuse and Sexual Violence Policy; 201- All Wales Disciplinary Procedure, 203 - Capability Policy, 126 - Work life Balance Flexible Working Policy and 122 – All Wales Special Leave Policy.

Where a case involves child protection issues, managers must refer to the Wales Safeguarding Procedures.

Where a case involves adult safeguarding concerns, managers must refer to the Wales Safeguarding Procedures.

4. AIM

The aim of this policy is to ensure that Health Board employees who are experiencing or have experienced domestic violence and abuse are offered the appropriate response and support. It also aims to ensure that employees that are perpetrators or alleged perpetrators of domestic violence and abuse are managed appropriately.

5. OBJECTIVES

The aim will be achieved by:

- Assisting managers to provide a confidential, sympathetic and supportive response to staff who experience domestic violence and abuse.
- Assisting managers to appropriately address situations where staff are alleged perpetrators or are found to be perpetrators of domestic violence and abuse.

6. PROCEDURE:

6.1. Definitions

‘Violence against women’ has been defined by the United Nations as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. The term violence against women is used to describe violence perpetrated against a woman because she is a woman, being recognised internationally as a violation of human rights.

‘Domestic abuse’ has been defined by the Home Office (2013) as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Appendix 2 sets out further detail of the above definitions.

6.2. Reasons why it is difficult to identify, domestic abuse and sexual violence

Often an employee who is experiencing domestic violence and abuse may be reluctant to tell people at work (colleague or manager) of their situation. It has been shown that, on average, an individual will experience 35 episodes of domestic violence and abuse before they decide to seek help (Walby 2009).

Reasons for reluctance can include:

- Shame and embarrassment of their situation.
- Cultural stigma.
- Lack of knowledge of what help is available to them.
- Unclear of where they can access help.
- Fear of making the situation worse.
- Fear that their children may be taken away from them.
- Fear of seeing their partner prosecuted.
- Belief that the abuse will not happen again.
- Denial that the abuse is happening.

7. EMPLOYEES EXPERIENCING DOMESTIC VIOLENCE AND ABUSE

The Health Board respects the employee’s right to privacy in the event that they do not wish to inform the organisation that they have experienced, or are experiencing, any domestic violence or abuse. Employees who make it known to Hywel Dda University Health Board that they are experiencing domestic violence and abuse will be treated in a sympathetic and supportive manner. They will not be judged by other employees and will be encouraged to help themselves out of their abusive circumstances, having due regard for their personal safety, and that of their children and other adults who may be at risk in the household if applicable.

Employees can seek advice and support from their line manager or human resources department. Alternatively, employees can contact the Occupational Health Service or Staff

HYWEL DDA UNIVERSITY HEALTH BOARD

Psychological Well-Being service for confidential advice. Trade Union representatives should also be able to provide advice and support. **The Wales domestic abuse helpline number should be given to the employee; Live Fear Free 0808 80 10 800.**

Employees should be encouraged to discuss any issues of domestic violence and abuse with their line manager as often the effects of abuse can affect an employee's standard of work or attendance. It is important to note that an employee who is experiencing domestic violence and abuse may demonstrate poor punctuality, poor attendance, poor work performance and productivity. The manager should be aware that these factors may be symptoms of abuse and take appropriate steps to try and establish this prior to instigating any formal procedures for example under the 768 - Management of Attendance at Work Policy and 203 – All Wales Capability Policy.

Employees who recognise or suspect that a colleague is living in an abusive situation at home should speak in confidence to their line manager or Human Resources Department. Employees should recognise that they are not trained counsellors and should be wary of promising more than they can deliver in terms of support. They should also consider their own well-being as they may be putting themselves in danger if the abuser becomes aware of their support.

7.1 The Manager's Response

7.1.1 Information Guide for Managers/Workers, Initial Approach

Managers need to develop a sensitive and non-judgemental approach when dealing with employees who have experienced domestic abuse/violence. Research has shown that it can take a long time and be extremely difficult to break free of an abusive relationship. The manager should also remember that, very often, signs of abuse will not be visible and that an individual may leave their abusive environment only to return again sometime in the future (refer to Appendix 3 - possible signs of violence against women, domestic abuse and sexual violence). It should not be assumed therefore that because an individual returns or stays in an abusive relationship that the abuse was not severe or did not take place. Managers should:

- Take time to listen to the employee and believe what is said by the employee;
- Ensure that any discussion about the employee's situation takes place in private and their confidentiality is respected as far as possible (see section 10 confidentiality);
- Understand that the employee may not wish to approach their Line Manager, and may prefer to involve a third party such as a work colleague, Workforce Adviser , Occupational Health Advisor, or a Trade Union Representative;
- Be aware that there may be additional issues faced by the employee because of their age, gender, sexuality, ethnic background or disability etc.;
- Allow time for the employee to explore options and make decisions;
- The manager may wish to discuss the situation, without disclosing the name of the person, with the **Live Fear Free Helpline 0808 80 10 800**, or contact a Workforce Adviser or the corporate safeguarding team for advice.
- Offer, but not impose, practical support as set out below.

7.2 Ensuring Safety at work

- Where the employee and the perpetrator both work for the Health Board, action may need to be taken to ensure that the victim and alleged perpetrator or perpetrator do not come into contact in the workplace.

HYWEL DDA UNIVERSITY HEALTH BOARD

- Improving security measures e.g. ensuring that access to buildings are open to authorised staff only;
- Staff do not divulge information about employees, especially personal details such as home addresses, telephone numbers or times of work;
- Offering permanent or temporary changes in work locations, times and patterns of work, helping to make the employee less at risk at work and on their journey to and from work. This could include change to the office layout to ensure that the employee is not visible from reception points or ground floor windows;
- Offering changes in specific duties, e.g. answering phones or working in reception area, or in exceptional circumstances, redeployment to another post if alternative arrangements are not feasible;
- Agreeing what to tell work colleagues and how they should respond if the abuser phones or calls into the workplace;
- Ensuring that the systems for recording employees whereabouts during the day are adequate and if their work requires visits outside the workplace, consider how risks can be minimised (e.g. changing duties or allowing another colleague to accompany them on certain journeys);
- Recording any incidents of abuse in the workplace, including persistent phone calls, e-mails, or visits to an employee by their abuser. Details of any witnesses to these incidents should also be noted. The record must be clear, accurate and include date(s), time(s) location(s) and details of any witnesses.
- Records must be factual not opinion based. Must be held securely and in accordance with the Data Protection Act.
- They should be held separately from official employee records.
- These records could be used if the employee wants to press charges or apply for an injunction against the alleged perpetrator.
- The employer could also apply for an injunction if the actions of an alleged perpetrator impinge on the health and safety of employees.
- Review the employee's next of kin information (the ex-partner may still be listed or the abuser may still be the partner of the victim)
- Do not make contact with the perpetrator and never attempt to mediate between an employee and a perpetrator of violence/abuse nor suggest to them that they access professional mediation services (if a perpetrator becomes aware that someone knows about the abuse and/or violence it could compromise the employee's safety or make a difficult situation even worse.)

8 EMPLOYEES WHO ARE ALLEGED PERPETRATORS OR PERPETRATORS OF DOMESTIC ABUSE AND SEXUAL VIOLENCE.

Domestic abuse and / or sexual violence perpetrated by employees will not be condoned under any circumstances nor will it be treated as a purely private matter. Employees should be aware that misconduct inside or outside of work (whether or not it leads to a criminal conviction) is viewed seriously and can lead to disciplinary action and referral to a relevant professional body. **Allegations against employees of the Health Board may be subject to Policy 246- Managing Allegations against Employees of HDUHB of Harm/Abuse involving Children or Adults Policy.**

All employees must declare any criminal offence to their Line Manager.

HYWEL DDA UNIVERSITY HEALTH BOARD

The Health Board will treat any allegation, disclosure or conviction of any abuse related offence on a case-by-case basis with the aim of reducing risk to others including the victim and any identified children/adult at risk. The Health Board recognises that it has a role in encouraging and supporting employees to address their violent and abusive behaviours.

8.1 The Manager's Response

- Allegations will be dealt with fairly and in a way that provides support for the employee who is the subject of the allegation or disclosure. **They can be sign posted to the Respect resources who offer a support service for perpetrators of domestic abuse <https://respectphonenumber.org.uk/>**
- Information is restricted only to those who have a need to know.
The alleged perpetrator or perpetrator will be:
 - Treated fairly and honestly
 - Helped to understand the concerns expressed and processes involved
 - Kept informed of the progress and outcomes of any investigation and the implications for any disciplinary process
 - Advised to contact their Trade Union or Professional organisation
 - Advised that they may seek advice from an appropriate source, such as the Occupational Health Department or Staff Psychological Well-Being Service.
 - In addition to considering disciplinary action against the alleged perpetrator or perpetrator, action may need to be taken to ensure that the victim and alleged perpetrator or perpetrator do not come into contact in the workplace.
 - Action may also need to be taken to minimise the potential for the alleged perpetrator or perpetrator to use their position or work resources to find out details about the whereabouts of the victim. This may include a change of duties for one or both employees or withdrawing the alleged perpetrator's access to certain computer programmes or offices.
 - However, it is also recognised that in certain circumstances, those experiencing and perpetrating domestic abuse in a relationship may choose to seek solutions jointly and in such situations, appropriate support should be given.

It is important to note that this procedure is intended to be safety focussed and supportive rather than punitive.

There are four important strands in the consideration of an allegation:-

- a police investigation of a possible criminal offence
- disciplinary action by the employer
- providing specialist, safety focussed counselling
- identifying risk

If a colleague is found to be knowingly assisting an abuser in perpetrating the abuse, for example, by giving them access to facilities such as a telephone, email or a fax machine then they will be seen as having committed a disciplinary offence.

9 Malicious allegations

If it becomes evident that an employee has made a malicious allegation that another employee is perpetrating abuse, then this will be treated as a serious disciplinary offence and action will be taken in line with the Health Board 201–Disciplinary Policy.

10 Confidentiality

As far as possible, information should only be shared on a needs to know basis in order to achieve the best outcome for the employee. Where possible this should be done with the employee's permission. Managers are responsible for ensuring information is not disclosed and that all employees are aware of their responsibilities in relation to confidentiality. There are exceptions when confidentiality can be broken, for example when there are concerns about children or vulnerable adults. It is important to seek specialist advice before doing so and to discuss this with the employee Equality and Human Rights Commission (2010).

11 Safeguarding Children

There is considerable overlap between violence against women, domestic abuse and sexual violence and the abuse of children. According to child protection experts, there is significant evidence that demonstrates that men who are abusive to their female partners are more likely to physically abuse their children. In some instances the children may also be injured in the course of an assault on their mother (Stanley 2011, Safe Lives 2015).

Children may be directly, indirectly or accidentally involved in violence against women, domestic abuse and sexual violence. Additionally, many children witness and/or hear the violence directed towards their mother (or father) and all children, however young, are likely to be aware of their mother's or father's distress. These children will also be aware of the non-physical forms of abusive and controlling behaviour that are very much part of the dynamics of abuse (Jaffe et al 2007). Even in these situations, where the child is not physically abused they can be suffering significant harm (Kitzman et al 2003, Melter et al 2009). The issue of safeguarding children is everyone's business and is a shared responsibility.

The perpetrator may use the threat that their children will be taken into care if the abuse is reported. Consequently, it is essential to deal with child protection issues sensitively when discussing suspected abuse with employees.

When dealing with suspected cases of domestic abuse and sexual violence the manager must establish if the employee has any children living at home and, if so, consider whether they are in imminent danger and take appropriate action to ensure their safety. The Wales Safeguarding Procedures 2019 must be adhered to. Hywel Dda University Health Board's Safeguarding Children Team can provide support and advice. The contact details for the Safeguarding Children Team can be found within the sources of help section at Appendix 1.

11 RESPONSIBILITIES

11.1 Chief Executive Officer

The Chief Executive of Hywel Dda University Health Board has overall responsibility for effective management of organisational policies relating to Hywel Dda University Health Board employees.

11.2 Director of Workforce and Organisational Development:

Holds responsibility for this policy and ensuring this policy and any associated documentation relating to domestic abuse and sexual violence are reviewed and updated in line with future guidance.

11.3 Head of Safeguarding (Named Nurse)

HYWEL DDA UNIVERSITY HEALTH BOARD

Is responsible for supporting Workforce colleagues in reviewing and updating this policy in line with future guidance. They are further responsible for ensuring the safeguarding team raise awareness of this policy with managers and employees in safeguarding training.

11.4 Workforce Advisors

Workforce Advisers are responsible for supporting service managers in applying this policy and supporting awareness raising of this policy.

11.5 Occupational Health Lead

Has a responsibility to offer support to employees who are affected by violence against women, domestic abuse and sexual violence.

11.6 Managers and Heads of Services

Managers are responsible for raising awareness of the policy to all employees. They are also responsible for ensuring any staff who experience domestic violence and abuse, and employees who are perpetrators of domestic violence and abuse are treated fairly and offered appropriate support. This support needs to consider safety of the victim and management of risk to any children and adults within the family. Any managers who require training as a result of this policy should contact their Learning and Development Department.

12 REFERENCES

The following references are the most recent evidence and have informed this policy:-

- Business in the Community (2019) Domestic Abuse: a toolkit for employers. Available at: <https://www.bitc.org.uk/wp-content/uploads/2019/10/bitc-wellbeing-toolkit-domesticabuse-dec2018.pdf>
- CAADV (2012) Why is CAADV important? London: CAADV.
- Equality and Human Rights Commission (2010, updated 2014) Violence against women, domestic abuse and sexual violence workplace policies; Guidance for developing an effective policy Available at:- <https://www.equalityhumanrights.com/sites/default/files/violence-against-women-domestic-abuse-sexual-violence-workplace-policies.pdf>
- Home Office (2013) Information for local areas on the change to the definition of domestic violence and abuse. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf
- Home Office (2019) The Economic and social costs of domestic abuse. Research Report 107. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772180/horr107.pdf
- Jaffe S.R., Morfitt T.E., Caspi A., Taylor A. (2007) Influence of adult domestic violence on children's internalizing and externalizing problems: An environmentally informative twin study _Journal of American Academy of child and adolescent psychiatry 41 (9) 1095-1103.
- Kitzmann K.M., Gaylord N.K., Holt A.R and Kenny E.D (2003) Child witnesses to domestic violence, a meta-analytic review. Journal of consulting and clinical psychology 71, 339-352.
- Melter H., Doos L., Vostaris P., Ford T and Goodman R (2009) The mental health of children who witness domestic violence. Child and family social_work 14 491- 501.

HYWEL DDA UNIVERSITY HEALTH BOARD

- Office for National statistics (ONS) 2019 Domestic abuse in England and Wales overview: available at <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2019>
- Safe Lives (2015) Getting it right first time: policy report. Bristol. Safe Lives.
- Stanley N. (2011) Children experiencing domestic violence: a research_review Totnes, Devon. Research in practice.
- Violence against women, domestic abuse and sexual violence (Wales) Act 2015 Available at:- www.legislation.gov.uk/anaw/2015/3/contents/enacted
- Walby, S. (2009) The cost of domestic violence: update 2009. Lancaster: Lancaster University.
- Wales Safeguarding Procedures (2019) available at http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/

HYWEL DDA UNIVERSITY HEALTH BOARD

13 APPENDIX 1 - SOURCES OF HELP

External Sources

| | | |
|---|---|----------------|
| BAWSO Provides specialist support for BME communities | http://www.bawso.org.uk/ | 0800 7318147 |
| Bright Sky app Bright Sky is a free to download mobile app, providing support and information to anyone who may be in an abusive relationship or those concerned about someone they know. | https://www.hestia.org/brightsky | |
| Broken Rainbow Provides support for lesbian, gay, bisexual and transgender people experiencing domestic abuse | https://www.brokenrainbow.org.uk/ | 0300 999 5428 |
| Citizens Advice Bureau | https://www.citizensadvice.org.uk/wales/ | 03444772020 |
| Dyfed Powys Police | | 999 /101 |
| DYN Project Works across Wales to support men who experience domestic abuse | www.dynwales.org | 0808 801 0321 |
| Hafan Cymru | https://www.hafancymru.co.uk | 01267 225555 |
| Housing | Carmarthenshire County Council | 01267 223867 |
| | Ceredigion County Council | 01545 572181 |
| | Pembrokeshire County Council | 01437 764551 |
| Live Fear Free | http://livefearfree.org.uk | 0808 80 10 800 |
| Mankind Initiative UK | http://www.mankind.org.uk | 01823 334244 |
| Refuge One of the largest single providers of specialist accommodation and services to women and children escaping domestic violence. | www.refuge.org.uk | 0300 100 1234 |
| Respect UK association for professionals working with perpetrators and associated services. Key aim is to address the safety of those experiencing domestic abuse through promoting effective interventions with perpetrators | https://www.respect.uk.net/ | |

HYWEL DDA UNIVERSITY HEALTH BOARD

| | | |
|--|---|--|
| Social Services | Carmarthenshire County Council Ceredigion County Council Pembrokeshire County Council | 01267 224466 01545 574000 01437 764551 |
| West Wales Domestic Abuse Service | 42 Portland Road, Llanon SY23 2NL | 01970 612225 |
| Welsh Women's Aid | https://www.welshwomensaid.org.uk/ | 08088010800 |

Internal Sources

| | | |
|---|--|--------------|
| Health Safeguarding Children Team | | 01267 283371 |
| Health Board Adult Safeguarding Team | | 01437 772516 |
| Staff Psychological Well Being Service (Hywel Dda University Health Board) | Withybush Hospital Also available at Glangwili and Prince Philip Hospitals (contact number as for Withybush for appointments) | 1437 27 |

14 APPENDIX 2 – DEFINITIONS

| | |
|---|--|
| <p>Violence against women, domestic abuse and sexual violence (VAWDASV) ‘Violence against women’</p> | <p>Violence against women, domestic abuse and sexual violence (VAWDASV) ‘Violence against women’ has been defined by the United Nations as</p> <p>Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. The term violence against women is used to describe violence perpetrated against a woman because she is a woman, being recognised internationally as a violation of human rights.</p> <p>Whilst the overwhelming majority of victims are women, domestic abuse and sexual violence are not exclusively experienced by women. Data collected in Sexual Assault Referral Centres (SARCs) and by projects that support male victims of domestic abuse demonstrates this and the Welsh Government is committed to supporting all victims of violence and domestic abuse.</p> |
| <p>Domestic abuse</p> | <p>New definition published by the Home Office, March 2013:</p> <p>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:</p> <ul style="list-style-type: none"> • Psychological • Physical • Sexual • Financial • Emotional <ul style="list-style-type: none"> • 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 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”. <p>This definition, which is not a legal definition, includes ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, victims are not confined to one gender or ethnic group.</p> |

HYWEL DDA UNIVERSITY HEALTH BOARD

| | |
|--------------------------------|--|
| Forms of domestic abuse | <p>The following section sets out the various forms of abuse, which a person may experience in a violent relationship (Women's Aid Federation 2010):</p> <p>Physical abuse The use of weapons, punching, head butting, suffocation, hair pulling, kicking, slapping, strangulation, drowning, burning, sleep deprivation, rape and murder.</p> <p>Psychological Mind games, constantly moving the goalposts, blaming the other person for the abuse, blaming other factors in the relationship for the abuse, undermining parental authority, telling the person they are mad.</p> <p>Emotional Saying no-one else will want them, telling them they are fat, ugly, stupid, lazy, sexually unappealing or a bad parent.</p> <p>Economic No access to money, no access to salary, child allowance or other benefits, not named on the mortgage/tenancy papers, no access to the bank account.</p> <p>Destructive criticism and verbal abuse Shouting, mocking, accusing, name calling, verbally threatening.</p> <p>Pressure tactics Sulking, threatening to withhold money, disconnecting the telephone, taking the car away, taking the children away, reporting you to welfare agencies unless you comply with the demands regarding the parenting of the children; lying to your friends and family about you, telling you that you have no choice in any decision making processes.</p> <p>Disrespect Persistently putting you down in front of other people, not listening or responding when you talk, interrupting telephone calls, refusing to help with childcare or housework.</p> <p>Breaking trust Lying, withholding information, being jealous, having other relationships, breaking promises and shared agreements.</p> <p>Isolation Accompanied everywhere for example shopping, doctors; locked in, allowed out for set time periods only, not allowed contact with friends or family, leaving visible signs of injury to embarrass and deter you from going out, monitoring or blocking your telephone calls.</p> |
|--------------------------------|--|

HYWEL DDA UNIVERSITY HEALTH BOARD

| | |
|--|---|
| | <p>Harassment Being followed or being checked up on, opening mail, checking mobile telephone call history or texts, repeatedly dialling 1471 to see who has telephoned, embarrassment in public.</p> <p>Threats Making angry gestures, using physical size to intimidate, shouting down, destroying possessions, breaking things, punching walls, wielding a weapon.</p> <p>Sexual Non-consenting participation in bestiality, drugs, use of objects pornography, buggery; rape, unwanted touch, forced sex with others.</p> <p>Denial Saying the abuse doesn't happen, saying you caused the abusive behaviour, being publicly gentle and patient, crying and begging for forgiveness, saying it will never happen again.</p> <p>“Honour” based violence (CPS 2015) Honour based violence is a crime or incident which has or may have been committed to protect or defend the honour of the family/and or community.</p> <p>Forced marriage (Home Office 2013b) A forced marriage is where one or both people do not (or in cases of people with learning disabilities cannot) consent to marriage and pressure and abuse is used.</p> <p>Female genital mutilation (FGM) (WHO 2016) FGM comprises all procedures that involve partial or total removal of the female external genitalia, or other injury to the female genital organs for non-medical reasons.</p> <p>Coercive control (Women's Aid 2020) Domestic abuse isn't always physical. Coercive control 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. It is a criminal offence under section 76 of the Serious Crime Act (2015)Some common examples of coercive behaviour are:- Isolating from friends and family Deprivation of basic needs, such as food Monitoring via online communication tools or spyware Taking control over aspects of the victims everyday life, such as where they can go, who they can see, what they wear and when they can sleep Deprivation of access to support services, such as medical services Repeatedly putting the victim down, Humiliating, degrading or dehumanising Controlling finances Making threats or intimidating the victim.</p> |
|--|---|

HYWEL DDA UNIVERSITY HEALTH BOARD

| | |
|--|--|
| Older victims of domestic abuse | <p>Older victims often experience domestic abuse for twice as long before seeking help, yet are hugely under represented among domestic abuse services Some older people may be less likely to access services or be less aware of the options available.(Older Person's Commissioner for Wales,2017).</p> <p>The experience of Violence against women, domestic abuse and sexual violence can be even more damaging to victims where it is experienced alongside other complex needs or vulnerabilities (Safe Lives 2016).</p> |
| Domestic Abuse in pregnancy | <p>Domestic abuse can vary in both frequency and intensity. Employees may experience a violent or abusive attack as a 'one off' or rare incident. Given that the pattern of domestic abuse is one of escalation, there is no level of abuse which should be viewed as acceptable or insignificant. 30% of domestic abuse escalates during pregnancy and it has been identified as a prime cause of miscarriage or stillbirth. This may prevent women from seeking or perceiving proper antenatal and postnatal care. In addition, where there is abuse, this may affect attachment to the child with resultant detrimental effect on the psychological wellbeing of the developing infant/child. Routine antenatal and postnatal health assessment by midwives and health visitors includes a question on the experience of domestic abuse (All Wales Domestic Abuse Routine Enquiry Pathway, 2006).</p> |

HYWEL DDA UNIVERSITY HEALTH BOARD

| | |
|--------------------------|--|
| Risks to Children | <p>The risks to children living with domestic abuse include:</p> <ul style="list-style-type: none">• Direct physical or sexual abuse of the child. Research shows this happens in up to 60% of cases; also that the severity of the abuse against the non-abusive parent is predictive of the severity of abuse to the children.• The child being abused as part of the abuse.• Being used as pawns or spies by the abusive partner in attempts to control the non-abusive parent.• Being forced to participate in the abuse and degradation by the abusive partner.• Emotional abuse and physical injury to the child from witnessing the abuse.• Hearing abusive verbal exchanges between adults in the household.• Observing bruises and injuries sustained by the non-abusive parent.• Hearing their non-abusive parent's screams and pleas for help.• Observing the abusive parent being removed and taken into police custody.• Attempting to intervene in a violent assault.• Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault.• Being unable or unwilling to invite friends to the house.• Frequent disruptions to social life and schooling. |
|--------------------------|--|

15 APPENDIX 3 - POSSIBLE SIGNS OF VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE

It is important to note that the examples provided below are not a checklist. Some people may not display any signs of violence or abuse. Individuals experiencing violence and domestic abuse suffer a broad range of both physical and emotional consequences. For some, the abuse greatly affects their lives over a significant period of time and the process of recovery is often long and difficult. Others may be able to recover and start a new life again relatively quickly after leaving an abusive relationship.

Some possible signs of identifying violence against women, domestic abuse and sexual violence include:

Physical signs and symptoms:

- Injuries at various stages of healing
- Distribution of bruising e.g. breast, genitals, upper arms, face and abdomen
- Fractures of face, ribs, spiral fractures of radius and ulna
- Eyes, sub-conjunctiva haemorrhages
- Ears, ruptured tympanic membrane, 'cauliflower ear'
- Other – sleep disturbance, pelvic pain, atypical chest pain, gastro-intestinal disturbance, chronic headache, dizziness
- Possibly pregnant
- Sexual abuse
- Signs of neglect
- Self-mutilation
- Urinary tract infections
- Sexually transmitted diseases
- Incontinence or pain both bowel and bladder
- Any other suspicious injury or symptom

Psychological/behavioural signs and symptoms

- Expressions of fear, guilt, worry, inability to cope
- Symptoms of depression
- Panic attacks, anxiety
- Alcohol/drug abuse
- Attempted suicide/cry for help
- Obvious distress
- Inappropriate non-verbal behaviour
- Inappropriate partner/carer response
- Discrepancy between verbal description and physical findings
- Minimising serious injury
- Reluctance of person to speak or disagree in partner's presence