Policy and Procedure for the Management of Domestic Abuse Presentations in the Southern Health & Social Care Trust

Author: Ruth Donaldson Head of Acute Hospital Social Work
Patricia McStay Head of Midwifery and Gynaecology
Mary McIntosh Assistant Director of Social Work

Directorate Responsible: Across Directorates
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| Name of Policy and procedure: | Policy & Procedure for the Management of Domestic Abuse Presentations in the Southern Health and Social Care Trust |
| Purpose of Policy and procedure: | To ensure that health & social care staff are informed about Domestic Abuse and its affect. This policy and procedure seeks to outline to staff their responsibilities and provide guidance as to how to respond to domestic abuse |
| Directorate Responsible for Policy and Procedure | Across Directorates |
| Name and Title of Author: | Ruth Donaldson, Head of Acute Hospital Social Work & Patricia McStay, Head Of Midwifery and Gynaecology & Mary McIntosh Assistant Director of Social Work |
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| Members of RM & PC in attendance: | Kieran Donaghy, Director Human Resources & Organisational Development Vivienne Toal, Head of Employee Engagement & Relations Claudine McComiskey, Head of Domiciliary Care Danny McKevitt, Head of Specialist Estate Services John Graham, Trade Union Side Anita Carroll, Assistant Director of Functional Support Services |
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Mary McIntosh, Assistant Director
Social Work Governance
Fiona Wright, Assistant Director of
Nursing Governance
Carmel Harney, Assistant Director of
AHP Governance
Dessie Cunningham, Learning
Disability Supported Living Services
Manager
Claire Graham, Head of Corporate
Records
Stephen McNally, Acting Director of
Finance & Procurement
Roberta Wilson, Senior Manager
Patient & Client Safety

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### Originator

Name of Author: Ruth Donaldson Head of Acute Hospital Social Work & Patricia McStay Head of Midwifery and Gynaecology & Mary McIntosh Assistant Director of Social Work

### RM/Policy and procedure Committee & SMT approval

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- Appendix 1 Resources available for male victims of domestic abuse
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Policy for the Management of Domestic Abuse Presentations in the Southern Health and Social Care Trust

1.0 Introduction to the Policy

Domestic abuse is a priority across government. It is essential that a co-ordinated inter-agency and multi-disciplinary approach is adopted to effectively address the issue.

This Policy is for health and social care staff in the Southern Health & Social Care Trust (SH&SCT) and outlines their responsibilities in relation to presentations of domestic abuse. This Policy is based upon the Area Child Protection Committees’ Regional Policy and Procedures 2005, amended in 2008. The DHSSPS issued a circular 12.10.06 re routine enquiry on domestic violence which should be read in conjunction with this policy as should the DOH handbook ‘Responding to Domestic Abuse December 2005’.

Throughout this Policy the term Domestic Abuse is used instead of Domestic Violence, as the latter may be interpreted as physical abuse only.

2.0 Purpose and Aims

The aims of this Policy are to ensure health and social care staff in the Trust are informed about domestic abuse and its effects. In addition the Policy will outline to staff their professional responsibilities.

3.0 Policy Statement

The Trust recognises that domestic abuse occurs across the whole of society regardless of race, ethnicity, religion, disability, age, class, income, gender and sexuality. All staff involved in health or social care may experience presentations of domestic abuse. Staff should comply with the Regional Child Protection Policy and Procedures 2005, Vulnerable Adult Regional Policy and Procedure 2006 and also their own relevant code of professional conduct.

4.0 Scope of the Policy

This policy applies to all health and social care Trust staff who are in direct contact with patients/clients accessing the services of the Southern Trust, for example medical, nursing/midwifery staff, allied health professionals and social workers. Other staff groups may also have direct contact with service users, for example porters and domiciliary care staff. If domestic abuse is disclosed to support staff this should be reported to the relevant professional with
responsibility for the patient/client. This Policy provides specific guidance with regard to responses to presentations of domestic abuse or suspected domestic abuse, outlining the needs of the individual within the context of their family and the support that they may require.

5.0 Responsibilities

5.1 Chief Executive
The Trust Chief Executive as Accountable Officer has overall responsibility for ensuring the aims of this Policy and Procedure are met.

5.2 Director of Acute and Executive Director of Social Work
Lead responsibility for Policy and Procedure monitoring and review lies with the Director of Acute and Executive Director of Social Work. It is the responsibility of the Director of Acute to distribute this Policy and Procedure to all other Directorates within the Trust. It is then the responsibility of those Directorates to make their staff aware of this Policy and Procedure.

5.3 Assistant Directors, Head of Service and Senior Managers
Assistant Directors, Heads of Service and Senior Managers have responsibility for the effective application of this Policy and Procedure.

5.4 Assistant Director of Safeguarding and Family Support
It is the responsibility of the Assistant Director of Safeguarding and Family Support to distribute this Policy and Procedure to all agency colleagues on the SHSCT Child Protection Panel.

5.5 Health and Social Care staff
It is the responsibility of all medical, nursing/midwifery, social work and allied health professionals to be familiar with this Policy and Procedure and adhere to it. Those staff who are in direct contact with the patient/client have a responsibility to adhere to the principles and aims of this Policy and Procedure and take appropriate action as outlined in sections 4, 5, 6 & 7 of the Procedure. Children who live in a home where domestic abuse occurs may be defined as a child in need as outlined in the Children (NI) Order 1995. There is a strong correlation between the incidences of domestic abuse and child abuse and given this all professionals must be alert to the likelihood that child protection issues may be present.
6.0 Definition

For the purposes of this Policy and Procedure the definition of domestic violence and abuse which is being used is the one outlined by the Department of Health, Social Service and Public Safety in their document Tackling Violence At Home (2005);

“threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are, or have been, intimate partners or family members, irrespective of gender or sexual orientation.”

7.0 Legislation and Policies Pertaining to Domestic Abuse

Professionals need to take account of the following legislation when considering the needs of the family who live with domestic violence and abuse.

The Family Homes and Domestic Violence (Northern Ireland) Order (1998)

The Family Homes and Domestic Violence (Northern Ireland) Order (1998) tackles two separate but inter-related problems; providing protection for one family member against violence or molestation by another and regulating occupation of the family home where a relationship has broken down.

Article 28 inserts a new article into the Children Order (Article 12A) to ensure that where there has been domestic violence in a home, the court must consider the risk of harm to the child witnessing domestic violence before making a residence or contact order.

With respect to Non-Molestation Orders they may be made by any court and do not require proof of physical violence.

Article 29 inserts two new articles into the Children Order (Articles 57A and 63A) which give a court the power to remove a suspected abuser from the family home instead of removing the child under an Interim Care Order or Emergency Protection Order.

With respect to Occupation Orders the court must consider:
- Housing Needs
- Financial Resources
- Effects on Health and Safety
- Conduct towards each-other

Breach of Orders made for protective purposes is a criminal offence and an arrest without warrant can be made (Part 111 Safeguarding Vulnerable Adults - Regional Adult Protection Policy and Procedural Guidance 2006).
The Law Reform (Miscellaneous Provisions) Northern Ireland) Order 2005
Part 111 incorporates amendments to the Family Homes and Domestic Violence (Northern Ireland) Order 1998: which outlines: “Cohabitees” to include same-sex couples.
This has been referenced in this Policy and Procedure in terms of the definition of domestic abuse, please refer to section 6.

The Children (NI) Order 1995

The Children (NI) Order 1995 provides the legislative base for protection and support of children and their families. The majority of children who have experienced domestic abuse meet the definition of ‘children in need’ as outlined within the Children (NI) Order 1995 (Para 9.56 Regional Child Protection Policy and Procedures 2005). Research findings have clearly highlighted a correlation between the incidence of domestic abuse and child abuse. Given this, professionals must be alert to the likelihood that child protection issues may be present (Para 9.56 Regional Child Protection Policy and Procedures 2005).


Chapter 9 “Child Protection in Specific Circumstances”, outlines the impact of domestic abuse, legislation and the actions to be taken. Section 9.60 relates that where there are grounds to believe that a child is suffering or likely to suffer significant harm, a referral must be made to Social Services, the NSPCC or the Police. Section 9.61 provides example of situations where implementation of the child protection procedures should be considered: where there is a child present at the time of a domestic violence incident, where a child is injured as a result of domestic violence, where there is serious injury or hospitalisation of a victim following domestic violence, where there is previous knowledge of domestic violence and the non-abusing parent has had to leave without the child. Case Management Reviews also recognize the dangers for children and young people who raise the alarm. In the Acute setting the ACPC Regional Policy and Procedures are enacted via the Hospital Social Work Department, or the Out of Hours social work service. Further guidance re the referral process is found in sections 4, 5 and 6 of the Procedure section of this document.

Safeguarding Vulnerable Adults – Regional Adult Protection Policy and Procedural Guidance 2006

Any adult at risk of abuse, exploitation or neglect should be able to access support to enable them to live a life free from violence and abuse. The Regional Adult Protection Policy and Procedures detail the processes that must be followed in the event of a suspicion or allegation that a vulnerable adult is at risk of abuse, exploitation or neglect (1.1). A vulnerable adult is defined as:
“a person aged 18 years or over who is, or may be, in need of community care services or is resident in a continuing care facility by reason of mental or other disability, age or illness or who is, or may be, unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation” (3.1).

Section 13.17 of the Regional Policy and Procedure outlines the actions which staff should take in an A&E Department or whilst the victim is a hospital in-patient.

“…if there is a concern or allegation of abuse, the hospital staff have a duty to alert their line manager. The line manager should refer to the Designated Officer for the hospital who will, in turn, liaise with the appropriate Designated Officer in the community to determine who will take the lead role in the investigation”. In the Acute setting the Regional Policy and Procedures are enacted via the Hospital Social Work Department, or the Out of Hours social work service. The policy and procedure continues that is essential that a Care and Protection Plan is in place before the patient is discharged.

When offering support to an adult victim, there is a need to be mindful of the impact of domestic abuse on others, especially children, older people, those from an ethnic minority group and those who are disabled or vulnerable. These groupings may be less able to protect themselves and voice their concerns.

The professionals involved in the protection of vulnerable adults in a domestic abuse situation, will have to give consideration to the legislative basis for intervention, which may include a number of different policies and procedures and areas of legislation.

**The Human Rights Act 1998**

The Human Rights Act 1998 places a positive obligation in respect for human rights. When considering the needs of families living with domestic violence and abuse, the principles of the Act should be applied to all policy and procedure choices, activities and use of power. Provisions within the European Convention on Human Rights include the following:

- Article 2: the right to life
- Article 3: freedom from torture or inhuman or degrading treatment or punishment
- Article 8 the right to respect for private and family life, home and correspondence.

**Children and Young People who Perpetrate Violence in the Home**

It is recognised that children and young people can not only be the victims but the perpetrators of domestic violence and abuse. This may be through forced involvement to commit violence, negative role modelling or as a result of stress in
the home situation. Children can abuse other children or adults in the family home. The professional involved needs to be aware of the combination of legislation, policy and procedures which pertain to the needs of the child and the adult in this instance. Children and Young People who perpetrate acts of abuse are also children and young people in need and will require social work intervention and support.

**8.0 Equality and Human Rights Considerations**

This Policy and Procedure has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1988. Equality Commission of Northern Ireland Guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.

Using the Equality Commission’s screening criteria no significant equality implications have been identified. This Policy and Procedure will therefore not be subject to an equality impact assessment.

This Policy and Procedure has been considered under the terms of the Human Rights Act, 1998 and was deemed to be compatible with the European Convention of Human Rights contained in that Act. This Policy and Procedure will be included in the Trust’s register of screening documentation and maintained for inspection while it remains in force.
Procedure for the Management of Domestic Abuse Presentations in the SHSCT

1.0 Facts about Domestic Abuse

1.1 Domestic abuse affects as many as 1 in 4 women during their lifetime and can affect women of different ages, race, class, sexuality, culture, religion and mental and physical abilities.
1.2 Men from all socio-economic groups can be the perpetrators of violence against women they know.
1.3 Domestic abuse can also occur in same sex relationships. Domestic abuse can include violence by a son, daughter or any other person who has a close or blood relationship with the victim.
1.4 Whilst it is widely acknowledged that females are the primary victim of domestic abuse, men may also be victims. This concept is further explored in section 2 of this procedure.
1.5 Domestic abuse can have physical, emotional and social effects on children and young people as they also can be the direct victims of domestic abuse in their relationships.

Domestic violence accounts for $\frac{1}{4}$ of all violent crimes. Domestic violence has the highest rate of repeat victimisation of all crimes and it is acknowledged that women experience 35 incidents before asking for help. The severity of domestic violence is represented in the fact that 2 women are killed by their present or former partner in the UK each week. There are specific support organizations which assist female victims. Please refer to Appendix 2 for details. Child abuse is 15 times more likely where domestic violence exists. It is believed that 40-69% of children are physically abused in the context of domestic abuse and 15-30% of children are sexually abused in the context of domestic abuse. The victim is still at risk when separated from their partner. The British Crime Survey noted that 36% of domestic violence incidents occurred when the couple were no longer together.

2.0 Male Victims of Domestic Abuse

Trust staff have to be aware that domestic abuse is not gender specific. Domestic abuse can be targeted at both males and females.
On average, every day in Northern Ireland, 4-5 men are victims of crimes with a domestic motivation (PSNI 2007/08). It is estimated that 1 in 9 men experience domestic abuse in the course of their lifetime (NICS 2003/04). Men are less likely than women to recognize that they are victims or report domestic abuse (NICS 2005). There are specific support organizations which assist male victims. Please refer to Appendix 1 for details. Many of the agencies referenced in Appendix 2 provide a support service to both female and male victims.
3.0 Indicators of Domestic Abuse

It is widely recognised that domestic abuse manifests itself in different forms. Responding to Domestic Abuse - A Handbook for Health Professionals, DOH 2006 outlines physical and psychological effects of domestic abuse and should be read in conjunction with this Policy and Procedure. Medical staff and General Practitioners should also reference the BMA Domestic Abuse Report June 2007. There are four main types of domestic abuse;

**Physical**, injuries sustained especially among women, include bruising or black eyes, scratches, bleeding from cuts, internal injuries and broken bones or teeth. Male victims may have a weapon used against them or be attacked in their sleep.

**Sexual**, where physical force could be used or the women has been drugged, unconscious or is incapable of consent. Long-term sexual abuse may increase a women’s risk of urogenital infections and chronic pelvic pain. Globally between 6-47% of adult women report being sexually assaulted by intimate partners in their lifetime. Forced or coercive sexual intercourse with an HIV infected partner is one of the most common routes of transmission of HIV and other sexually transmitted diseases (BMA Board of Science: 2007)

**Psychological**, it is known that domestic abuse has long-term consequences on the mental health of its victims. It is known that depression, psychological symptoms of somatisation, anxiety, obsessive compulsive symptoms and the tendency to be paranoid are commonly found in female victims of domestic abuse. Please refer to Section 12 of this Procedure for further information. Male victims of domestic abuse are also at risk of increased depression.

**Financial**, financial abuse is more commonly seen in older people as they may be more reliant on others to organise their finances. The older population may suffer more serious consequences from financial abuse than younger people as they are often more vulnerable to be taken advantage of. Elder financial abuse is very difficult to diagnose due to the lack of physical symptoms and therefore it is thought that it remains heavily under-reported.

Manifestations of domestic abuse may include; bruising, readmissions or repeat contacts with health and social care professionals, miscarriage, premature birth, self-harming behaviour, increasing likelihood of misusing drugs, alcohol or prescribed anti-depressants, depression/poor mental health, loss of self-confidence, presentation of neglect, feelings of dependency and eating disorders.

Professionals have to be alert to inconsistent explanations for injuries in both adults and children.
4.0 Responding to Domestic Abuse
(This is applicable to those with or without children)

In working with victims of domestic abuse it is crucial to respond to the risk and the needs of the victim. Staff should aim to provide privacy for discussion, ensure they are supportive, reassuring, and non-judgemental and give priority to ensuring the immediate safety of the victim and children and young people if applicable. The individual should be offered access to a telephone to contact other agencies, for example the PSNI and advised of the support services available. Constraints on confidentiality should be clearly explained, please refer to Section 8 of this procedure for further information.

There are a number of support organisations who can assist those who are victims of domestic abuse whether male or female. These have been outlined in Appendix 1 & 2 of this document. Staff employed within the Acute Directorate of the SH&SCT are encouraged to advise those in domestic violence or abusive situations of the supports available and offer the help and guidance of the Hospital Social Work Department, or the Out of Hours Social Work Service.

Staff should never assume that someone else is aware of domestic abuse issues as you may be the victims first and only contact.

Multi Agency Risk Assessment Conferences (MARAC), which are arranged by the PSNI, can take place to help reduce the risk of serious harm or homicide for a victim and increase the safety, health and well being of victims – adults as well as children. The core agencies involved in a MARAC should include where appropriate the PSNI, health and social care professionals from the local HSC Trusts, Probation Service, NIHE, Victim Support, Women’s Aid, Men’s Advisory Project, Department of Education, Community Addiction Services and child support organisations i.e. the NSPCC. The primary objectives of a MARAC are to share information, to identify outstanding aspects of risk assessment in regard to the victim, to agree a risk management plan, to reduce repeat victimisation, to improve agency accountability and improve support for staff involved in high risk domestic violence cases.

5.0 Children and Young People in a Domestic Violence Situation

In cases of domestic abuse where there are children and young people professionals should refer immediately to the Children and Young People Gateway service and within the Acute setting to the Hospital Social Work Department, who will determine the need for onward referral. Thought should be given to children and young people living in the family home and those who may have contact with an adult who abuses, or contact with a parent who is being abused. Professionals should consider whether the child or young person has been: exposed to, directly witnessed, intervened, summoned help, disclosed the abuse, or is a victim or perpetrator. Following consideration of the afore
mentioned factors, staff should initiate the UNOCINI preliminary assessment. Information regarding completion of the UNOCINI form is contained in Section 6 of this Procedure, which outlines high risk factors associated with domestic abuse. If a situation occurs out of office hours professionals should refer to the Out of Hours Social Work Service for immediate guidance and assessment. The assessment will consider the presentation and the history given.

6.0 Completion of UNOCINI

Referral to the Children and Young People Gateway service is completed via the completion of a UNOCINI preliminary assessment and referral. Within the Acute setting, a referral is required to the Hospital Social Work Department. Medical, nursing, midwifery and allied health professionals should initiate the commencement of a UNOCINI referral and forward to the Hospital Social Work Department for further assessment. The staff member initiating the UNOCINI form should advise the patient/client and seek consent. In cases of child protection consent is not required. Further clarification on consent is provided in Section 8.0 of this Procedure. The UNOCINI Guidance and forms are available on the Southern Health and Social Care Trust intranet under the heading of “Useful Links”. Referencing the indicators below will assist staff in their completion of the UNOCINI form and help assess the immediate risk to the child or young person and the victim.

- The presence of children, to include consideration of contact arrangements
- The age of the child – those under 7 years or with special needs are particularly vulnerable
- The child or young person’s involvement – summoned help, made a disclosure, intervened directly or indirectly, being present in the home when the abuse is/was occurring or a direct witness
- Are there child abuse issues, for example physical and sexual abuse
- Disability or mental health issues within the family unit
- Risk of self harm by victim/survivor of abuse, suicidal ideation
- The pattern, duration and frequency of the abuse
- The severity of the violence
- Whether any weapons were used
- Are there issues of substance misuse or dependence
- Pregnancy or new birth
- Cultural issues for example restriction of movement, no recourse to public funds, honour based violence, risk of forced marriage, female genital mutilation.

7.0 Vulnerable Adults

The Safeguarding Vulnerable Adults – Regional Adult Protection Policy and Procedural Guidance 2006 is to be followed in working with vulnerable adults. All
staff have access to the document and have a responsibility to acquaint themselves with it. In the legislative section of this Policy and Procedure the regionally agreed definition of a vulnerable adult is outlined, as is the process to be followed when a vulnerable adult alleges domestic abuse. We are all responsible for the protection of vulnerable adults and staff should be alert to the fact that an abuser can be: a partner, child, relative or friend, paid or volunteer carer, a health social care or other worker or a stranger. Appropriate community Social Services, the Hospital Social Work Department or the Out of Hours Social Work Service should be contacted immediately if any concerns arise or if allegations are made. If the staff member is unsure about the need for further action they should consult with their line manager and the appropriate Senior Social Worker either community or hospital based. Social Services will commence information gathering and agree the need for investigation.

8.0 Confidentiality

In cases of domestic abuse involving a child or young person their welfare is the paramount consideration. Where there is reasonable cause to believe that a child or young person is at risk of significant harm, the matter will be viewed as child protection and will take precedence over confidentiality. Sharing information in such circumstances is not deemed a breach of professional codes of conduct and is in keeping with the Regional Child Protection Policy and Procedures (Para 1.21). In all other instances the parent should be informed of the concerns and the action required, and their agreement sought where possible and if appropriate. If agreement is not forthcoming, protection of the child will be of paramount consideration. In cases where there are no children involved an adult has the right to refuse services and intervention. Professionals have to be mindful of the capacity of the adult to make informed decisions. Please refer to Section 7 of the Policy and Procedure for further information re vulnerable adults.

If a serious crime has been committed, staff should consult with their professional manager as to the need to refer onto the PSNI, with or without consent. The DHSSPS issued a Code of Practice on Protecting the Confidentiality of Service User Information January 2009. Staff should acquaint themselves with this document. The General Medical Council issued guidance on confidentiality which came into effect on 12 October 2009. This document outlines guidance on disclosure with or without consent, in the public interest and to protect the patient and others. It states “there can also be a public interest in disclosing information to protect individuals or society from risks of serious harm, such as serious communicable diseases or serious crime” (p16). The guidance also advises “when victims of violence refuse police assistance, disclosure may still be justified if others remain at risk, for example, from someone who is prepared to use weapons, or from domestic violence when children or others may be at risk” (p22).
9.0 Recording

Health and Social Care records play an important role in responding to domestic abuse and may be later called upon by a court. It is thus vital that all professionals record their contact fully with the presenting individual, utilising proformas acceptable to their profession or department. Notes should be detailed, accurate, contemporaneous, and provide clear information on what has occurred now and in the past.

Staff referring a case of domestic abuse, where there are child care issues, have to use the prescribed format of the UNOCINI form. Information and advice regarding the completion of the form is outlined in Section 6 of this procedure.

10.0 Routine Enquiry

The Department of Health, Social Services and Public Safety in their circular Routine Enquiry on Domestic Violence dated 12.10.06, advised that there should be routine enquiry for domestic violence/abuse carried out on all pregnant women in Northern Ireland which must include women who have experienced a miscarriage or stillbirth. This was to be brought into effect in March 2007 and is in situ in the SHSCT. The subject of domestic abuse should be raised when the patient is alone. All women must be asked about domestic violence/abuse during antenatal and postnatal care and at any other time if concerns are raised. This would include any attendance to an A&E Department. In the SH&SCT the following standard statement for broaching the subject of routine enquiry has been agreed with the multi-professional team and service users.

“Today we are going to discuss, as we do with all women, the issues of domestic abuse. Domestic abuse effects one in four women at some time during their life. Domestic abuse often starts or becomes worse in pregnancy from either your partner or any other family member. As health professionals, if there any concerns about you or your baby, we have to share these with other agencies to protect you and your baby and provide you with the necessary support for example Midwife, Health Visitor, GP or Social Services”.

The following indirect and direct questions were also agreed with the multi-disciplinary team and service users.

**Indirect Questions**
1. Is everything alright at home?
2. Do you get on well with your partner?
3. Are you being looked after properly/is your partner taking care of you?

**Direct Questions**
1. Do you ever feel frightened of your partner or other people at home?
2. Are you currently in a relationship, or have just left a relationship where you have been hit, hurt, called names, bullied, isolated from your friends or family or where money has been withheld from you?
3. Are there children involved, have they ever seen or heard any violence or abuse or been in the house when this has been occurring?
4. How afraid do you feel: afraid, very afraid and really afraid?
5. Have you ever been sexually assaulted by your partner?
6. Have you ever felt like calling the police because of your partner or because of what is happening at home?

A positive response to any of the above questions warrants the initiation of a UNOCINI preliminary assessment and referral as outlined in Section 5 of this procedure. The process for completion of the UNOCINI and referral has been outlined in Section 6.

11.0 Domestic Violence and A&E

The DHSSPS “Tackling Violence at Home” Action Plan April 2009 to September 2010, page 7, outlines key actions; “to roll out the routine domestic violence enquiry to A&E Departments, minor injuries units, GPs surgeries including out-of-hours services, and to services for older people”. Within the context of this Policy and Procedure, routine enquiry should be completed in A&E and minor injuries units. Triggers for enquiry would hinge on the patient’s presentation, please refer to Section 3 of this Procedure for further information. Inconsistent explanations for injuries and bruising, a delay in presentation and a history of assault would warrant further enquiry. Staff should be mindful that both men and women can be the victims of domestic abuse. All pregnant women who present to A&E should be subject to routine enquiry and referred to maternity services.

12.0 Domestic Violence and Mental Health

“Violence against women is widespread and deeply ingrained, and has serious impacts on women’s health and wellbeing. Its continued existence is morally indefensible; its costs to individuals, health systems, and to society is generally enormous. Yet no other major problem of public health has – until recently - been so widely ignored and so little understood.”

(Garcia-Moreno et al., 2005)

Women and children currently living with or fleeing from domestic abuse can simultaneously suffer from mental health issues, such as anxiety, depression, self-harming behaviour, post traumatic stress disorder (PTSD), eating disorders, bipolar disorder, or schizophrenia (Barron, 2005). Abuse and violence are said to increase the risk of developing a range of mental illnesses and can exacerbate any existing mental health difficulties. Additionally, individuals living with serious mental illness may be more vulnerable and susceptible to abuse (Warshaw and Barnes, 2003).
The adverse effects of domestic abuse on an individual’s mental health can last for many years, which in turn can lead to an increased use of mental health services. Research has shown that around 64% of abused women will suffer from PTSD, 48% will experience depression and 18% will commit suicide (Golding, 1999). Rape and sexual assault has been seen to be a significant element of domestic violence. In 54% of cases of rape and sexual assault, the assailant is a current partner (45%) or ex-partner (9%) of the victim (Walby and Allen, 2004). A range of mental health problems tend to follow rape and sexual assault, including PTSD, anxiety and panic attacks, depression, somatic symptoms, social phobia, substance abuse and suicide (Ullman and Brecklin, 2002). Children from violent family backgrounds often find it difficult to socially interact and tend to develop depressive and anxious tendencies (Royal College of Psychiatrists, 2004).

Professionals must be mindful that individuals with mental health problems are likely to experience a certain amount of stigma, prejudice, discrimination and negative stereotyping, relating to both domestic abuse and mental ill-health. As a result of this stigma, these individuals may find it more difficult to seek help for their mental health difficulties and also their domestic abuse. If a woman is already in receipt of mental health services, she may find it difficult to speak out about her situation of domestic abuse, for fear that she will not be believed and that her reliability may be questioned or that her mental state may be held against her. Consideration should be given to all presentations of self harm and whether the individual should be screened for domestic abuse.

13.0 Working Cross Culturally

Domestic abuse affects people regardless of their race, ethnicity, class, sexual and gender identity, religion, age and ability levels. In the context of this Policy and Procedure domestic abuse is not acceptable under any circumstances and the safety of the individual and their children should be the paramount consideration.

Staff however, have to be sensitive to the needs of the individual giving thought to their language and communication needs and the additional issues which they might face. As is good practice professionals should never use family members or friends to interpret for the patient (which may increase the risk to the patient) but rather recognized providers authorized by the SH&SCT. Providing information on culturally accessible resources in the community improves the quality of care for victims of domestic abuse. Appendix 5 of this Policy and Procedure contains information for domestic abuse victims about available resources. It is written in Polish, Portuguese, Russian, Lithuanian, Tetum and English.
14.0 Training & Support

This Policy and Procedure applies to all health and social care staff in the SH&SCT who are in direct contact with patients/clients accessing the services of the Southern Trust, for example medical, nursing/midwifery staff, allied health professionals and social workers. Training on domestic abuse should be made available to front line professional staff in direct contact with patients/clients. The emotional effect of working in domestic abuse cases is recognized. Staff should use their line manager as a means of support. They also have a responsibility to outline to their manager any training needs arising.

Line Managers have a commitment to provide support, advice and information to their staff team. Training needs should be acted upon and unmet need escalated accordingly.

15.0 Staff Safety

There are a number of related staff policies which the employees of the SH&SCT should familiarise themselves with.

Lone Worker Policy and Procedure addresses aspects of risk assessment and local response protocols if something goes wrong. Communication is vital to inform the risk assessment process and facilitate safe working practices such as the use of safety alarms, buddy system and CCTV.

In dealing with cases where the risk is already known it is important to seek professional advice. There is a Security Manager within the SH&SCT who can advise on these matters;

Hammond Coppinger - Facilities Management, Craigavon Area Hospital, ext 2457.
When the Security Manager is unavailable please liaise with the Head Porter. The PSNI are also available as a source of help and support.

SH&SCT Zero Tolerance on Abuse of Staff Policy and Procedure October 2009, references management strategies and post incident management. Post incident management includes contact details to offer: individual or group debriefing, confidential counselling, ongoing managerial support, incident reporting, support and guidance to report to the PSNI, assistance to make a complaint and peruse a prosecution.

Staff should also be aware of the support of Occupational Health, referral forms are on the SH&SCT intranet.
All staff must ensure they have the appropriate level of training to develop their knowledge and skills in managing incidents of aggression and anti-social behaviour. It is the responsibility of the individual to relay their training needs to their Line Manager who should respond accordingly. Please refer to Section 14 of this Procedure for further information.

There is a Central Reporting Point for the receipt and registration of all adverse incidents in the SH&SCT. The contact details are:

Central Reporting Point for Complaints and Incidents
The Maples, Craigavon Area Hospital, ext 4150.
Appendix 1: Resources Available for Male Victims of Domestic Abuse

The Men’s Advisory Project
www.mapni.co.uk
028 90 241 929
MAP provides confidential ongoing counselling, information and referral (signposting) services to men experiencing domestic abuse. They also point male victims to organisations who can help with issues such as housing, the law and child access etc.

Amen Ireland
www.amen.ie
Telephone: (+353) 046 9023718
AMEN is a voluntary agency providing a confidential helpline, support service and information for male victims of domestic abuse in the Republic of Ireland.

PSNI
Domestic Violence Abuse Officers, are within the police force – 0845 600 8000.

Housing
Homeless Advice Centre – 028 90565444

Legal
www.nilsc.org.uk for a solicitor in your area.
Law Society – 028 9023 1614

Other useful agencies:

Rainbow Project Addresses the physical and emotional help for gay and bisexual men in NI 028 90 319030
Carer Friend Lesbian & Gay Helplines 028 90322023
Samaritans 08457 909090 (additional phone no’s provided in appendix 2)
Victim Support Supporting those who are bereaved, injured or traumatized 028 90244039
24 hour Victim Supportline 0845 3030900
Relate NI Divorce/separation/marriage counselling 028 90 323454
Parents Advice Centre, 028 87753630
(Men’s Project, The Malelink.)

NB Please note that many of the support agencies available to female victims of abuse also offer support to male victims. Please refer to Appendix 2.
Appendix 2: Resources Available for Female Victims of Domestic Abuse

(Please note that bar Women’s Aid many of the organizations listed below provide a service to both female and male adult victims. Nexus provides a service to male and female victims over the age of 16 years)

<table>
<thead>
<tr>
<th>Group</th>
<th>Centre Address &amp; Contact</th>
<th>Refuge/Safe Accommodation &amp; contact person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craigavon &amp; Banbridge Women’s Aid</td>
<td>Office 1, First Floor, Legahory Centre, Craigavon BT65 5BE 028 38343256</td>
<td>028 38362777 Leona Adamson</td>
</tr>
<tr>
<td>Newry, Mourne, South Armagh, South Down Women’s Aid</td>
<td>7 Downshire Place, Newry BT34 1DZ 028 30250765 Eileen Murphy</td>
<td>028 30267174 Eileen Murphy</td>
</tr>
<tr>
<td>24-hour Domestic Violence Helpline</td>
<td>0800 917 1414</td>
<td></td>
</tr>
<tr>
<td>Antrim, Ballymena, Carrickfergus, Larne, Newtownabbey Women’s Aid</td>
<td>2 Cullybackey Road, Ballymena 028 25632136 Rosemary Magill</td>
<td>028 25639301 Mary Lowe</td>
</tr>
<tr>
<td>North Down &amp; Ards Women’s Aid</td>
<td>18 Bingham Street, Bangor, BT20 5DW 028 91273196 Beth Scott</td>
<td>028 91463608 Edith McFeeters</td>
</tr>
<tr>
<td>Causeway Women’s Aid</td>
<td>23 Abbey Street, Coleraine BT52 1DU 028 70356573 Sharon Burnett</td>
<td>028 70358999 Kate Mc Cluskey</td>
</tr>
<tr>
<td>Fermanagh Women’s Aid</td>
<td>27a High Street, Enniskillen, BT74 7DQ</td>
<td>028 66329473 Hazel Hayes</td>
</tr>
<tr>
<td>Organization</td>
<td>Address</td>
<td>Contact Person</td>
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</tr>
<tr>
<td>Cookstown &amp; Dungannon Women’s Aid</td>
<td>27 Old Coagh Road, Cookstown, BT80 8QG</td>
<td>Mary McCann</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Omagh Women’s Aid</td>
<td>27 Market Street, Omagh BT78 1EL</td>
<td>Martina Hemming</td>
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<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>Belfast &amp; Lisburn Women’s Aid</td>
<td>30 Adelaide Park, Belfast, BT9 6FY</td>
<td>Patricia Lyness</td>
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<tr>
<td>Childcare Gateway Team</td>
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<td>Brownlow</td>
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<tr>
<td>Childcare Gateway Team</td>
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<tr>
<td>(Central) Portadown &amp; Armagh</td>
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<tr>
<td>Childcare Gateway Team</td>
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<tr>
<td>(Newry)</td>
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<tr>
<td>Childcare Gateway Team</td>
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<tr>
<td>(Dungannon)</td>
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<tr>
<td>Craigavon Area Hospital Social Work Dept.</td>
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<tr>
<td><strong>Daisy Hill Hospital Social Work Dept.</strong></td>
<td>028 30835125</td>
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<tr>
<td><strong>Action on Elder Abuse helpline</strong></td>
<td>0808 808 8141</td>
<td></td>
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<tr>
<td><strong>Citizen’s Advice Bureau</strong></td>
<td>Belfast 028 90231120 &amp; Newry 028 30262934 &amp; Banbridge 028 40622201 &amp; Portadown 028 38353260 &amp; Lurgan 028 38353260 &amp; Armagh 028 37524041 &amp; Dungannon 028 87725299</td>
<td></td>
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<tr>
<td><strong>Housing – Out of Hours Contact</strong></td>
<td>028 90565444</td>
<td></td>
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<tr>
<td><strong>Homeless Advice Centre</strong></td>
<td>028 90565444</td>
<td></td>
</tr>
<tr>
<td><strong>24 hour Victim Supportline</strong></td>
<td>0845 3030900</td>
<td></td>
</tr>
<tr>
<td><strong>Law Society (legal and local solicitor advice)</strong></td>
<td>028 90231614</td>
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</tr>
<tr>
<td><strong>Northern Ireland Council for Ethnic Minorities</strong></td>
<td>Third Floor, Ascot House, 24-31 Shaftesbury Square, Belfast 028 90238645</td>
<td></td>
</tr>
<tr>
<td><strong>NEXUS</strong></td>
<td>119 University Street, Belfast, BT7 1HP 028 90326803 &amp; 38 Clarendon Street, Derry BT48 7ET 028 71260566 &amp; 104 Irvinestown Road, Enniskillen BT74 6DN 028 66320046 &amp; 6 Portmore Street, Portadown BT62 3NG 028 38350588</td>
<td></td>
</tr>
<tr>
<td><strong>Domestic Abuse Officers (DAO) PSNI</strong></td>
<td>0845 600 8000</td>
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<tr>
<td><strong>Rape Crisis Centre</strong></td>
<td>028 90329002</td>
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<tr>
<td><strong>Disability Action</strong></td>
<td>028 90297880</td>
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<tr>
<td><strong>Childline - NSPCC</strong></td>
<td>0800 1111</td>
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<tr>
<td><strong>Samaritans</strong></td>
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<tr>
<td></td>
<td>5 Wellesley Avenue, Belfast, BT9 6DG</td>
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<td>028 90664422</td>
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<tr>
<td></td>
<td>162 Thomas Street, Portadown, BT62 3BD</td>
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<tr>
<td></td>
<td>028 38333555</td>
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<tr>
<td></td>
<td>19 St Colman’s Park, Newry BT34 2BX</td>
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<tr>
<td></td>
<td>028 30 266366</td>
<td></td>
</tr>
<tr>
<td><strong>Parents Advice Centre</strong></td>
<td>028 87753630</td>
<td></td>
</tr>
<tr>
<td><strong>Care In Crisis</strong></td>
<td>39 Union Street, Lurgan, BT66 8DY</td>
<td></td>
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<tr>
<td></td>
<td>028 38329900</td>
<td></td>
</tr>
<tr>
<td><strong>The Southern Area Urgent Care Services</strong></td>
<td>Lurgan Road, Craigavon Area Hospital, Out of Hours Centre, BT63 5QQ</td>
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<tr>
<td></td>
<td>028 38399201</td>
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</tbody>
</table>
Appendix 3: Domestic Abuse Presentation Flowchart

Domestic Abuse Presentations

If a serious crime has been committed, staff should consult with their professional manager as to the need to refer onto the PSNI, with or without consent.

Document presentation, information shared and actions taken accurately and contemporaneously in the patient/client record

NB. Please remember that victims and abusers can be either male or female.
Appendix 4: Routine Enquiry for Domestic Abuse in Maternity Settings

Routine Enquiry for Domestic Abuse

- Speak to the woman on her own
- Complete routine enquiry at the following times;
  - Antenatal Booking
  - Antenatal Contact visit by Midwife or Health Visitor
  - Miscarriage
  - Stillbirth
  - Postnatal period both in hospital and community settings
- Routine enquiry includes a standard statement, indirect and direct questioning as referenced in Section 15.

No Concerns Identified

Record the outcome of discussion in the antenatal record & NIMATS as per code 99

Concerns Identified

Cross Reference to Appendix 5 and record as appropriate
Appendix 5 Resources Available for Victims of Domestic Abuse; information written in Polish, Russian, Portuguese, Lithuanian, Tetum and English
amiętaj, nic nie usprawiedliwia przemocy. Nie musisz się na nią godzić!

Pamiętaj:

- Z czasem przemoc się nasila i zwiększa się jej częstotliwość.
- Przemoc w rodzinie, niezależnie od formy, w jakiej się przejawia, stanowi traumatyczne i emocjonalnie niszczące przeżycie dla ofiary i jej dzieci.
- Policja w Irlandii Północnej podejmuje zdecydowane działania w przypadkach przemocy domowej.
- Ofiary przemocy w rodzinie mogą otrzymać wsparcie psychologiczne i pomoc praktyczną od wielu organizacji.

Jeśli doświadczasz przemocy, nie cierp w milczeniu. Skontaktuj się z policją lub z którąś z organizacji wymienionych poniżej.

Victim Support (organizacja pomocy świadkom) 028 9024 4039
Women’s Aid (całodobowa linia pomocy dla kobiet) 028 9033 1818
Samaritans (telefon zaufania) 08457 90 90 90
Nexus (pomoc dla ofiar przemocy seksualnej)
  Belfast 028 9032 6803
  Londonderry 028 7126 0566
  Portadown 028 3835 0588
  Enniskillen 028 6632 0046
MAP (Men’s Advisory Project) (pomoc dla mężczyzn) 028 9024 1929
Parent’s Advice Centre (poradnia dla rodziców) 028 9023 8800
Relate (poradnia małżeńska) 028 9032 3454
Rainbow Project (wsparcie dla homoseksualistów i bisexualistów) 028 9031 9030
Citizens Advice Bureaux (biura porad obywatelskich, numery telefonów znaleźć można w książce telefonicznej)
Law Society ( Towarzystwo Prawnicze; informacje na temat adwokatów) 028 9023 1614

Police Service of Northern Ireland
Projekt: Graphics Unit PSNI Publications PB476/05
(Polish)
Czym jest przemoc w rodzinie?
Przemoc w rodzinie może przybierać różne formy.

Niektorym przemoc kojarzy się głównie z groźbami lub użyciem siły fizycznej wobec partnera czy członka rodziny.

Należy jednak pamiętać, że przemoc domowa jest zjawiskiem obejmującym szeroki zakres zachowań. Formą przemocy w rodzinie jest przemoc słowa, psychologiczna, finansowa czy też kontrolowanie i ograniczanie kontaktu z innymi osobami.

Pamiętaj, nic nie u sprawiedliwia przemocy. Nie musisz się na nią godzić!

Co możesz zrobić, jeśli jesteś ofiarą przemocy?

Możesz skontaktować się z policją:

W przypadku bezpośredniego zagrożenia dzwoń na numer 999.

- Zadzwoń na miejscowy posterunek policji lub zgłoś się na dowolny komisariat.
- Na posterunku zatrudnieni są specjalnie przeszkoleni funkcjonariusze do spraw przemocy domowej, którzy udzielą Ci pomocy.

O tym należy pamiętać
Osoby doświadczające przemocy, które obawiają się, że mogą zostać zmuszone do opuszczenia miejsca zamieszkania, powinny:

- mieć w pogotowiu wszystkie niezbędne rzeczy, jak pieniądze, klucze, książeczkę świadczeń, spis przydatnych numerów telefonów. Itd.
- sporządzić spis najważniejszych leków przyjmowanych przez członków rodziny;
- zastanowić się nad najbardziej odpowiednią porą na opuszczenie domu i porozmawiać na ten temat z dziećmi.

Z oficerem ds. przemocy w rodzinie można się kontaktować pod adresem:

Pomoc jest blisko

Działania podejmowane przez policję ?

- Policja bada zarzucenie i podejmuje odpowiednie działania wobec sprawcy, o ile istnieją wystarczające dowody.
- Policja zapewnia ochronę ofierze przemocy (i jej dzieciom) przed bezpośrednim zagrożeniem lub przemocą mogącej wystąpić w przyszłości.
- Policja udziela informacji na temat postępowania karnego oraz procedur policyjnych.
- Policja udziela informacji na temat instytucji i organizacji oferujących psychologiczne wsparcie i praktyczną pomoc ofiarom przemocy w rodzinie. Wykaz wybranych organizacji pomocowych podajemy w dalszej części ulotki.

Przemoc w rodzinie a prawo?

- Jeżeli istnieją wystarczające dowody policja wszczęta ściganie sądowe. Ofiary przemocy często muszą w związku z tym wstępuwać w sądzie w charakterze świadka. Świadkom zapewnia się odpowiednią pomoc i wsparcie.
A violência doméstica não é aceitável e não tem que sofrer com ela

Lembre-se:

- É provável que a violência doméstica se torne mais grave e mais frequente se for permitida continuar.

- Seja qual for a forma de violência doméstica sofrida, ela é uma experiência traumizante e emocionalmente devastadora tanto para a vítima como para as crianças.

- O Serviço da Polícia da Irlanda do Norte opera uma política de acção positiva em incidentes de violência doméstica.

- Existem muitas organizações que o(a) podem ajudar, oferecendo apoio emocional e prático e que compreendem a sua situação.

Se for vítima de violência doméstica não a sofra. Contacte a polícia, ou algumas das organizações seguintes que poderão fornecer assistência:

- Victim Support (Apoio a vítimas) 028 9024 4039
- Women's Aid (Assistência às mulheres) (linha de ajuda de 24 horas) 028 9033 1818
- Samaritans 08457 90 90 90
- Nexus (vítimas de abuso sexual)
  - Belfast 028 9032 6803
  - Londonderry 028 7126 0566
  - Portadown 028 3835 0588
  - Enniskillen 028 6632 0046
- MAP (Projecto de Informação a Homens) 028 9024 1929
- Parents' Advice Centre (Centro de Informação para Pais) 028 9023 8800
- Relate 028 9032 3454
- Rainbow Project (apoio a homens homossexuais/bissexuais) 028 9031 9030
- Citizens Advice Bureau (Consultar a lista telefónica para escritórios locais)
- Law Sociaety (informação sobre advogados) 028 9023 1614

(Portuguese)
O que é a violência doméstica?

A violência doméstica pode ter muitas formas. Várias pessoas associam a violência doméstica com ameaças, ou violência física contra um(a) companheiro(a) numa relação, ou um membro do agregado familiar.

No entanto, é importante notar que a violência doméstica significa muito mais do que isto e que também inclui o abuso verbal persistente, o abuso emocional, financeiro e a privação social.

A violência doméstica não é aceitável e não tem que sofrer com ela!

O que pode fazer?

Pode contactar a polícia:

Numa emergência marque o 999

- Telefone para a sua esquadra da polícia local, ou informe-se, com privacidade, em qualquer esquadra da polícia.

- A sua esquadra local tem agentes especialmente formados em questões relacionadas com a violência doméstica.

O que é que a lei vai fazer?

Se houver evidência suficiente a polícia inicia uma acção judiciária. Poderá ser necessário estar presente no tribunal e dar evidência mas terá assistência e apoio.

- Um advogado pode ajudá-lo(a) a obter uma Ordem de Não Molestação e/ou Ordem de Ocupação o que vai ajudar a protegê-lo(a). A infracção destas ordens é um delito criminoso e o infractor sera detido.

O que é que polícia vai fazer?

A polícia vai:

- Investigar completamente qualquer incidente que tenha ocorrido e tomar acção positiva contra o delinquente, se houver suficiente evidência para o fazer.

- Protegê-lo(a) (e quaisquer crianças) contra perigo imediato ou futuro.

- Fornecer informações a respeito de processos criminais e procedimentos policiais.

- Fornecer informações sobre agências de apoio locais de violência doméstica, cujas podem fornecer assistência prática e emocional. Produzimos algumas neste folheto.

Pontos a considerar

Se for vítima de violência doméstica e sentir que tem que deixar a sua casa, deve:

- Mantenha juntas coisas de que pode precisar, por exemplo, dinheiro, chaves, cadernetas de subsídios, uma lista de números de telefone úteis.

- Faça uma anotação dos medicamentos essenciais da família.

- Mantenha o vestuário junto, incluindo fardas da escola, e as coisas mais favoritas das crianças.

- Considere a melhor altura para sair e fale sobre isto com as crianças.

O Agente da Violência Doméstica pode ser contactado(a) em

Tem ajuda à disposição
Помните:

- Домашнее насилие, вероятнее всего, принимает все более серьезный вид и все чаще повторяется, чем дольше Вы его терпите.

- Домашнее насилие любого вида наносит травму и эмоционально опустошает жертву и детей.

- Полицейская служба Северной Ирландии проводит политику позитивного реагирования на случаи домашнего насилия.

- Существует множество организаций, которые могут помочь Вам, предложив эмоциональную поддержку и практическую помощь, и которые с пониманием отнесутся к Вашей ситуации.

Если Вы оказались жертвой домашнего насилия, не терпите его. Обращайтесь в полицию или в некоторые из перечисленных ниже организаций, которые помогут Вам.

Помощь жертвам: 028 9024 4039
Помощь женщинам (круглосуточная служба телефонной помощи): 028 9033 1818
Самаритяне: 08457 90 90 90
«Nexus» (жертвы полового насилия):
- Белфаст: 028 9032 6803
- Лондондерри: 028 7126 0566
- Портадаун: 028 3835 0588
- Эннискиллен: 028 6632 0046
«MAP» (Консультационный проект для мужчин): 028 9024 1929
Консультационный центр для родителей: 028 9023 8800
«Relate»: 028 9032 3454
Проект «Радуга» [Rainbow Project] (помощь гомосексуалистам / двуцелым мужчинам): 028 9031 9030
Бюро консультаций для населения (Местные офисы перечислены в «Телефонной книге»)
Общество юристов (информация об адвокатах): 028 9023 1614

(Ukrainian)

ПОЛИЦЕЙСКАЯ СЛУЖБА СЕВЕРНОЙ ИРЛАНДИИ
Разработано отделом графических публикаций ПССИ RB476/05

(English)

Policy and Procedure for the Management of Domestic Abuse Presentations in the Southern Health and Social Care Trust

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Что такое домашнее насилие?
Домашнее насилие может проявляться различными путем.
Для некоторых домашнее насилие ассоциируется с угрозами или применением физической силы в отношении партнера, с которым живут, или какого-либо жильца.
Однако важно отметить, что это означает гораздо больше, чем это, и включает в себя также постоянные словесные оскорбления, эмоциональную травму, финансовые и социальные лишения.
Домашнее насилие неприемлемо, и Вы не должны его терпеть!

Что Вы можете сделать?
Вы можете обратиться в полицию:
В экстренном случае звоните по телефону 999
- Звоните в Ваш местный полицейский участок или любой полицейский участок для получения конфиденциальной консультации.
- В Вашем местном полицейском участке есть полицейские, прошедшие специальную подготовку по вопросам, связанным с домашним насилием, которые с пониманием отнесутся к тому, через что Вы проходите

Что сделает полиция?
Полиция:
- Полностью расследует любое происшествие, которое имело место, и примет позитивные меры против нарушителя, если для этого будет иметься достаточно доказательств.
- Защитит Вас (и детей) от немедленного или дальнейшего вреда.
- Предоставит информацию относительно уголовного преследования и правил полицейского делопроизводства.
- Предоставит информацию относительно местных органов помощи жертвам домашнего насилия, которые могут оказать эмоциональную поддержку и практическую помощь. Некоторые из них перечислены в настоящей брошюре.

Что сделает закон?
- Полиция возбудит уголовное преследование в том случае, если имеется достаточно доказательств. От Вас могут потребовать явиться в суд и дать показания, но Вы можете обратиться за помощью и поддержкой.
- Адвокат может помочь Вам добиться судебного приказа, запрещающего досаждать и/или проживать, который поможет обеспечить Вашу защиту. Нарушение этих приказов является уголовным преступлением, и нарушитель будет арестован.

Следует помнить следующее
Если Вы являетесь жертвой домашнего насилия и считаете, что Вам, возможно, придется покинуть дом, Вы должны:
- Держать при себе те вещи, которые могут Вам понадобиться, например, деньги, ключи, книжки на получение пособий, список полезных телефонных номеров.
- Составить список основных лекарств, которые принимают члены Вашей семьи.
- Держать при себе одежду, включая школьную форму, плюс любимые вещи детей.
- Подумать, в какое время Вам лучше всего покинуть дом, и обсудить это с детьми.

К полицейскому по вопросам домашнего насилия можно обратиться по адресу:
Policy and Procedure for the Management of Domestic Abuse Presentations in the Southern Health and Social Care Trust

**Prievarta namuose yra nepriimtina – ir Jūs neprivalote su ją taikystis!**

**Prisiminkite:**

- Kuo ilgiau toleruosite prievartą namuose, tuo rimtesnė ir dažnesnė ji tamps.

- Prievarta namuose – bet kuria forma – yra traumuojanti ir emociškai gniuždanti patirtis tiek prievartos aukai, tiek vaikams.

- Šiaurės Airijos Policija, namų prievartos atvejais, taiko teigiamų veiksmų politiką.

- Yra daug organizacijų, kurių gali Jums padėti, siūlydamos emocinę ir praktinę paramą ir suprasdamos Jūsų padėtį:

  - **Victim Support** (Parama Aukoms)
    - 028 9024 4039
  - **Women's Aid** (Pagalba Moterims)
    - 028 9033 1818
  - **Samariečiai**
    - 08457 90 90 90
  - **Nexus** (seksualinės prievartos aukoms)
    - Belfast: 028 9032 6803
    - Londonderry: 028 7126 0566
    - Portadown: 028 3835 0588
    - Enniskillen: 028 6632 0046
  - **MAP** (Vyrų Konsultavimo Projektas)
    - 028 9024 1929
  - **Parent's Advice Centre** (Tėvų Konsultavimo Centras)
    - 028 9023 8800
  - **Relate**
    - 028 9032 3454
  - **Rainbow Project** (Projektas Vaivorykštė)
    - (parama gėjams ir biseksualiems vyrams)
    - 028 9031 9030
  - **Citizens Advice Bureaux** (Piliečių Konsultavimo Biurai)
    - (Vietiniai biurai nurodyti telefono knygoje)
  - **Law Society Teisininkų Bendriją**
    - (informacija apie advokatus)
    - 028 9023 1614

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**Jūs galite gauti pagalbą**
Kas yra privarta namuose?

Privarta namuose gali būti daugelio formų.

Daugelio žmonių supratimu, privarta namuose yra susijusi su grąžinimais arba fizinės prievartos naudojimu prieš partnerį arba prieš šeimos atstovą.

Tačiau svarbu pažymėti, kad tai reiškia šį judėjimą ir ir toks turėtų būti nudaugintas nuo motinos, ir tai su gali ateiti nuo nuolatinius žodinius įžeidinėjimus, emocinę prievartą, finansinį arba socialinį izoliavimą.

Privarta namuose nėra priimtina ir Jūs neturite su jā taikstytis!

Ką Jūs galite padaryti?

Kreipkitės į policiją:

Nelaimės atveju skambinkite telefonu 999

- Skambinkite savo vietinių policijos nuovadai, arba paskambinkite į bet kurią policijos nuovadą – skambutis konfidencialus

- Jūsų vietos policijos pareigūnas yra pareigūnų, kurie yra specialiai paruošti darbui su prievartos namuose atvejais ir supranta Jūsų padėtį.

Ką padarys policija?

Policija:

- Policija išsamiai ištirs įvykusį incidentą ir imsis veiksmų prieš kaltininką, jei tam yra pakankamai įrodymų.

- Apsaugo Jus (ir Jūsų vaikus) nuo Jums gręsiančio pavojaus arba nuo naujo pavojaus.

- Pateiks informaciją apie baudžiamąjį procesą ir policijos vykdomas procedūras.


Ką padarys teismas?

Jeżeli istnieją Tais atvejais, kai yra pakankamai įrodymų, policija pradės baudžiamąjį procedūrą. Jums gali tekti padėti gauniti Orderį dėl Prievartos Nutraukimo (Non-Molestation Order) ir/Arba Apgyvendinimo Order (Occupation Order), kurie gali Jums padėti. Šių orderių pažeidimas yra kriminalinis nusikaltimas, ir juos pažeidęs asmuo bus areštuotas.

Jūs galite gauti pagalbą.

Klausimai, į kuriuos turėtumėte atkreipti dėmesį

Jeigu Jūs esate prievartos auka ir Jūs manote, kad dėl prievartos Jums gali tekti palikti namus, Jūs turėtumėte:

- Laikyti vienoje vietoje visus daiktus, kurių Jums gali prireikti – pavazgūdžius, pinigus, raktus, socialinių pašalpų išmokų knyges ir Jums reikalingų telefonų numerių sąrašą

- Turėtų užsirašius visus Jūsų šeimos nariams reikalingus svarbiausius vaikams veikti daiktus ir žaislus.

- Vienoje vietoje laikykite reikalingus drabužius – tai pat ir mokyklines uniformas, tačiau ir mėgstamus vaikų daiktus ir žaislus.

- Pagalvokite apie tai, kada Jums būtų geriausia palikti namus, ir aptarkite tai su vaikais.

Kontaktiniai Namų Prievartos Pareigūno (Domestic Violence Officer) duomenys:
Violénsia doméstika ne’e inaseitável Ita la presiza moris ho buat ne’e!

Tau iha ulun:
- Se Ita husik violénsia doméstika kontinua to’o kleur, buat ne’e sei sai sériu no sei akontese beibeik.
- Violénsia doméstika ne’e iha forma oinsá de’it, hanesan esperiénsia ida traumátika no mós emosionálmente devastadora ba vítima sira ho naran labarik ida.
- Servisu Polísia Irlanda do Norte nian hala’o sira nia servisu ho planu asaun pozitiva kona ba kazu violénsia doméstika.
- Iha organizasaun barak ne’ebé bele ajuda Ita, liu hosi ajudu emosionál ho prátiku no kompriende Ita nia situasaun.

Se Ita-Boot sai vítima violénsia doméstika nian, Ita la presiza sofre buat ne’e. Kontakta ho polísia ka orgaizasaun balu ne’ebé naran mosu iha lista iha kraik ne’e, ne’ebé bele ajuda Ita.

Apoiu ba Vítima            028 9024 4039
Ajud a Feto sira (telefone 24 oras)  028 9033 1818
Samaritanu sira            08457 90 90 90
Nexus (vítima abuzu seksuál)
   Belfast                  028 9032 6803
   Londonderry              028 7126 0566
   Portadown                029 3835 0588
   Eniskillen               028 6632 0046

MAP (Projetu Konsultivu ba Mane sira)  028 9024 1929
Sentru Konsulta ba Inan-aman sira   028 9023 8800
Relate                               028 9032 3454
Projetu Rainbow (apoiu ba mane homoseksuál/biseksuál sira) 028 9031 9030
Gabinete Konsulta ba Sizadaun
(Gabinete local nian bele haree iha lista telefónika)
Sosiedade Lei
(Informasaun advogadu nian)          028 9023 1614
VIOLÉNSIA DOMÉTIKA
Domestic Violence is **not acceptable** and you do not have to put up with it!

**Remember:**

- Domestic Violence is likely to become more serious and more frequent, the longer it is allowed to continue.

- Domestic violence is whatever form, is a traumatic and emotionally devastating experience for the victim and any children.

- The Police Service of Northern Ireland operates a policy and procedure of positive action in incidents of domestic violence.

- There are many organisations who can help you, by offering emotional and practical support and understand your situation.

If you are a victim of domestic violence, don’t suffer it. Contact the police, or some of the organisations listed below who will help you.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim Support</td>
<td>028 9024 4039</td>
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<tr>
<td>Women's Aid</td>
<td>028 9033 1818</td>
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<tr>
<td>Samaritans</td>
<td>08457 90 90 90</td>
</tr>
<tr>
<td>Nexus (victims of sexual abuse)</td>
<td></td>
</tr>
<tr>
<td>Belfast</td>
<td>028 9032 6803</td>
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<tr>
<td>MAP (Men's Advisory Project)</td>
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<tr>
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</tr>
<tr>
<td>Relate</td>
<td>028 9032 3454</td>
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<tr>
<td>Rainbow Project (gay/bisexual men support)</td>
<td>028 9031 9030</td>
</tr>
<tr>
<td>Citizens Advice Bureaux</td>
<td></td>
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<tr>
<td>(Local office listed in the Phone Book)</td>
<td></td>
</tr>
<tr>
<td>Law Society (solicitor information)</td>
<td>028 9023 1614</td>
</tr>
</tbody>
</table>
What is Domestic Violence?
Domestic violence can take many forms.

Some people associate domestic violence with threats, or the use of physical force against a partner in a relationship, or a member of a household.

However, it is important to note, that it means much more than this and also includes persistent verbal abuse, emotional abuse, financial and social deprivation.

Domestic violence is not acceptable and you do not have to put up with it!

What can you do?
You can contact the police:

In an emergency dial 999.

- Telephone your local police station, or call at any police station for advice, in private.
- Your local police have officers with specialist training in issues relating to domestic violence, and understand what you are going through.

What will the police do?
The police will:

- Fully investigate any incident which has occurred, and take positive action against the perpetrator, if there is sufficient evidence to do so.
- Protect you (and any children) from immediate or further harm.
- Provide information in relation to criminal proceedings and police procedure.
- Provide information on local domestic violence support agencies, who can provide emotional and practical assistance. Some are listed on this leaflet.

What will the law do?
Police will undertake a prosecution where there is sufficient evidence. You may be required to attend court and give evidence but, help and support is available.

A solicitor can assist you to obtain a Non-Molestation and/or Occupation Order which will help to protect you. It is a criminal offence to breach these orders and the offender will be arrested.

Help is available

Points to consider
If you are the victim of domestic violence and you feel that you may have to leave home, you should:

- Keep together things that you may need, for example, money, keys, benefit books, a list of useful telephone numbers.
- Keep a note of the family’s essential medicines.
- Keep clothes together, including school uniforms, plus the children’s favourite possessions.
- Consider when it is best for you to leave and discuss it with the children.

The Domestic Violence Officer can be contacted at:

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