


BNSSG Link GP Meeting

August 2023

- ▶ Dr Marie McVeigh - Named GP for Safeguarding (South Glos & North Som)
- ▶ Dr Ben Burrows - Named GP for Safeguarding (Bristol & North Som)



Domestic Abuse / Violence themed session

Sections

- ▶ Types of DV/DA
- ▶ Recognising indicators
- ▶ Domestic Abuse Act
- ▶ Research findings
- ▶ Barriers to seeking help
- ▶ Children exposed to DV/DA
- ▶ Risk assessment tools (DASH)
- ▶ Referrals
- ▶ MARAC
- ▶ Working with perpetrators of DA
- ▶ Documentation & coding
- ▶ Information sharing
- ▶ Responding to information requests
- ▶ Other resources & charity support

Types of DV/DA

Types of domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological
- physical
- sexual
- financial
- emotional

Domestic violence and abuse includes 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.

It also includes honour-based violence, female genital mutilation and forced marriage.

Recognising indicators of DV/DA

Coercive or controlling behaviour is a core part of domestic violence.

Coercive behaviour can include:

- acts of assault, **threats**, **humiliation** and **intimidation**
- harming, **punishing**, or **frightening** the person
- **isolating** the person from sources of support
- exploitation of **resources** or money
- **preventing** the person from **escaping** abuse
- **regulating** everyday **behaviour**.

Possible indicators of domestic violence or abuse:

- low self-esteem
- feeling that the abuse is their fault when it is not
- physical evidence of violence such as bruising, cuts, broken bones
- verbal abuse and humiliation in front of others
- fear of outside intervention
- damage to home or property
- isolation – not seeing friends and family
- limited access to money.

Domestic Abuse Act 2021

- ▶ Raise awareness and understanding about the devastating impact of domestic abuse on victims and their families.
- ▶ Further improve the effectiveness of the justice system in providing protection for victims of domestic abuse and bringing perpetrators to justice.
- ▶ Strengthen the support for victims of abuse by statutory agencies.

- ▶ **Domestic Abuse Act 2021: overarching factsheet**

[Domestic Abuse Act 2021: overarching factsheet - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/factsheets/domestic-abuse-act-2021-overarching-factsheet)

Domestic Abuse Act 2021

- ▶ Created a statutory definition of DA (physical, emotional, control/coercion & economic)
- ▶ New role of Domestic Abuse Commissioner
- ▶ New Order for protection notices
- ▶ **Duty on the LA to provide safe accommodation victims/family**
- ▶ Removes ability for the perpetrator to **cross-examine** the victim in court
- ▶ **No cost for victims to get GP letters** for purpose of legal aid
- ▶ **Offence of non-fatal strangulation** - 5 years from June 2022
- ▶ Guidance on offence of coercion & control

Research findings

- ▶ In the year ending March 2020, an estimated **2.3 million adults** aged 16 to 74 years experienced domestic abuse in the last year (1.6 million women and 757,000 men).
- ▶ An estimated **4.6m women (28% of the adult population) have experienced** domestic abuse at some point in their life.
- ▶ Research also shows that domestic abuse poses a more serious risk for women than for men with an **average of 100 women being killed in England and Wales each year**. It is estimated **many more take their own lives** as a result of domestic abuse: every day almost 30 women attempt suicide as a result of experiencing domestic abuse and every week three women take their own lives.
- ▶ One study showed **that 50% of perpetrators who stalk their victims and make threats to kill will go on to kill** their partner.

Research findings

- ▶ Research has shown that **disabled women are at significant and higher risk** than women in the general population. **More than 50 per cent** of disabled women in the UK **have experienced domestic abuse** in their lives and may be assaulted or raped at a rate that is at least twice that of non-disabled women.
- ▶ Similarly, men and women with **severe mental illness experience a substantially increased risk of domestic and sexual violence**, as well as higher prevalence of family violence and adverse health impacts following victimisation.
- ▶ Pregnancy also increases the risk of domestic abuse. Nearly **one in three** women who suffer from domestic abuse during their lifetime report that the **first incidence of violence happened while they were pregnant.**

Barriers to seeking help

Effective work with victims of domestic abuse requires an **understanding of the reasons why people stay in abusive relationships, and why they may not seek or respond to offers of help:**

- ▶ Some barriers to seeking help arise from the **emotional and psychological** impact of domestic abuse.
- ▶ Others may be **practical or social/cultural**. Many are similar to the barriers that prevent people from seeking help over other safeguarding issues.
- ▶ Since the onset of the Covid pandemic many people's contact with professionals is now often happening over the **phone or online** rather than F2F. This poses **additional challenges and professionals may need to use their professional curiosity** and ask more questions than normal or think differently about issues, as the visual cues we normally get when we can see a person will be missing.

Barriers to seeking help

- ▶ Some people will not **trust** agencies to respond effectively or will **fear** further loss of independence. These people may need more time to build trust and confidence and will **require a positive indication that they will be supported before they disclose.**
- ▶ Independent and voluntary sector organisations with experience in domestic abuse may be **better placed to gain the confidence** of and offer support to those who mistrust statutory agencies.
- ▶ Research shows that **women experiencing domestic abuse will not usually voluntarily disclose to a professional unless directly asked.** However, while victims may be reluctant to disclose, **many report that they hope someone will ask them.**
- ▶ **Repeated enquiry** over time also increases the likelihood of disclosure. **Building up trust** in a professional and their organisation's approach to domestic abuse will help people feel able to disclose.

Clare's Law – police disclosure

- ▶ Under the Domestic Violence Disclosure Scheme ('Clare's Law') **any member of the public has the right to ask the police if their partner may pose a risk to them.**
- ▶ Under Clare's Law, a member of the public can also make enquiries into the partner of a **close friend or family member**. This can be done by visiting a police station or calling 101. Once an application is made, the police will carry out a range of checks. If these reveal a record of abusive offences, or suggest a risk of violence or abuse, they will consider sharing this information.
- ▶ This is called **making a 'disclosure' and will usually be to the person at risk.** This is unless, in the circumstances, someone else is better placed to use the information to protect the person at risk from abuse.

Children exposed to DV/DA

- ▶ There is a strong, evidence-based link between domestic abuse and child abuse. **Exposure to domestic abuse is always abusive to children**, although the impact on them may vary.
- ▶ Children who see, hear or experience the effects of abuse and are related to either the victim or the perpetrator are now **recognised as victims of domestic abuse in their own right**.
- ▶ Where adult safeguarding and domestic abuse are being addressed and children are involved or present, **professionals have a duty to refer to children's services**, even if the adult victim chooses not to, or is not able to, accept help for him or herself.

Risk assessments

- ▶ Comprehensive, accurate and well-informed **risk assessments are fundamental** to good practice and good outcomes for people who need both adult safeguarding and domestic abuse services.
- ▶ **In all cases where an adult with care and support needs is experiencing domestic abuse an assessment of risk should be carried out.** This assessment should be personalised and along the same principles as Making Safeguarding Personal.
- ▶ A risk assessment carried out with the person at risk is a **useful tool for supporting them to recognise and weigh up the situation they are facing.** It will enable both the person and the practitioner to be confident about the interventions they are making.

Risk assessment tool: DASH

- ▶ The Domestic Abuse Stalking and Honour Based Violence Risk Assessment Checklist (**DASH**) is used as a tool to identify and discuss risk.
- ▶ It is also used by professionals in any agency to **refer high-risk cases** to the local Multi-Agency Risk Assessment Conference (MARAC).
- ▶ The **DASH checklist can be used by any professional** working with the victim. Ideally it should be completed with the victim, however it can also be completed by the professional using their professional judgement.
- ▶ The **DASH should be used whenever a practitioner receives a disclosure of domestic abuse**. Risk in domestic abuse situations is dynamic and can change very quickly. Therefore, it may be appropriate to review the checklist with the person on more than one occasion. It is designed to be used for those experiencing current rather than historic domestic abuse and ideally would be used close in time to the last incident of abuse.

Risk assessment tool: DASH

- ▶ The DASH checklist is an evidence-based list of 24 questions about what factors are present in a domestic abuse situation. An answer of yes **to 14 or more** of the questions **indicates a serious risk of injury or harm**. However, a score that is lower than that may reflect a situation where a victim is too scared to disclose some aspects of the abuse. **The exercise of professional judgement is therefore essential when considering the points score.**
- ▶ The other indicator of serious risk of harm is **escalation**. This has been added to the threshold/decision making for MARAC cases. **Any cases where there is serious risk of harm or death must be referred to MARAC.**
- ▶ DASH checklist: [Dash risk checklist quick start guidance FINAL 1.pdf \(safelives.org.uk\)](#)
- ▶ DASH young persons checklist (<25y): [DASH-YP RIC.pdf \(southglos.gov.uk\)](#)

Multi-Agency Risk Assessment Conference (MARAC)

- ▶ A MARAC is a meeting where information is shared on the **highest risk domestic abuse cases** between representatives of local police, health, child protection, adult safeguarding, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation, DHI and other specialists from the statutory and voluntary sectors.
- ▶ After sharing all relevant information about a victim, the representatives **discuss options for increasing the safety** of the victim and turn these into a co-ordinated **action plan**.
- ▶ The primary focus of the MARAC is to **safeguard the adult victim**. The MARAC will also make links with other forums to safeguard children and manage the behaviour of the perpetrator.
- ▶ At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.

MARAC – making a referral

- ▶ Any frontline agency representative that undertakes a risk assessment with a victim (DASH), and thereby determines that their case meets the high-risk threshold, can refer a victim's case to MARAC.
- ▶ **In order to refer a victim to MARAC a completed DASH checklist and MARAC Referral Form should be sent to the secure MARAC inbox.**
- ▶ It is important that the victim is **informed** of the MARAC. SafeLives recommends that it is good practice to work in partnership with victims where possible, to obtain the most up-to-date information directly from the victim.
- ▶ **It's relatively unusual but in cases where the victim doesn't want to be referred, practitioners must assess whether it is proportionate and defensible to share information, depending on the level of risk which the victim is facing.**

Referrals – Bristol

- ▶ **KBSP website: Domestic Abuse**
- ▶ MARAC referral criteria and guidance document: Guidance for Bristol MARAC
- ▶ **The DASH checklist and MARAC referral form must be completed**
- ▶ For a referral to be accepted into the MARAC process one of the four criteria must be met and evidenced:
 - DASH risk assessment checklist score >14
 - Professional judgement when score <14
 - Potential escalation (increase in reported incidents)
 - Repeat MARAC case (repeat incidents)

Referrals – South Glos

- ▶ **MARAC guidance and referral form: [Safeguarding South Gloucestershire website - Domestic Abuse](#)**

- ▶ **Next Link - South Glos domestic abuse services:**

This service offers support to female and male victims who may:

- want to remain home safely and want to remove their violent partner
- who feel unsafe at home and need to go to a safehouse
- want to stay at home and are not ready to leave their violent partner

Practical and emotional support is given to help victims to keep safe and also help with any court proceedings, connecting into the community and planning for the future. The support is offered for up to six months.

Referrals – North Somerset

- ▶ **MARAC guidance and referral form: [Safer stronger North Somerset - Domestic abuse website](#)**
- ▶ **Next Link North Somerset domestic abuse services:**

This service offers support to female and male victims who may:

- want to remain home safely and want to remove their violent partner
- who feel unsafe at home and need to go to a safehouse
- want to stay at home and are not ready to leave their violent partner

Practical and emotional support is given to help victims to keep safe and also help with any court proceedings, connecting into the community and planning for the future. The support is offered for up to six months.

IRIS specialist DV workers

Identification and Referral to Improve Safety (IRIS)

- ▶ For many victims of domestic abuse going to see the doctor is the only safe place they can go without their violent partner present.
- ▶ Next Link **IRIS** specialist domestic violence advocate-educators train and support primary care clinicians to recognise domestic abuse and refer their female patients to our service.
- ▶ The **IRIS** workers offer emotional and practical support and if appropriate help to access a range of specialist services.
- ▶ South Glos IRIS leaflet: [IRIS card SouthGlos.pdf](#) (nextlinkhousing.co.uk)

MARAC – Guidance for GPs



Ending domestic abuse

Multi-Agency Risk Assessment Conference (Marac) Guidance for GPs

This guidance aims to clarify the role of GPs in relation to their local Multi-Agency Risk Assessment Conference (Marac) to support patients experiencing domestic abuse.

It explains:

- high-risk domestic abuse and the Marac process
- how to legally share data with Marac agencies
- how to safely record the Marac information on GP records
- how to support your patients during the Marac process

- ▶ [MARAC Guidance for GPs \(safelives\).pdf](#)
- ▶ GPs referring to MARAC:
Although GPs can refer directly to MARAC using the DASH & referral criteria/forms, this assessment may best be undertaken by your local specialist domestic abuse service or the police.

Sharing information

- ▶ **Sharing information with appropriate agencies can be an important part of keeping people safe.** Many people who are subject to abuse are understandably anxious about information being disclosed, in case it gets back to the abuser and puts them at further risk.
- ▶ It is therefore vital to be clear that, in **almost all circumstances**, the patient's information will only be disclosed with their **consent**. It may be appropriate for doctors to encourage disclosure where it is necessary for their protection, and this can include warning about the risks of not disclosing, but doctors should ordinarily **respect the wishes of adults with capacity**, even if their decision leaves them at risk of harm.
- ▶ In **exceptional circumstances** - for example, where a third party such as a child or other adult is at risk of harm - it may be necessary to share information **without consent**.

Sharing information with MARAC

- ▶ You will be asked to share information on your patients **before** the MARAC meeting, using the **information request form**. Like all other participating MARAC agencies, GPs should only ever share information that they consider to be **relevant, proportionate and necessary to safeguarding the victim, children, or perpetrator**.
- ▶ **Information Sharing Protocol:** There are guidelines governing the information sharing process in the MARAC; all engaged agencies are signed up to an Information Sharing Protocol (ISP). If you have received notification that your patient is to be discussed at the MARAC, via your MARAC point of contact, your practice will already be signed up to the ISP
- ▶ **Seek advice from other professionals:** After considering the above information if you are still unsure whether to share information about your patient(s), you may also consider consulting one of the following professionals: • Your GP Safeguarding Lead • Your practice's IRIS Advocate Educator • Your ICB's MARAC point of contact

Recording of MARAC information

- ▶ Consider **ONLINE VISIBILITY** and **RISK** when patient changes practice
- ▶ Victim/Children: Record the **type and extent of abuse** as provided by the MARAC POC. This may help provide context to health/behaviours.
- ▶ Documentation: Practice decision as to include scanned copies into notes of victims or perpetrators.
- ▶ Perpetrator: Do not have to be informed they have been referred, and if there is any uncertainty the advice is **not** to document it in their records, as there is the prospect of increasing the risk of further violence.
- ▶ Perpetrator is a child: Follow above BUT document as child safeguarding concern

Working with perpetrators of DA

- ▶ **It is crucial that the safety of the victim is always prioritised.**
- ▶ Managers must be aware that it is not appropriate for practitioners to work with both the victim and the perpetrator of domestic abuse.
- ▶ **Risk can be decreased by professionally-run specialist group programmes that support perpetrators to understand, and choose to change, their behaviour.**
Such interventions require the perpetrator to engage in the program and be honest the abuse they perpetrate.
- ▶ Specialist training should be undertaken before assessing perpetrators of domestic abuse or providing interventions to address abusive behaviour. Practitioners without that skill base should focus their interventions on the safety of adult victims and children, and **signpost perpetrators to specialist services.**

Perpetrators: The Drive Partnership

- ▶ Drive works with high-harm, high-risk and serial perpetrators of domestic abuse to prevent their abusive behaviour and protect victims.
- ▶ High-risk, high-harm perpetrators are those who have been assessed as posing a risk of serious harm or murder to people they are in intimate or family relationships with.
- ▶ Drive challenges and supports perpetrators to change and works with partner agencies - like the police and social services - to disrupt abuse.
- ▶ Drive is shown to achieve a reduction in abuse, reduction of risk, reduction in repeat and serial cases heard at MARAC and reduction in police involvement.
- ▶ <https://drivepartnership.org.uk/>

Level 3 – ICB Training Sessions

- ▶ For your mandatory multi-agency / multi-disciplinary L3 training please attend the sessions offered free of charge by your local authority (links and details on our website)
- ▶ Most of the mandatory training is now online via e-learning modules, live or recorded webinars, attending Link GP meetings and peer Q+As, as well as documenting reflections about safeguarding meetings in practice.

In addition, the ICB team are offering L3 training sessions with a focus on primary care, to reserve your place email:

bnssg.safeguardingadmin@nhs.net

- ▶ **Adults - Wednesday Dec 13th '23, 09-12:00**

Next meetings & sessions

Link GP meetings

1-2:30 pm

Bristol - Tues 14th Nov 2023

South Glos - Wed 15th Nov 2023

North Som - Fri 18th Nov 2023

GP Q+A sessions

1-2 pm

September 26th

October 25th

November 21st

Final bits

Contact us: **bnssg.safeguardingadmin@nhs.net**

We receive lots of individual emails about patients/queries

We provide a 'guiding critical friend' voice to help navigate the system

We cannot dictate actions or hold clinical responsibility for individual cases

Response times may not match clinical need at times, please remember we are not an emergency service

Q&A



ANYTHING YOU
WOULD LIKE TO
DISCUSS



HOT TOPICS



CONCERNS



LEARNING NEEDS