

**Responding to  
domestic abuse:**  
a handbook for  
health professionals



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## DH INFORMATION READER BOX

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# Contents of CD-Rom

1. Electronic text of the handbook
2. Sample domestic violence strategy, policy and practice guidelines
3. Guidance for Partnerships and Primary Care Trusts (PCTs)

# Foreword

Even though much domestic abuse occurs within the privacy of personal relationships, it's far from being a private issue.

Occurring in all parts of society, it accounts for a quarter of all violent crime and costs the taxpayer billions of pounds every year – £3.1 billion in England and Wales in 2004.

But the greatest cost is to the women and children from all social backgrounds who deal with its effects on their lives on a day-to-day basis, even long after they have escaped abuse.

The extent of the problem is shocking and intolerable. The Government has responded by making it a priority to:

- > bring to justice perpetrators of domestic abuse;
- > support women and children who experience abuse; and

- > prevent future cases of domestic abuse.

Our Inter-Ministerial Group on Domestic Violence implements national strategy and is supported by legislation (such as the Domestic Violence, Crime and Victims Act 2004) that strikes at the heart of the problem.

But strategy and legislation alone don't guarantee results. Success relies on a multi-agency approach, so that everybody plays their part in helping women and children create safer lives for themselves. The NHS has an important role – not only because health professionals deal with injuries caused by domestic violence in their daily work, but also because they are often a woman's first or only contact

with a professional who could provide a lifeline to safety.

The health sector is already making a significant contribution:

- > The Crime and Disorder Act 1998 gave Primary Care Trusts a statutory duty to work within Crime and Disorder Reduction Partnerships to reduce local crime – including domestic violence.
- > In collaboration with the National Institute for Mental Health in England, the Department of Health (DH) has established a substantial programme of work for 2004/05 and beyond to alleviate the health and mental health effects of domestic violence on women and children.
- > Recognising that many cases of domestic abuse start during pregnancy, DH set up the Domestic Abuse and Pregnancy Advisory Group in 2005. Its recommendations on how health services could meet the needs of pregnant women who are experiencing abuse have informed this handbook and will help shape future policy.
- > Domestic abuse has been an important consideration in health consultations, inquiries (*Why mothers die*, 2000–02 (Confidential Enquiry into Maternal and Child Health 2004)) and White Papers (the public health White Paper 2004 and the new *Your health, your care, your say*, 2005).

The Government has an evidence base for the work it is taking forward to respond to domestic abuse. The Crime Reduction Programme's Violence Against Women Initiative was an evidence-led programme that aimed to find out which approaches and practices were effective in supporting survivors of domestic and sexual abuse and in reducing incidents of abuse. Five multi-agency, victim-focused projects were based within health contexts such as primary care and A&E. All aimed to encourage and support disclosure of domestic abuse and facilitate entry into specialist domestic violence support services, and every project underwent independent evaluations.

An independent evaluation was also undertaken on a pilot project implemented by the University of the West of England and North Bristol NHS Trust, which aimed to equip community midwives to enquire effectively about domestic abuse during pregnancy. It was found that introducing enquiry about domestic abuse significantly opened up opportunities for women to talk about their experiences of abuse during pregnancy and led to an increase in the numbers of women disclosing old and new abuse.

*Responding to domestic abuse: a handbook for professionals* is a practical tool that answers the question 'What am I supposed to do if one of my patients tells me they're experiencing domestic abuse?' It takes on

board feedback from users of *Domestic violence: a resource manual for health care professionals*, which was published in 2000, and has been designed to be easy to use, functional and accessible. It builds on good practice that is already in place across the country and will enable health professionals to respond consistently to domestic abuse. The training manual that accompanies this publication can be found on DH's website. The CD-Rom contains an electronic version of the manual and key papers with references.

The handbook takes a national vision and puts it into practice. As well as helping frontline staff recognise and give appropriate support to women and children who are being abused, it will promote networking and

information-sharing amongst domestic violence agencies. As such, it is an important stepping stone towards an effective, multi-agency response to domestic abuse that will create safer futures and better health for thousands of women and children – and for society as a whole.



**Caroline Flint, MP**

**Parliamentary Under Secretary  
of State for Public Health**

**Member of the Inter-Ministerial  
Group on Domestic Violence**

# Section 1

## Using the handbook

In this section:

- 1.1 Contents
- 1.2 Target audience
- 1.3 Responding to domestic abuse:  
a handbook for health professionals
- 1.4 How to use the handbook

### A useful reference tool

This handbook gives practical guidance to healthcare professionals on working with patients who may have experienced or are experiencing domestic abuse. It provides:

- > all readers with an insight into domestic abuse and its effects on individuals, the health service and society;
- > healthcare professionals with practical prompts that they will be able to use in their day-to-day work with women and children; and
- > managers and policy-makers with advice on creating strategies for improving the care given to those who have experienced or are experiencing domestic abuse.

As well as covering work with women, the handbook covers the basic information that healthcare professionals will need to know to respond effectively to children who have experienced or are experiencing domestic abuse.

### Healthcare's contribution to national initiatives

Domestic abuse is a priority across government. Dealing with its effects and trying to alleviate the problem require a multi-agency approach – no one organisation has all the answers. But by working together, central and local government, criminal justice agencies, voluntary sector organisations and the NHS have a greater chance of meeting women and children's needs.

Since April 2004, Primary Care Trusts have had a statutory duty to work with other local agencies to reduce crime (in Crime and Disorder Reduction Partnerships under the Crime and Disorder Act 1998). Domestic violence forms a quarter of all violent crime, so by following the guidance in this handbook, staff are helping the NHS to fulfil its obligations.

This handbook is also a response to the Domestic Abuse and Pregnancy Advisory Group recommendations, August 2005, which we have incorporated into an action plan (see Annex B). The action plan sets out how national maternity services can create a supportive environment for women who may have experienced domestic abuse – most importantly by routinely asking if a woman is

experiencing abuse and providing information (once staff have received appropriate training). The plan is relevant to health services in general and it has informed many of the practical prompts in this handbook.

### **A response to genuine need**

The handbook gives very clear answers to questions that many healthcare professionals have been asking: 'What's my role?', 'What am I supposed to do?' or 'Should I tell a woman whose partner has hit her to leave?' Thankfully, although domestic abuse is a complicated issue, our response doesn't have to be. The guidance in this handbook sets out clearly what is expected of us all.

## 1.2

# Target audience

**Anybody who works for the NHS** – from administrative staff to clinical staff. But it will be especially useful for those who:

- > work face-to-face with patients, such as GPs, midwives and health visitors;
- > are likely to be the first point of contact for a woman who may be experiencing domestic abuse;
- > are able to develop a relationship with a woman over time and increase the chance of her disclosing abuse and seeking advice; or
- > are involved in developing domestic abuse strategy or policy.

For guidance to have maximum impact, the approaches outlined should be adopted at both a strategic and a practice-based local level. Trusts should have a clearly defined and accessible domestic abuse strategy that is supported by training to ensure that health professionals feel confident in applying the approaches set out in this handbook.

## 1.3

# Responding to domestic abuse: a handbook for health professionals

This revised edition updates *Domestic violence: a resource manual for health care professionals*, which was published in 2000. It has been designed to be easy to use, functional and accessible.

It builds on good practice that is already in place across the country and will enable health professionals to respond consistently to domestic abuse.

### Why is the main focus on women's needs and not men's?

*It's true that men also experience domestic abuse. But about 90% of domestic violence cases are committed by men against women.<sup>1</sup> Women are also more likely to experience repeat incidents of abuse, be frightened or be injured after an attack, and they are the lead carers at home, so abuse against them affects their children. Consequently, this handbook focuses on women's needs. The Home Office is currently examining the needs of men who experience domestic violence. In the meantime, much of the guidance in this handbook can be applied to men who experience domestic abuse, who deserve the same respect and support when they turn to us for help.*

*Similarly, although much of this handbook refers to domestic abuse within heterosexual relationships, it's important to acknowledge that lesbian and gay relationships are also affected by domestic abuse. Although abuse in same-sex relationships sometimes brings up different issues from those occurring in heterosexual relationships, it merits the same level of concern and the same professional, supportive response from the health service.*

- > The health service is in a unique position to help people who suffer domestic abuse get the support they need. Individuals and Trusts across the country are already doing a lot to help. This handbook formalises our approach so that our work is consistent.
- > Virtually every woman in Britain uses the healthcare system at some point. If we create an environment in which women are more likely to feel safe enough to reveal that they are being abused and can therefore access information, we can make a real difference for thousands of women and their families.

- > If health professionals all follow the same guidance, every woman across the country – from any background – can expect the same standard of response if they turn to us for help.
- > It makes the job of health professionals easier. If it's our responsibility to help women who may be experiencing domestic abuse, we need to know the best ways to respond effectively.
- > The handbook also helps us play our part in bringing perpetrators to justice by giving guidance on the best way to keep records that might be used in future court cases.

## 1.4

# How to use the handbook

- > The handbook is a flexible resource. You don't need to read it from beginning to end, but can 'dip into' it at any time.
- > But you should familiarise yourself with the contents of all sections, so that you know the nature and extent of domestic abuse and how the NHS is contributing to supporting women who experience it.
- > It has been designed so that you can find the information that is most relevant to your situation quickly and easily.
- > It's worth remembering that the guidance in the handbook doesn't work in isolation – it's part of a national approach that is being implemented locally through partnership with other agencies.
- > The CD-Rom that accompanies this publication contains electronic text, key papers and references.
- > If you can't find the information you need or you want more information about what is being done locally, you can contact the professional leading domestic abuse initiatives in your area. Some Trusts and Strategic Health Authorities have a lead health professional and information on domestic abuse fora.

## What's inside?

### Section 2

*Domestic abuse is a health issue*

An overview of domestic abuse, its extent and effects, and why it's a health issue.

### Section 3

*Guidance for health professionals*

Practical advice for day-to-day work dealing with women and children who have experienced domestic abuse.

### Section 4

*Guidance for policy-makers and managers*

Advice on creating local policies and strategies that help create safer lives for people experiencing domestic abuse.

### Annexes

More details on issues outlined in the guidance.

### Useful contacts

Where to go to next for more information on domestic abuse issues. A list of agencies engaged in multi-agency activities to respond to domestic abuse.

### Reference

<sup>1</sup> BMA, 1998, *Domestic violence: a healthcare issue*

## Section 2

# Domestic abuse is a health issue

In this section:

- 2.1 Domestic abuse in numbers
- 2.2 What is domestic abuse?
- 2.3 Who does domestic abuse affect?
- 2.4 The effects of domestic abuse
- 2.5 Understanding abused women
- 2.6 The cost of domestic violence in 2004
- 2.7 Domestic abuse is a health issue
- 2.8 What's being done to help?

## 2.1

# Domestic abuse in numbers

- 2** The number of women killed every week by a current or former partner.<sup>1</sup>
  - 20%** The percentage of women in England and Wales who say they have been physically assaulted by a partner at some point.<sup>2</sup>
  - 30%** The proportion of cases of domestic violence that start during pregnancy.<sup>3</sup>
  - 52%** The percentage of child protection cases involving domestic violence.<sup>4</sup>
  - 54%** The percentage of UK rapes committed by a woman's current or former partner.<sup>5</sup>
  - 70%** The percentage of children living in UK refugees who had been abused by their father.<sup>6</sup>
  - 75%** The percentage of cases of domestic violence that result in physical injury or mental health consequences to women.<sup>7</sup>
  - 90%** The proportion of domestic violence in which children are in the same or next room.<sup>8</sup>
  - £1.2bn** The cost to the NHS of dealing with physical injuries alone caused by domestic violence.<sup>9</sup>
- These are reported cases; they will, therefore, be underestimates of the true figures.

## 2.2

# What is domestic abuse?

Many people think of domestic abuse as a physical assault by a man on a woman in their home. But women's experience of domestic violence extends much further than that, and it can be difficult to come up with a simple description. The Inter-Ministerial Group on Domestic Violence (see Annex A) has adopted the following Home Office definition:

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'  
(Home Office)

- > The term 'domestic violence' obviously covers a wide range of abuse – physical and otherwise. It also covers issues that mainly concern women from minority ethnic backgrounds, such as forced marriage, female genital mutilation and so-called 'honour violence'.<sup>10</sup>
- > Throughout this handbook, we use the term 'domestic abuse' instead of 'domestic violence' wherever possible, because we are concerned that the latter might be interpreted as physical abuse only. We have, however, made use of information and statistics on 'domestic violence' and so have kept to that terminology in those instances.

## Examples of domestic abuse

### **Physical**

*Shaking, smacking, punching, kicking, presence of finger or bite marks, starving, tying up, stabbing, suffocation, throwing things, using objects as weapons, female genital mutilation, 'honour violence'.*

*Physical effects are often in areas of the body that are covered and hidden (ie breasts and abdomen).*

### **Sexual**

*Forced sex, forced prostitution, ignoring religious prohibitions about sex, refusal to practise safe sex, sexual insults, sexually transmitted diseases, preventing breastfeeding.*

### **Psychological**

*Intimidation, insulting, isolating a woman from friends and family, criticising, denying the abuse, treating her as an inferior, threatening to harm children or take them away, forced marriage.*

### **Financial**

*Not letting a woman work, undermining efforts to find work or study, refusing to give money, asking for an explanation of how every penny is spent, making her beg for money, gambling, not paying bills.*

### **Emotional**

*Swearing, undermining confidence, making racist remarks, making a woman feel unattractive, calling her stupid or useless, eroding her independence.*

- > Most forms of domestic abuse are crimes that should never be tolerated in any form or context. Under the Domestic Violence, Crime and Victims Act 2004, charges can now be brought against a perpetrator without an abused person's permission.
- > Responsibility for domestic abuse always lies with the perpetrator – never with the person who has been abused.
- > We will probably never know its true extent, because many cases go unreported. It is difficult – and often dangerous – for women to tell somebody that they are being abused by somebody close to them. But we do know it's common.

The police in the UK receive a call to stop domestic violence every minute.<sup>11</sup>

- > Domestic abuse doesn't always occur in the home. Some women who experience abuse have never lived with their abuser.
- > A woman doesn't have to be in a relationship with a man to experience domestic abuse. Some men continue to assault women after a relationship has ended. Women are at greatest risk of being murdered at the point of separation or after having left a violent partner.
- > Any family member can be a perpetrator – but in the vast majority of cases the abuser will be male.

- > Domestic abuse might be a single event, but it's usually an ongoing behaviour pattern that gets worse and more frequent over time.

35% of households that experience a first assault will experience a second within five weeks.<sup>12</sup>

- > Any woman experiencing domestic abuse can find it difficult to access help. The problem is made more difficult for women who experience discrimination. Women who might come across stereotyping and prejudice include:
  - black and Asian women;
  - older or younger women;
  - lesbian women;
  - those with a disability;

- those who misuse drugs or alcohol;
- travellers;
- sex workers such as prostitutes;
- asylum seekers;
- those with mental health problems;
- vulnerable adults;
- homeless women; and
- the elderly.

## 2.3

# Who does domestic abuse affect?

Domestic abuse occurs across the whole of society, regardless of:

- > race, ethnicity and religion;
- > age;
- > class and income; or
- > where people live.

There may be an increased risk for some particularly vulnerable groups, such as:

- > women who are transient;
- > women with low socio-economic status; and
- > women with mental health problems.

We also know that there are times when the risk of domestic abuse increases.

### **Women are at risk when they leave their partner**

Contrary to belief, deciding to leave an abusive partner doesn't mean a woman is safe. It's at this point that she's most at risk of serious injury or being murdered.

In 2003/04, nearly 40% of all female homicide victims were killed by their current or ex-partner compared with about 5% of male homicide victims.<sup>13</sup>

### **A woman and her unborn child are at increased risk during pregnancy**

Domestic abuse is more likely to begin or escalate during pregnancy.

More than 30% of cases of domestic violence start during pregnancy.<sup>14</sup>

More than 14% of maternal deaths occur in women who have told their health professional they are in an abusive relationship.<sup>15</sup>

40%–60% of women experiencing domestic violence are abused while pregnant.<sup>16</sup>

15% report violence during their pregnancy.<sup>17</sup>

### Children are also at risk

In over half of known domestic violence cases, children were also directly abused.<sup>18</sup>

Over three-quarters of children ordered by the courts to have contact with a violent parent were abused further as a result of contact being set up.<sup>19</sup>

About 750,000 children witness domestic violence every year.<sup>20</sup>

Nearly three-quarters of children on the 'at risk' register live in households where domestic violence occurs.<sup>21</sup>

Domestic abuse is also a child protection issue. If a woman is being abused by a current or former partner and there are children in the home, they are likely to have experienced abuse by the same perpetrator. A study of 111 NSPCC cases of child abuse found that domestic violence was present in 62% of cases.<sup>22</sup>

The risks go further than physical injury. Even when a child is not directly abused (physically or sexually), there is a risk they will be harmed trying to help their mother. They will almost certainly suffer short- or long-term psychological trauma from having witnessed abuse.

Under the Adoption and Children Act 2002, living with or witnessing domestic violence is identified as a source of 'significant harm' for children. So if children are exposed to domestic abuse, health professionals should follow normal child protection procedures. In such cases, it is most effective to provide support and protection to the abused mother, so that she is able to protect her children. Holding her responsible for failing to protect a child should not be the approach. It isn't helpful to hold her responsible for failing to protect her child, if she herself is being abused.

## 2.4

# The effects of domestic abuse

### Examples of the effects on women

#### Physical effects

Bruising  
Recurrent sexually transmitted infections  
Broken bones  
Burns or stab wounds  
Death  
Gynaecological problems  
Tiredness  
General poor health  
Poor nutrition  
Chronic pain  
Miscarriage  
Maternal death  
Premature birth  
Babies with low birthweight/  
stillbirth/injury/death  
Self-harming behaviour

#### Psychological effects

Fear  
Increasing likelihood of misusing drugs, alcohol or prescribed anti-depressants  
Depression/poor mental health  
Wanting to commit or actually committing suicide  
Sleep disturbances  
Post-traumatic stress disorder  
Anger  
Guilt  
Loss of self-confidence  
Feelings of dependency  
Loss of hope  
Feelings of isolation  
Low self-worth  
Panic or anxiety  
Eating disorders

Domestic abuse impacts on a woman's health potential.

For example, women may:

- > turn to drugs, alcohol or other substances in an attempt to cope with their situation;
- > become isolated from friends and family – important sources of support;
- > lose their independence – especially if they are financially dependent on their abuser;
- > avoid taking opportunities that arise or taking up new interests and activities for fear they might provoke their abuser; and
- > have problems at work due to increased time off or inability to concentrate.

Domestic abuse also affects the quality of the relationship a woman is able to have with children.

- > Domestic abuse can affect a child's educational opportunities, through:
  - developmental delay;
  - disrupted schooling or truanting;
  - concentration difficulties; or
  - memory problems.
- > It has serious consequences on a child's ability to relate to other people and can affect their chances of living a healthy, rewarding life – now and in the future.

## Examples of the effects on children

| Physical effects  | Psychological/behavioural effects  |
|---|--|
| <p>Bruising</p> <p>Broken bones</p> <p>Burns or stab wounds</p> <p>Death</p> <p>Neurological complications</p> <p>Tiredness and sleep disturbance</p> <p>General poor health</p> <p>Stress-related illness (asthma, bronchitis or skin conditions)</p> <p>Enuresis or encopresis</p> <p>Running away leading to potential homelessness</p> <p>Eating difficulties</p> <p>Damage following self-harm</p> <p>Teenage pregnancy</p> <p>Gynaecological problems</p> <p>Self-harm</p> <p>Damage to the unborn child in pregnancy</p> | <p>Fear, panic, guilt and anxiety</p> <p>Depression/poor mental health</p> <p>Introversion or withdrawal</p> <p>Thoughts of suicide or running away</p> <p>Post-traumatic stress disorder</p> <p>Anger, aggressive behaviour and delinquency</p> <p>Substance misuse</p> <p>Loss of self-confidence</p> <p>Assumes a parental role</p> <p>Hyperactivity</p> <p>Tension</p> <p>Low self-esteem</p> <p>Sexual problems or sexual precocity</p> <p>Suicide</p> <p>Eating disorders</p> <p>Difficulty in making and sustaining friendships</p> <p>Truancy and other difficulties at school</p> |

- > The effects of domestic abuse on children tend to vary according to:
  - how old they are;
  - the levels of violence;
  - the length of time the abuse has been happening;
  - whether they are directly abused;
  - the extent to which they have witnessed the violence; and
  - how much support they are getting from other people.
- > For many children, the negative effects lessen, and in some cases disappear, once the child is safe and secure. Other children may only start to show negative effects once they feel safe.
- > But it is important to acknowledge that removal from an abuser doesn't automatically mean safety for a child. This is particularly true if the courts order contact with a man who has been violent in the past. There have been cases where women and children have been abused or killed during contact visits – sometimes when contact has been ordered by the courts.<sup>23</sup>

There is little evidence to suggest that a child who experiences or witnesses domestic abuse will grow up to be a perpetrator or to experience further abuse in adult life. Attitudes, however, can be affected by living with abuse. A recent survey conducted by the NSPCC and *Sugar* magazine highlighted:

> 31% of girls hit regularly by their boyfriends have seen their parents hit each other;

> 11% of girls who believe it is acceptable to be hit by a boyfriend have been hit by a parent;

> 20% of teenage girls have been hit by a boyfriend; and

> 33% say cheating justifies violence.

## Women are often unable to protect their children

*Mothers who are living with domestic violence are often unable to protect their children from the direct and indirect effects of abuse, despite their best efforts. As health professionals, we should bear this in mind when planning for child protection.*

- > Challenging such views is crucial if we are to help avoid future cases of domestic abuse. And, as health professionals, we have an opportunity to show young people that abuse is unacceptable by helping people who have been abused to start to build safer lives. By doing so, we are setting an example that could help shape children's opinions on what they can expect from current and future relationships.

## 2.5

# Understanding abused women

*As health professionals supporting those who are experiencing domestic abuse, we have to be able to accept that sometimes women will make decisions that we might find hard to understand. Overcoming our own frustrations and misperceptions forms an important part of providing support. Domestic abuse is always the responsibility of the perpetrator. Never blame the abused woman – it's not her fault.*

### **Why don't women just leave an abuser?**

Women always want abuse to end – but not always the relationship. They might also:

- > not be safe if they leave an abuser. For many women, the abuse continues after a relationship has ended;
- > be afraid of the abuser;
- > be anxious about living alone, not being able to cope or the unknown;
- > suffer chronic post-traumatic stress and be unable to make critical decisions;
- > be financially dependent on the abuser;
- > still love him;
- > have been convinced by an abuser that they are worthless and no-one else will care for them;
- > think there is a chance their partner will change;
- > want their children's father to be around as they grow up;

- > want to prevent family upheaval (having to move house, children changing schools and leaving established friends); or
- > feel a 'trauma bond' with their abuser. This is often referred to as 'hostage syndrome'.<sup>24</sup>
- > The consequences of talking might seem worse than staying silent.
- > Perhaps the perpetrator has threatened worse abuse if she talks to someone.
- > Women might be worried about losing their children if social services are involved.

### **Why don't they just tell someone?**

- > They might be worried about stigma surrounding domestic abuse.
- > Using the label 'domestic abuse' might make them uncomfortable.
- > They might be afraid of the consequences of telling someone.
- > Some women don't recognise their situation as domestic abuse.
- > They might worry that nobody will believe them – particularly if there are no physical injuries.
- > There might be cultural or religious barriers.
- > They might be worried about their immigration status.
- > The abuser might never leave her alone.
- > Some women can't find the words to describe their experiences.

- > Maybe nobody's ever asked.

Always remember that a woman is the only person who has all the information about her own particular circumstances.

### **Continued support and understanding are crucial**

- > For a lot of women coping with domestic abuse, speaking to somebody about it and finding ways to create a safer life can take a long time. It's a long process – not a single event.
- > Sometimes women try different ways of dealing with their problem over a long period of time before finding a way that's right for them – which is why it's important to continue

supporting them. They may make decisions that we do not understand, but health professionals should adopt a non-judgemental approach and women's decisions should be respected.

- > As with all important life-changing decisions, women will consider their options carefully and over time before taking action. It can seem frustratingly slow and women may return to their abuser on several occasions. Pushing them into action is reflective of the abuser's behaviour towards her and is not helpful.

## What do survivors of domestic abuse want?

*To be safe.*

*To be believed, taken seriously and respected.*

*Timely and proactive interventions such as routine enquiry and the provision of information.*

*Independent advocates (from the voluntary sector, for example) to oversee their case and liaise with the different agencies that provide them with support.*

*A single person or agency to get help from so that they don't have to keep repeating intimate details of their abuse.*

*Options based on their circumstances explained to them clearly.*

*Contact with other survivors.*

*To be kept informed of developments – such as when an abuser is released from a police station or turns up at the child's school.*

*Support to cope with the effects of abuse on their children.*

*To have their views incorporated into services that are offered to them.*

## 2.6

# The cost of domestic violence in 2004<sup>25</sup>

|  |                      |
|--|----------------------|
| Criminal justice system                                      | £ 1 billion          |
| Healthcare (including physical and mental health)            | £ 1.4 billion        |
| Social services  | £ 0.25 billion       |
| Housing  | £ 0.16 billion       |
| Civil legal services (injunctions, divorce-related services) | £ 0.3 billion        |
| <b>Total cost</b>  | <b>£ 3.1 billion</b> |

As well as the personal cost to those who experienced domestic violence last year, the financial cost is detailed above.

These figures are likely to be conservative, as they're based on the British Crime Survey, and domestic violence is believed to be under-reported.

Of course, it's impossible to put a price on the pain and suffering associated with domestic violence, but a figure of over £17 billion a year has been

estimated. And the cost of lost economic output (due to time off work because of injuries, for example) is around £2.76 billion a year.

The total cost to the nation is nearly £23 billion, including costs for human and emotional and economic output aspects.

See the next page for health costs.

## Health costs

|  | NHS/state        | Patient       | Total (£'000s)                                   |
|--|------------------|---------------|--|
| Hospital and ambulance                 | 1,158,053        |               | 1,158,053  |
| GP visits                              | 24,672           |               | 24,672   |
| Prescriptions                          | 25,779           | 1,463         | 27,242   |
| Travel and lost wages for<br>GP visits |                  | 10,280        | 10,280   |
| <b>Sub-total</b>                       | <b>1,208,504</b> | <b>11,743</b> | <b>1,220,247</b>                                 |
| Mental health                          | 176,000          |               | 176,000  |
| <b>TOTAL</b>                           |                  |               | <b>1,396,247</b><br>(rounded up to £1.4 billion) |

## 2.7

# Domestic abuse is a health issue

- 1 Health professionals are often a first point of contact for women, and they deal with the after-effects of domestic abuse on an everyday basis.**

Women who have experienced abuse use health services frequently and require wide-ranging medical services. They are likely to be admitted to hospital more often than non-abused women and are issued more prescriptions.

- 2 Women at risk might not come into contact with any other professionals who can offer a lifeline.**

It would be wrong for us to wait for other professionals to help vulnerable patients when we have the perfect opportunity to create an environment in which women feel comfortable and may choose to reveal domestic abuse and ask for much-needed support.

**3 A woman's health records can play an important part in bringing perpetrators to justice.**

They can also be an influencing factor in housing and immigration decisions.

**4 Some NHS colleagues will experience domestic abuse.**

Due to the high prevalence of domestic abuse across society, it's inevitable that some health professionals will suffer at the hands of someone close to them. Our policies need to be robust enough to give them the support they need. Human Resources (HR) departments can access workplace domestic violence policies via the NHS Employers organisation.

**5 Women say they want us to take the initiative.**

Time and again survivors of domestic abuse have said they wish somebody had asked them if they were experiencing problems in their personal relationships.

## 2.8

# What's being done to help?

### **Agencies are joining forces to have maximum impact**

For decades women's organisations have responded to the needs of women experiencing domestic abuse. Now they are supported by central and local government, other voluntary organisations, the NHS and criminal justice agencies. A multi-agency approach allows the problem to be approached from various sides simultaneously. It means that women and children who are dealing with the effects of abuse in their lives can get support that meets their individual needs.

### **The Government has prioritised domestic abuse issues**

It has set up a cross-government group, the Inter-Ministerial Group on Domestic Violence, with involvement from the Department of Health (DH), the Home Office and the Cabinet Office. Initially, the Government wished to address the prevalence of domestic abuse in pregnant women. Early in 2005, DH set up the Domestic Abuse and Pregnancy Advisory Group with representation from Royal Colleges and key domestic violence voluntary sector organisations. The Advisory Group's remit was to advise Ministers on how services can meet the needs of pregnant women who are experiencing abuse.

DH and the Home Office have, in partnership with the National Institute for Mental Health in England (NIMHE), set up the Victims of Violence and Abuse Prevention Programme. The programme seeks to address the health and mental health needs of individuals affected by domestic and sexual violence and abuse. Its work will support the implementation of DH policy on routine enquiry about domestic abuse and the provision of information in antenatal services.

The Domestic Violence, Crime and Victims Act 2004 has extended the protection available in both the civil and the criminal courts to those experiencing domestic violence.

### **There is a range of support available**

National approaches are flexible enough to allow local partnerships to deliver services that meet local need. Although women in need can still get emergency accommodation if they want to escape a partner, there are now services that can provide additional safety measures so that women can, if they choose to do so, stay in their own home. This may empower them to make positive and safe changes to their life and can also benefit any children in the family.

There are local and national helplines for women and children experiencing domestic violence (see page 127 for more information).

## **The NHS is playing an active role**

As survivors of domestic violence will testify, some health professionals have always played an important role in supporting women who have experienced abuse. Now we are ensuring that this approach is part of our culture and that information and support is available to any woman who wants it from us. It will make a significant difference to the lives of thousands of women and children across the country.

## References

- <sup>1</sup> Ninety-two women (32% of female homicides) were killed in 1999 by present or former partners. This equates to one woman every three days. Criminal Statistics 1999 (Home Office).
- <sup>2</sup> Home Office (2001) British Crime Survey, England and Wales.
- <sup>3</sup> McWilliams, M. and McKiernan, J. (1993) *Bringing it out into the open*.
- <sup>4</sup> Farmer, E. and Owen, M. (1995) *Child protection policies: private risks and public remedies*.
- <sup>5</sup> Walby, S. and Allen, J. (2004) Home Office Research Study 276: *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*.
- <sup>6</sup> Bowker, L., Artbitell, M. and McFerron, J. (1998) *Domestic violence factsheet: children* by the Women's Aid Federation of England.
- <sup>7</sup> Home Office (2001) British Crime Survey, England and Wales.
- <sup>8</sup> Hughes, H. (1992) 'Impact of spouse abuse on children of battered women', *Violence Update*, 1 August, pp 9–11.
- <sup>9</sup> Walby, S. (2004) *The cost of domestic violence, September 2004* (National Statistics, Women and Equality Unit), funded by DTI.
- <sup>10</sup> Human Rights Watch defines 'honour killings' as follows: 'Honour crimes are acts of violence, usually murder, committed by male family members against female family members who are perceived to have brought dishonour upon the family. A woman can be targeted by her family for a variety of reasons including, refusing to enter into an arranged marriage, being the victim of an assault, seeking a divorce – even from an abusive husband – or committing adultery. The perception that a woman has acted in a manner to bring "dishonour" to the family is sufficient to trigger an attack.'
- <sup>11</sup> Stanko, B. (2000) *The day to count: a snapshot of the impact of domestic violence in the UK*.
- <sup>12</sup> World Health Organization (2002) *World report on violence and health: summary*.
- <sup>13</sup> Povey, D. (ed.) (2005) *Crime in England and Wales 2003/04, Supplementary volume: homicide and gun crime*, Home Office Statistical Bulletin No. 02/05.
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- <sup>16</sup> British Medical Association (1998) *Domestic violence: a health care issue?*
- <sup>17</sup> Stark, E. and Flitcraft, A. (1996) *Women at risk: domestic violence and women's health*.
- <sup>18</sup> Farmer, E. and Owen, M. (1995) *Child protection policies: private risks and public remedies*.
- <sup>19</sup> Radford, L. and Sayer, S. (1999) *Unreasonable fears?*
- <sup>20</sup> Department of Health (2002) *Women's mental health: into the mainstream*.
- <sup>21</sup> Department of Health (2002) *Women's mental health: into the mainstream*.
- <sup>22</sup> Hester, M. and Pearson, C. (1998) *From periphery to centre: domestic violence in work with abused children*.
- <sup>23</sup> Saunders, H. and Barron, J. (2003) *Failure to protect? Domestic violence and the experiences of abused women and children in the family courts*.
- <sup>24</sup> Kirkwood, C. (1993) *Leaving abusive partners*.
- <sup>25</sup> Walby, S. (2004) *The cost of domestic violence, September 2004* (National Statistics, Women and Equality Unit), funded by DTI.

# Section 3

## Guidance for health professionals

In this section:

- 3.1 Your role
- 3.2 Creating a supportive environment
- 3.3 Asking about domestic abuse
- 3.4 If a woman discloses abuse
- 3.5 Keeping records
- 3.6 Confidentiality and information sharing

## 3.1

# Your role

- > **Your role in responding to domestic abuse should be limited to:**
  - focusing on the woman's safety and that of her children, if she has any;
  - giving her information and referring her to relevant agencies;
  - making it easy for a woman to talk about her experiences;
  - supporting and reassuring her; and
  - being non-judgemental.
- > **You should never assume that someone else will take care of domestic abuse issues – you may be the woman's first and only contact.**

**It is not your role to encourage her to leave her partner, or to take any other particular course of action. This could lead to problems, including increased danger for her and her children.**

- > **Don't act as a caseworker for the woman once you have referred her to sources of help.** Remember that there are domestic violence agencies that fulfil that role. Of course, you will still need to carry out your usual health duties and provide support that is appropriate to your role.
- > Practitioners should be aware of their own safety needs. Discussions with management and clinical supervision provide a framework for support.

- > Always be prepared to work in partnership with other organisations that have been set up to ensure a woman's safety.
- > Always adhere to your Trust's domestic abuse policy and implement what you learn in training. For more information about policies and training in your area, speak to your Trust's domestic violence co-ordinator or lead professional.

## Looking after yourself

*Sometimes working with the effects of domestic abuse professionally can bring to the surface personal issues – particularly if you are experiencing or have experienced abuse yourself.*

*Your personal needs are as important as those of the patients you work with. You can ask your managers for confidential help. The NHS doesn't tolerate domestic violence, and your Trust should have policies for supporting staff who experience it. The NHS Employers organisation is currently drafting a work-based policy that will eventually be put in place in all NHS HR departments.*

**Of course, if you prefer not to disclose domestic abuse to your employers, you can get support by calling the freephone 24-hour National Domestic Violence Helpline on 0808 2000 247 (see page 44 for more information).**

## What you can do – an overview

Be aware of support services that are available locally and keep supplies of information to pass on.

Help create an environment in which women feel comfortable talking about abuse.

Be aware of signs that could indicate domestic abuse is taking place.

Know how to ask the right questions to let a woman know she can talk to you about abuse. Explain the limits of confidentiality.

Establish whether there are any children in the household – and how many. Make an assessment of their needs.

Validate and support women who do reveal abuse.

Pass on information about relevant support agencies, whether or not a woman discloses abuse.

Keep detailed, accurate records about a woman's injuries and what she reveals to you – but never in hand-held records.

Ensure confidentiality. If you need to share information with other agencies, follow guidelines.

Attend to all the woman's health needs.

## 3.2

# Creating a supportive environment

Domestic abuse is an isolating crime. Many women feel unable to talk about their experiences – even with the people closest to them. So the idea of asking health professionals for help can be daunting.

But we do know that many women want an opportunity to let somebody know what is happening so that they can get the help they need. The most obvious response for the health service is to ask women more openly if they are experiencing abuse. But before we even do that, we can help by creating a supportive environment in which women feel more relaxed and open to talking about the abuse they are experiencing.

- > By far the most important factor in creating a supportive environment is the way that we interact with service users. It's important to be open to and comfortable with women talking about their abuse.

'My GP was great. I saw him again and again and he didn't lose his patience. He guessed what was going on, but he didn't try to force me into leaving my boyfriend before I was ready.'

- > Learn as much as possible about the needs of women who experience abuse at the hands of someone close to them (see Section 2.5). This should form part of your Trust's domestic abuse education and training.

- > Get to know as much as you can about how domestic abuse is being responded to locally. How is the partnership working meeting the needs of local women? Are there activities that you could get involved in? As a bare minimum, you should know the domestic abuse support agencies in the area, so that you can give your patients accurate information.
- > Don't feel you have to know everything there is to know about domestic abuse. Knowing the basics and admitting that you don't know the answer to a woman's more detailed questions is better than not talking about domestic abuse at all. You can provide women with relevant information, including a helpline number.
- > Pay particular attention if you are treating a woman who has attempted suicide or has self-harmed: domestic abuse is often a contributing factor. This is particularly true for women from minority ethnic communities. For example, half of women of Asian origin who have attempted suicide or have self-harmed have experienced domestic violence.<sup>1</sup>
- > Be as comfortable talking about domestic abuse as you are talking about other health issues (for example when taking a social history). Follow your Trust's guidance for routine enquiry (asking all women about domestic abuse – see the guidance in Section 3.3, *Asking about domestic abuse*).

- > Be aware that women will have different needs, and allow them to express them. Just as the female population is diverse, so are women's experiences of domestic abuse. Don't assume that you know how they are feeling, and allow them to reveal their own needs based on their own circumstances. Annex C contains prompts that might start increasing your awareness of the potential problems different kinds of women might have. Diversity should form part of your Health Authority's or Trust's domestic abuse education and training.
- > Make sure that all staff in your workplace are aware of domestic abuse issues and the importance of creating a supportive environment. Would a bad experience with a receptionist, for example, lessen the likelihood of a woman disclosing? What reaction would a woman experiencing domestic abuse get if she asked for an emergency appointment but didn't want to give any information at all to a receptionist?
- > Be familiar with signs that might indicate domestic violence in women – but don't jump to conclusions. Be prepared to see signs in any woman.

## Making it easier for women to talk

### *Physical environment*

- > Most women aren't going to disclose domestic abuse just because they are in a more comfortable environment, but it could be an influencing factor in their decision about whether to talk.
- > How comfortable is the environment you work in for women, particularly those that are vulnerable? Is it somewhere they can talk one-to-one with you without being overheard? Are there quiet rooms you can go to if you need to? Many health settings are busy places, with people passing in and out of cubicles and offices, and this might not be conducive to revealing vulnerable feelings.

Never raise the issue of domestic abuse unless a woman is alone. Even if she is with another woman, that woman could be the mother or sister of an abuser. Good practice would indicate that a women should be seen alone once during her antenatal care.

'I thought about saying something to the nurse, because she was quite friendly to me. But she kept getting called away – you know how it is with nurses – and she looked stressed. I didn't want to add to that.'

- > Can you improve your working environment to make it more comfortable? If a woman asks to talk about a personal issue or gets upset, how can you put her at ease?

- > Do you have access to information on domestic abuse and support services nearby? Is there a phone in the room that a woman can use to call a helpline if she needs to in an emergency? Do you have a supply of leaflets or other materials to give to women?
- > Do you display posters and leaflets giving information on domestic violence services?

### *Getting the message across*

The printed materials you have on display can play an important part in letting women know that they are in a place where it's safe to reveal domestic abuse. Campaigns, posters and leaflets with targeted messages – depending on their location – can play a significant role.

- > Material should be provided that meets the needs of the local population in a variety of easily accessible formats and media. Support should be available from the start in easy access formats for all, including in different languages, easy read format, tapes and CDs.

- > If you are going to use posters and leaflets, remember that some women will attend health services with their partner – so choose your message carefully. In waiting rooms and other areas open to the general public, it can be useful to have materials carrying a general anti-domestic abuse message and a local or national helpline number.
- > Materials targeting women directly are best placed where perpetrators can't see them – in women's toilets, for example. A woman is more likely to respond to a poster or pick up a leaflet if her abuser, and other people, can't see her. A national helpline number on the back of a toilet cubicle door or leaflets near a hand drier are useful ways of disseminating information.
- > The format of the materials you use is also important. Think about how you can create materials that are easily hidden in a woman's shoe or bra, so that her abuser is less likely to find them. Your instinct might be to give women as much information as possible and create a large leaflet. But a credit-card-sized leaflet carrying helpline numbers might be more useful to them.
- > Don't overburden women with information. Remember that somebody at the end of a helpline can always give the detail you don't. As a bare minimum, give vital safety information (see page 65) and helpline numbers.

## Freephone, 24-hour National Domestic Violence Helpline

*Run in partnership between Women's Aid and Refuge.*

**0808 2000 247**

*The National Domestic Violence Helpline provides information and emotional and practical support to women experiencing domestic abuse, and to those seeking help on a woman's behalf.*

*Helpline staff – all of whom are women – will discuss the available options to enable women to make an informed choice. If appropriate, they may refer them to a refuge, outreach services or other sources of help and information. All calls are taken in the strictest of confidence.*

*The helpline is a member of Language Line and can provide access to an interpreter for non-English speaking callers. Helpline staff can also access the BT Type Talk Service for deaf callers. If all lines are busy, there is a voice mail system that enables callers to leave a message, which will be responded to as soon as possible.*

## Good practice example

### **Nottinghamshire Domestic Violence Forum (NDVF) information card**

*NDVF's domestic violence information card measures only 8.5cm x 5.5cm. It contains:*

- > information on domestic violence;*
- > a reminder that the woman isn't to blame;*
- > a brief description of NDVF;*
- > safety information for women in need;*
- > national helpline numbers.*

*Printed on sturdy but flexible paper, the card can easily be folded and hidden on a woman's body.*

### *Diversity*

- > As much as possible, your materials should reflect the diversity of your service users. If you are using photography, for example, will you show women from minority ethnic backgrounds, women of all ages and women with disabilities? It's important to acknowledge that domestic abuse can happen to women from any section of the population.
- > Consider what alternative formats you might need to use to meet the varying needs of service users. For example, you might need to produce a Braille or recorded version of a leaflet for blind patients. Or you might need to produce a version that is written in basic English, so that it is accessible to patients with learning difficulties.
- > Do you need to provide translated versions of your printed materials (see further guidance on page 109)? Bear in mind that actual or perceived racism can be a barrier to women from minority ethnic backgrounds seeking help. Ignoring their needs can worsen the feelings of isolation that many abused women already feel.

### *Visits*

- > If you are visiting a woman in her own home, keep a supply of domestic abuse materials on you. But be very careful about when you choose to hand them over – and ask the woman if she wants the materials first. Question whether leaving information on domestic violence services behind or amongst other materials could provoke a perpetrator. It might be better to communicate the information face-to-face rather than rely on printed materials. Leave your contact details.
- > If you are giving local helpline numbers, always include a national one as well. Local helplines might not operate 24 hours a day, and a woman might find herself without help if she needs support in the middle of the night, for example.

## 3.3

# Asking about domestic abuse

### Possible signs of domestic abuse in women

Frequent appointments for vague symptoms

Injuries inconsistent with explanation of cause

Woman tries to hide injuries or minimise their extent

Partner always attends unnecessarily

Woman is reluctant to speak in front of partner

Suicide attempts – particularly with Asian women

History of repeated miscarriages, terminations, still births or pre-term labour

Repeat presentation with depression, anxiety, self-harm or psychosomatic symptoms

Non-compliance with treatment

Frequent missed appointments

Multiple injuries at different stages of healing

Patient appears frightened, overly anxious or depressed

Woman is submissive or afraid to speak in front of her partner

Partner is aggressive or dominant, talks for a woman or refuses to leave the room

Poor or non-attendance at antenatal clinics

Injuries to the breasts or abdomen

Recurring sexually transmitted infections or urinary tract infections

Early self discharge from hospital

None of the above signs automatically indicates domestic abuse. But they should raise suspicion and prompt you to make every attempt to see the woman alone and in private to ask her if she is being abused. Even if she chooses not to disclose at this time, she will know you are aware of the issues, and she might choose to approach you at a later time. If you are going to ask a woman about domestic violence, always follow your Trust's or Health Authority's guidance. Or follow the guidance in Section 3.3 of this handbook.

We know from the evidence that women find it difficult to raise the subject of domestic abuse themselves. Health professionals should be prepared to take a proactive approach.

For health services to function as a vital lifeline for women and children, talking about domestic abuse needs to become part of our daily work. Evidence shows that direct questions get more positive results than vague queries. They also show a woman that you have some understanding of the issue of domestic abuse.

### Selective enquiry

- > If you are working with a woman and see something that indicates a woman might be experiencing domestic abuse (see *Possible signs of domestic abuse in women*, page 48), take the initiative and ask specific questions.
- > **Never assume that somebody else will ask about it.**
- > **Always be guided by the need to keep a woman – and her children – safe.**

- > **Never ask about domestic abuse when anybody else is present** – this includes partners, children and other members of the family. The **only** exception to this is when you have a professional interpreter present. But even then you should follow the guidance on page 53.
- > **You should find a way of seeing the woman alone**, even if she insists on someone else staying with her. Health professionals often say this is the most difficult part of talking about abuse. Seeing a woman alone at some stage of her care should be standard practice and should be included in good practice guidelines. If it feels difficult to organise this as part of standard practice, another possibility would be when the woman is providing a urine sample or using the lavatory. There may well be other opportunities and you will need to think creatively about these.
- > **Ensure privacy** – make sure that you can't be overheard.
- > **Take the phone off the hook, switch off mobile phones and ask not to be disturbed**, so that the woman doesn't get the impression that you have 'more important things to deal with'.
- > **Don't rush a woman – be patient.** You might have other appointments waiting, but remember that it might be very difficult for a woman to talk. She may feel ashamed. Allow her to talk about her

- experiences at a pace that suits her. Arrange another appointment to see a woman you're concerned about. Many health professionals worry that routine enquiry about domestic abuse and providing information will take too much time. But research shows that it can be incorporated into everyday clinical practice (such as taking a social history) and can quite literally take a few minutes.
- > **Understand that the woman may also have time pressures.** A reluctance to engage mid-afternoon might be because she needs to leave the interview to collect children from school. Encourage the woman to rearrange for a time that suits her.
  - > **Aim to have a supportive conversation.** Your role is to let her know she can talk to you if and when she's ready.
  - > **Avoid pushing her into revealing domestic abuse.** It might not be the right time for her. Respect her choice.
  - > **Think of your conversation as the start of a process, not a one-off event.** Not all women are going to open up the first time they realise you think they are being abused. Try to make a woman feel comfortable about coming back to see you again. She might not want to talk about her problems now, but at least she knows you're there if she needs you in the future. Provide your contact details.

- > **Never accept culture as an excuse for domestic abuse.**  
Every woman being abused by someone close to her is the subject of a crime. Every woman deserves the same attention from you – even if you feel you might be crossing cultural boundaries. Your fear shouldn't stand in the way of getting a woman the support she needs.
- > **Ask if the woman would like to talk to someone else.**  
If you're male, perhaps she would like to speak to a woman? But don't assume that a woman will always want to talk to someone of the same race. Some women think that it is dangerous for them to speak to someone who is part of their community, while others feel safer doing so. Always ask.
- > **Might you need an advocate?**  
You might consider ensuring that the woman has access to an advocate from a specialist agency to assist her.
- > **Might children be involved?**  
Establish how many children live in the household. Bear in mind the close link between domestic abuse and child neglect. If you think that a woman is being abused, always think about the possible implications for her children – including the possibility that the children themselves might be subject to domestic abuse. Similarly, if you suspect that a child is being abused, be alert to the possibility of domestic abuse in the family. The involvement of the NSPCC with a family is often an indicator of domestic abuse.

## Using an interpreter?

- > **You should always use a professional interpreter.**
- > *Never use a woman's partner, her child or another family member. Do not use friends. Do not use your colleagues who speak the same language.*
- > *Try to get a female interpreter where possible. Using a man might preclude discussion of certain subjects.*
- > *Arrange for a interpreter in advance. Ideally all interpreters should have attended an education programme on domestic abuse.*
- > *Your interpreters should sign a confidentiality agreement.*
- > *An alternative to an interpreter would be an advocate from a specialist organisation.*
- > *Look at your patient and speak directly to them – not the interpreter.*

- > **Give every woman information on support services, regardless of the reply to your questions.** Disclosure is not the only

effective outcome. Knowing that a professional is interested and takes domestic abuse seriously provides the opportunity for a woman

to talk if she chooses. Or, if she isn't experiencing abuse herself, she might be able to pass the information to somebody who is.

### Routine enquiry

- > Routine enquiry and providing information involve asking all women if they are experiencing domestic abuse,

whether or not they show signs of it. An appropriate time to do so would occur as you take a social history, when you are asking about other factors that have a negative impact on a woman's health. Asking all women helps avoid stigma and inappropriate judgements.

### Routine enquiry

*In response to the evidence provided by the University of the West of England and North Bristol NHS Trust project (see Foreword, page vii), all Trusts should be working towards routine enquiry and providing all women with information on domestic abuse support services. If your Trust has already adopted this approach, you should receive training before applying it. You might also like to see the guidance given to managers and policy-makers in Section 4 of this handbook. If you aren't familiar with your Trust's position on routine enquiry and the provision of information, it's a good idea to speak to the domestic violence co-ordinator or lead professional, who will be able to advise you.*

- > It's important to take the initiative and be proactive. Evidence suggests that some women minimise or deny domestic abuse as a way of coping. Women have also said that they found the subject too difficult to raise themselves – even when they wanted to.
- > All health professionals will be given training before changing from selective to routine enquiry and the provision of information. Those health professionals who have already been trained in their role and the limits of their responsibilities quickly become confident in the new approach.
- > It's important to understand that routine enquiry and the provision of information is not a cure – it contributes to helping women access support if they choose.

### **Be confident asking the questions**

- > Asking women about domestic abuse should go hand in hand with providing them with a small credit-card-sized card carrying helpline numbers and safety advice. This should occur regardless of a woman's response to your questions. It would be rare for a woman to disclose abuse on initial enquiry. If someone isn't ready or chooses not to disclose, their privacy should be respected. Some women might want the information to pass on to a friend or

family member. Supplying information also gives out a powerful public health message about safer lifestyle choices and helps create a supportive environment for patients who are experiencing abuse.

- > It's not always easy to ask questions about domestic abuse. So it's important to take time to put a woman at ease before you start asking direct questions. Don't assume that you will get a hostile response. Women who have been abused say they were glad when somebody asked them about their relationships.
- > Always put the woman's safety first.
- > Ask your questions in a sensitive, supporting manner.

- > A woman might deny or play down domestic abuse as part of a coping mechanism.
- > Don't be afraid to ask direct questions such as:
  - Has your partner ever hit you?
  - Are you ever afraid at home?
  - Have you been forced to do anything sexually that you did not want to?
- > Be supportive and express your concern. Don't accuse or patronise.
- > It's OK to be honest. If you think a woman's injury is inconsistent with her explanation, explain that you are concerned.

- > Be prepared that even if a woman is being abused, she might deny it. Accept 'no' as an answer and continue to be supportive if you have future appointments. Offer her a discreet domestic abuse card or leaflet carrying helpline numbers.

## 3.4

# If a woman discloses abuse

If a woman reveals that someone close to her is assaulting her, it's important to know how to respond so that she can get the help she needs. Your role is to:

- > provide support and information to help her make a decision on what to do next;
- > encourage her to have a safety plan; and
- > help assess the risk to her and any children she has.

The flowchart on pages 72–73 gives a diagrammatic overview of the appropriate issues to raise. Many of them are questions you might already ask in the cases you come across on a daily basis.

**Never advise a woman to leave her partner.** Women are at high risk of injury or murder when they leave a violent partner, so leaving immediately might not be the best option. Supporting her, assessing whether she's in immediate danger and referring her to sources of help are the best things you can do for her. If you have serious concerns for her safety, speak to a manager or domestic abuse lead on what you can do to help – for example, discussing the situation with the relevant police domestic violence liaison officer.

### Providing support and information

- > **Give the woman information** on local and national support agencies and helplines. You should give information on domestic abuse services to all women, regardless of whether they disclose domestic abuse.
- > **Don't try to make decisions for her.** It's crucial that she decides herself what it is she wants to do next. You might like to talk through different options with her, but it would be better for her to speak to a specialist domestic violence agency about what support is currently available.

### Freephone, 24-hour National Domestic Violence Helpline

*Run in partnership between Women's Aid and Refuge.*

**0808 2000 247**

### UK Gold Book

*The UK Gold Book is a UK-wide directory of refuge and domestic abuse services. To order it, see page 127.*

## Know what's going on locally

*It's important that you know what services are offered locally to women experiencing domestic abuse. And it's a good idea to keep a chart of contact details, so that you can easily refer to them in an emergency. Try to have contact details for:*

- > the National Domestic Violence Helpline;*
- > local domestic violence services, including refuge services, outreach, advocacy and counselling services (public contact numbers are listed in the UK Gold Book, available from Women's Aid or online at [www.womensaid.org.uk](http://www.womensaid.org.uk));*
- > your local police station domestic abuse unit or community safety unit;*
- > your local authority homelessness office;*
- > social services;*
- > local authority child protection co-ordinator;*
- > the children's service director;*
- > legal services, including the Crown Prosecution Service;*
- > drug and alcohol treatment services;*
- > Victim Support; and*
- > any other relevant support services.*

- > **Let the woman know that you believe her** and make it clear that the abuse is not her fault. Tell her that abuse is unacceptable and she has the right to safety.
- > **Let her know that she is not alone** – a quarter of all women will have experienced abuse at some time in their lives.
- > **Encourage her to see that there is life after abuse** and that she deserves to be safe. Other women have created safer lives for themselves – so can she.
- > **Emphasise and explain confidentiality** – but be clear about its limits, such as if a child is involved.
- > **Ask her what she wants you to do.** Be clear about what's possible, but explain that other agencies might be able to help in areas where you can't.
- > **Never be tempted to act as a go-between.** This includes never helping her partner locate her if she has left him. Don't pass on letters or messages or facilitate contact – you could put yourself and the woman in danger.

'All I needed was that bit of encouragement to phone the helpline. All those years thinking they only helped young women. A quick word from a nurse when my husband stepped out for a moment put an end to that.'

- > **Attend to all the woman's health needs.** The woman may have injuries that need treating, for example. Or a referral to social services or mental health services may be appropriate.

### Ongoing support

- > **Support the woman in whatever decision she makes.** You might not understand her decision. She might decide to stay with or return to an abuser – and not just because she is afraid to leave him. Sometimes women still love their abuser, believe he can change or want their children to grow up with their father.
- > **Don't make assumptions.** For example, if your patient is from a minority ethnic background, don't assume that she will only accept help from culturally-specific agencies. This might limit her options, as specialist agencies might not have the capacity to respond immediately.
- > **Allow the woman to do things for herself.** If she wants to phone a helpline, allow her to use your phone rather than make the call for her – unless she feels unable to do so.
- > **If you have ongoing contact with the woman,** continue to provide support each time you see her.

## Talking about options

*Unfortunately, patients who experience domestic abuse don't have a set list of options. The opportunities that are open to them will depend on their personal circumstances, the risks they face and what capacity domestic violence agencies have at a particular time. It's important that a woman reaches her own decision about what she does next – possibly through calling a helpline. But options might include:*

- > seeking advice from a helpline;*
- > getting support from domestic violence agencies;*
- > contacting the police;*
- > getting legal advice about obtaining a civil injunction or a restraining order;*
- > taking additional safety measures (such as changing locks) to make her home more secure after the abuser has left;*
- > seeking emergency refuge accommodation; or*
- > returning to her abuser after making a safety plan.*

## Safety issues

In most cases, domestic abuse occurs repeatedly. So it's important that a woman who discloses that she is being abused has a safety plan for what to do when abuse starts. Annex D contains a sample safety plan, but your patients don't have to have a written plan – in many cases it's safer for them not to write down a plan and take it away. You can help them by prompting them to think about what they can do to reduce the risks in emergency situations.

**Don't take on sole responsibility for creating the plan or create the plan on a woman's behalf.** It's important that her plan is based on her needs, and these will change depending on her background and circumstances. There might also be local agencies (such as domestic violence voluntary organisations, eg Women's Aid or Refuge) that can help her create a safety plan.

## What should a safety plan cover?

### **Safety in the relationship**

- > *Places to avoid when abuse starts (such as the kitchen, where there are many potential weapons).*
- > *People a woman can turn to for help or let know that they are in danger.*
- > *Asking neighbours or friends to call 999 if they hear anything to suggest a woman or her children are in danger.*
- > *Places to hide important phone numbers, such as helpline numbers.*
- > *How to keep the children safe when abuse starts.*
- > *Teaching the children to find safety or get help, perhaps by dialling 999.*
- > *Keeping important personal documents in one place so that they can be taken if a woman needs to leave suddenly.*
- > *Letting someone know about the abuse so that it can be recorded (important for cases that go to court or immigration applications, for example).*

### **Leaving in an emergency**

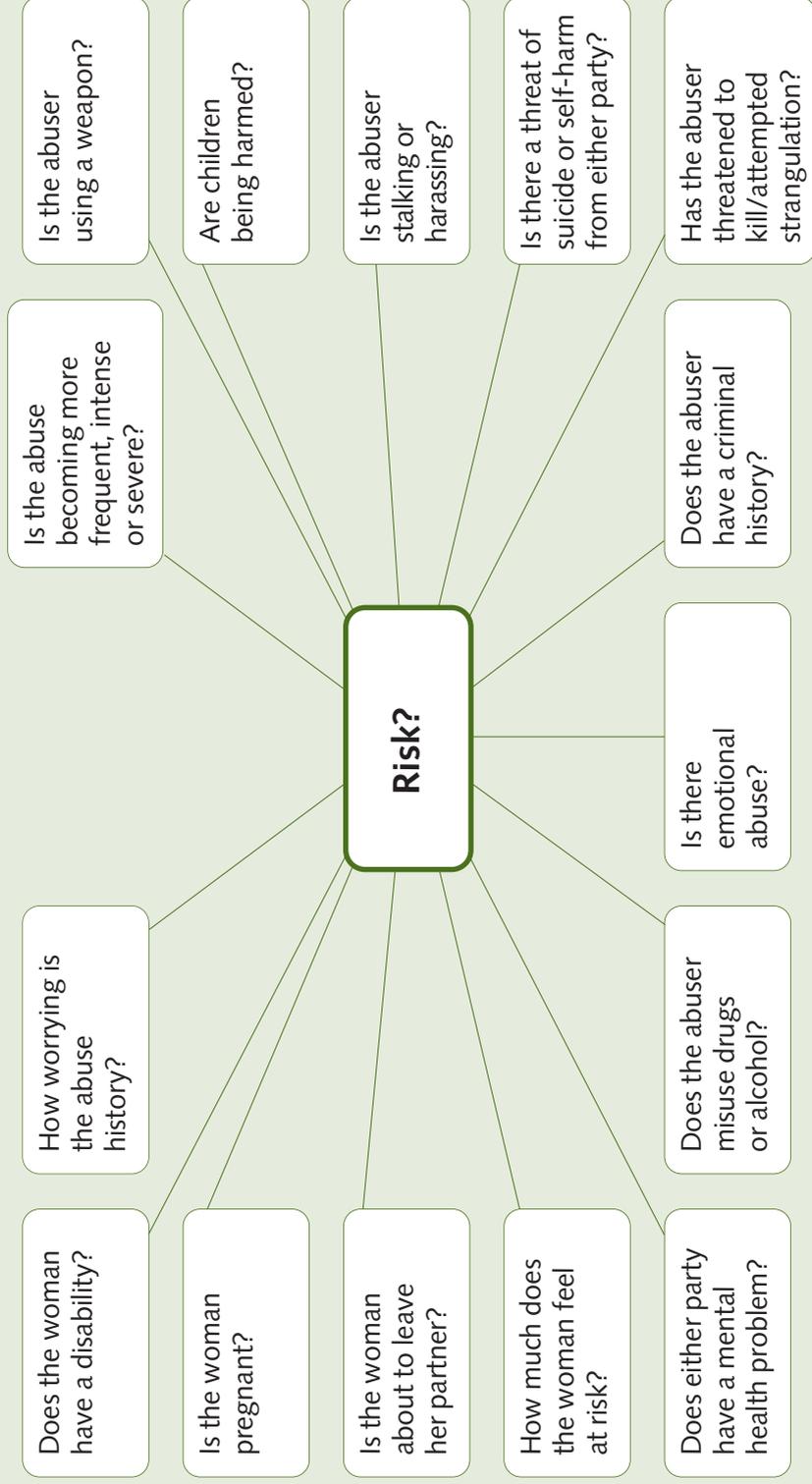
- > *Packing an emergency bag and hiding it in a safe place in case a woman needs to leave in an emergency.*

- > *Plans for who to call and where to go (such as a domestic violence refuge).*
- > *Things to remember to take: documents, medication, keys or a photo of the abuser (useful for serving court documents).*
- > *Access to a phone.*
- > *Access to money or credit/debit cards that a woman has perhaps put aside.*
- > *Plans for transport.*
- > *Plans for taking clothes, toiletries and toys for the children.*
- > *Taking any proof of the abuse, such as photos, notes or details of people who know about it.*

### **Safety when a relationship is over**

- > *Contact details for professionals who can advise or give vital support.*
- > *Changing landline and mobile phone numbers.*
- > *How to keep her location secret from her partner if she has left home (by not telling mutual friends where she is, for example).*
- > *Getting a non-molestation, exclusion or restraining order.*
- > *Plans for talking to any children about the importance of staying safe.*
- > *Asking an employer for help with safety while at work.*

## Risk assessment framework



## Assessing risk

It's important to determine the extent of the danger faced by a woman and her children. This is a staged process for which you don't have full responsibility. But you do play an important part, particularly in assessing whether somebody is at risk of immediate harm.

There are three stages to assessing risk:

### 1 A risk assessment between you and your patient

> This doesn't necessarily have to be a written assessment. You might be in a situation where you need to make an emergency decision about whether a woman, her children or you and your colleagues are at risk of immediate harm. This will be more obvious in cases where

a woman or child has serious injuries, but you should try to determine the extent of the risk in every case.

- > If there is an immediate risk of harm (for example, a woman's partner is in reception and becoming aggressive) you should call the police. Never take on responsibility yourself for dealing with high-risk situations.
  - > If somebody has already sustained injuries, accurate documentation is important. A referral for further assessment, treatment, specialist advice or counselling might be required.
- ### 2 An organisational framework
- > Your Trust or Health Authority will have its own guidelines for assessing risk around domestic abuse.

It might have formal documentation that you need to fill in. A sample organisational risk assessment is included in Annex E.

- > You should follow guidance from your Trust or Health Authority.
- > Discussion with your manager and clinical supervision are tools which are there to assist in improving your risk assessment skills.

### **3 A broader, multi-agency response**

- > Certain areas are developing strong local partnerships where multi-agency risk assessment conferences (MARACs) are taking place.

- > Bringing together the expertise of a range of agencies (such as the police, health professionals and domestic violence agencies), these assessments offer the best opportunity for safeguarding women and children.
- > In some areas, such as Cardiff, MARACs are the norm. Each agency attending a MARAC accepts responsibility for contributing to the risk assessment and providing the most suitable response for the woman and child being discussed. Information from a risk assessment might also feed into the work of the local multi-agency public protection panel (MAPPP), which might be considering whether a perpetrator is a risk to the community.

- > If you are taking part in a multi-agency risk assessment, always follow the information-sharing guidance provided by your Trust or Health Authority.

### **If there are children in the household**

Local safeguarding guidelines should be followed if there are children in the family. It may be necessary to refer to social services. It would be preferable to seek a woman's consent but this may not always be possible. If you have particular concerns, discuss these with your manager or child protection/ domestic violence lead.

Your initial approach should never be to blame a woman for failing to protect her children. Aim to provide her with support and protection.

As well as following safeguarding children procedures, you can support children by working in partnership with agencies such as Sure Start, Early Years and schools, which can as part of their usual service:

- > make early interventions with pregnant women, new mothers and children who have educational and behavioural problems resulting from domestic abuse;
- > teach children about healthy relationships;
- > use local education authority child protection co-ordinators to help protect children; and
- > provide education and support for children who are affected by domestic abuse.

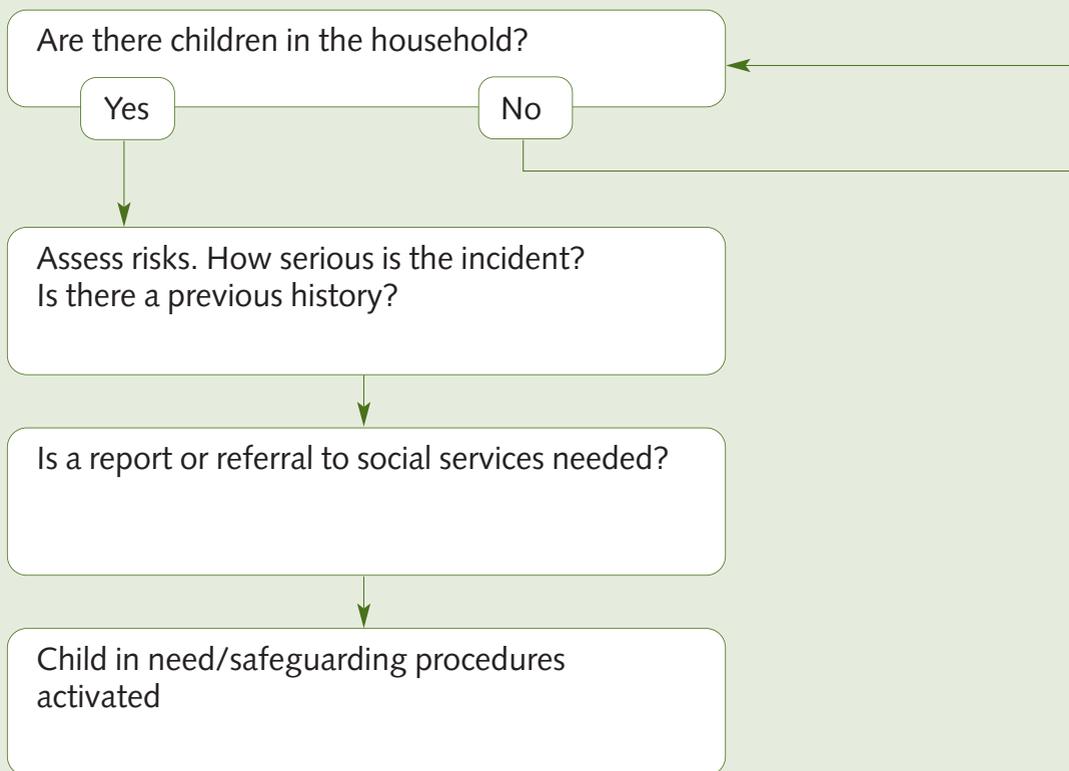
All areas are establishing the following:

- > children's boards – all authorities should have Local Safeguarding Children Boards (LSCBs) by April 2006. These provide health professionals with the opportunity to help safeguard and promote the welfare of children; and
- > children's Trusts – currently being introduced following Lord Laming's Inquiry into the death of Victoria Climbié. Children's Trusts will bring together health, social care and educational organisations in the interest of vulnerable children.

## Online support for children

*The Hideout ([www.thehideout.org.uk](http://www.thehideout.org.uk)) is an online resource aimed at children and young people who are witnessing or experiencing domestic violence. It provides information about what constitutes domestic violence, helps children to explore their feelings about what's happening at home and lets them know what they can do to deal with their situation – including tips for staying safe.*

## What to do following a disclosure



Woman reveals she is experiencing domestic abuse



Reassure, support and give national helpline numbers and information on local specialist domestic violence services



Is there an immediate danger to physical or mental health or to life?

No

Yes

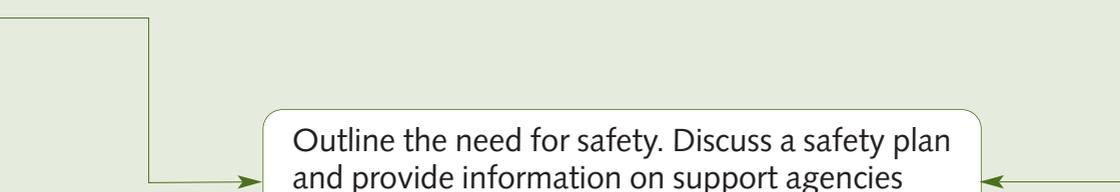
Outline the need for safety. Discuss a safety plan and provide information on support agencies



Document accurately in all cases. Take photographs if possible. Store all information confidentially



Consider the need to share information safely, where necessary (see guidance)



```
graph TD; A[ ] --> B[Is it necessary to involve manager/admit to hospital for treatment/involve police? Follow local multi-agency guidelines]; B --> C[No];
```

Is it necessary to involve manager/admit to hospital for treatment/involve police?  
**Follow local multi-agency guidelines**

No

## 3.5

# Keeping records

Health records play an important role in responding to domestic abuse – and not just in a health setting. The records you keep can be used in:

- > criminal proceedings if a perpetrator faces charges;
- > obtaining an injunction or court order against a perpetrator;
- > immigration and deportation cases;
- > housing provision; and
- > civil procedures in family courts to assess the risks associated with granting a abusive parent contact with children.

Keep detailed, accurate and clear notes to indicate the harm that domestic abuse has caused. This can ultimately assist women in living a safer life. Perpetrators will be more likely to be charged and sentenced.

### Improving record keeping

- > Always keep a detailed record of what you have discussed with a woman – even if your suspicions of domestic abuse haven't led to disclosure. They might in the future.
- > You don't need a patient's permission to record a disclosure of domestic abuse or the findings of an examination. Make clear to a woman that you have a duty to keep a record of her disclosure and injuries as a duty of care.<sup>2</sup>

- > Keep records as detailed as possible (for example, 'patient states she was kicked twice in stomach by husband' rather than 'patient assaulted'). Diagnostic codes for domestic violence will be included in electronic patient records (for which a template is currently being developed).

'The solicitors said there just wasn't enough evidence on my health records. Nothing to suggest my ex was to blame for my injuries. I was so let down. I thought my doctor had written down everything I said.'

- > Use the patient's own words (with quotation marks) rather than your own.
- > Document injuries in as much detail as possible, and record if an injury and a woman's explanation for it are consistent.
- > If possible, use drawings or body maps to show injuries (an example is provided in the training manual on the Department of Health website). Photographs as proof of injuries should be taken with a Polaroid camera.
- > To ensure confidentiality, you should record domestic abuse separately from the main patient record and ensure that the record can only be accessed by those directly involved in the woman's care. Domestic abuse should **never** be recorded in hand-held notes, such as maternity notes.

- > For medical legal reasons, it is necessary to identify a person experiencing abuse, her relationship with the abuser and the name of the abuser.

Data Protection Regulations (SI 2000/413 – Regulation 5 – [www.opsi.gov.uk/si/si2000/20000413.htm](http://www.opsi.gov.uk/si/si2000/20000413.htm)) exempt information from being released as a result of a subject access request which 'would be likely to cause serious harm to the physical or mental health or condition of the data subject or any other person'. Even if an abuser was able to sustain a right of subject access, information provided by their wife/partner that they had abused them could still be withheld on the grounds that it would be likely to result in further abusive behaviour

causing serious physical or mental harm to the wife/partner.

- > In general practice, domestic abuse records should be seen in the context of the whole health record to get a clear understanding of repeat consultations for health problems connected to the abuse. However, practices that encourage hand-held records should record abuse separately.
- > If your organisation has computerised records, ensure that nothing about domestic abuse is visible on the opening screen (which could be seen by a perpetrator or a member of staff who doesn't need to see information about the abuse). If routine enquiry is practised, devise a code to indicate whether the question has been asked and

information provided, when it was carried out and what the outcome was – to alert staff to potential risks.

- > You should adhere to the processes and documentation for recording domestic abuse that your Trust has put in place.

## What to include in notes

*Your notes on domestic abuse should include:*

- > *ethnicity;*
- > *whether routine enquiry has been undertaken;*
- > *response to routine or selective enquiry – if used;*
- > *relationship to perpetrator, name of perpetrator;*
- > *whether the woman is pregnant;*
- > *the presence of children in the household;*
- > *nature of abuse and injuries – if any exist;*
- > *description of all kinds of domestic abuse experienced and reference to specific incidents;*
- > *whether this is the first episode. If not, how long has it been going on and how regularly?*
- > *presence of enhanced risk factors;*
- > *indication of information provided on local sources of help; and*
- > *indication of action taken (for example, direct referrals).*

## 3.6

# Confidentiality and information sharing

### Keeping information confidential

- > It is vitally important that information on domestic abuse is kept confidential. Without confidentiality, women are less likely to talk about their experiences. Their physical safety can depend on it.

In 1998, Gina McCarthy's husband had been refused contact with his baby son following their separation. The courts had ordered Gina to send her husband monthly progress reports via social services. Using the information from the monthly reports, Gina's husband identified her home, tracked her down and killed her in front of their son, whom he then abducted.<sup>3</sup>

- > **Confidentiality is particularly important in general practice**, where health professionals might treat other members of a woman's family – including the perpetrator, who can use information to track down a partner who has left him.
- > But it's important to understand – and to explain to women who reveal that they are experiencing domestic abuse – **that there are limits to confidentiality**. For example, if there is reason to suspect children are at risk, safeguarding and protection should always take precedence over confidentiality.

### Safe information sharing

- > **There will also be occasions when information about a domestic abuse case should be made available** (see *Safety and justice: sharing personal information in the context of domestic violence* [www.homeoffice.gov.uk/rds/pdfs04/dpr30.pdf](http://www.homeoffice.gov.uk/rds/pdfs04/dpr30.pdf)) – either because it is required by law (if records are being used as evidence in a court case, for example) or to help support agencies tailor services to meet a family's needs (for advocacy or carrying out a risk assessment, for example).

- > **You will need to make an informed decision** about whether you need to share information in a given situation. It's not always easy to balance confidentiality against the interests of disclosure. Never make a decision on your own.
- > **Be particularly wary of situations in which confidentiality could accidentally be broken.** For example, if a child who is staying at a refuge spends time in hospital and the father visits the child, you should take care that records that are on display do not include a contact address or any other information that could help a perpetrator track down people he has previously abused.

- > **In some instances, failure to share information can be as dangerous as breaking confidentiality inappropriately.**

In 1999, Mark Goddard was convicted of the murder of his wife, Patricia. In the five months before Patricia's death, her employer and six different agencies (including health, housing and police services) were aware of her problems and abuse. None of the agencies informed anyone else about their concerns. We don't know that information sharing could have saved Patricia's life, but it would have at least enabled a comprehensive risk assessment to be carried out.<sup>4</sup>

- > **Your Trust or Health Authority should have information sharing policies in place** to help inform health professionals in their decisions about sharing information.
- > **Only ever consider giving information to reputable agencies** – never to individuals making enquiries about a woman's circumstances.
- > **The only acceptable reason for sharing information is to increase a woman's safety and that of her children.** Even then, only share information that is relevant.
- > **Always follow local multi-agency guidelines** for sharing information about domestic abuse.

- > **Respect deadlines.** If you are late giving information to solicitors who are dealing with a woman's immigration application, for example, you will jeopardise her chances of being allowed to stay in the country. Take time to ask when information is needed if you haven't been given a deadline.

### Can you share information without permission?

- > *Always seek a woman's permission to share information.*
- > *But given current legislation (section 115 of the Crime and Disorder Act 1998) it is permissible to pass information to another agency in situations where:*
  - *the courts request information about a specific case; or*
  - *there is significant risk of harm to the woman, her children or somebody else if information isn't passed on.*

*If you do pass on information without permission, you should be completely sure that your decision doesn't place somebody at risk of greater violence. You will need to be able to justify your decision. See guidance in the Home Office's Safety and justice: sharing personal information in the context of domestic violence, which is available online at [www.homeoffice.gov.uk/rds/pdfs04/dpr30.pdf](http://www.homeoffice.gov.uk/rds/pdfs04/dpr30.pdf).*

## References

- <sup>1</sup> Chantler, K. *et al.* (2001) *Attempted suicide and self-harm: South Asian women* (Manchester Metropolitan University Women's Studies Research Centre); Newham Asian Women's Project (1998) *Young Asian women and self-harm: a mental health needs assessment of young Asian women in East London*.
- <sup>2</sup> Nursing and Midwifery Council (2002) *Guidelines for records and record keeping*; Nursing and Midwifery Council (2005) *NMC code of professional conduct: standards for performance and ethics*.
- <sup>3</sup> Home Office (2004) *Safety and justice: sharing personal information in the context of domestic violence*.
- <sup>4</sup> Home Office (2004) *Safety and justice: sharing personal information in the context of domestic violence*.



# Section 4

## Guidance for policy-makers and managers

In this section:

- 4.1 Your role
- 4.2 Working together
- 4.3 Supporting staff
- 4.4 Education and training
- 4.5 A multi-agency approach
- 4.6 Monitoring and data collection
- 4.7 Confidentiality and information sharing

## 4.1

# Your role

As a policy-maker or manager in the NHS, you play a pivotal role in making sure services respond to domestic abuse effectively. Your role should be to:

- > create strategies and policies for delivering local service provision which reflect national guidance;
- > place at the heart of decision making the safety of women and children who have experienced abuse;
- > participate fully in multi-agency initiatives; and
- > monitor, evaluate and audit health services' domestic abuse initiatives and collect appropriate data.

## What should be included in domestic abuse policy?

*As a bare minimum, policy should include:*

- > a description of the principles underpinning the policy;*
- > a definition of domestic abuse;*
- > information on the national and local context;*
- > an outline of expectations of policy; and*
- > the Authority's or Trust's approach – to include reference to who has responsibility for asking a woman about domestic abuse.*

*By saying that everybody needs to take responsibility for asking about domestic abuse, you might risk nobody doing so.*

*The main responsibility should lie with the person with primary responsibility for a woman's care.*

*It is of paramount importance that your policy is underpinned with education and training, supervision and support for staff.*

## 4.2

# Working together

The NHS can best respond to domestic abuse by co-operating with other organisations in multi-agency partnerships.

Strategic Health Authorities and Trusts should have policies for responding to domestic abuse effectively. The CD-Rom

supplied with this handbook contains a sample strategy, policy and guidance document (for Ashfield and Mansfield NHS Trust).

The principles below should underpin all local domestic abuse policy.

*The safety of women and children is the primary concern in any initiative.*

*Patients should be listened to with respect and dignity and without judgement.*

*Health professionals should empower women to make their own decisions and not make decisions on their behalf.*

*They should not extend their role to include in-depth support where other agencies might have more experience.*

*Information sharing is beneficial if carried out appropriately and safely.*

*Appropriate levels of confidentiality should be respected.*

*Staff should not put themselves or their colleagues at risk in a potentially violent situation.*

### **Introducing policy guidance on routine enquiry and the provision of information**

- > Your domestic abuse policy should outline how your organisation is working towards routine enquiry and the provision of information – asking questions about domestic violence to every woman who fits set criteria. Local policy will probably start with pregnant women and then be rolled out to other women.
- > In areas where routine enquiry has been tested, the majority of women have said that they don't mind being asked about domestic abuse if they know that everybody is being asked the same questions.

'I was asked and it opened up a whole catalogue of services, because I eventually decided that I was not going to lie. The hospital had already worked out what was going on because of the nature of my injuries.'

- > You should handle the introduction of routine enquiry with care and ensure it is always coupled with provision of information, irrespective of disclosure. Staff should be properly trained in how to use enquiry tools and interview techniques as well as responding appropriately. Allowing untrained staff to discuss domestic abuse could increase the risk of abuse for women or make them less likely to reveal that they are being abused.

- > You should never introduce routine enquiry and the provision of information without having in place guidelines, referral processes and robust clinical supervision.
- > Health professionals who have primary responsibility for a service user's care should be trained in routine enquiry and the provision of information. Eventually, domestic abuse should be an integral part of undergraduate and professional training for health professionals.
- > Routine enquiry should never be treated as a one-off activity. Enquiry at specified intervals increases the likelihood of a woman feeling safe enough to talk about her abuse. For example, women who develop a relationship with health professionals during a pregnancy might be more open to choosing to disclose abuse once the relationship is well established.
- > More information on training, awareness raising and the general principles/ issues around domestic violence can be found on the CD-Rom that accompanies this handbook and the educational and training materials on the Department of Health's website.
- > The domestic abuse guidelines should make clear that health professionals see a woman alone if they are going to speak about domestic abuse. They should never raise the subject if anybody else – including

friends or family members – is present. The one exception to this would be a professional interpreter (see *Using an interpreter?* on page 53 of this handbook).

- > Your domestic abuse guidelines should outline the response you expect from staff to whom women disclose domestic abuse. This should include information on your Trust's or Health Authority's approach to risk assessment – particularly multi-agency risk assessments, which offer the best protection for women and children experiencing domestic abuse.

### Further considerations

- > Has your Trust recognised domestic abuse as a core health issue and appointed

a lead health professional? Some Trusts and Health Authorities already have lead health professionals. It's important that your employees have someone to turn to for guidance and that domestic abuse initiatives are drawn together to provide a comprehensive response to local need.

- > How will your Trust meet its obligation to keep staff informed of legislative changes that impact on their practice?
- > How will your organisation raise awareness about the nature and prevalence of domestic abuse?
- > What support will you give to staff with personal experience of domestic abuse? Ensure that all staff

are familiar with the NHS Employers organisation's workplace policy on domestic abuse and are able to access their Human Resources (HR) department, where it is recommended a domestic abuse workplace policy should be in place.

- > How can your staff share information appropriately and safely with other organisations? Adhere to guidance in *Safety and justice: sharing personal information in the context of domestic violence*, which is available online at: [www.homeoffice.gov.uk/rds/pdfs04/dpr30.pdf](http://www.homeoffice.gov.uk/rds/pdfs04/dpr30.pdf).

- > How will you identify opportunities for multi-agency working? One of your priorities should be contacting local domestic violence organisations to discuss how you could work together. You should also ensure that a senior Primary Care Trust (PCT) representative is a member of the local Crime and Disorder Reduction Partnership (CDRP) and the Domestic Violence Forum or Domestic Abuse Forum, if one exists.

'You just don't realise how much help is out there. I thought I'd go to a refuge and that would be it. But so many people were involved. I'm just grateful that I didn't fall through cracks in the system.'

## Good practice

*Women who experience domestic abuse are often worried about going to hospital. They are concerned about having to wait in public places and about the level of domestic abuse training staff receive. Some Trusts have a midwife or nurse consultant who has strategic responsibility for a co-ordinated response to domestic abuse. They educate health professionals in domestic violence issues and represent the Trust in multi-agency partnerships.*

## Indicators of good practice in domestic abuse

- 1 Developing a definition of domestic abuse in conjunction with appropriate service provision.*
- 2 Overarching domestic abuse policies and guidelines which include vulnerable adult and child protection issues.*
- 3 Prioritising safety.*
- 4 Awareness raising, education and training.*
- 5 Evaluation, auditing processes and data collection.*
- 6 A multi-agency strategy.*

## 4.3

# Supporting staff

### Supervision and guidance

- > Staff working with women and children who might have been abused should have clinical supervision to support them in delivering good practice.
- > Guidelines should be in place to set out the procedures staff need to follow. The most important issues to cover are:
  - routine enquiry and provision of information;
  - considering safety issues;
  - clear referral pathways;
  - confidentiality;
  - record keeping and the significance of compiling an evidence base; and
  - safe information sharing – within health agencies and with other organisations.
- > Some staff might feel that they are expected to be the only source of support for women experiencing domestic abuse. It should be made clear that this isn't the case. Policies and guidelines should stress that a major benefit of multi-agency working is the alleviation of pressure on health staff to 'case manage' service users trying to create a safer life.

### Personal experience of domestic abuse

Domestic abuse is prevalent across all sections of society. As the largest employer in Europe, the NHS is bound to employ people who have been or are currently experiencing

domestic abuse and perpetrators of domestic abuse. Having domestic abuse responsibilities introduced as part of their job can consequently trigger painful emotions.

> The NHS should support staff who are experiencing domestic abuse or who are still dealing with the long-term effects of past abuse.

> It should create an environment in which staff can disclose abuse and ask for confidential support.

> Health services should demonstrate zero tolerance of perpetrators in the workplace.

> Authorities and Trusts should have domestic abuse workplace guidelines.

### **What to include in an HR policy:**

> *a statement of commitment to provide support, advice and information;*

> *an overview of the legal basis for the policy;*

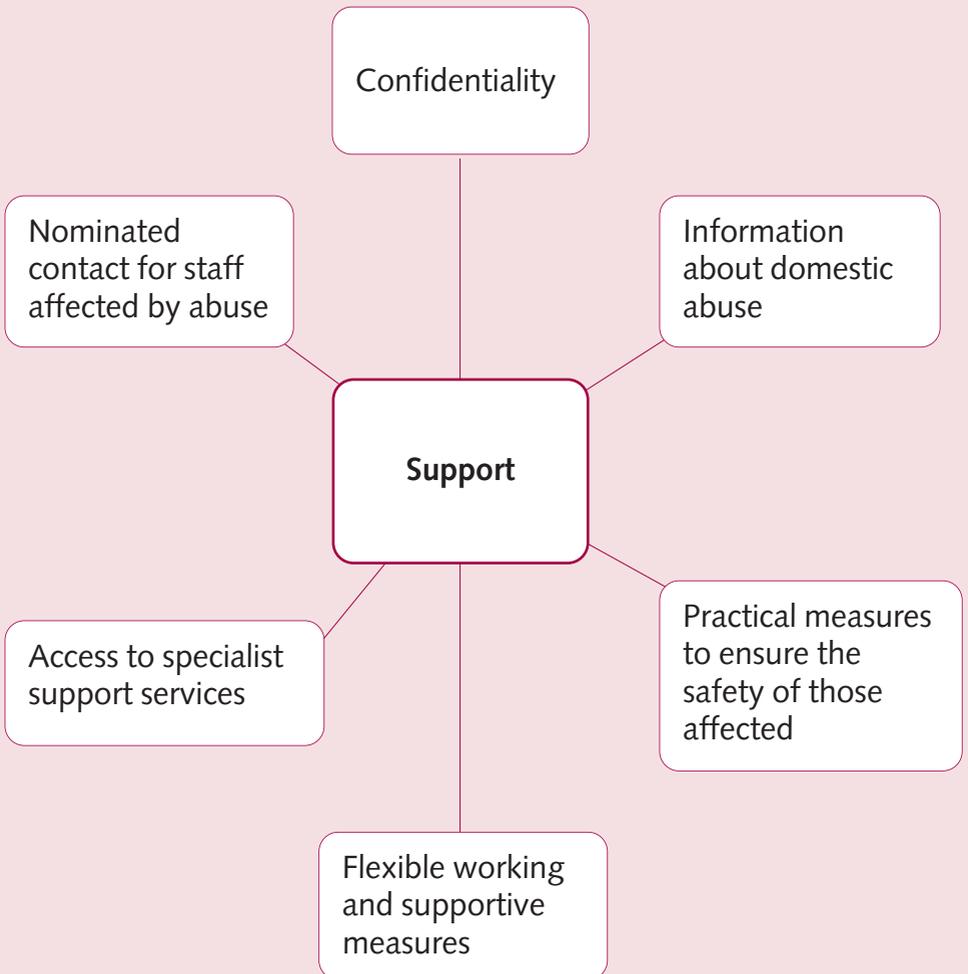
> *what the organisation will provide for those experiencing domestic abuse;*

> *how the organisation will respond to perpetrators;*

> *how policy will be implemented and monitored; and*

> *what training will be made available to line managers.*

## What can your organisation offer those experiencing domestic abuse?



### **Demonstrating zero tolerance to perpetrators in the health service**

- > Make employees aware that domestic abuse is unacceptable and can lead to criminal convictions.
- > Inform staff that conduct outside of work can lead to disciplinary action at work: domestic abuse undermines your confidence in them and harms the organisation's reputation.
- > Have a policy that reported incidents of abuse from a partner who also works for the NHS may lead to suspension or redeployment of the alleged perpetrator pending a disciplinary investigation.

The NHS Employers organisation is a member of the Corporate Alliance, a group of commercial and government organisations committed to developing domestic abuse workplace policies and good practice. In September 2005, it produced a draft domestic abuse workplace policy which will eventually be put in place in all NHS HR departments.

## 4.4

# Education and training

- > Successful implementation of policy and guidelines relies on a comprehensive education and training programme.
- > All staff who have contact with patients should be trained in domestic abuse issues – this includes administrative and reception staff.
- > All health professionals should be given basic information and taught about the nature and prevalence of domestic abuse and the steps that they need to take to provide information, support disclosure and prevent further abuse.
- > Education and training in domestic abuse needs to start at undergraduate level and continue in specialist training and continuous professional development programmes.
- > It is not advisable to introduce new approaches until all relevant staff are trained.
- > Education and training should be relevant to staff's working environment.

### **Aims of training**

- > improving awareness and understanding;
- > increasing sensitivity to potential signs of domestic abuse;
- > improving awareness of possible signs and symptoms of child abuse;

- > increasing health professionals' confidence in providing support;
  - > implementing new approaches, such as routine enquiry about domestic abuse as part of taking a social history;
  - > establishing core principles for responding to women experiencing domestic abuse;
  - > ensuring an appropriate response when abuse is disclosed;
  - > developing communication skills to improve empathetic responses;
  - > improving communication and information sharing between stakeholders;
  - > ensuring a co-ordinated response at strategic and individual levels; and
- > improving awareness of local specialist services and resources.

It is sometimes beneficial to have multi-agency contributors and participants at training. Obviously, for those aspects of training that refer solely to healthcare, only healthcare staff should attend.

## 4.5

# A multi-agency approach

- > A multi-agency approach is widely accepted as the best way to approach domestic abuse issues. It is strongly recommended by Government.
- > In April 2004, PCTs were given the statutory duty to work in partnership with other agencies in CDRPs to reduce crime (see the CD Rom accompanying this handbook, *Guidance for Partnerships and Primary Care Trusts (PCTs)*). This includes:
  - providing anonymised data for the CDRP audit;
  - signing up to local information-sharing protocols;
  - actively promoting advice on information sharing in line with the Home Office's *Safety and justice: sharing personal information in the context of domestic violence*;
  - displaying or giving out information about support services for those who have experienced domestic abuse;
  - developing and implementing a domestic abuse policy;
  - training staff to understand and implement the domestic abuse policy; and
  - developing domestic abuse services – either alone or in partnership with other agencies.

- > Working in partnership with other organisations isn't always easy. Decisions in one organisation can affect how services are delivered in another. Conflicting pressures can act as a barrier to success. But it's important that all agencies – including those in the healthcare sector – work together to overcome obstacles.
- > Partnerships should focus on action for improving safety for women and children. They should not be 'talking shops' where decisions are not made and outcomes not achieved.
- > Staff attending partnership meetings should have the authority to contribute to decisions that need to be made.
- > Partnerships are a means to an end, and not an end in themselves. Aims, objectives and plans should be clearly stated and progress monitored regularly.
- > For more information on working in partnerships, see the Home Office publication *Developing domestic violence strategies: a guide for partnerships* (available online at: [www.crimereduction.gov.uk/domesticviolence46.htm](http://www.crimereduction.gov.uk/domesticviolence46.htm)).

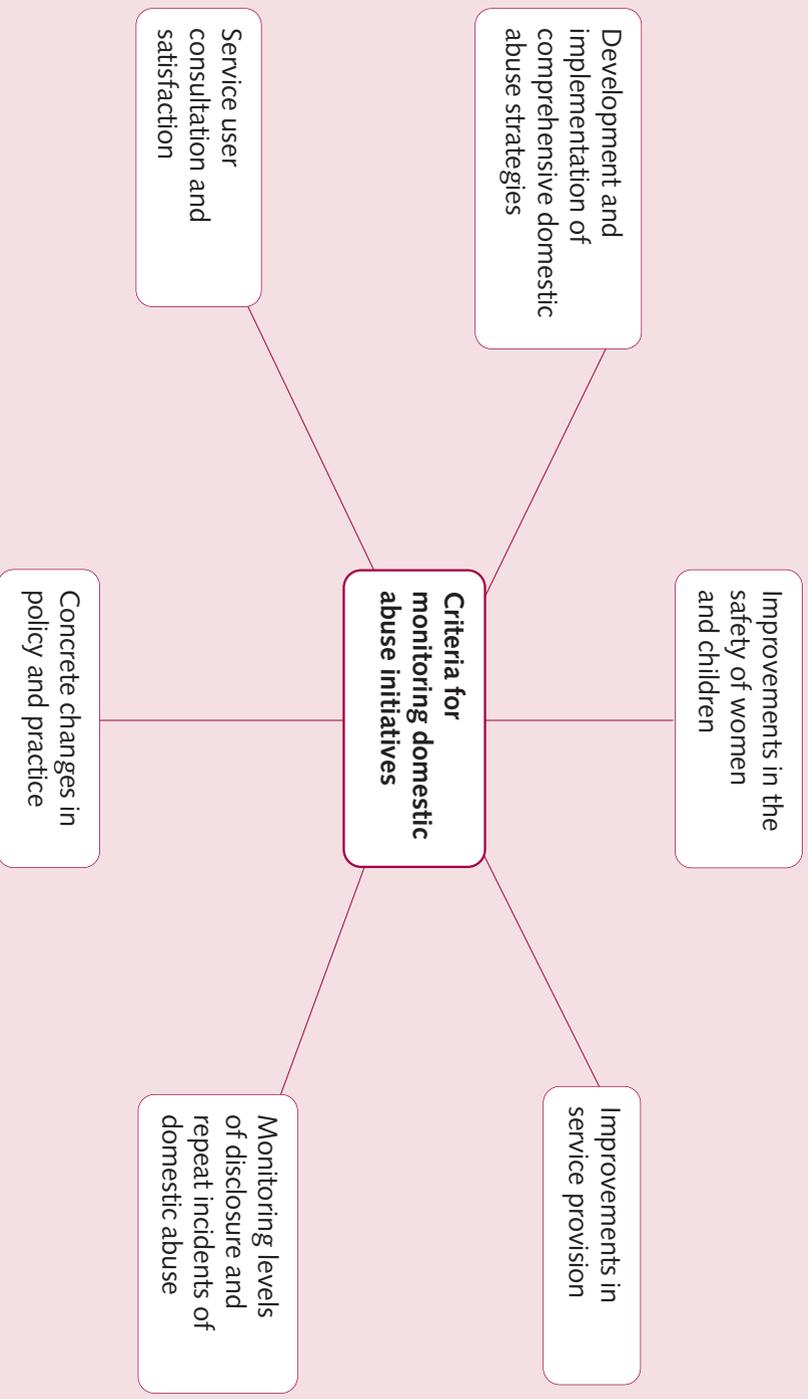
## 4.6

# Monitoring and data collection

### Monitoring

- > To assess whether domestic abuse initiatives are improving the safety of women and children, they need to be monitored regularly.
- > Every agency involved in domestic abuse initiatives should be able to:
  - describe the work they are doing;
  - measure the services they provide;
  - detail how their services are being used; and
  - demonstrate how their existing resources are being spent.
- > The criteria used to monitor local initiatives will vary depending on specific goals and objectives adopted by healthcare providers or partnerships. But the diagram below provides a framework for setting monitoring criteria.
- > The results of monitoring will help shape services and will provide valuable data for the CDRP's crime reduction audit and strategy.

## Framework for setting monitoring criteria



## Collecting data

- > Recording information and developing a case history of how initiatives are developing is a vital part of NHS domestic abuse initiatives.
- > Managers should monitor and respond to data that are collected. Gathering anonymous information from individual records will enable us to paint a picture of:
  - the size of the NHS domestic abuse workload;
  - how effective our response is; and
  - where there are gaps in service delivery that need to be filled and how commissioning can be improved.
- > The inclusion of domestic abuse diagnostic codes in the new electronic patient records will make it easier to collect data in future.
- > You should share the results of data analysis with colleagues within the NHS and in domestic abuse partnerships – as regularly as possible.
- > Internally, the results of data analysis are a good opportunity to remind staff of the importance of detailed record keeping.
- > Externally, it gives a more accurate and detailed assessment of local prevalence of domestic abuse and the associated need for services.

*Making it count: a practical guide to collecting and managing domestic violence data*, published by NACRO in 2003, contains useful information on data collection. It is accessible online by clicking on 'Online resources and links' in the quick links list on the NACRO website at: [www.nacro.org.uk](http://www.nacro.org.uk).

## 4.7

# Confidentiality and information sharing

- > Confidentiality is a foundation stone for building the conditions in which women feel comfortable disclosing domestic abuse. It should inform all policy and protocol and should be included in training for health professionals.
- > The transfer of anonymised data poses no problem. But for personalised data, the guidance in Section 3.6 of this handbook outlines the main considerations for frontline staff.
- > Authorities and Trusts should acknowledge the difficulty of balancing the need for confidentiality with an assessment of whether information sharing will put a woman and her children at increased risk of abuse.
- > Staff should be made aware that they should usually only share information after a woman has given her permission. They should also be aware of the circumstances under which information can be shared without permission. Managers should be able to advise their staff on these issues.
- > Information sharing guidance should inform health professionals on how to share information safely.

*Safety and justice: sharing personal information in the context of domestic violence* is a Home Office publication which will be useful when producing policy on or facing decisions about confidentiality and information sharing. It is available online at: [www.homeoffice.gov.uk/rds/pdfs04/dpr30.pdf](http://www.homeoffice.gov.uk/rds/pdfs04/dpr30.pdf).

The Crime Reduction website has an easy-to-use interactive tool, which asks simple yes/no questions to help staff determine if confidential information can and should be shared with other agencies.

It can be found at: [www.crimereduction.gov.uk/isp01.htm](http://www.crimereduction.gov.uk/isp01.htm).

> Support measures should be in place for staff facing difficult decisions about information sharing.

> Health organisations should contribute to multi-agency guidelines on confidentiality. Special attention should be paid to situations in which confidentiality could be broken inadvertently. Your guidelines should contain practical examples relating to specific health service environments.

> If organisations are to share information effectively, all organisations concerned should share data sets. Signing up to an agreed definition of domestic violence and abuse (see the Government's definition in Section 2.2 of this handbook) will be a first step.

- > Authorities and Trusts will want to determine their own local data requirements and to consider subsequent IT implications. Suggested data requirements include:
  - the number of recorded, and repeated, incidents of domestic violence in a year (broken down by age, sex and ethnicity). Electronic patient records will assist in data collection and provide a robust evidence base;
  - the proportion of local child protection cases involving domestic abuse; and
  - findings from any local research into domestic abuse.



# Annexes, useful contacts, local information

In this section:

Annex A – Membership of the Inter-Ministerial Group on Domestic Violence

Annex B – Action plan drawn up in response to the recommendations of the Domestic Abuse and Pregnancy Advisory Group

Annex C – Women with particular needs

Annex D – Sample safety plan

Annex E – Sample risk assessment

Useful contacts

Local information

# Annex A

## Membership of the Inter-Ministerial Group on Domestic Violence

Government action on domestic violence is led by the Inter-Ministerial Group on Domestic Violence, set up in 2003.

The group is chaired by Home Office Minister Baroness Scotland, QC. It includes ministers from the key departments below to provide a joined-up and robust programme of work:

- > The Home Office ([www.homeoffice.gov.uk](http://www.homeoffice.gov.uk))
- > Department for Education and Skills ([www.dfes.gov.uk](http://www.dfes.gov.uk))
- > Department for Constitutional Affairs ([www.dca.gov.uk](http://www.dca.gov.uk))
- > Department of Health ([www.dh.gov.uk](http://www.dh.gov.uk))
- > Department of Trade and Industry ([www.dti.gov.uk](http://www.dti.gov.uk))

- > Department for Work and Pensions ([www.dwp.gov.uk](http://www.dwp.gov.uk))

- > Office of the Deputy Prime Minister ([www.odpm.gov.uk](http://www.odpm.gov.uk))

- > Northern Ireland Office ([www.nio.gov.uk](http://www.nio.gov.uk))

- > The Solicitor General ([www.lslo.gov.uk](http://www.lslo.gov.uk))

- > National Assembly for Wales ([www.wales.gov.uk](http://www.wales.gov.uk))

The Government's strategic approach to tackling domestic violence was set out in the consultation paper *Safety and Justice*. The approach has led to the Domestic Violence, Crime and Victims Act 2004, the largest piece of legislation on domestic violence in over 30 years.

# Annex B

## Action plan drawn up in response to the recommendations of the Domestic Abuse and Pregnancy Advisory Group

### The terms of reference

The Advisory Group's terms of reference were:

*'to advise Ministers on the practicalities of taking forward the commitment in the Children's, Young People's and Maternity NSF [National Service Framework] to provide a supportive and enabling environment within antenatal care for women to disclose domestic violence'.*

### Definition of enabling environment

The group proposed the following definition of an **enabling environment**, which may make it easier for women to seek help about personal violence:

*'an environment which ensures, at the very least, that all pregnant women know about*

*the nature and frequency of domestic violence, that those affected need not suffer in silence and will be listened to sympathetically, and all women are given information on how to access local and national sources of support and advice'.*

Recent NHS reforms were designed to meet the needs of patients more effectively. One outcome has been a shift of emphasis from Whitehall to the NHS frontline. It is now the responsibility of local authorities, managers and professionals to set priorities in the light of their resources and the needs of their populations. The role of the Department of Health (DH) is to set out a clear national framework whilst providing resources, setting standards and looking at accountability.

**Action points: national activity**

- 1 Ensure wider promotion of the new number for the national telephone helpline.
- 2 Develop a single common website portal for all enquiries about violence.
- 3 NHS Direct staff to be trained in issues relating to domestic violence and be able to refer callers to the relevant services.
- 4 National telephone number and website address to be displayed on all national documents relating to maternity and postnatal services.
- 5 A possible national campaign to raise awareness amongst women attending clinics or GP practices.

- 6 Regularly update relevant national DH publications such as the *Domestic violence resource manual for health professionals*, *Pregnancy book* and *Birth to five*.

**Action points: local activity**

- 7 Material should be provided that meets the needs of the local population in a variety of easily accessible formats and media. Support should be available from the start in easy access formats for all, including in different languages and easy read format.
- 8 The numbers and website addresses of the national and local helplines should be automatically printed at the bottom of *all* NHS

- appointment cards and any other locally produced information.
- 9 The national and local helpline numbers should be printed on local hand-held maternity and child health records as well as being made available in clinics by means of posters, videos etc.
  - 10 New mothers to receive, as part of their baby record book, a laminated card with a complete list of useful national and local numbers of organisations that can help them and their babies, such as access to breast feeding advice, welfare foods etc, but which will also include the domestic violence helpline numbers.
  - 11 The national helpline number and website address should be printed on a standardised credit-card-sized leaflet that should be made freely available in clinics or elsewhere. These may be adapted for local use.
  - 12 Regular surveys should be carried out to ascertain how many women recalled seeing the information, if they understood it and modifications made accordingly.

### **UK Gold Book**

*The UK Gold Book is a UK-wide directory of refuge and domestic abuse services. To order it, see page 127.*

- 13 Policies should be audited locally as part of the monitoring process tracking implementation of the Maternity Standard of the Children's, Young People's and Maternity NSF.
- 14 NHS maternity services should move to include a routine question as part of the social history taken during pregnancy, but this should be introduced at a measured pace, and with appropriate training.
- DH intends to produce generic materials to raise awareness amongst women attending clinics or GP practices and is considering use of the National Electronic Library for Health for callers to access agencies addressing domestic violence. DH is also investigating the incorporation of a question on domestic violence in a survey/surveys related to the implementation of the Maternity Standard of the Children's, Young People's and Maternity NSF.

# Annex C

## Women with particular needs

*Women experiencing domestic abuse will all have their own circumstances to relate, and it's important to approach each case without assumptions and prejudice. Culture and lifestyle are important influencing factors in how a woman relates to her abuse – and to how it is seen by the wider community.*

**The prompts in this section are not exhaustive.** *It would be impossible to provide a comprehensive list to cater for the varying health needs of the whole community. However, by giving prompts for some minority communities, we hope to demonstrate the importance of allowing a woman to describe her own experiences of abuse and enabling her to make her own decision of how she wants to deal with it, based on her own circumstances.*

### Issues for minority ethnic or migrant women

- > Some women don't speak English as their first language. This is a barrier when they try to access services. All staff should have access to professional interpreters.
- > Minority ethnic women might feel that they have too much to lose by leaving an abusive partner. For example, religious or cultural beliefs might forbid divorce. Culture should never be accepted as an excuse for abuse.

- > They might be wary of involving the police or other services, because of actual or perceived racism.
- > Migrant women might fear losing the right to stay in this country if they separate from an abusive partner. Their partner might use this threat as part of the abuse. They might also fear that their partner's immigration status might be threatened.
- > Some women have 'no recourse to public funds' because of their immigration status. They will be unable to support themselves and their children if they leave their husbands.

### **Issues for older women**

- > Older women might find it difficult to reveal their abuse to a young person.
- > Some older women might be embarrassed that they have put up with the abuse for so long, and they might 'talk down' the extent of their experiences.
- > Older women might experience abuse from a partner who is also their carer. Like women with disabilities, they might be afraid of losing their home, support, independence – especially if institutional care is the only option.

### **Issues for disabled women**

- > Women with disabilities might feel dependent upon the person abusing them and their home, which might have been adapted to meet their care needs. This makes leaving an abuser a very difficult option – and it is important to give women information about alternative sources of care.
- > They might be afraid of being left alone at home or being put in institutional accommodation. It is important to acknowledge that there are few alternative sources of support.

- > Some refuges have adapted facilities, including full wheelchair access, and there is one refuge in London that caters for women with learning difficulties.

### **Issues for lesbians and bisexual women**

- > It's important to understand that abuse between women brings up different issues than that between a man and a woman. For example, an abusive woman might not have the same status and power as an abusive man, but she might be more able to access women-only services to trace her partner.

- > Women are often reluctant to report that they have been experiencing abuse at the hands of a female partner, because of heterosexual-centred assumptions about domestic abuse, anti-lesbian attitudes and the fear of not being believed.
- > Lesbians and bisexual women may be reluctant to report abuse by a female partner to the police as they fear they might be subject to discrimination because of their sexuality.
- > The Domestic Violence, Crime and Victims Act 2004 will ensure that same-sex couples have the same legal rights under the Family Law Act as heterosexuals.

### **Issues for young women**

- > Young women have special needs if fleeing abuse from their father, brother or other male relative. Evidence on child sexual abuse suggests that as the age of the child increases, so does the likelihood of the abused child being a girl. If the young woman is under 18, safeguarding children measures should be followed.
- > There are some specialist agencies to support young women, but housing options are usually very limited. Specialist housing projects and refuges do exist. It is important to remember that if a young woman is leaving home for the first time, she will need extra support.

- > In some cases, young women will have several professionals supporting them at the same time. The various agencies involved should work together to ensure that the multi-agency approach isn't disempowering a young woman.
- > They might seek legal help – such as an injunction – or families with more than one caravan might be able to divide the property.
- > Traveller women sometimes find it hard to stay in refuges – perhaps due to prejudice from other residents.

### **Issues for traveller women**

- > Travellers are not very likely to approach the police to ask for help, because they worry that they will not be treated with respect. They might also worry about how a perpetrator will be treated by the police and courts, if charged. Or they might be concerned about how their community will respond to them if they contact the police.
- > Within the travelling community, marriage is seen as being for life. If a woman leaves her husband, she often has to leave the whole community, having lost the status of a married woman. Leaving the community means losing contact with her culture and way of life and facing the prejudice of the settled population.

**Issues for middle-class women**

- > Middle-class women might be less familiar with services available to assist them.
- > They might be uncertain about coping financially, especially if they are dependent on their partner's income.
- > They might be afraid that no-one will believe that their outwardly successful partner could also be an abuser.
- > Research shows that middle-class women are far less likely to involve the police.

**Issues for women who misuse drugs and alcohol**

- > Women who misuse drugs or alcohol might fear that they will not be taken seriously or that they will be treated in terms of their drug or alcohol use.
- > They might think that agencies won't take women who misuse drugs or alcohol and are in chaos. Or they might think agencies don't have services that meet their needs.
- > Their abuser might also be their supplier, or they might be scared of losing their supply and having to face withdrawal.

- > The abuser might be controlling her through her drug or alcohol misuse. He might have threatened to tell other people about her misuse.
- > They might be afraid that they will lose their children if their drug or alcohol misuse is revealed.
- > Women sometimes misuse drugs and alcohol to cope with domestic abuse. Dual diagnosis should be recognised by both by Drug Action Teams and health professionals.
- > The financial pressures they face might stop them leaving an abuser, who might have immense power over a number of women.
- > They might fear facing the attitude that women who work in the sex industry should expect assault and rape.
- > Sex workers often have difficulty in finding employment, due to a lack of references, qualifications and training.
- > Women who have been trafficked might have additional fears about their status as an illegal immigrant. They might also have language difficulties and not know where to turn for help.

### **Issues for sex workers and women who are trafficked**

- > Sex workers might not want to approach agencies for help because of perceived or actual disrespect from authorities.

- > Trafficked women might feel a sense of helplessness or shame at their situation. Being forced into sex work might transgress their own cultural values and make it difficult for them to reveal their situation.
- > Sex workers who have experienced domestic abuse have multiple needs. When treating a sex worker, genito-urinary clinics need to be aware that she might face additional risks.

### **Issues for women with learning disabilities**

- > Women with learning disabilities might find it difficult to understand information you give them about domestic abuse. You might have to produce a simplified and/or recorded version of materials or explain the contents clearly face to face.
- > Women with learning disabilities might find it difficult to describe their experiences or might express their feelings differently to other women.
- > A perpetrator might exploit a woman's learning disability to make her feel responsible for the abuse or to normalise it.
- > Women with learning disabilities might fear that they won't be believed if they disclose their abuse. Or they might fear not being able to cope with or understand the consequences of disclosure.

# Annex D

## Sample safety plan

This safety plan can be used by women experiencing domestic abuse, but the questions are meant as a guide or prompt rather than as a form to be filled in. Remember that it might not be safe for women to fill in safety plans and take them away.

### **Increasing safety in the woman's relationship**

- > Where can the woman keep important phone numbers so that they are always accessible to her and her children?
- > Ask her to think of the names of two people she can tell about the abuse and ask them to listen out for strange noises from her home, so that they can call the police if she is being assaulted.
- > What code word or phrase can she use in an emergency to let her children know that she wants them to get to safety immediately?
- > Ask her to think of four places she can go to if she leaves her home.
- > Who can she leave extra money, car keys, clothes and copies of documents with?
- > What will she take with her if she leaves?
- > Where can she leave an emergency bag?
- > Where can she hide emergency money and important documents?

- > What parts of the house should she avoid when the abuse starts? Where is there no exit? Where are there things that can be used as weapons?

### **Increasing safety when a relationship is over**

- > Things that she might need to do straight away:
  - change locks;
  - get smoke detectors;
  - get a security system;
  - get stronger (metal) doors;
  - get an outdoor lighting system;
  - change landline and mobile numbers.
- > Who will she tell that her partner no longer lives with her?
- > Who will she ask to call the police if they see her partner near her home or children?
- > Advise her that she should tell the people who care for her children who is allowed to pick them up, and give them the names of the people she has given permission to.
- > Who can she tell about her situation at work and ask them to screen her calls?
- > What shops, banks and other places that she used to use with her partner does she need to avoid?
- > Who can she call if she's feeling down and is tempted to return to her partner?

### **Important phone numbers**

- > Make a list of numbers including the police, a helpline, friends and a refuge or outreach centre.

Advise the woman that she should always dial 141 before calling out, so that her number can't be traced.

# Annex E

## Sample risk assessment

### Metropolitan Police Service risk assessment for domestic violence cases

From their in-depth analysis of domestic violence homicide cases in London, Laura Richards and Professor Betsy Stanko have identified **six high-risk factors** for domestic violence:

| High-risk factors: SPECSS                                       | Present? |
|---|----------|
| Separation (child contact)                                      |          |
| Pregnancy/new birth   |          |
| Escalation: the attacks becoming worse and happening more often |          |
| Cultural issues and sensitivity                                 |          |
| Stalking  |          |
| Sexual assault  |          |

### *Separation*

Those experiencing abuse trying to leave relationships are frequently murdered. Many incidents happen as a result of child contact or disputes over residence and contact.

### *Pregnancy/new birth*

Domestic abuse can start or get worse in pregnancy.

### *Escalation*

There is a very real need to identify repeat incidents of abuse and escalation. Those experiencing abuse are more likely to experience repeat incidents than any other type of crime: as abuse is repeated it gets more serious.

### *Cultural issues and sensitivity*

Needs may differ with ethnic minority people experiencing domestic abuse. This might be in terms of issues of perceived racism, language, culture, insecure immigration status and accessing relevant support services. Domestic abuse may take on different forms within specific communities. For example, women and girls may even be killed for their actual or perceived immoral behaviour in some communities. This is sometimes termed an 'honour killing', whereby the family or community try to restore their honour and respect by killing the woman or girl concerned. Immoral behaviour may take the form of perceived or actual infidelity, refusing to submit to marriage, separating, flirting with men or 'allowing herself to be raped'.

### *Stalking*

Persistent and consistent calling, texting, sending letters, following, etc. Stalkers are more likely to be abusive if they have had an intimate relationship with the person experiencing abuse. Furthermore, stalking and physical assault are significantly associated with murder and attempted murder.

### *Sexual assault*

Analysis of domestic sexual assaults for the first four months of 2001 in London show that those who are sexually assaulted are subjected to more serious injury. Those who report a domestic sexual assault tend to have a history of domestic abuse, whether or not it has been reported previously. One in twelve of all reported domestic sexual offenders were considered to be very high risk and potentially dangerous offenders.

### **Risk management**

A crucial part of risk assessment is risk management. Officers should refer to the interventions options document and in doing so adhere to the **RARA** model when compiling safety plans for people experiencing abuse.

**Remove** the risk by arresting the suspect and obtaining a remand in custody.

**Avoid** the risk by re-housing the person experiencing abuse/ significant witnesses or placement in refuge/shelter in location unknown to suspect.

**Reduce** the risk by joint intervention/safety planning for the person experiencing abuse, target hardening and use of protective legislation.

**Accept** the risk by continued reference to the RARA model, continual multi-agency intervention planning, support and consent of the person experiencing abuse, and offender targeting within pro-active assessment and tasking pro-forma (PATP) and multi-agency public protection panel (MAPPP) format.

# Useful contacts

This section provides contact details for the main organisations and resources that might be useful when supporting women and children who are experiencing, or who have experienced, domestic abuse. For additional useful websites, books, articles and policy papers, please see the CD-Rom that was supplied with this handbook.

## National helplines

### Freephone 24-hour National Domestic Violence Helpline

Run in partnership between Women's Aid and Refuge.

**Helpline** 0808 2000 247

**Web** [www.womensaid.org.uk/](http://www.womensaid.org.uk/)  
[www.refuge.org.uk](http://www.refuge.org.uk)

### Wales Domestic Abuse Helpline

**Helpline** 0808 80 10 800

**Web**

[www.welshwomensaid.org](http://www.welshwomensaid.org)

### Scottish Domestic Abuse Helpline

**Helpline** 0800 027 1234

**Web**

[www.scottishwomensaid.co.uk](http://www.scottishwomensaid.co.uk)

### Northern Ireland Women's Aid 24-hour Domestic Violence Helpline

**Helpline** 0800 917 1414

**Web** [www.niwaf.org](http://www.niwaf.org)

## Key domestic abuse resources

*The UK Gold Book*, published by Women's Aid and updated annually, is a UK-wide directory of refuge and domestic abuse services for women and children, as well as professionals and the general public. *The UK Gold Book* has been developed

through the UKrefugesonline partnership project of leading domestic violence service providers: Women's Aid Federation of England, Scottish Women's Aid, Welsh Women's Aid, Northern Ireland Women's Aid and Refuge.

To order *The UK Gold Book* contact Women's Aid on tel 0117 944 4411, or email [info@womensaid.org.uk](mailto:info@womensaid.org.uk).

A list of public contact details for all domestic abuse services is available at:

[www.womensaid.org.uk/network/index.htm](http://www.womensaid.org.uk/network/index.htm).

### **Agencies supporting those who have experienced domestic abuse**

#### **Action on Elder Abuse**

Information and support for older people experiencing abuse or people who have witnessed abuse. Helpline operates Monday to Friday, 10.30am to 4.00pm.

**Address** Astral House,  
1268 London Road,  
London SW16 4ER

**Helpline** 0808 808 8141

#### **Email**

[enquiries@elderabuse.org.uk](mailto:enquiries@elderabuse.org.uk)

**Web** [www.elderabuse.org.uk](http://www.elderabuse.org.uk)

#### **Akina Mama wa Africa**

Advice, information and counselling for African women on domestic violence, AIDS, HIV and mental health.

**Address** 334–336 Goswell Road, London EC1V 7LQ

**Tel** (020) 7713 5166

**Email** [amwa@akinamama.org](mailto:amwa@akinamama.org)

**Web** [www.akinamama.org](http://www.akinamama.org)

**Asian Women's Resource Centre**

Advice and information, counselling, English classes, parenting, women's support groups, multi-lingual translation service.

**Address** 108 Craven Park, Harlesden, London NW10 8QE

**Tel** (020) 8838 3462

**Email**

[asianwomenscentre@aol.com](mailto:asianwomenscentre@aol.com)

**Web**

[www.asianwomenscentre.org.uk](http://www.asianwomenscentre.org.uk)

**Barnardo's**

Helping families overcome the problems of homelessness, poverty and abuse.

**Address** Tanners Lane, Barkingside, Ilford, Essex IG6 1QG

**Web** [www.barnardos.org.uk](http://www.barnardos.org.uk)

**Black Association of Women Step Out (BAWSO)**

Support for black women in Wales who have experienced domestic abuse. There are separate offices in Swansea, Cardiff and Newport.

**Address** 9 Cathedral Road, Cardiff CF11 9HA

**Tel** (02920) 644633

**Fax** (02920) 644588

**Email** [info@bawso.org.uk](mailto:info@bawso.org.uk)

**Web** [www.bawso.org.uk](http://www.bawso.org.uk)

**Broken Rainbow**

Advice and support for gay and lesbian people who have experienced domestic abuse.

Helpline runs from Monday to Friday, 9am to 1pm and 2pm to 5pm.

**Address** c/o HGLC, 40 Borough High Street, London SE1 1BS

**Helpline** 08452 60 44 60

**Email** [mail@broken-rainbow.org.uk](mailto:mail@broken-rainbow.org.uk)

**Web** [www.lgbt-dv.org](http://www.lgbt-dv.org)

**Careline**

Telephone counselling for children, young people and adults.

**Tel** (020) 8514 1177

**Web** [www.carelineuk.org](http://www.carelineuk.org)

**ChildLine**

Freephone helpline for children and young people.

**Address** Freepost 1111,  
London N1 0BR

**Helpline** 0800 1111

**Tel** (administration)

(020) 7239 1000

**Web** [www.childline.org.uk](http://www.childline.org.uk)

**Childline (Wales)**

Freephone helpline for children and young people.

**Address** 9th floor, Alexander  
House, Alexander Road,  
Swansea SA1 5ED

**Helpline** 0800 1111

**Tel** (administration)

(01792) 480111

**Web** [www.childline.org.uk](http://www.childline.org.uk)

**Chinese Information and  
Advice Centre (CIAC)**

Advice on domestic violence, immigration and general family issues.

**Address** 53 New Oxford Street,  
London WC1A 1BL

**Domestic violence helpline**

(020) 7462 1281

**Email** [info@ciac.co.uk](mailto:info@ciac.co.uk)

**Web** [www.ciac.co.uk](http://www.ciac.co.uk)

**Domestic Violence  
Intervention Project**

Services for male perpetrators of domestic violence living or working in west London.

Support services for female partners of men in the programme and other women.

**Tel** (for men) (020) 8563

7983/(for women's support

service) (020) 8748 6512

**Email** [info@dvip.org](mailto:info@dvip.org)

**Web** [www.dvip.org](http://www.dvip.org)

**EACH (Asian and Minority Group Counselling Service)**

Counselling service for alcohol and mental health issues for women from minority ethnic communities living in Harrow, Hounslow, Brent, Ealing and Barnet (the latter two boroughs are by satellite status only).

**Address** Signal House,  
Ground Floor,  
16 Lyon Road,  
Harrow HA1 2AG

**Tel** (020) 8861 3884 (Harrow);  
(020) 8577 6059 (Hounslow);  
(020) 8795 6050 (Brent)

**Email** [info@eachharrow.gov.uk](mailto:info@eachharrow.gov.uk)

**Family Matters**

Counselling support for sexual abuse survivors aged eight and over.

**Address** 5 Manor Road,  
Gravesend, Kent DA12 1AA

**Tel** (01474) 536661

**Web**

[www.charitynet.org/~family-matters](http://www.charitynet.org/~family-matters)

**Foreign and Commonwealth Office Forced Marriage Unit**

Advice on forced marriages.

**Tel** (020) 7008 0135/  
(020) 7008 0230

**Email** [fmfco.gov.uk](mailto:fmfco.gov.uk)

**Web** [www.fco.gov.uk](http://www.fco.gov.uk)

**Get Connected**

General advice service (telephone, web and email) for young people aged between 16 and 25. Helpline open every day from 1pm to 11pm.

**Tel** 0808 808 4994

**Email**

[help@getconnected.org.uk](mailto:help@getconnected.org.uk)

**Web** [www.getconnected.org.uk](http://www.getconnected.org.uk)

### **The Greater London Domestic Violence Project**

Working to end domestic violence in Greater London by supporting direct service providers and promoting joint working. Also hosts the Stella Project, which promotes good practice and supports direct service providers across the drug, alcohol and domestic violence sectors in Greater London. Provides guidelines for working across these sectors.

**Address** 1 London Bridge,  
The Downstream Building,  
London SE1 9GB

**Tel** (020) 7785 3862; (020) 7983 4238 (the Stella Project)

**Email** [info@gldvp.org.uk](mailto:info@gldvp.org.uk)

**Web** [www.gldvp.org.uk/](http://www.gldvp.org.uk/)  
[www.lat.org.uk](http://www.lat.org.uk)

### **Irish Women's Aid**

Advice and support for those who have experienced domestic abuse who live in Ireland.

**Address** 47 Old Cabra Road,  
Dublin 7, Ireland

**Freephone helpline** for those living in Ireland: 1800 341 900

**Tel** (administration)  
+353 1 868 4721

**Email** [info@womensaid.ie](mailto:info@womensaid.ie)

**Web** [www.womensaid.ie](http://www.womensaid.ie)

### **Jewish Women's Aid (JWA)**

Works to break the silence surrounding domestic violence through education and awareness-raising programmes

**Address** PO Box 2670,  
London N12 9ZE

**Helpline** 0800 591 12 03

**Tel** (administration)  
(020) 8445 8060

**Email** [info@jwa.org.uk](mailto:info@jwa.org.uk)

**Mothers of Sexually Abused Children (MOSAC)**

Voluntary organisation supporting all non-abusing parents and carers whose children have been sexually abused. Helpline is open Wednesday 10am to 2pm and Friday 7.00pm to 9.30pm.

**Address** 141 Greenwich High Road, London SE10 8JA

**Helpline** 0800 980 1958

**Web** [www.mosac.org.uk](http://www.mosac.org.uk)

**National Society for the Prevention of Cruelty to Children (NSPCC)**

Specialising in the protection of children and prevention of cruelty to children.

**Address** Weston House, 42 Curtain Road, London EC2A 3NH

**Helpline** 0808 800 5000

**Textphone** 0800 056 0566

**Welsh helpline** 0800 917 1414

**Helpline email**

[help@nspcc.org.uk](mailto:help@nspcc.org.uk)

**Web** [www.nspcc.org.uk](http://www.nspcc.org.uk)

**NSPCC Asian child protection helplines**

**Bengali** 0800 096 7714

**Gujurati** 0800 096 7715

**Hindi** 0800 096 7716

**Punjabi** 0800 096 7717

**Urdu** 0800 096 7718

**English-speaking Asian advisor**  
0800 096 7719

**NCH Action for Children**

Advice and information for families and children.

**Address** 85 Highbury Park, London N5 1UD

**Tel** (020) 7226 2033

**Web** [www.nch.org.uk](http://www.nch.org.uk)

**Northern Ireland Women's Aid**

For those who have experienced domestic abuse living in Northern Ireland.

**Address** 129 University Street, Belfast BT7 1HP

**Helpline** 0800 917 1414

**Web** [www.niwaf.org](http://www.niwaf.org)

**Refuge**

Accommodation and support services to women who have experienced domestic abuse.

**Address** 2–8 Maltravers Street,  
London WC2R 3EE

**Helpline** 0808 2000 247 (run in partnership between Refuge and Women's Aid)

**Web** [www.refuge.org.uk](http://www.refuge.org.uk)

**Respect**

Respect is a national organisation which has developed principles and minimum standards of practice for domestic violence perpetrator programmes and associated women's services. It has a service for men who are looking for advice on how to stop their abusive or violent behaviour towards their partners. A phone interpreting service is available to those who don't speak English. The helpline is open Monday, Wednesday and Friday, 10am to 12pm, and Tuesday, 2pm to 5pm.

**Address** PO Box 34434,  
London W6 0YS

**Helpline** 0845 1228609

**Textphone** (020) 8748 9093

**Email** [info@respect.uk.net](mailto:info@respect.uk.net)

**Web** [www.respect.uk.net](http://www.respect.uk.net)

**Rights of Women**

Advice on family law matters, including domestic violence. Free legal advice for women by women.

**Address** 52–54 Featherstone Street, London EC1Y 8RT

**Legal Advice Line**

(020) 7251 6577

**Textphone** (020) 7490 2562

**Sexual Violence Legal Advice**

**Line** (020) 7251 8887

**Web**

[www.rightsofwomen.org.uk](http://www.rightsofwomen.org.uk)

**Scottish Women's Aid**

Advice and support for those who have experienced domestic abuse who live in Scotland. Scottish Women's Aid runs the Scottish Domestic Abuse Helpline.

**Address** 2nd floor, 132 Rose Street, Edinburgh EH2 3JD

**Helpline** 0800 027 1234

**Web**

[www.scottishwomensaid.co.uk](http://www.scottishwomensaid.co.uk)

**Survivors of Lesbian Abuse (SOLA)**

Helpline offering support, advice and information to survivors of lesbian abuse.

Open Tuesday to Friday, 10am to 5pm.

**Helpline** (020) 7328 7389

**Email** [solalondon@hotmail.com](mailto:solalondon@hotmail.com)

**Southall Black Sisters**

Advice, emotional support and help for black and Asian women.

**Address** 52 Norwood Road, Southall, Middlesex UB2 4DW

**Helpline** (020) 8571 9595

**Web**

[www.southallblacksisters.org.uk](http://www.southallblacksisters.org.uk)

**Victim Support**

Information and support to victims of crime.

**Address** Cranmer House, 39 Brixton Road, London SW9 6DZ

**Helpline** 0845 3030900

**Web** [www.victimsupport.org](http://www.victimsupport.org)

## Women's Aid

Women's Aid Federation of England is the nationwide network of over 500 local services, working to end violence against women and children, and supporting over 200,000 women and children each year. Women's Aid provides a package of vital 24-hour lifeline services through its publications, websites for women and children, and runs the freephone 24-hour National Domestic Violence Helpline in partnership with Refuge.

**Address** PO Box 391,  
Bristol BS99 7WS

**Helpline** 0808 2000 247

**Tel** (general enquiries)  
(0117) 944 4411

**Web** [www.womensaid.org.uk](http://www.womensaid.org.uk)  
[www.thehideout.org.uk](http://www.thehideout.org.uk)

## Welsh Women's Aid

Welsh Women's Aid is the national umbrella organisation for Wales, and the leading provider of services offering support and advice to women and children who are experiencing domestic violence and abuse in Wales.

**Cardiff National Office** 38–48  
Crwys Road, Cardiff CF24 2NN

**Tel** (02920) 39 08 74

**Aberystwyth National Office**

4 Pound Place, Aberystwyth  
SY23 1LX

**Tel** (01970) 612748

**Wales Domestic Abuse**

**Helpline** 0808 8010 800

**Web** [www.welshwomensaid.org](http://www.welshwomensaid.org)

## Women and Girls Network

London-wide multicultural counselling and healing centre for women and girls overcoming experiences of physical, sexual or emotional violence.

**Helpline** (020) 7610 4345

**Tel** (administration)  
(020) 7610 4678

**Email** [info@wgn.org.uk](mailto:info@wgn.org.uk)

**The Woman's Trust**

Provides free one-to-one counselling and weekly support groups for women who have been abused. Self-referrals or referrals from professionals for London women experiencing domestic violence. The Woman's Trust also offers an advocacy service, currently for abused women in the Westminster area, which is also free of charge.

**Address** Top Floor,  
Kensington Cloisters,  
5 Kensington Church Street,  
London W8 4LD

**Tel** (020) 7795 6444/  
(020) 7795 6999

**Email** [wtrust@onetel.net.uk](mailto:wtrust@onetel.net.uk)

**Web** [www.womanstrust.org.uk](http://www.womanstrust.org.uk)

**Other useful agencies**

*Issues concerning children, babies and pregnancy*

**Children's Legal Centre**

Free legal advice on law and policy affecting children and young people.

**Address** University of Essex,  
Wivenhoe Park 1, Colchester,  
Essex CO4 3SQ

**Tel** (01206) 873820

**Email** [clc@essex.ac.uk](mailto:clc@essex.ac.uk)

**Web**

[www.childrenslegalcentre.com](http://www.childrenslegalcentre.com)

**Gingerbread**

Support for lone parent families.

**Address** 1st floor, 7 Sovereign  
Close, Sovereign Court,  
London E1W 3HW

**Tel** 0800 018 4318

**Email**

[office@gingerbread.org.uk](mailto:office@gingerbread.org.uk)

**Web** [www.gingerbread.org.uk](http://www.gingerbread.org.uk)

**The Hideout**

Women's Aid's award-winning website provides help and support for children and young people who are living with domestic violence.

**Web** [www.thehideout.org.uk](http://www.thehideout.org.uk)

**Miscarriage Association**

Advice and support to women who have suffered a miscarriage or an ectopic pregnancy.

**Address** c/o Clayton Hospital, Northgate, Wakefield, West Yorkshire WF1 3JS

**Helpline** 01924 200799

**Web**

[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

**National Association of Child Contact Centres**

Arranges supported or supervised contact at neutral places for separated families.

**Address** Minerva House, Spaniel Row, Nottingham NG1 6EP

**Tel** 0845 4500 280

**Email** [contact@nacc.org.uk](mailto:contact@nacc.org.uk)

**Web** [www.nacc.org.uk](http://www.nacc.org.uk)

**Parentline Plus**

Provides a helpline support and parenting courses to anyone looking after a child.

**Helpline** 0808 800 2222

**Textphone** 0200 783 6783

**Web**

[www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)

**Reunite**

For parents of abducted children.

**Address** International Child Abduction Centre, PO Box 24875, London E1 6FR

**Helpline** 0116 2556 234

**Email** [reunite@dircon.co.uk](mailto:reunite@dircon.co.uk)

**Web** [www.reunite.org](http://www.reunite.org)

*Immigration and asylum***Asylum Aid**

Advice for refugees on asylum applications and welfare rights.

**Tel** (administration)

(020) 7377 5123

**Legal Advice Line**

(020) 7247 8741

**Web** [www.asylumaid.org.uk](http://www.asylumaid.org.uk)

**Joint Council for Welfare of Immigrants**

Advice on immigration and asylum.

**Address** 115 Old Street,  
London EC1V 9RT

**Tel** (administration)  
(020) 7251 8708

**Advice Line** (020) 7251 8706

**Email** [info@jcwi.org.uk](mailto:info@jcwi.org.uk)

**Web** [www.jcwi.org.uk](http://www.jcwi.org.uk)

**National Asylum Support Service (NASS)**

Support for professionals only – no support services for members of the public.

**Tel** 0845 602 1739

**Web** [www.asylumsupport.info/nass.htm](http://www.asylumsupport.info/nass.htm)

**Refugee Council**

Information and referral to local refugee councils.

**Address** 240–250 Ferndale Road,  
London SW9 8BB

**Tel** (020) 7346 6777/  
(020) 7346 6700

**Web**  
[www.refugeecouncil.org.uk](http://www.refugeecouncil.org.uk)

**Refugee Women's Association**

Empowering refugee women in London.

**Address** Print House, 18  
Ashmin Street, London E8 3DL

**Tel** (020) 7923 2412

**Email** [info@refugeewomen.org](mailto:info@refugeewomen.org)

**Web** [www.refugeewomen.org](http://www.refugeewomen.org)

*Women from minority ethnic backgrounds*

**Language Line**

24-hour immediate interpreter provision in 100 languages.

**Please see the guidance on page 53 of this handbook about using interpreters.**

**Tel** (020) 7520 1430

**Muslim Women's Helpline**

Listening, counselling and information for Muslim women and girls.

**Tel** (020) 8904 8193/  
(020) 8908 6715

**Somalian Women's Centre**

Advice on housing, immigration and benefits for Somalian Women in West London.

**Tel** (020) 8752 1787

**Turkish Community Project**

Services to men and women in Lewisham, Lambeth, Southwark and Bromley: translation, advocacy, housing and welfare advice.

**Address** 44 Campushill Road, London SE13 6QT

**Tel** (020) 8318 2864

*Health and mental health*

**Drinkline**

Telephone support for adults and young people with alcohol problems.

**Tel** 0800 917 8282

**DrugScope**

The UK's leading independent centre of expertise on drugs.

**Address** 32–36 Loman Street, London SE1 0EE

**Tel** (020) 7928 1211

**Email** [info@drugscope.org.uk](mailto:info@drugscope.org.uk)

**Web** [www.drugscope.org.uk](http://www.drugscope.org.uk)

**MIND**

The national association for mental health.

**Address** 15–19 Broadway, Stratford, London E15 4BQ

**Mind infoline** 08457 660 163

**Typetalk** (for callers with hearing or speech problems who have access to minicom) 0800 959 598

**Email** [contact@mind.org.uk](mailto:contact@mind.org.uk)

**Web** [www.mind.org.uk](http://www.mind.org.uk)

**MIND Cymru (Mind in Wales)**

The national association for mental health in Wales.

**Address** 23 St Mary Street, Cardiff, CF1 2AA

**Information line**

0845 766 0163

**Web** [www.mind.org.uk](http://www.mind.org.uk)

**National Self Harm Network**

Provides advice, advocacy and an information sheet on self-harm.

**Address** PO Box 7264, Nottingham, NG1 6WJ

**Email** [info@nshn.co.uk](mailto:info@nshn.co.uk)

**Web** [www.nshn.co.uk](http://www.nshn.co.uk)

**NHS Direct**

Confidential 24-hour helpline on all matters relating to health. Access to Language Line interpreters.

**Helpline** 0845 4647

**Web** [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

**Samaritans**

Confidential and emotional support to people in crisis.

**Helpline** 08457 909090

**Web** [www.samaritans.org.uk](http://www.samaritans.org.uk)

**Women's Therapy Centre**

Counselling and psychotherapy services for women in the London area.

**Address** 10 Manor Gardens,  
London N7 6JS

**Tel** (020) 7263 6200

**Email**

[enquiries@womenstherapycentre.co.uk](mailto:enquiries@womenstherapycentre.co.uk)

**Web** [www.womenstherapycentre.co.uk](http://www.womenstherapycentre.co.uk)

*Housing*

See also entries under 'Agencies supporting those who have experienced domestic abuse'.

**Eaves Housing for Women**

Housing support in the London area for vulnerable women, including those experiencing domestic violence. Also funds the Poppy Project, for women wanting to leave prostitution and who have experienced being trafficked.

**Address** 2nd floor,  
Lincoln House,  
Kennington Park,  
1–3 Brixton Road,  
London SW9 6DE

**Tel** (020) 7735 2062

**Poppy Project information line**  
(020) 7840 7129

**Web** [www.eaves.ik.com](http://www.eaves.ik.com)

**Shelter**

24-hour information and advice on homelessness and housing.

**Helpline** 0808 800 4444

**Web** [www.shelter.org.uk](http://www.shelter.org.uk)

## *Sexuality*

### **London Lesbian and Gay Switchboard**

24-hour helpline offering information, support and referral services for lesbians and gay men.

**Helpline** (020) 7837 7324

**Web** [www.llgs.org.uk](http://www.llgs.org.uk)

## *Welfare and legal*

### **Benefits agency helplines**

Department for Work and Pensions public enquiry line.

**Tel** (020) 7712 2171

**Textphone** 0800 243 355

**Web** [www.dwp.gov.uk](http://www.dwp.gov.uk): provides information on all state benefits, alphabetically, with links to

[www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk)

when appropriate. You can download information leaflets and claim forms from the website.

### **National Association of Citizens' Advice Bureaux (NACAB)**

General and legal advice.

**Address** Middleton House, 115–123 Pentonville Road, London N1 9LZ

**Tel** (020) 7833 2181

#### **Web**

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk);  
[www.adviceguide.org.uk](http://www.adviceguide.org.uk)

### **National Debtline**

Advice on debt, with free self-help packs.

**Tel** 0808 808 4000

#### **Email**

[advice@nationaldebtline.co.uk](mailto:advice@nationaldebtline.co.uk)

#### **Web**

[www.nationaldebtline.co.uk](http://www.nationaldebtline.co.uk)

### **Rights of Women**

Advice on family law matters, including domestic violence. Free legal advice for women by women.

**Address** 52–54 Featherstone Street, London EC1Y 8RT

**Legal Advice Line** (020) 7251 6577

**Textphone** (020) 7490 2562

**Sexual Violence Legal Advice Line** (020) 7251 8887

**Web**

[www.rightsofwomen.org.uk](http://www.rightsofwomen.org.uk)

## Local information

This section has been provided for you to keep a record of local domestic violence agencies and other partners. Having a list of local contacts to hand will help you give women the information they need as soon as possible after disclosing domestic abuse.