

DOMESTIC ABUSE POLICY

Version:	2.1
Ratified by:	Leadership Committee
Date Ratified:	10.5.23
Name of Originator/Author:	Julia Mason, Designated Nurse for Safeguarding Adults
Name of Responsible Committee/Individual:	Leadership Committee, Shelagh Meldrum, Chief Nursing Officer
Date issued:	May 2023
Review date:	May 2025
Target audience:	ICB (staff) and services we commission and have responsibility for

DOMESTIC ABUSE POLICY

CONTENTS

Section		Page
	VERSION CONTROL	i
1	PURPOSE	1
2	LEGISLATION	1
3	SCOPE	2
4	ROLES AND RESPONSIBILITIES	4
5	PREVALENCE AND IMPACT	6
6	SAFEGUARDING	7
7	MULTI AGENCY RISK ASSESSMENT CONFERENCE (MARAC)	8
8	INFORMATION SHARING	8
9	TRAINING AND DEVELOPMENT	11
10	MONITORING COMPLIANCE AND EFFECTIVENESS OF THIS POLICY	12
Appendices		
APPENDIX A	Honour based violence, Forced Marriage and Female Genital Mutilation	13
APPENDIX B	Stalking and Harassment	16

DOMESTIC ABUSE POLICY

VERSION CONTROL

Document Status:	Final
Version:	2.1

DOCUMENT CHANGE HISTORY

Version	Date	Comments
2.1	5.4.23	Updated re change to ICB and streamlined, including Domestic Abuse Act 2021 responsibilities
2.1	11.5.23	Amended following feedback from Leadership Committee

Sponsoring Director:	Shelagh Meldrum, Chief Nursing Officer
Author(s):	Julia Mason, Designated Nurse Safeguarding Adults
Document Reference:	

DOMESTIC ABUSE POLICY

1 PURPOSE

- 1.1 To promote a consistent, measurable and effective approach to all domestic abuse related incidents through the implementation of the underpinning principles of the domestic violence and abuse multi-agency working (PH50) NICE policy and the accompanying 4 quality statements of the domestic abuse NICE quality standard, (2016).
- Evidence of: local arrangements to ensure that people presenting to frontline staff with indicators of domestic abuse are asked about their experience in a private discussion.
 - Evidence of: local arrangements to ensure that staff are trained to deliver a universal level 1 or 2 response to domestic violence and abuse.
 - Evidence of: appropriate risk assessment and referral pathways to ensure that people experiencing domestic violence and abuse receive specialist support.
 - Evidence of: assessment and referral pathways to ensure that people who disclose that they are perpetrating domestic violence and abuse are referred to specialist services
- 1.2 This policy aims to help identify, prevent and reduce domestic violence and abuse. By providing a person-centred, integrated approach in delivering high-quality care to people experiencing or perpetrating domestic violence and abuse.
- 1.3 The core principles of the policy promote the importance of considering the intended or unintended consequences of domestic abuse on the entire family, “Think Family”. The Domestic Abuse act 2021 recognises this in its revised definition of domestic abuse as set out in legislation. It is thus vital to consider that it is “Always” abusive to be part of a family where domestic abuse is present, whether witnessed or not. Exposure to domestic abuse can negatively impact the emotional well-being and development of children, and may lead to a failure to protect and safeguard children from harm.

2 LEGISLATION

- 2.1 The National Institute for Health Care and Excellence (NICE policy), issued the PH50 Domestic Violence and Abuse Multi-Agency Response in February 2014 [Overview | Domestic violence and abuse: multi-agency working | Policy | NICE](#) with further policy detailing high priority areas in the Domestic Violence and Abuse Quality Standard: in February 2016 [Overview | Domestic violence and abuse | Quality standards | NICE](#) . This includes identifying and supporting people experiencing domestic abuse, as well as referring to specialist services for those perpetrating domestic abuse. It also covers children and young people (under 16) who are living with/experiencing domestic abuse.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in the planning and delivery of services, as part of a general duty to secure a continuous improvement in quality.

The Serious Crime Act 2015, recognises that non-violent coercive behaviour, a long-term campaign of abuse, often at the heart of domestic abuse and requiring the victim to fear the immediate application of unlawful violence is a serious crime. The act explicitly criminalises patterns of coercive or controlling behaviour where they are perpetrated against an intimate partner or family member.

In 2021, the government introduced the Domestic Abuse Act. The Act:

- creates a statutory definition of domestic abuse
- establishes the office of Domestic Abuse Commissioner
- prohibits offenders from cross-examining their victims in person in the family courts
- creates a domestic abuse protection notice (DAPN) and domestic abuse protection order (DAPO)
- provides a statutory basis for the Domestic Violence Disclosure Scheme (Clare’s law) policy
- creates a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal courts
- enables domestic abuse offenders to be subject to polygraph testing as a licence condition following release from custody
- places a duty on local authorities to give support to victims of domestic abuse and their children in refuges and safe accommodation
- requires local authorities to grant new secure tenancies to social tenants leaving existing secure tenancies for reasons connected with domestic abuse

3 SCOPE

3.1 This section defines “domestic abuse” from the Domestic Abuse Act 2021 and therefore sets out the scope of this policy.

3.2 Definition: The behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if—

- (a) A and B are each aged 16 or over and are “personally connected” to each other, and
- (b) the behaviour is abusive.

Behaviour is “abusive” if it consists of any of the following—

- (a) physical or sexual abuse
- (b) violent or threatening behaviour
- (c) controlling or coercive behaviour
- (d) economic abuse (see below)
- (e) psychological, emotional or other abuse

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

“Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to —

- (a) acquire, use or maintain money or other property, or
- (b) obtain goods or services

For the purposes of the Act, A's behaviour may be behaviour "towards" B despite the fact that it consists of conduct directed at another person (for example, B's child).

References in this Act to being abusive towards another person are to be read in accordance with this section.

Definition of "personally connected"

(1) Two people are "personally connected" to each other if any of the following applies —

- (a) they are, or have been, married to each other;
- (b) they are, or have been, civil partners of each other;
- (c) they have agreed to marry one another (whether or not the agreement has been terminated);
- (d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- (e) they are, or have been, in an intimate personal relationship with each other;
- (f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));
- (g) they are relatives.

A person has a parental relationship in relation to a child if —

- (a) the person is a parent of the child, or;
- (b) the person has parental responsibility for the child.

"Child" means a person under the age of 18 years;

"Civil partnership agreement" has the meaning given by section 73 of the Civil Partnership Act 2004;

"Parental responsibility" has the same meaning as in the Children Act 1989;

"Relative" has the meaning given by section 63(1) of the Family Law Act 1996.

Children as victims of domestic abuse

Any reference to a victim of domestic abuse includes a reference to a child who —

- (a) sees or hears, or experiences the effect of, the abuse, and
- (b) is related to A or B.

A child is related to a person if —

- (a) the person is a parent of, or has parental responsibility for, the child, or
- (b) the child and the person are relatives.

Home Office Domestic Abuse Statutory Policy 2022
[Domestic Abuse Statutory Policy \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- 3.3 The definition includes issues such as so called 'honour based violence' (HBV), female genital mutilation (FGM) and forced marriage (FM) and is clear that victims are not confined to one gender or ethnic group. See Appendix A for further information on these forms of abuse and supporting resources.
- 3.4 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.

4 ROLES AND RESPONSIBILITIES

4.1 ICB Board

- To explicitly state the ICB's commitment to the early detection and prevention of domestic abuse.
- To ensure that the ICB develops and implements clear strategies, structures, policies and procedures to ensure that children and adults experiencing or at risk of abuse and neglect are safeguarded and that the commissioned provider services comply with relevant national legislation to discharge their duties effectively.
- To ensure effective partnership working for the reduction of domestic abuse.

4.2 Quality Committee

As the designated committee with responsibility for seeking assurance and challenging matters of safety, the committee is responsible for;

- Receiving assurance reporting
- Providing scrutiny and challenge
- Receiving reports from the health representative at the Safer Somerset Partnership strategic board, and its associated boards, for example: Somerset Domestic Abuse Board.

4.3 ICB Safeguarding Team

This includes the Designated Professionals for Safeguarding Children & Adults (including Children Looked After and Child Death Designated Professionals) and Designated Doctor for Safeguarding Children

- To facilitate adherence to the ICB Domestic Abuse policy, including relevant domestic abuse elements of the Children and Adults safeguarding policies.
- To provide leadership and policy, in the reduction of domestic abuse by promoting the implementation of systems and processes that support early detection and prevention.

4.4 Somerset ICB Employees

All employees should:

- Be aware of the extent and impact of domestic violence and abuse and understand the significant overlap between domestic abuse within both child and adult safeguarding.

- Understand that they have a responsibility to recognise domestic violence and abuse and take action to respond accordingly. Taking into account the individual's needs and wishes wherever possible.

5 PREVALENCE AND IMPACT

- 5.1 Domestic Abuse is a significant public health issue, leading to increased risk of poor mental health, physical injuries, chronic physical conditions, unwanted and complicated pregnancy, sexually transmitted infections and substance misuse. The effects can often last a lifetime and into subsequent generations.
- 5.2 HM Government estimates the cost of domestic abuse to be approximately £66 billion in England and Wales for the year ending March 2017. The cost to the NHS has been calculated at £1.73 billion. With mental health costs estimated at an additional £176 million. The estimated cost of domestic abuse in Somerset is £61 million. The public services cost is £33.5 million, £15 million of which is attributed to healthcare.
- 5.3 Domestic abuse has significant psychological consequences, including anxiety, depression, PTSD, suicidal behaviour, flashbacks, sleep disturbances and emotional detachment. 1 in 8 of all suicides attempts by women in the UK is due to domestic abuse. This equates to just fewer than 200 women dying and nearly 10,000 attempting suicide each year.
- 5.4 Safelives report, A Cry for Health found that in the year before getting effective help, nearly a quarter (23%) of victims of domestic abuse at high risk of serious harm and murder, and one in ten victims at medium risk went to Accident and Emergency (A&E) because of their injuries.
- 5.5 Almost a third of domestic violence cases start during pregnancy with pregnant women more likely to have multiple sites of injury, and often reporting that abuse escalates throughout the pregnancy. Pregnant women who are abused are more likely to experience serious pregnancy complications, such as miscarriage, high blood pressure and premature birth. They are also more likely to suffer emotional and mental health problems, such as depression. Pregnant women who experience domestic violence and abuse are also more likely to have a baby who is stillborn. Blows to the tummy, pregnancy complications and irregular attendance at antenatal check-ups all increase the risk. Between 2006 and 2008, domestic abuse was reported in 12 per cent of maternal deaths.
- 5.6 80% of older adults experiencing domestic violence and abuse are not visible to services. Of those visible to services, ¼ live with abuse for more than 20 years. Victims aged 61+ are much more likely to experience abuse from an adult family member or current intimate partner than those 60 and under, and are much less likely to leave the perpetrator of their abuse. Often they experience an average of 12.9yrs of abuse before accessing support. Older people have a lower level of complex needs in terms of mental health and substance misuse, but are more likely to have a disability/dependency issue.
- 5.7 Public Health England produced a report on domestic violence and abuse and disability in which they state the following: "Disabled women are significantly

more likely to experience domestic abuse than disabled men and experience more frequent and more severe domestic abuse than disabled men. However, as being disabled carries further risk of domestic abuse, disabled men also experience higher rates of abuse than non-disabled men. Disabled men experience a similar rate of domestic abuse as non-disabled women.

- 5.8 Black and Minority Ethnic (BME) women can face additional barriers to accessing support, there are a plethora of reasons that a patient's ethnicity, gender, disability, religion, sexuality or age may affect their experience of abuse, how and when they seek support and the type of support they need. This can include but not limited to: fear of the consequences of disclosure or not being believed, additional barriers to disclosure and service access in form of; language and communication difficulties, insecure immigration status or previous experiences of discrimination based on race, gender, religion, sex, marital status, pregnancy status, sexuality, disability and age.
- 5.9 Lesbian, gay, bisexual and transgender (LGBT) women / men can be vulnerable to abusers who undermine their sexuality and threaten to 'out' them to colleagues, employers and family members.
- 5.10 Transgender women and men may have fewer specialised services available to them.
- 5.11 Women and men experiencing domestic abuse and sexual violence may find it difficult to disclose the abuse. Rape and sexual abuse is an extremely difficult and traumatic experience for anyone who experiences it, with shame and stigma being felt by both sexes in disclosing. Specialist Sexual Violence Services, such as Somerset & Avon Rape and Sexual Abuse Support (SARSAS) have specialist helpline support for both men and women. www.sarsas.org.uk Helpline: 0808 801 0456 or 0808 801 0464
- 5.12 80% of women in a domestically violent or abusive relationship seek help from health services, usually general practice, at least once, and this may be their first or only contact with professionals. There is extensive contact between women and primary care clinicians with 90% of all female patients consulting their GP over a five-year period. Safelives insights data for 2016/2017 shows over half (52%) of victims supported by a domestic abuse advocate had visited a GP in the past 12 months – on average, 4.5 times.

6 SAFEGUARDING

To comply with statutory safeguarding responsibilities, it is vital to safeguard both adults and children at risk of domestic violence and abuse.

6.1 ADULTS AT RISK

The Care Act 2014 sets out a clear legal framework for how local authorities and partner organisations should protect adults at risk of abuse or neglect. Under The Care Act 2014 there are 10 definitions of abuse, one of which is domestic abuse.

- 6.2 The Care Act adult safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs), and;
- Is experiencing, or is at risk of, abuse or neglect, and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

6.3 To Report an Adult Safeguarding Concern

- In an Emergency: If an adult is at imminent risk of harm and a crime has occurred ring 999 for an emergency response.
- If a crime has occurred but the situation is not an emergency the crime should be reported by calling 101. Non-emergencies and to seek safeguarding advice call Adult Social Care on 0300 123 2224
- To submit a referral click the link online via the Somerset Safeguarding Adults Board website: www.ssab.safeguardingsomerset.org.uk
- Out of hours service: Call Adult Social Care on 01823 368244

6.4 CHILDREN AT RISK

The Domestic Abuse Act 2021 states children who see or hear, or experiences the effect of, the abuse, and is related to the victim or perpetrator is also considered to be a victim of domestic abuse. Where there is domestic violence and abuse, the wellbeing of the children in the household must be promoted and all assessments must consider the need to safeguard the children, including unborn child/ren. They are at increased risk of; physical, emotional, sexual abuse and neglect, in these environments.

6.5 Children's experiences of non-violent, control-based abuse in their homes must remain highly visible. Children can experience both short and long term cognitive, behavioural and emotional effects as a result of witnessing domestic abuse. Each child will respond differently to trauma and some may be resilient and not exhibit any negative effects.

6.6 Where there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm, professionals should act in accordance with their organisations child safeguarding policy.

South West Child Protection Procedures:
<http://www.proceduresonline.com/swcpp/somerset/>

6.7 If you are worried about a child or young person who could be in danger (child protection Level 4 threshold) please contact Children's Social Care on: 0300 123 2224 or the police.

6.8 You can contact the police directly by dialling 101 and they will discuss with Children's Social Care what action should be taken. In an emergency always contact the police by dialling 999.

6.7 If you would like to speak to a social worker outside office hours please phone the Emergency Duty Team (EDT) on 0300 123 23 27

7 SOMERSET MULTI-AGENCY RISK ASSESSMENT CONFERENCES (MARAC)

7.1 The identification of high risk domestic abuse is everyone's business. The completion of a domestic abuse risk assessment (DASH) helps assess the severity of the presenting risk. (Please refer to the ICB Standard Operating Procedure for Responding to Domestic Abuse for further information). This starts the process towards a MARAC where the aim is to ensure effective support to the right people without delay.

7.2 What is a MARAC?

MARAC is a partnership approach with a core objective to share information about domestic abuse victims, perpetrators and families. This involves a number of agencies including Children's Social Care, Adult Social Care, Police, Housing, Education, Specialist Domestic Abuse Services and Health.

7.3 Each agency signed up to MARAC has a MARAC representative who attends meetings and is responsible for the actions of their agency. MARAC runs alongside other multi-agency assessment processes and so must link appropriately to avoid duplication (i.e. MASH, Channel).

8 INFORMATION SHARING

8.1 Health Practitioners who encounter domestic abuse victims, perpetrators and their families often need to assess how to share personal information about clients with other professionals. Lawful and responsible information sharing can be vital to help victims and their children (or other dependents) safe, to carry out risk assessment, to provide support and advocacy services and help bring perpetrators to justice.

8.2 Legal Framework and Policy for Information Sharing

The Data Protection Act 2018 defines consent as: a 'freely given specific and informed indication of his or her wishes by which the data subject signifies his or her agreement to personal data relating to him or her being processed'.

When obtaining consent to disclose personal information it should be made clear:

- Why the information is to be shared (the reasons, purpose and intended outcome);
- Which agencies or named practitioners the information will be shared with;
- What information is to be shared.

8.3 For the purpose of this policy, it is assumed that no consent has been obtained from any individual (the victim, the victim's children and/or the alleged/suspected perpetrator) as to the sharing of their information. In practice, consent should always be sought if possible and it is safe to do so, although the individual practitioner needs to take an independent decision on whether sharing information is necessary and permitted by law to address the safety of the individual or individuals.

- 8.4 If consent is not obtained, disclosures can still be made under the Data Protection Act (DPA), the Human Rights Act (HRA) and the Caldicott Guidelines. Decisions to disclose must;
- Be reached on a case by case basis
 - Be based on a necessity to disclose
 - Ensure that only proportionate information is disclosed in light of the level of risk or harm to a named individual or a known household in each case.
 - Be properly documented at the time a disclosure decision are being made (i.e. what risk is believed to exist), what information will be disclosed and what restrictions on the use of the disclosed information will be placed on its recipients
- 8.5 Laws and policy governing domestic abuse disclosures (including at Multi Agency Risk Assessment Conference (MARAC)).
- Data Protection Act 2018 (the DPA)
 - Human Rights Act 1998 (the HRA)
 - Common Law duty of confidence
 - The Crime and Disorder Act 1998
 - Caldicott Guidelines: as these are guidelines only, if conflict exists between them and the DPA and HRA, the legislation must take precedence.
- 8.6 Data Protection Act – the prevention of crime exemption under Section 29 of the DPA can be used if disclosure is necessary to prevent a crime against a named individual or specified household. The risk of crime must be a genuine or likely risk.
- 8.7 Common Law duty of confidence – An obligation of confidence will exist where the individual has provided the information to another in circumstances where it is reasonable to assume that the provider of the information expected it to be kept confidential. Where there is a clear duty of confidence the information can only be disclosed to “third parties” if there is informed consent, compulsion of law or public interest.
- 8.8 Human Rights Act – A disclosure will comply with HRA if it:
- Is made for the purpose of preventing crime, protecting the health and/or safety of alleged victims and/or the rights and freedoms of those who are victims of domestic violence and/or their children; and
 - Is necessary for the purposes referred to in (a) above and is no more extensive in scope than is necessary for those purposes; and
 - Complies with all relevant provisions of law, including the DPA and the Caldicott Guidelines.
- 8.9 The Crime and Disorder Act 1998 – Any person may disclose information to a relevant authority under Section 115 of the Crime and Disorder Act 1998, ‘where disclosure is necessary or expedient for the purposes of the Act (reduction and prevention of crime and disorder)’. ‘Relevant authorities’,

broadly, are the police, local authorities, health authorities (integrated care boards) and National Probation Service.

8.10 Caldicott Guidelines – Where an individual has not consented to the use of their information, that individual's wishes should be respected unless there are exceptional circumstances. One such exceptional circumstance arises where there is a serious public health risk or risk of harm to the patient or other individuals, or for the prevention, detection or prosecution of serious crime. The Eight Caldicott Principles are:

- Justify the purpose for using confidential information.
- Don't use personal confidential data unless absolutely necessary.
- Use the minimum necessary personal confidential data.
- Access to personal confidential data should be on a strictly need-to-know basis.
- Everyone with access to personal confidential data should be aware of their responsibilities.
- Understand and comply with the law.
- The duty to share information can be as important as the duty to protect patient confidentiality.
- Inform patients and service users about how their confidential information is used.

8.11 Sources of guidance and support in relation to information sharing are available within the organisation and should be used as a reference point where decisions on sharing are complex or where a further opinion on sharing would help inform practice. The Caldicott Guardian and Data Protection Officer are both sources of subject expertise in relation to information sharing and may be contacted via:

somicb.caldicottguardian@nhs.net
somicb.dataprotection@nhs.net

8.12 Cases considered at MARAC meetings are likely to constitute exceptional circumstances as defined by the Caldicott Guidelines. MARAC's are a forum to discuss the most serious cases of alleged or suspected domestic abuse. However, each case must be considered individually, taking into account specific circumstances.

8.13 Practitioners should be aware that Caldicott Guidelines are not law and that the DPA, HRA and common law will always take precedence. If there is apparent conflict between legislation and common law, legislation takes precedence.

8.14 Seven Golden Rules for Information Sharing

- Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
- Be open and honest with the person (and/or their family where

appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

- Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the person where possible.
- Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- Necessary, proportionate, relevant, accurate, timely and secure: Ensuring that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared with whom and for what purpose.

9 TRAINING & DEVELOPMENT

9.1 The NICE Quality Standard, 2016 recommends that all health practitioners involved in assessing, caring for and supporting people experiencing or perpetrating domestic violence and abuse should have sufficient and appropriate training and competencies to deliver the actions and interventions described in this policy.

9.2 The quality standard means that:

- Commissioners: ensure that they commission services in which frontline staff are trained to deliver safe and effective actions and interventions appropriate to their role, including documentation of discussions. Those services should raise awareness and address misconceptions about domestic violence and abuse, whilst ensuring that frontline staff have the skills and training to provide effective support.
- Service Providers: ensure that frontline staff are trained to deliver safe and effective actions and interventions appropriate to their role. The Somerset standard for enhancing the response to domestic abuse across health settings has been directed by a consortium of experts and agreed with the Safer Somerset Partnership stakeholders. It is therefore recommended that providers adopt the agreed standard.
- Training should be provided by qualified trainers, and use accredited materials.
- Health Practitioners: trained to deliver safe and effective actions and interventions. Should ask about domestic violence in a way that facilitates disclosures, in a private discussion, in a sensitive manner and in an environment in which the person feels safe. They should respond sensitively and in a way that ensures the person's safety; they should

offer referral to specialist support and document discussions, agreed actions and outcomes.

- 9.3 Training should be delivered in accordance with national and local training standards and assessment framework.

10 MONITORING COMPLIANCE AND EFFECTIVENESS OF THIS POLICY

- 10.1 The core domestic abuse policy for Somerset will be reviewed every 3yrs or sooner through consultation and in accordance with regional and national standards.

- 10.2 Somerset ICB will provide regular reports to the ICB Quality Committee of the activities and developments concerning the implementation and compliance with the core principles outlined in the policy.

APPENDIX A HONOUR BASED VIOLENCE, FORCED MARRIAGE AND FEMALE GENITAL MUTILIATION

HONOUR BASED VIOLENCE (HBV)

Honour Based Violence (HBV) is a term used to describe violence committed within the context of the extended family which are motivated by a perceived need to restore standing within the community, which is presumed to have been lost through the behaviour of the victim. Most victims of HBV are women or girls, although men may also be at risk.

Women and girls may be perceived to lose honour through expressions of autonomy, particularly if this autonomy occurs within the area of sexuality. Men may be targeted either by the family of a woman who they are believed to have 'dishonoured', in which case both parties may be at risk, or by their own family if they are believed to be either Lesbian, gay, bisexual, transgender, questioning (LGBTq).

Honour based violence and abuse can take many forms, e.g. threatening behaviour, assault, rape, kidnap, abduction, forced abortion, threats to kill and false imprisonment committed due to so called 'honour'. Murders in the name of 'so-called' honour, (often called Honour killings) are murders in which predominantly women are killed for actual or perceived immoral behaviour which is deemed to have brought shame on the family. Some examples nationally of honour based murders have been for trivial reasons for example, dressing or behaving too westernised, falling in love with somebody not chosen by their family, rejecting forced marriage or being LGBTq.

Honour based violence represents a significant risk to the victim. Always adhere to the "One Chance Rule", you may only get ONE chance to speak with a potential victim and thus may only have ONE chance to save a life.

Respond IMMEDIATELY, any suspicion or disclosure of violence or abuse against a child or adult in the name of honour should be treated seriously.

Do not UNDERESTIMATE what the victim is saying or assume it's a cultural issue. Perpetrators of HBV really do kill, just the perception of a rumour or immoral behaviour may be sufficient to do so.

Relevant resources:

- Refuge www/refuge.org.uk [Gender-based violence services – Refuge](#)
- Halo Project www.haloproject.org.uk [Forced Marriage and Honour Based Violence Charity - Halo Project](#)
- Karma Nirvana working to end honour based abuse in the UK www.karmanirvana.org.uk [Karma Nirvana](#)

FORCED MARRIAGE (FM)

A forced marriage is where one or both people do not (or in cases of

people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so. It is recognised in the UK as a form of domestic or child abuse and a serious abuse of human rights.

The Forced Marriage Unit (FMU) is a joint Foreign and Commonwealth Office and Home Office unit which leads on the government's forced marriage policy, outreach and casework. It operates both inside the UK (where support is provided to any individual) and overseas (where consular assistance is provided to British nationals, including dual nationals).

A Forced Marriage Protection Order can help if individuals are either being forced into marriage or already in a forced marriage. Orders are unique to each case and contain legally binding conditions and directions that change the behaviour of a person or persons trying to force someone into marriage. The aim of the order is to protect the person who has been, or is being forced into marriage. The court can make an order in an emergency so that protection is in place straightaway.

The FMU operates a public helpline to provide advice and support to victims of forced marriage as well as to professionals dealing with cases. The assistance provided ranges from safety advice, through to helping a forced marriage victim prevent their unwanted spouse moving to the UK ('reluctant sponsor' cases). In extreme circumstances the FMU will assist with the rescue of victims held against their will overseas.

For advice and support contact the Forced Marriage Unit (FMU)

- Forced Marriage Unit, fmufco@fco.gov.uk

Telephone: 020 7008 0151 Monday to Friday, 9am to 5pm Out of hours: 020 7008 1500 (ask for the Global Response Centre)

<https://www.gov.uk/stop-forced-marriage>

FEMALE GENITAL MUTILATION (FGM)

FGM comprises of all procedures involving partial or total removal of the external female genital organs or any other injury to the female genital organs for non-medical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old. It is often referred to as 'cutting', 'female circumcision', 'initiation', 'Sunna' and 'infibulation'.
<https://www.england.nhs.uk/wp-content/uploads/2016/12/fgm-pocket-guide-v5-final.pdf>

From the 31st October 2015, regulated professionals in health and social care and teachers in England and Wales have a duty to report 'known' cases of FGM (Female Genital Mutilation) in under 18s to the police. Professionals who initially identify FGM must call 101 (police) to report.

If you are worried about a girl under 18 who is either at risk of FGM or who you suspect may have had FGM, you should share this information immediately with Children's Social Care or the Police. Where a child appears to be in immediate danger of mutilation, Children's Social Care and the police will urgently consider the need for a Female Genital Mutilation Protection Order, an Emergency Protection Order or a Prohibited Steps Order. Practitioners should make it clear to the family that they will be breaking the law if they arrange for the child to have the procedure.

Relevant resources:

- Violence Against Women & Girls (VAWG):<https://www.forwarduk.org.uk/violence-against-women-and-girls/keyfacts-about-vawg/>
- FGM resource pack: <https://www.gov.uk/government/publications/femalsgenital-mutilation-resource-pack/female-genital-mutilation-resourcepack#effective-practice-and-resources>

NHS England has produced a helpful pocket guide: <https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>

APPENDIX B STALKING & HARASSMENT

Harassment and stalking can cause victims, their families and loved ones immense physical, psychological and emotional harm.

Well-publicised murders have involved stalking and other forms of persistent harassment. Offenders stalk or harass their victims online, by post or telephone, by direct personal contact or a combination of these channels, with a reported 75% of domestic violence stalkers turning up at the victim's workplace (MacKenzie, McEwan, Pathé, James, Ogloff, & Mullen, 2009).

A recent Crime Survey for England and Wales suggests there may be around 120,000 victims a year. Over the same period police recorded 52,500 offences involving harassment. Conviction rates are low, 4% or less depending on which of the two preceding figures are correct.

Statistics show that the majority of victims (80.4%) are female while the majority of perpetrators (70.5%) are male. (National Stalking Helpline, 2011).

Stalking and Harassment is a high risk factor in Domestic Homicides. The Metropolitan Police Service found that 40% of the victims of domestic homicides had also been stalked (ACPO Homicide Working Group, 2003).

As of the 25th November 2012 amendments to the Protection from Harassment Act have been made that makes stalking a specific offence in England and Wales for the first time.

The amendments were made under the Protection of Freedoms Act 2012. There are two new amendments; section 2A stalking, and section 4A stalking. To prove a section 2A it needs to be shown that a perpetrator pursued a course of conduct which amounts to harassment and that the particular harassment can be described as stalking behaviour.

Stalking is not legally defined, but the amendments include a list of example behaviours which are; following, contacting/attempting to contact, publishing statements or material about the victim, monitoring the victim (including online), loitering in a public place, interfering with property, watching or spying. This is a non-exhaustive list which means that behaviour which is not described above may also be seen as stalking. A course of conduct is 2 or more incidents.

Section 4A is stalking involving fear of violence or serious alarm of distress. Again serious alarm and distress is not defined but can include behaviour which causes the victim to suffer emotional or psychological trauma or have to change the way they live their life. If at the trial of an offence the jury find the offender not guilty, they may still be able to find the person guilty of an offence under 2A.

Sections 2 and 4 of the Protection from Harassment Act can also still be used to prosecute harassment. Harassment is described in the Act as a course of conduct which (a) amounts to harassment of another and (b) which they know ought to know amounts to harassment of another. Sections 2 and 2A are summary only offences and there is a maximum prison

sentence of 6 months. Section 4 and 4A are either way offences with a maximum prison sentence of 5 years.

In addition, the 2012 Act clarifies references to harassment causing fear in the 1997 Act. It uses the phrase 'substantial adverse effect on the usual day-to-day activities'. Examples might include victims fitting more security devices, changing routes to work or arranging for others to pick up children from school to avoid the attentions of a stalker. As a result the victim has less freedom.

Taken from the DA Statutory Policy 2021 section 55-62 (p.34-35):

Where harassment or stalking occurs, and the perpetrator and victim are 16 or over and "personally connected", this behaviour falls within the scope of the statutory definition of domestic abuse in the 2021 Act. For example, it may constitute physical abuse, threatening behaviour, controlling or coercive behaviour, or emotional or psychological abuse.

There is no statutory definition of harassment but it includes repeated attempts to impose unwanted communications and contact upon a victim, in a manner that could be expected to cause distress or fear. It is generally acknowledged that harassment involves behaviour that is intended to cause a person alarm or distress or to cause them to fear violence when the perpetrator knows or ought to know that their conduct amounts to harassment. Where there is evidence to show that such conduct has occurred on more than one occasion, the perpetrator could be prosecuted under the Protection from Harassment Act 1997 ('the 1997 Act').

The perpetrator's behaviour may follow a pattern, such as sending messages which the recipient finds alarming or distressing, or which causes them to fear violence. Alternatively, the perpetrator's behaviour may differ on each occasion, for example they could use a variety of means to harass the victim such as sending threatening messages (for example via text or social media) or emails, making abusive phone calls, damaging property or falsely reporting a person to the police when they have done nothing wrong.

Similarly, there is no statutory definition of stalking. Examples of the type of behaviour considered in particular circumstances to be acts, or omissions, associated with stalking are set out in section 2A of the 1997 Act. This list is not exhaustive, nor does the offence require a personal connection, which means it is wider than, and differs from, domestic abuse:

- Following a person;
- Contacting, or attempting to contact, a person by any means;
- Publishing any statement or other material —
 - i. relating or purporting to relate to a person, or
 - ii. purporting to originate from a person;
- Monitoring the use by a person of the internet, email or any other form of electronic communication;
- Loitering in any place (whether public or private);
- Interfering with any property in the possession of a person; and
- Watching or spying on a person.

The police and the Crown Prosecution Service (CPS) have also adopted the following description, which appears in the statutory policy on Stalking Protection Orders, issued under the Stalking Protection Act 2019: stalking is a pattern of unwanted, fixated and obsessive behaviour which is intrusive. It can include harassment that amounts to stalking or stalking that causes fear of violence or serious alarm or distress to the victim.

Stalking behaviours may vary but are often motivated by obsession and their behaviour shares a consistent set of characteristics involving Fixated, Obsessive, Unwanted and/or Repeated (FOUR) behaviours, online and/or offline. Victims of domestic abuse may be vulnerable to stalkers, particularly when a relationship has ended.

There is no 'typical' stalking perpetrator or stalking victim. This crime disproportionately affects women and girls, but it is important to recognise that men and boys are victims too, and that both men and women can be perpetrators. CSEW data for the year ending March 2020 found that since the age of 16, 9% of women and 3% of men aged 16 to 74 had experienced domestic stalking.

Stalking affects people of all ages, and victims come from a wide range of backgrounds – it is not restricted to public figures and celebrities. Stalking behaviour may on the surface appear 'harmless', particularly if it is considered in isolation rather than as part of a wider pattern of potentially abusive and harmful behaviour. The context of the behaviour, including the motivations behind the behaviour and the impact on the victims should be considered.

Relevant resources:

- The National Stalking helpline: www.stalkinghelpline.org
- The Suzy Lamplugh Trust: www.suzylamplugh.org
- Victim Support line: www.victimsupport.org.uk