

<b>STANDARD OPERATING PROCEDURE</b>	<b>Independent Domestic Abuse/Sexual Violence Advisor Service</b>
<b>SOP ID NUMBER</b>	<b>TW19-050 SOP</b>
<b>VERSION NUMBER</b>	<b>1</b>
<b>APPROVING COMMITTEE</b>	<b>Safeguarding Committee</b>
<b>DATE THIS VERSION APPROVED</b>	<b>July 2019</b>
<b>RATIFYING COMMITTEE</b>	<b>PARC (Policy Approval and Ratification Committee)</b>
<b>DATE THIS VERSION RATIFIED</b>	<b>December 2019</b>
<b>AUTHOR(S) (JOB TITLE)</b>	<b>Named Nurse Safeguarding Adults and Children</b>
<b>DIVISION/DIRECTORATE</b>	<b>Corporate</b>
<b>WHICH POLICY ASSOCIATED TO?</b>	<b>N/A Stand alone</b>
<b>CONSULTED WITH</b>	<b>Safeguarding Committee Members</b>

<b>DATES PREVIOUS VERSION(S) RATIFIED</b>	
<b>DATE OF NEXT REVIEW</b>	<b>December 2022</b>
<b>MANAGER RESPONSIBLE FOR REVIEW (Job Title)</b>	<b>Head of Safeguarding</b>

**AT ALL TIMES, STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT  
 AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY**

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## **1 INTRODUCTION**

- 1.1 WWL have the responsibility to safeguard and protect adults and children and to recognise that victims of domestic abuse should receive the same high standard of care irrespective of age, race, gender, culture, sexuality, religion or ability and that equality underpins all its service provision.
- 1.2 WWL is committed to ensuring that domestic abuse is a crime and is therefore committed to ensuring that domestic abuse is identified and recognised, and that service users and staff are provided with information and support to minimise risk.
- 1.3 Each year 2.1 million people suffer from domestic abuse – 1.4 million women (8.5% of the population) and 700,000 men (4.5% of the population).  
(<https://cy.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingdecember2015> - last accessed 28.04.2019)
- 1.4 Domestic abuse occurs every eight and a half minutes in Greater Manchester, according to figures released by Greater Manchester Police (GMP) in February 2015.
- 1.5 Living with domestic violence and abuse raises significant public health and child protection issues. The costs in providing the services to support people experiencing domestic violence impact on the Criminal Justice System, Health Care, Social Services, Housing and Civil Legal and are estimated at some £3.1 billion per year.
- 1.6 Domestic violence and abuse can lead to an increased risk of poor mental health, injuries, chronic physical conditions, unwanted and complicated pregnancy, sexually transmitted infections and substance misuse, and the effects can last a lifetime and into subsequent generations.(Department of Health 2010).
- 1.7 Individuals experiencing domestic abuse present frequently to health services and this provides an ideal opportunity to identify and support individuals experiencing domestic abuse (NICE guideline PH 50 Recommendation 6 (2014) -Ensure trained staff ask people about domestic violence and abuse).
- 1.8 WWL has Independent Domestic Violence/Sexual Violence Advisor (IDVA/ISVA) working within the trust. The IDVA/ISVA supports staff and service users in relation to domestic abuse and to co-ordinate the information process for delivering at the Wigan Multi-Agency Risk Assessment Conferences (MARAC).
- 1.9 This Standard Operating Procedure will:-
  - 1.9.1 Set out how WWL staff can refer to the IDVA/ISVA service in order to facilitate the safety of the service user/staff member whom is a victim.
  - 1.9.2 Ensure that staff are fully aware of their roles and responsibilities in relation to recognising domestic abuse and referring to the IDVA/ISVA service.
  - 1.9.3 Ensure that the service user subjected or at risk from domestic violence/sexual violence is appropriately supported.
  - 1.9.4 To facilitate best practice to protect victims and potential victims from harm by working effectively, both interagency and multi-agency.
  - 1.9.5 To reduce the likelihood of future harm including further domestic violence, domestic homicides, serious injury and acts of violence.
  - 1.9.6 To identify and reduce the risk to adult and child victims from the communities within Wroughtington, Wigan and Leigh and any other WWL service user.
  - 1.9.7 To maintain and enhance public confidence in the WWL response to any Domestic and Sexual Violence incident or crime.

## **2 THE HOSPITAL INDEPENDENT DOMESTIC VIOLENCE ADVISOR (IDVA) AND INDEPENDENT SEXUAL VIOLENCE ADVOCATE (ISVA)**

The IDVA/ISVA specialists are based at the Royal Albert Edward Infirmary but are employed for the whole WWL Acute Services.

### **2.1 ROLE PURPOSE**

- 2.1.1 The IDVA/ISVA at WWL role is to provide a high quality front line IDVA service within the hospital setting. This service is to service users at WWL and all staff members.
- 2.1.2 The focus is on identification of victims and the reduction of victimisation by assessing and supporting victims of domestic abuse using a multi-agency framework. The roles work closely with the Wigan Local Authority and other local partnerships in order to deliver an inclusive and comprehensive service.
- 2.1.3 The IDVA/ISVA demonstrates a sound understanding of the issues relating to adults, children and their families and will provide support to the WWL Safeguarding Team in order to monitor and improve standards of domestic abuse measures and wider safeguarding arrangements across the hospital trust, in conjunction with Wigan Local Authority and the community based IDVAs.

### **2.2 DUTIES AND RESPONSIBILITIES**

- 2.2.1 To give practical and emotional support to service users and staff in the acute settings at WWL whom are victims of domestic abuse.
- 2.2.2 To work closely with community based IDVAs and ensure accurate and appropriate information sharing is cascaded in order to support families experiencing domestic abuse.
- 2.2.3 To work within the WWL 'Think Family' Safeguarding Team and wider health professionals to reduce the risk for victims of WWL.
- 2.2.4 To provide a rapid responsive supportive service in line with the agreed values and aims of WWL and the Safeguarding Team.
- 2.2.5 Act as a voice of the victim within the Multi-Agency Risk Assessment (MARAC).
- 2.2.6 To give advice and support to other health professionals at WWL.
- 2.2.7 Assess the risk to the client utilising the Safe Lives – Domestic Abuse Stalking and Harassment (DASH) risk assessment tool.
- 2.2.8 To maintain and develop appropriate levels of specialist knowledge and skills to ensure the service remains dynamic and responsive to the needs of the staff and service users at WWL.
- 2.2.9 To contribute to the Trust Safeguarding Training Strategy and Framework, course content and to support the delivery of the strategy to ensure the safeguarding training requirements across the organisation are met.
- 2.2.10 To work autonomously to provide advice, support and safeguarding supervision to health practitioners at WWL.

### **2.3 PLANNING AND ORGANISATIONAL DUTIES**

- 2.3.1 To be professionally and legally responsive within WWL.
- 2.3.2 To manage a caseload of victims and conducting risk assessments and developing individual safety and support plans for those affected by domestic abuse.
- 2.3.3 To provide support around the criminal and civil remedies including arranging/attending pre-trial visits, supporting at court on the day of trial, attending solicitor's appointments and ensuring that the service user is kept up to date with all proceedings.
- 2.3.4 To work independently within the WWL 'Think Family' Safeguarding Team and in partnership with Live Well Operational Manager of Wigan Borough Council to ensure that the WWL IDVA service is delivered successfully in partnership with Wigan Borough Council.
- 2.3.5 To establish and maintain effective multi-agency links with Wigan Council community based IDVA service to promote an integrated and joined up approach to working with high risk victims and their families.

- 2.3.6 To ensure that the monitoring and reporting of interventions delivered through the Live Well Programme is captured, and work with the Operational Manager to review and evaluate service provision.
- 2.3.7 To attend and participate at meetings such as MARAC in order to keep victims safe.

## 2.4 COMMUNICATION AND WORKING RELATIONSHIPS

- 2.4.1 The IDVA/ISVA will act as an expert communicator, dealing with highly complex, sensitive information and sharing this with appropriate agencies, for example – Police, Adult Social Care, and Children’s Social Care.
- 2.4.2 To work within the WWL ‘Think Family’ Safeguarding Team and operate closely with the Wigan Community IDVA service in order to deliver joint objectives under Wigan’s joint Health and Wellbeing Strategy.
- 2.4.3 To support the staff and the WWL staff and WWL ‘Think Family’ Safeguarding Team.
- 2.4.4 To communicate sensitive and complex information to staff, patients, carers and the wider multi-agency team.
- 2.4.5 To assess capacity, gain valid consent and to have the ability to work within a legal framework with service users who lack capacity to consent to treatment and services.
- 2.4.6 To communicate effectively at the MARAC.
- 2.4.7 To contribute to a culture at WWL that enables others to share and contribute to the support of victims of domestic abuse.
- 2.4.8 To effectively communicate and sensitively listen to what others have to say at all levels of the organisation and constantly check their own understanding before acting.

## 3 WHAT TO DO AND HOW TO USE THE HOSPITAL IDVA AND ISVA

Please see Appendix 5 for IDVA and ISVA.

## 4 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

## 5 INCLUSION AND DIVERSITY

This document has been assessed against the Equality Impact Assessment Form from the Trust’s Equality Impact Assessment Guidance and as far as we are aware there is no impact on any protected characteristics.

## 6 MONITORING AND REVIEW

Service users of WWLFT suspected of being victims or potential victims of domestic violence/sexual violence, will be reported to the WWL Safeguarding Team via a safeguarding proforma or telephone contact; these numbers will be included within WWL safeguarding team numbers and outcomes will be monitored by the Trusts Safeguarding Committee and Wigan Clinical Commissioning Group as part of the routine monitoring and assurance process.

## 7 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77 3766 or email [equalityanddiversity@wwl.nhs.uk](mailto:equalityanddiversity@wwl.nhs.uk)

## Appendix 1

### **DOMESTIC ABUSE SCREENING AID**

To be used as a prompt to assess risk when enquiring about domestic abuse.

#### Home Office Definition:

‘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, ethnicity or sexuality.’

This can encompass, but is not limited to, the following types of abuse:  
Physical Sexual Financial Emotional Psychological.

This also includes Honour based violence, FGM and forced marriage.

**The following questions need to be asked with the person when they are alone in a safe/private environment taking language and communication barriers into consideration.**

1. Are you ever afraid of your partner/ family member/anyone else you are, or have been in an intimate relationship with?
2. Has anyone at home hit, kicked, punched or otherwise hurt you?
3. Has anyone at home often put you down, humiliated you or tried to control what you can do?
4. Has anyone at home threatened to hurt you?

**If yes** to any of the above questions, complete DASH with the person and offer information on local/national support services  
(See pathway overleaf)

**DASH-** Domestic Abuse Stalking Harassment Tool (Safe-lives 2015)

- Ask the questions on the Domestic Abuse Screening Aid

Only ask when alone/take out of the room/cubicle



**•If Answers NO but obvious domestic abuse concerns**

- Consider Completing the DASH detailing the injury/concerns/number of admissions etc
- Contact the IDVA
- Seek advice from the safeguarding team
- Ring/refer to adult social care if vulnerable adult
- Children social care referral if children in the family/ in the care of the adult

**If Answers NO and no concerns**

- No further action, but give domestic abuse advice leaflet



**If Answers YES**

- Complete the 'safe lives' DASH Risk assessment checklist
- Contact the IDVA to see whilst patient still in hospital

**HIGH RISK**

- If score is 14 ticks or more
- Or on professional judgment in view of injuries/disclosure

**REFER TO ISAPP** (At risk of Serious harm/homicide-generates a multi-agency response) by;

- Alerting the IDVA/SAFEGUARDING TEAM that a dash has been completed
- Send completed form to IDVA/safeguarding team ASAP
- Consider safety planning/admit or discharge to a place of safety
- Contact the police
- Refer to children's social care if children linked to the family
- Refer to adult social care if vulnerable adult

Domestic Abuse Enquiry Pathway ADVICE AVAILABLE FROM CHILDREN'S SAFEGUARDING TEAM 01942 822821/773060/778782  
ADULT SAFEGUARDING TEAM 01942 822333

ISAPP-Integrated safeguarding and public protection-(WIGAN MARAC)  
IDVA – independent Domestic Abuse Advocate 01942 778789  
MARAC-Multi –agency Risk Assessment conference.  
DASH- Domestic Abuse Stalking Harassment Tool.

**Appendix 2**

**RESTRICTED WHEN COMPLETED**

**Greater Manchester MARAC Referral Form**

- MARAC referrals need be uploaded to the relevant SharePoint site.
- Boxes marked with \* must be completed. If the requisite information is not given, the referral will be withdrawn and the referring agency requested to re-load a completed form.
- Referrals will only be accepted in Microsoft Word format.
- Referral documents must be named as the name of the victim and date of referral as shown below:
- SURNAME [surname in upper case] Forename [First letter upper case, remainder in lower case] Date of referral in a number format e.g. **BISHOP Amanda 01022013**
- If the question is not applicable or the victim is unable to respond, please indicate this on the form.
- Any question answered **YES** must be followed up with a comment.

Date of referral*			
Referring agency*			
Referrer Name			
Telephone/Email*			
Date of most recent DV incident*			
<b>THE VICTIM:</b>			
Victim name*		Victim DOB*	
Other names			
Address*		Diversity Data (if known) B&ME <input type="checkbox"/> Disabled <input type="checkbox"/> LGBT <input type="checkbox"/> Gender M/F	
If the above address is temporary, please give details of the victim's last permanent address			

Telephone number*		Is this number safe to call?*	
Please insert any relevant contact information e.g. times to call			
GP Details (if known)			

**The Perpetrator:**

Perpetrator(s) name*		Date of Birth*	
Perpetrator(s) address*		Relationship to victim*	

**The Children:**

Children*	DOB*	Sex*	Relationship to victim*	Relationship to perpetrator*	Address *	School

Was the child/ren at the premises when the incident occurred?*		Did the child/ren witness the incident? *	
Do you consider that there are grounds for referring the child/ren to safeguarding? *		If so, have you made such a referral? *	

**Reason for Referral/Additional Information – This section must be completed in full\***

Visible high risk (14 ticks or more on CAADA - DASH RIC)			
MARAC repeat (further incident identified within twelve months from the date of the last referral).  If this is a repeat referral, please provide the date it was last at MARAC			
Potential escalation – please explain			
Professional judgement  If the reason for the referral is Professional Judgement please explain fully why you feel the victim is at risk of murder or serious harm			
Is the victim aware of MARAC referral?		If no, why not?*	
Has consent to the MARAC referral been given?			
Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)			
Vulnerability of the victim e.g. physical or learning disability, old age, mental or significant mental illness.			
Have there been any threats of arson? If so, please give details.			
Is there any other relevant information from victim or professional that may increase risk levels?			
Has the victim been referred to any other MARAC previously?		If yes where/when?	

**Definition of a ‘Repeat’ at MARAC**

CAADA defines a case at MARAC as one between the same victim and perpetrator(s), where the victim has been identified as meeting the MARAC threshold for that area.

A repeat MARAC case is one which has been previously referred to the same MARAC and at some point in the twelve months from the date of the last referral a further incident is identified. Any agency may identify this further incident (regardless of whether it has been reported to the police).

A further incident includes any one of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour:

- Violence or threats of violence to the victim (including threats against property), or
- A pattern of stalking or harassment, or
- Rape or sexual abuse

Where a repeat victim is identified by any MARAC agency, that agency should refer the case back to the MARAC, regardless of whether the behaviour experienced by the victim meets the local referral threshold of visible high risk, escalation or professional judgement.

To identify repeat victims of domestic abuse regardless of to whom it is reported, all MARAC agencies should have the capacity to 'flag and tag' their files following the latest referral so that they are aware if a service user/client experiences a repeat incident.

The definition does not include cases which are being referred for a second time for any other reason than where there has been a repeat incident. There are specific instances where a second referral might be made but no repeat incident has occurred, such as, for example, where a perpetrator is about to be released from jail, where potential risks are identified but no specific threats have been made and the case is discussed in order to make sure that every agency is aware and able to put in place any appropriate safety measures.

Incidents that occur more than 12 months after the last MARAC referral do not constitute a repeat incident.

## CAADA-DASH Risk Identification Checklist (RIC)

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies for MARAC case identification when domestic abuse, 'honour'-based violence and/or stalking are disclosed.

### IMPORTANT INFORMATION

#### Aim of the form:

- To help front line practitioners identify high-risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC<sup>1</sup> process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

#### How to use the form:

Before completing the form for the first time we recommend that you read the full practice guidance and Frequently Asked Questions and Answers<sup>2</sup>. These can be downloaded from [www.caada.org.uk/marac.html](http://www.caada.org.uk/marac.html)  
Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

### Recommended Referral Criteria to MARAC

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with 3 or more police callouts in a 12 month period but this will need to be reviewed depending on your local volume and your level of police reporting.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.

**The responsibility for identifying your local referral threshold rests with your local MARAC.**

#### What this form is not:

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and stepchildren are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

**Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.**

**Put a cross [x] in the box if the factor is present.**

**Please add comments where indicated. It is assumed that your main source of information is the victim. If this is not the case please add this to your comment.**

**The boxes will expand as you type text into them.**

**There is space at the end of the form for additional information where appropriate.**

<sup>1</sup> For further information about MARAC please refer to the CAADA MARAC Implementation Guide [www.caada.org.uk](http://www.caada.org.uk).

<sup>2</sup> For enquiries about training in the use of the form, please email [training@caada.org.uk](mailto:training@caada.org.uk) or call 0117 317 8750.

		YES	NO	REFUSED
<b>CURRENT SITUATION</b>				
1.	<b>Has the current incident resulted in injury?</b> (Please state what and whether this is the first injury) Comment:			
2.	<b>Are you very frightened?</b> Comment:			
3.	<b>What are you afraid of? Is it further injury or violence?</b> (Please give an indication of what you think the abuser might do and to whom, including children).  KILL (specify self, children or other)  FURTHER INJURY AND VIOLENCE (specify self, children or other)  Comment:			
4.	<b>Do you feel isolated from family/friends i.e. does the abuser try to stop you from seeing friends/family/doctor or others?</b> Comment:			
5.	<b>Are you feeling depressed or having suicidal thoughts?</b> Comment:			
6.	<b>Have you separated or tried to separate from the abuser within the past year?</b> Comment:			
7.	<b>Is there conflict over child contact?</b> (Please state the nature of the conflict) Comment:			
<b>STALKING /HARRASSMENT</b>				
8.	<b>Does the abuser constantly text, call, contact, follow, stalk or harass you?</b> (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. This question is relevant even if the parties are living together) Comment:			
<b>IF ANSWERED YES PLEASE COMPLETE THE BELOW DASH QUESTIONS</b>				

		YES	NO	REFUSED
1.	<b>Are you very frightened?</b> Comment :			
2.	<b>Is there a previous domestic abuse and/or harassment history?</b> (involving you and/or anyone else that you know) Comment :			
3.	<b>Has (insert name of stalker(s).....) ever destroyed or vandalised any of your property?</b> Comment :			
4.	<b>Does (name of stalker(s).....) turn up at your workplace, home etc unannounced or uninvited more than three times per week?</b> Comment :			
5.	<b>Does (.....) follow you or loiter around your home, workplace etc?</b> Comment :			
6.	<b>Has (.....) made any threats of physical or sexual violence?</b> Comment :			
7.	<b>Has (.....) harassed any third party since the harassment began?</b> (e.g. your friends, family, children, colleagues, partners or neighbours) Comment :			
8.	<b>Has (.....) acted out violently towards anyone else within the stalking incident?</b> Comment :			
9.	<b>Has (.....) persuaded other people to help him/her?</b> (wittingly or unwittingly) Comment :			

		YES	NO	REFUSED
10.	<b>Is (.....) known to be abusing drugs and/or alcohol?</b> Comment :			
11.	<b>Is (.....) known to have been violent in the past? (This could be physical or psychological)</b> Comment :			

**Other relevant information includes:** duration of harassment, various harassing behaviours engaged in by stalker, details of threats and violence, your beliefs concerning the stalker's motives and when it started, weapons owned by stalker, nature of unwanted 'gifts'/items left or sent to you and attitude/demeanour of stalker including mental health issues.  
Comment :

### CHILDREN/DEPENDANTS

9.	<b>Are you pregnant or have you recently had a baby (within the last 18 months)?</b>			
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### DOMESTIC VIOLENCE HISTORY

10.	<b>Is the abuse happening more often?</b> Comment:			
11.	<b>Is the abuse getting worse?</b> Comment:			
12.	<b>Does the abuser try to control everything you do and/or is he/she excessively jealous?</b> Comment:			
13.	<b>Has the abuser ever used weapons or objects to hurt you?</b> Comment:			
14.	<b>Has the abuser ever threatened to kill you or someone else and you believed them?</b> Comment:			
15.	<b>Has the abuser ever attempted to strangle/choke/suffocate/drown you?</b> Comment:			

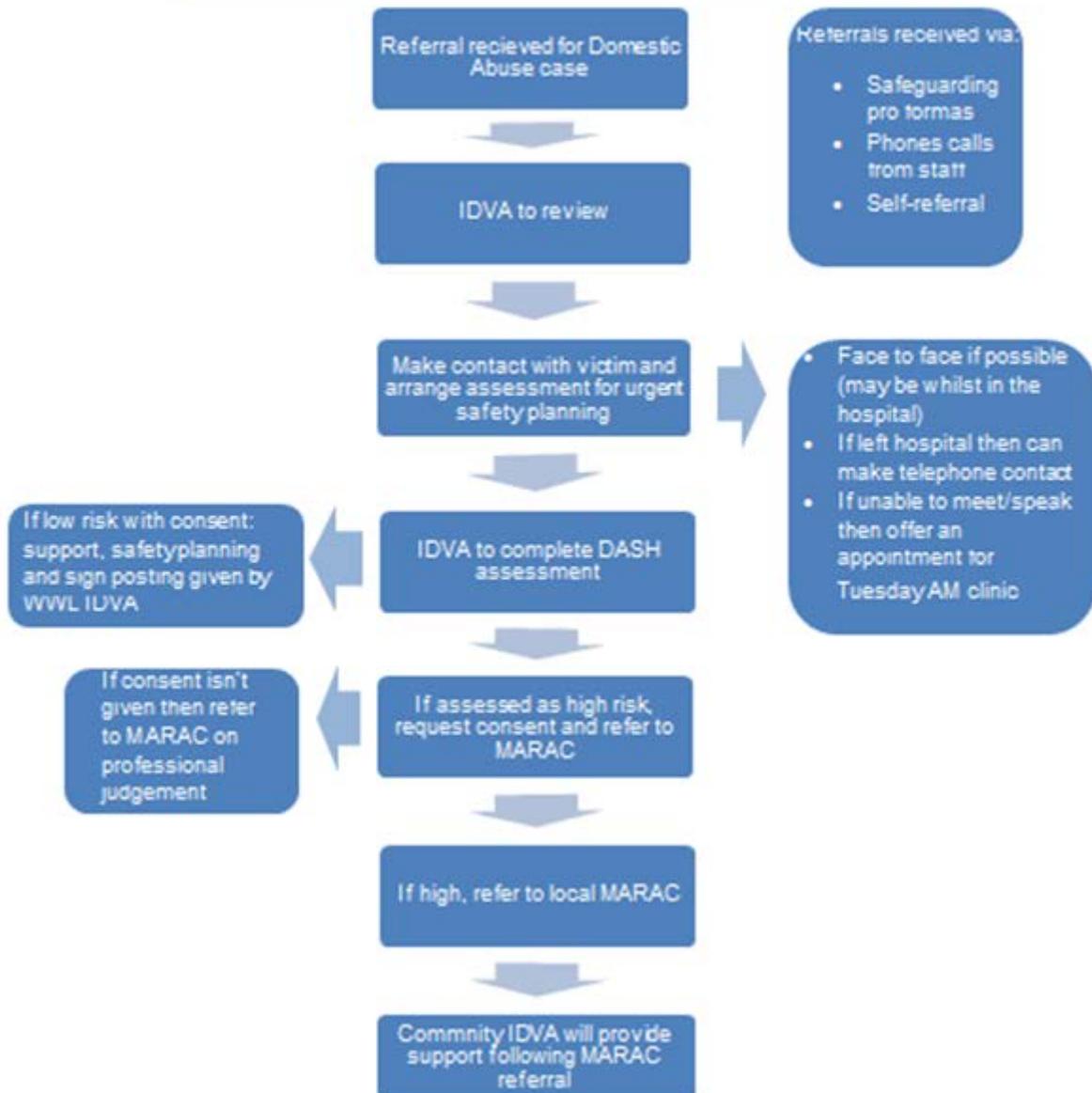
		YES	NO	REFUSED
16.	<p><b>Does the abuser do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?</b> (Please specify who and what) <b>Comment:</b></p>			
17.	<p><b>Is there any other person who has threatened you or of whom you are afraid?</b> (Consider extended family if honour based violence and please specify who) <b>Comment:</b></p>			
18.	<p><b>Do you know if the abuser has hurt anybody else?</b> (Children, siblings, elderly relative, stranger, other partners – consider honour based violence and please specify who) <b>Comment:</b></p>			
19.	<p><b>Has the abuser ever mistreated an animal or the family pet?</b> <b>Comment:</b></p>			
<b>ABUSER</b>				
20.	<p><b>Are there any financial issues? For example, are you dependent on the abuser for money? Has the abuser recently lost his/her job? Are there any other financial issues?</b> (Please specify what) <b>Comment:</b></p>			
21.	<p><b>Has the abuser had problems in the past year with drugs (prescription or other), alcohol or mental health issues that has created problems in leading a normal life?</b> Drugs <input type="checkbox"/>                      Alcohol <input checked="" type="checkbox"/>                      Mental Health <input checked="" type="checkbox"/> <b>Comment:</b></p>			
22.	<p><b>Has the abuser ever threatened or attempted suicide?</b> <b>Comment:</b></p>			

		YES	NO	REFUSED
23.	<p><b>Has the abuser ever breached bail/an injunction and/or any agreement for when they can see you and/or the children?</b></p> <p>(Please specify what)</p> <p>Bail Conditions <input type="checkbox"/></p> <p>Non molestation/civil order <input type="checkbox"/></p> <p>Child contact arrangements <input type="checkbox"/></p> <p>Forced Marriage Protection Order <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>Comment:</b></p>			
24.	<p><b>Do you know if the abuser has ever been in trouble with the police or has a criminal history?</b></p> <p>(If yes, please specify)</p> <p><b>Comment:</b></p>			
<b>PLEASE CALCULATE THE NUMBER OF “YES” RESPONSES and enter in the box to the right</b>				

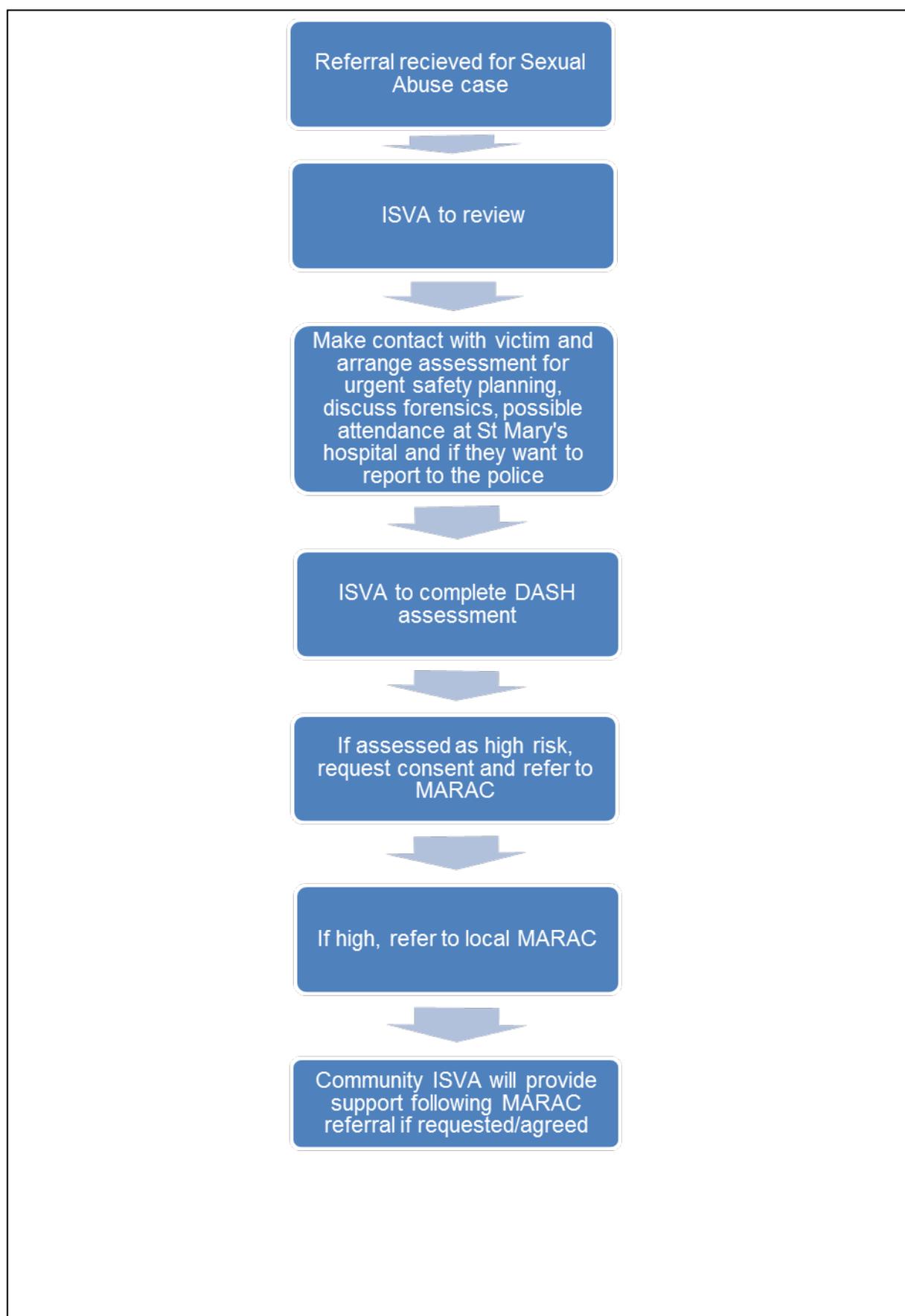
<b>For consideration by professional:</b>	
<p>Is there any other relevant information (from a victim or professional), which may increase risk levels? Consider victim's situation in relation to vulnerability, disability, substance misuse, mental health issues, cultural/language barriers, 'honour'-based systems and minimisation. Are they willing to engage with your service?</p> <p>Describe:</p>  <p>Consider abuser's occupation/interests – could this give them unique access to weapons? E.g. ex-military, police, pest control etc.</p> <p><b>Describe:</b></p>	
<p>Is there anything else you would like to add to this? E.g. if the victim has refused to answer any questions.</p> <p><b>Comment:</b></p>	
Your name:	Date:

**Appendix 3**

## IDVA referral process



## ISVA Referral Process



**STAGE 1 - INITIAL ASSESSMENT**

For each of the protected characteristics listed answer the questions below using  Y to indicate Yes and  N to indicate No	Sex <small>(male/female/transgender)</small>	Age <small>(18 years+)</small>	Race/Ethnicity	Disability <small>(hearing/visual/physical / learning disability / mental health)</small>	Religion/Belief	Sexual Orientation <small>(Gay/Lesbian/ Bisexual)</small>	Gender Re-Assignment	Marriage/Civil Partnership	Pregnancy & Maternity	Carers	Other Group	List Negative/Positive Impacts Below
Does the policy have the potential to affect individuals or communities differently in a negative way?												
Is there potential for the policy to promote equality of opportunity for all/promote good relations with different groups – Have a positive impact on individuals and communities.												
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?												If Yes: Please state how you are going to gather this information.

<b>Job Title</b>	Safeguarding Lead			<b>Date</b>	July 2019
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**IF 'YES an NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via <http://intranet/Departments/Equality Diversity/Equality Impact Assessment Guidance.asp>**

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an Equality Impact Assessment. By stating that you have **NOT** identified a negative impact, you are agreeing that the organisation has **NOT** discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

**Appendix 5**

**POLICY MONITORING AND REVIEW ARRANGEMENTS**

Para	Audit/Monitoring requirement	Method of Audit/Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
	Rolling monthly review of compliance of in date documents	Project Officer to advise author 6 months in advance of review date and advise CQEC of overall Trust compliance	Project Officer	Monthly rolling programme	CQEC	Monthly compliance report	Team Drive: Director of Nursing/Corporate QEC