
Domestic Violence Policy

Turas Training

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1. Policy Statement

- 1.1. TURAS is committed to supporting service users experiencing domestic violence through provision of a safe and supportive environment and appropriate responses to disclosure.
- 1.2. This policy is structured around the 3Rs: Recognise, Respond and Refer, that form a core pillar of the HSE Policy on Domestic, Sexual and Gender based Violence. This HSE policy outlines how drug and alcohol services, among other entry points to health services, should have clear policies and staff skilled in working with this issue.

2. Purpose

- 2.1. To outline a standard process for staff to follow in the case of indication of domestic violence or disclosure of domestic violence using the 3Rs model of intervention.

3. Scope

- 3.1. This policy applies to TURAS management, staff, volunteers and locum staff working within the organisation.
- 3.2. Where there are concerns for a child's welfare, this policy should be read in conjunction with the Child Protection Policy.

4. Glossary of Terms and Definitions

- 4.1. Domestic Violence: "...the use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships. [...] It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; control over access to money and personal items, food transportation" Report of the Task Force on Violence against Women, Office of the Tánaiste 1997.
- 4.2. It is important to note that the defining feature of domestic violence is coercive control and obvious physical violence may not always be present.
- 4.3. Gender neutral language is used in this policy to ensure the inclusion of male victims of domestic violence, however as is highlighted by the WHO, domestic violence has a strong gender pattern where most victims are women and the majority perpetrating it are men.
- 4.4. Unless otherwise indicated as in section 16, service user refers to the victim of domestic violence

5. Principles

- 5.1. Safety of service users experiencing domestic violence is paramount, and will underline any response by TURAS. The Confidentiality policy will be closely adhered to when dealing with information about service users who may be experiencing domestic violence.
- 5.2. Respect for the individual presenting, and protection of their rights and their freedom of choice will guide all responses. The service will respond to victims of domestic violence in a manner that is supportive, non-judgemental and non-directive.
- 5.3. The organisation will act according to the perceived or understood wishes of the victim, even where this is not to intervene or take action. The victim is often the best expert in ensuring his/her safety and all actions should be fully agreed with him/her and any potential risks understood and discussed.'
- 5.4. This service recognises the significant impact of the cumulative effects of substance use issues and domestic violence. Evidence suggests that experience of domestic violence can be a causal factor in the development of addiction or problematic drug and/or alcohol use. Drug and alcohol can frequently be used as a coping mechanism in relation to domestic violence, and can affect an individual's capacity to employ their resources in dangerous situations.
- 5.5. The service will follow closely the guidance of Children First as outlined in the Child Protection Policy where children are involved. The non-offending parent and children should be considered as joint victims of violence. Parents will not be judged as failing to protect children in relation to an abusive partner.
- 5.6. TURAS is committed to raising awareness of this issue through training/group-work/peer work/posters and leaflets/supporting publicity campaigns/other.
- 5.7. TURAS is committed to creating links, developing networks and partnership working with specialist domestic violence services.

6. Roles and Responsibilities

- 6.1. Domestic violence will be responded to by full-time staff members/all staff/specially trained staff and should be reported to the relevant line manager as soon as possible.
- 6.2. Managers should ensure that relevant staff have training on recognising and responding to domestic violence.

Part 1 – Recognise

7. Routine and Selective Enquiry

- 7.1. In order to encourage service users experiencing domestic violence to seek support, posters/leaflets/stickers will be on display in the communal area/women's toilets highlighting the issue, and support available.
- 7.2. Staff should ensure that they discuss the issue of domestic violence with a service user in a quiet and private space where confidentiality can be ensured.

The following points outline two models for enquiring about experiences of domestic violence. Your service may choose one or incorporate both into your practice. It can be incorporated into a generic risk assessment or as a separate practice.

- 7.3. Routine Enquiry regarding Domestic Violence
- 7.4. All key worked service users will be asked about their risk of domestic violence as part of the standard risk assessment, regardless of whether there are signs or indications of violence.
- 7.5. It is important that the service user is aware that this is nothing personal but part of the routine process. As part of the risk assessment, service users will be asked a question such as:
 - 7.5.1. "We ask all service users about violence or abuse in their intimate relationships as we know this is very common. Do you mind if I ask you some questions about this?" or,
 - 7.5.2. 'In our experience, many people presenting to services like ours have experienced violence or threats from their partner. Is there someone close to you that you feel afraid of or at risk from at times?
- 7.6. Selective Enquiry regarding Domestic Violence
- 7.7. Where a staff member suspects that a service user may currently be experiencing domestic violence, a selective questioning process will be engaged.
 - 7.7.1. This refers to asking any service user directly about their experiences, if any, of domestic violence where there are concerns or suspicions, including the presence of signs or symptoms.
 - 7.7.2. The staff member will ask the service user in a private space some questions that are sensitive, but specifically ask about experiences of violence such as:
 - 7.7.2.1. You seem very anxious. Is someone hurting you or making you afraid at the moment? or
 - 7.7.2.2. I've noticed [observation]. Was this caused by someone you know? or
- 7.8. Individuals experiencing domestic abuse may not disclose domestic violence due to an informed fear of heightened risk if they are discovered by their perpetrator to have told anyone, or the power of the perpetrator's influence to manipulated the victim into blaming themselves for the abuse.
- 7.9. Where a service user is hesitant it may be helpful to remind them that their safety is your interest, and as stated in the service's Confidentiality Policy you will not tell any of their family, friends or other service users what they say (with the exception of the standard extensions to confidentiality).
- 7.10. It may be agreed that the situation will continue to be monitored by staff until there is further evidence to support a discussion with the service user.
- 7.11. If the staff member has noted signs and symptoms which may or may not be connected to an incident of domestic violence they should record these observations in the case notes. Any such recorded notes should be factual and without staff interpretation – simply stating what has occurred or been observed. If the staff member observes a pattern to these observations this should be discussed with the line manager.
- 7.12. Regardless of whether there has been any disclosure, staff will remind the service user that they are concerned about their safety and highlight to the service user the support available if she requires.

Staff will continue to adhere to principles of non-intervention unless specifically requested by the service user to intervene.

- 7.13. Where there are concerns for children's safety, the issue should be discussed with management and a course of action decided based on the Child Protection Policy and as per section 12 of this policy.

Part 2 - Respond

8. Responding to Disclosure of Domestic Violence

- 8.1. It is important to listen to the service user and how they would like to manage their situation. Workers should refrain from encouraging the service user to do anything they are not ready to do. Research shows that for a woman in a violent relationship, attempting to leave the relationship may place her in more danger of a serious or fatal assault.
- 8.2. Under no circumstances should staff confront an alleged abuser. Staff should not take any action without being specifically requested to do so by the service user.
- 8.3. In order to ensure that a person who discloses domestic violence feels supported and reassured that they were right to disclose, the worker should:
 - 8.3.1. Listen openly; give space for the individual to talk and try not to fill the gaps
 - 8.3.2. Be non-judgmental; try not to show shock or sadness, and avoid questions that may imply judgment such as 'why do you stay with him?'
 - 8.3.3. Communicate belief; let the service user know you believe them by using a statement such as 'I believe you' or 'this must be very hard for you'.
 - 8.3.4. Validate the decision to disclose; highlight the courage and strength it took to tell someone.
 - 8.3.5. Communicate that the violence is wrong, and reassure them that they do not deserve to be treated in this way, and that responsibility for the abuse lies with the abuser.
 - 8.3.6. Emphasise confidentiality; this is vital as the service user may feel they have put themselves at further risk by telling you. See Section 10 for further clarification.
 - 8.3.7. Present options for referrals as per section 12, and for reporting to the Gardaí as per point 9.5.

9. Disclosure of Domestic Violence and Confidentiality

- 9.1. The confidentiality policy should be explained to the service user at point of disclosure.
- 9.2. Management should be informed where there is a disclosure of on-going domestic violence or a threat to a service user's safety as a result of domestic violence.
- 9.3. Extensions to confidentiality as per child protection legislation must be discussed. Section 12 of this policy should be consulted for further clarification of the issue of child protection.
- 9.4. In the case that a service user discloses a serious threat to their safety but does not wish to access services, and where there is no danger to children, the general rule is that the service will endeavour to uphold the confidentiality and wishes of the service user; however the service user should be informed that management will be consulted.
- 9.5. Contacting the Gardaí can in some situations lead to increased violence and danger to the service user. If the service user wishes to contact the Gardaí, s/he should be supported in doing so him/herself.

10. Secondary Disclosure of Domestic Violence

- 10.1. If it is reported to a staff member that another service user is experiencing domestic violence, the person reporting this should be advised that staff can only act on this if the victim themselves seek support from staff on the matter.
- 10.2. Confidentiality procedures should be explained and observed from this point forward.
- 10.3. Staff should explain to the person reporting that where a third party is seen by the perpetrator to be aware of or involved in a violent relationship, the danger to the victim can increase significantly so caution and discretion is advised on the part of the person reporting.
- 10.4. The person who reports should be provided with information about local domestic services that they can pass on to the victim.
- 10.5. Staff should check in with them and advise them to avoid any action or situation where their safety is in jeopardy.

- 10.6. Staff who received the disclosure should inform their line manager.

11. Domestic Violence and Child Protection

- 11.1. Any issues regarding domestic violence and child protection should be brought to management at the earliest opportunity.
- 11.2. This section should be read in conjunction with the Child Protection Policy. Where a manager is unsure of an appropriate course of action in relation to Domestic Violence and Children, they should make contact with the local Child Protection Officer to discuss their concerns and any issues within the case; the Child Protection Officer should be able to provide advice prior to a formal report being filed.
- 11.3. International research indicates a strong correlation between domestic violence and / or sexual violence and child abuse¹, as well as internalized and externalized behaviour problems in children who witness domestic violence², therefore it is important to consider the impact of domestic violence and / or sexual violence on children of service users reporting domestic violence or indicating domestic violence.
- 11.4. The services obligations under child protection legislation as outlined in the Child Protection Policy should be explained in a manner that is supportive and sensitive to the service user's concerns. Service users who have substance issues / a history of substance use issues / a partner with substance use issues may fear that their children will be taken away from them automatically.
- 11.5. It should not be assumed that because the partner or ex-partner is perpetrating violence that the service user is not a protective parent. The victim should be supported in their parenting and keeping their children safe.
- 11.6. All action taken in relation to children of a service user experiencing domestic violence should seek to empower the service user in protecting their children in a supportive and non-coercive manner. Service users should be involved centrally in decision-making and choices affecting them and their children, and only where the children are in immediate danger should the wishes of the service user in relation to their children be overridden. If a report under Children First is required, where possible, service users should be encouraged to make the report themselves with support from staff

Part 3 – Refer

12. Appropriate Referrals

- 12.1. Specialist domestic violence services can provide support to people in abusive relationships. The service user may not yet be ready to approach another agency at this time, although it is important to let them know that if/when they feel ready to do so that services are available. Services available include: helplines, housing supports and counselling services and support services that provide court supports and safety planning. Where a service user is reluctant to go to another service or consider a referral, they should be encouraged to ring the Women's Aid national helpline on 1800 341900 or see www.safeireland.ie/current_members.htm for a local number
- 12.2. All referrals should be made in partnership with the service user, who should be supported to make relevant phone calls themselves.
 - 12.2.1. Note that not all refuges work with people with substance issues and it is important to assess the appropriateness of all referrals in this context.
 - 12.2.2. Staff should endeavour to facilitate interagency working with the other service if this is something the service user would like
- 12.3. Most domestic violence services provide local outreach, where the worker can come to meet with the service-users in a safe place. Staff should present this option to service users if it is available in the locality.

¹ Colins James J, and Spencer Donna L (2002): Linkage of Domestic Violence and Substance Abuse Services, Research in Brief, Executive Summary. US Department of Justice. Available at: <http://www.ncjrs.gov/pdffiles1/nij/grants/194122.pdf>.

² Echlin, C & Marshall, L (1995): Child Protection Services for Children of Battered Women: Practice and Controversy, London and Middlesex Children's Aid Society, London.

- 12.4. The worker should re-introduce the topic of involving a specialist support service into the individuals care plan throughout the care planning process. On-going reassurance about the service-user's confidentiality should also be provided.
- 12.5. Services should never try to bring the perpetrator and person experiencing the violence together for couple counselling, mediation or other intervention as this can heighten risk of violence or abuse.

13. Domestic Violence and Substance Use

- 13.1. Substance use manifests in a number of ways in violent relationships. The perpetrator may be a supplier and control through access to substance, force their partner to use, threaten to expose partners use or other illegal activity to the Gardaí/social services/others, or limit access to treatment or information or sabotage attempts at recovery. These issues should be discussed and a plan of action made with the service user where possible.
- 13.2. Some harm reduction issues in relation to the victim's substance use and domestic violence should be considered and discussed with the service user:
 - 13.2.1. Safety and Risk in relation to drug use:
 - 13.2.1.1. Can the service user access substances from someone other than their perpetrator?
 - 13.2.1.2. Are there certain situations when using where the violence or abuse escalates?
 - 13.2.1.3. Can the service user use in an environment where there are other people / less risk / safer escape routes?
 - 13.2.1.4. Can the service user use in a way that preserves their capacity to respond and/or be alert to and escape from escalating danger [e.g. don't combine, use less etc]?
 - 13.3. Safety and risk in relation to accessing Turas:
 - 13.3.1. If the service user's partner does not access this service;
 - 13.3.1.1. Can the service user attend without the perpetrator finding out?
 - 13.3.1.2. Can staff leave messages for the service user anywhere or with anyone trusted instead of using their personal phone?
 - 13.3.2. If both partners are accessing the service:
 - 13.3.2.1. Staff should employ additional vigilance about the victim's confidentiality.
 - 13.3.2.2. Appointment times for the perpetrator and victim should be scheduled according to what the victim perceives to be the least risk to their safety. This will require coordination on the part of the staff team.
 - 13.3.2.3. If possible, a safe escape route or a plan of action should be developed with the service user of which all staff are aware.
 - 13.3.2.4. Where there is conflict of interest regarding duty of care to both service users, staff should consult with manager and make a decision in line with the principles of this policy.
 - 13.3.2.5. Where relevant the service should endeavour to facilitate outreach based support for the victim if the perpetrator is accessing the service

14. Information in Relation to Protection and Barring Orders

- 14.1. When dealing with mechanisms through which domestic violence can be addressed, staff should seek legal advice where possible and consult with the service manager.
- 14.2. An overview of legal options is available at: <http://www.womensaid.ie/help/informationforwomen/legaloptions.html> . Note that people experiencing domestic violence are not automatically entitled to Protection or Barring Orders, and the possibility that the application will be declined, and the consequences of this should be considered. The service user should be encouraged to link in with a specialist service if they intend to pursue this course of action.
- 14.3. For court purposes, service users should be advised to keep records of incidents (personal diary, hospital and GP records).
 - 14.3.1. Staff should advise service users that in accordance with the Data Protection Policy, if they wish they can have access to their records which may include reference to or details about their experience of domestic violence which may be of use to them in court.

- 14.3.2. Should the service user so wish, in agreement with management of Turas, may offer to keep their records for longer than the prescribed time as per the Data Protection Policy in case it is needed by the service user for legal proceedings at a later date.

Part 4 - Organisational Issues in Relation to Domestic Violence

15. Managing Partner Enquiries / Visits

- 15.1. In regard to all callers, standard confidentiality procedures should be followed (see Data Protection and Confidentiality Policies). Staff should not confirm if a service-user is resident or present, and should inform the person inquiring that they can pass on a message if that person is present, highlighting that they are not saying whether they are.
- 15.2. If the perpetrator becomes verbally abusive or threatening, they should be advised that the Gardaí will be called. The staff member should pursue this course of action if they feel their safety or the safety of service users is in danger.
- 15.3. If the service works with both partners encourage the formation of a plan for a safe exit route from the service and ensure staff are aware of it as in point 13.3.2

16. Working with Perpetrators

- 16.1. If there is a suspicion that a person accessing the service is perpetrating violence against their partner or ex-partner, staff response will be dependent on the particular situation, although the following guidelines should inform decision making:
 - 16.1.1. If a service user discloses that they are a victim of domestic violence at the hands of another service user, staff should never confront the perpetrator. To do so may increase the risk to the victim's safety, as well as staff safety.
 - 16.1.2. If a service user is assaulted in the presences of staff, or if a service user threatens to do serious harm to another person, the Gardaí should be called.
 - 16.1.3. If perpetration of violence has not been witnessed, but inferred or discussed, the staff member should make a clear record what has been said. It is important that any such recorded notes are factual and without staff interpretation – simply stating what has been said or observed.
 - 16.1.4. Indication or disclosure of abuse by the perpetrator should be discussed as soon as possible with the line manager and a course of action agreed which may include the following:
 - 16.1.4.1. If the circumstances involve children interventions will need to be in line the Child Protection Policy.
 - 16.1.4.2. Making it clear the behaviour is unacceptable and is not condoned by Turas, that they are entirely responsible for their actions, and it is their responsibility to stop. The staff member should be very careful not to collude with the service user by refraining from accepting or agreeing with any excuses suggested by the perpetrator and being aware that this can happen inadvertently.
 - 16.1.4.3. Advising the perpetrator that there are organisations which can help them to address their violent behaviour. A list of such organisations is available on www.cosc.ie

17. Groups for Particular Consideration

- 17.1. Staff will consider challenges for women from particular communities or women who are managing other issues in addition to substance use and domestic violence.
- 17.2. Women who are already marginalised in society; members of the Travelling Community, women from new communities and ethnic minorities and women with disabilities may have increased risk factors which present problems in dealing with domestic violence;
 - 17.2.1. Higher levels of dependency upon others, possibly including their abuser
 - 17.2.2. Higher incidence of socioeconomic deprivation
 - 17.2.3. Isolation from friends, family, society, and services which may help them
 - 17.2.4. Come from cultures which uphold a man's power over 'his' woman, or
 - 17.2.5. Real or perceived immigration/naturalisation issues

- 17.2.6. Lower literacy levels and/or fluency in English
- 17.3. Pregnant women: 25% of women experiencing domestic violence are assaulted for the first time during pregnancy. One in eight Irish women suffers abuse during pregnancy³.
- 17.4. Women with mental health issues and women with learning difficulties: up to 64% of hospitalised female psychiatric patients have histories of being physically abused as adults⁴. Women with mental health problems (e.g. depression, anxiety) and learning difficulties are more at-risk of domestic violence.

³ O'Donnell S, Fitzpatrick M, McKenna P (2000). *Abuse in pregnancy – the experience of women*. Irish Medical Journal 2000 Nov; 93(8): 229-230

⁴ Warshaw C (1993): *Limitations of the medical model in the care of battered women*. In: Bart PB, Moran EG, (eds) . *Violence against women: the bloody footprints* Newbury Park, Sage Publications, California.