

## **1. Introduction**

These guidelines describe the process to be followed in University Hospitals of Leicester NHS Trust when an adult reports domestic abuse and they are known or believed to have contact with a child/ children.

## **2. Scope**

This guideline applies to all staff working with University Hospitals of Leicester NHS Trust.

## **3. Guideline Standards and Procedures**

This guideline should be read in conjunction with the LLR Safeguarding Partnership Board guidance on: [Domestic Abuse \(proceduresonline.com\)](https://www.proceduresonline.com)

3.1 [Working Together to Safeguard Children](#) defines Domestic Abuse as:

“Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Domestic abuse is not limited to physical acts of violence or threatening behaviour, and can include emotional, psychological, controlling or coercive behaviour, sexual and/or economic abuse”.

3.1.1 Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and adolescent to parent violence. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

3.1.2 Under the [Domestic Abuse Act 2021](#), children are recognised as victims of domestic abuse in their own right, if they see, hear, or experience the effects of the abuse, and are related to the perpetrator of the abuse or the victim of the abuse.

Abuse directed towards the child is defined as child abuse. If you suspect this then refer to the UHL Safeguarding Policy [Safeguarding Children Policy](#)

3.1.3 Where there is domestic abuse, the wellbeing of the children in the household must be promoted and all assessments must consider the need to safeguard the children, including unborn children.

### **3.2 Actions required by UHL staff**

If an adult patient reports an incidence of domestic abuse or you suspect domestic abuse, you must:

3.2.1 Establish if there are any children or young people (including unborn babies) living in the household or if the adult has any contact with children; as their parent, carer, step-parent or partner to the child/young person’s parent or carer.

3.2.2 If no children are identified then follow the appropriate UHL guidelines for Domestic Abuse with adult patients:

- [Domestic Abuse UHL Emergency Department Guideline](#)
- [Domestic Abuse - Adult Patients UHL Policy](#)
- [Domestic Abuse - UHL Maternity Guideline](#)
- [Domestic Abuse - Supporting Staff Guideline](#)

Adult reports an incident of domestic abuse or you suspect domestic abuse

Ensure the Adult is supported in getting any medical attention they require e.g., referral to the Emergency Department

Are there are children or young people (including unborn babies) known to be in contact with the adult

Yes

No

Is there a concern the children could have been physically harmed?  
Consider children who are not present but may be with the perpetrator

Yes

No

Ensure children who are present are reviewed in the Paediatric Emergency Department by a Senior ED Doctor to establish if there are any injuries. Any children who are not present call the Police on Tel: **222 2222** to complete a welfare check

Injuries present or concerns the child may have been injured

Yes

No

If injuries are present or concerns they may be injured (*think babies & Children that cannot let you know if they have pain*) the children need referring to the Paediatric Team and the UHL Child Protection Process needs to be followed, using the [Safeguarding Children Policy](#)

Inform the Safeguarding Children Team by completing a safeguarding referral via ICE or; Tel: 15770 or Email: [child.protectionteam@uhl-tr.nhs.uk](mailto:child.protectionteam@uhl-tr.nhs.uk)

Contact the relevant Children's Social Care Team to discuss the case and the next steps to be taken.

Are the children in a safe place/have a safe place to go to?

No

Yes

If the whereabouts of the children are unknown (*consider siblings*) then call the police on Tel: **222 2222** to perform a welfare check. Establish a safe place for discharge. If no safe place or adult requires admission contact Children's Social Care and follow the [Children Accompanying Adults who require Admission Guideline](#)

**CONSIDER** - Is the adult a:

- Parent/carer
- step-parent
- partner to the child/young person's parent or carer, or
- They are pregnant

Adult Patient, follow the appropriate UHL Guidelines & refer to the Hospital Independent Domestic Violence Advisor (HIDVA)  
Tel: 07976 958540

[Domestic Abuse UHL Emergency Department Guideline](#)  
[Domestic Abuse - Adult Patients UHL Policy](#)  
[Domestic Abuse - UHL Maternity Guideline](#)  
[Domestic Abuse - Staff Guideline](#)

Inform the Safeguarding Children Team by completing a safeguarding referral via ICE or Tel: 15770 or Email: [child.protectionteam@uhl-tr.nhs.uk](mailto:child.protectionteam@uhl-tr.nhs.uk)

**Children's Social Care**  
**Leicester City:**  
0116 454 1004  
**Leicestershire County:**  
0116 035 0005  
**Rutland:**  
01572 758 407  
(In hours only – out of hours call **Leicestershire Social Care**)

### 3.2.3 If Children are known to be in contact with the adult; you must find out

- Their names and dates of birth
- The relationship to the victim/perpetrator
- Their whereabouts and who they are with – **If you cannot establish their whereabouts or that they are safe then call the Police on Tel: 222 2222**
- If they have been physically harmed

#### **If yes:**

- Ensure the children are reviewed in the Paediatric Emergency Department. A Paediatric Registrar or above needs to review the children to establish if there are any injuries and initiate any treatment as required.
- If injuries are present the children need referring to the Paediatric Team and the UHL Child Protection Process needs to be followed, using the [Safeguarding Children Policy](#) for guidance.
- Notify Children's Social Care
  - Leicester City Children's Social Care – 0116 454 1004
  - Leicestershire County Children's Social Care – 0116 305 0005
  - Rutland Children's Social Care - 01572 758 407 (*In hours only – out of hours call Leicestershire Social Care*)
- The examination should be sensitive to the child's needs. They should be given an explanation of what is happening that is appropriate to the developmental level.
- Older children should be given opportunity to talk to the Doctor without parents/carers, Social Workers or police present.
- If there is any suggestion of a language difficulty for the child or parent/carer, it is essential that a registered interpreter or individual trained in sign language is used. Family and friends are NOT TO BE USED.
- The child or young person is examined in the presence of a suitable chaperone to safeguard the child, ensure they are at ease, assist the doctor and to safeguard the doctor from any allegations of impropriety.
- If the child or young person is of sufficient age and understanding then they should be asked who they would like present.
- The child or young person is not to be discharged until the destination is agreed by Children's Social Care and Paediatric Consultant +/- The Safeguarding Children Team.

### **3.3 Impact on the Child/Young Person**

- 3.3.1 Prolonged or regular exposure to domestic abuse can have a serious impact on a child's physical, emotional and educational development and well-being, despite the best efforts of the victim(s) to protect the child.
- 3.3.2 The impact is more likely to be exacerbated when the abuse takes place in families where there is substance misuse, mental ill health problems, personality disorders and any combination of these.
- 3.3.3 Domestic abuse represents immediate risk to children and escalating factor where the child is subject to other abuse. These include:

- A direct correlation between the presence of domestic abuse and child abuse, which means Practitioners, should always consider the possibility of both forms of abuse where one is identified. The presence of domestic abuse increases the risk of abuse toward children, including of emotional abuse and neglect;
- Children may be at risk from physical abuse from the victimised parent in efforts to reduce the severity of punishment from the perpetrator;
- Domestic abuse is an aggravating factor in cases of child sexual abuse, with coercion and violence used as a tool to obtain and maintain compliance;
- Parents experiencing domestic abuse are at significant risk of mental health difficulties, which may impact their ability to nurture and care for children in the short term.

3.3.4 For children living in situations of domestic abuse the effects may result in behavioural issues, absence from school, difficulties concentrating, lower school achievement, ill health, bullying, substance misuse, self-harm, running away, anti-social behaviour and physical injury. There is no definitive cycle of abuse but some children may be at greater risk of becoming a future perpetrator or victim of domestic abuse as a child or an adult.

3.3.5 During pregnancy domestic abuse can pose a threat to an unborn child as assaults on pregnant women often involve punches or kicks directed at the abdomen, risking injury to both the mother and the foetus.

Research has shown that unborn children are subject to physical harm and emotional distress from domestic abuse, causing damage to foetal development and increasing risk of miscarriage.

### **3.4 Addressing Concerns**

3.4.1 Health professionals are in a position to identify or receive a disclosure from a child, victim or abuser about domestic abuse.

3.4.2 Practitioners should be alert to the signs that a child or adult(s) may be experiencing domestic abuse, or that a partner/family member(s) may be perpetrating domestic abuse. A disclosure may be prompted during routine questioning or be unprompted.

3.4.3 Practitioners should never assume that somebody else is addressing the issue of domestic abuse. This may be the child, adult victim, or perpetrator's first or only disclosure which enables an assessment of the risks of harm to be initiated.

3.4.4 Practitioners will work with many victims who are experiencing domestic abuse and have not disclosed. Practitioners should therefore, in conducting assessments, consider the need to offer children and adults the opportunity of being seen alone and ask whether they are experiencing, or have previously experienced, domestic abuse.

#### ***3.4.5 Behaviour which may indicate domestic abuse:***

- Injuries without explanation (normally people will volunteer an explanation);
- Injuries which are minimised or concealed;
- A partner who is unwilling to allow a patient or client to be alone with Practitioners;
- A patient or client who appears passive and dominated by their partner;
- Anxiety, depression and being withdrawn, particularly if this is not usual for the patient or client

### **3.5 What can help professionals consider when domestic abuse may be present?**

3.5.1 Asking direct questions about the relationship without alienating the person e.g., "is everything ok with your relationship?" Asking the children, e.g., "what happens when mummy and daddy have a disagreement?"

3.5.2 The impact of domestic abuse and coercive control on the victim and how this may affect their ability to safely parent and meet the needs of their child/ren both directly and indirectly;

3.5.3 Providing victims who disclose full information about support services available, their legal rights, and about the extent and limits of statutory duties and powers. This includes making referrals;

#### **4. Education and Training**

Training on this guidance is included within the UHL Safeguarding Children Safeguarding Level 3 training programme accessed by all staff.

For additional support and guidance the Trust has a Hospital Independent Domestic Abuse Advisor (HIDVA) who can be contacted Tel: 07976 958540

#### **5. Monitoring and Audit Criteria**

All guidelines should include key performance indicators or audit criteria for auditing compliance, if this template is being used for associated documents (such as procedures or processes) that support a Policy then this section is not required as all audit and monitoring arrangements will be documented in section 8 of the Policy.

Key Performance Indicator	Method of Assessment	Frequency	Lead
Correct use of guideline	Case review	Case by case basis	M Kelly

#### **6. Equality and Diversity**

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

#### **7. Supporting Documents and Key References**

- [Domestic Abuse UHL Emergency Department Guideline](#)
- [Domestic Abuse - Adult Patients UHL Policy](#)
- [Domestic Abuse - UHL Maternity Guideline](#)
- [Domestic Abuse - Supporting Staff Guideline](#)
- [Safeguarding Children Policy](#)

#### **8. Key Words**

Domestic Abuse,

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This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
<b>Author / Lead Officer:</b>	Michelle Kelly		<b>Job Title:</b> Matron for Safeguarding Children
<b>Reviewed by:</b>	Safeguarding Assurance Committee		
<b>Approved by:</b>	Safeguarding Assurance Committee Policy and Guideline Committee		<b>Date Approved:</b> 12/06/2023 3 August 2023
REVIEW RECORD			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
May 2023		Michelle Kelly	Addition of a flowchart
May 2023		Michelle Kelly	Addition of: 3.3 Impact on the Child/Young Person 3.4 Addressing Concerns 3.5 What can help professionals consider when domestic abuse may be present
DISTRIBUTION RECORD:			
Date	Name	Dept	Received