Our safeguarding arrangements will effectively prevent and respond to adult abuse

SAFEGUARDING ADULTS WORKBOOK

Module Three

Domestic Abuse

Teeswide Safeguarding Adults Board

Contents

Revision Number	Date Approved by the Board	Links to Other Policies	Review Date:
One	28 June 2016		June 2017
Two	May 2017		May 2018
Three	Sept 2018 (Business Unit)		Sept 2019

Introduction

This workbook has been developed for staff and volunteers who have completed Safeguarding Adults awareness training, which may have been through attending a tutor-led course, completing an e-learning course or the TSAB Safeguarding Adults Awareness workbook. This workbook will build on your prior learning and is module 3 of 8. The modules are as follows:

Module 1: Learning from Serious Instances of Abuse and Neglect
Module 2: The Mental Capacity Act & Deprivation of Liberty Safeguards
Module 3: Domestic Abuse
Module 4: Forced Marriage
Module 5: Female Genital Mutilation
Module 6: Prevent
Module 7: Modern Slavery
Module 8: Self-Neglect.

You must complete all sections of the workbooks and return them to your Manager for assessment. When you have successfully completed all of the modules, you will be issued with a certificate and your training records will be updated: the workbooks will be returned to you to be used as a reference tool.

In the appendices, you will find the current Teeswide Inter-Agency Safeguarding Adults Policy and Procedures for reference purposes.

The workbook has been checked for legal accuracy and is accurate as of Sept 2018 Suggested study time to be allocated to complete this module: 3 hours.

Once you have completed the workbooks please forward the ***Certificate of Completion*** page to the Teeswide Safeguarding Adults Board, Business Unit, using the contact details below, who will make a record of completion and issue a certificate.

Teeswide Safeguarding Adults Board Business Unit, Kingsway House, West Precinct, Billingham, TS23 2NX Email: tsab.businessunit@stockton.gov.uk

This workbook is aligned with nationally recognised competencies. It is based on the Bournemouth University National Competence Framework for Safeguarding Adults, reviewed in 2015, and mapped against the Safeguarding Adults: Roles and competences for health care staff- Intercollegiate Document issued August 2018.

On completing of this workbook, you will be able to:

Level 1 (Foundation)

1. Understand and demonstrate what Adult Safeguarding is
2. Recognise adults in need of Safeguarding and take appropriate action
3. Understand dignity and respect when working with individuals
4. Understand the procedures for raising a Safeguarding Concern
5. Have knowledge of policy, procedures and legislation that supports Safeguarding Adults activity
6. Ensuring effective administration and quality of safeguarding processes

Target groups: **Alerters and NHS Level 1 & part of Level 2**

Including: All staff and volunteers in health and social care settings, all frontline staff in Fire and Rescue, Police and Neighbourhood Teams and Housing, Clerical and Administration staff, Domestic and Ancillary staff, Health and Safety Officers, staff working in Prisons and custodial settings, other support staff, Elected Members, Governing Boards and Safeguarding administrative support staff.

Although the word 'Alerter' is used here in conjunction with the national competency framework, the term 'Safeguarding Concern' was introduced in April 2015 to replace this.

Level 2 (Intermediate)

1. Ensure adults are informed and supported in their decision making around Safeguarding Adults
2. Ensure information is shared appropriately and all relevant partners are involved
3. Demonstrate skills and knowledge to contribute effectively to the safeguarding process
4. Have awareness and application of legislation, local and national policy and procedural frameworks.

Target Groups: **Responders, Specialist Staff and NHS Level 2 & 3**

Including: Social Workers, Senior Practitioners, Social Work Team Managers, Voluntary and Independent Sector Managers, Heads of Nursing, Health and Social Care Provider Service Managers, Safeguarding Adult Co-ordinators, Police Officers, Probation Officers, Community Safety Managers, Prison Managers, MCA Lead, Best Interests assessors (including DoLS), Advocates, Therapists, Fire and Rescue Officers, staff working in Multi-Agency Safeguarding Hubs.

Domestic Abuse: Overview

Domestic violence and abuse: definition
The cross-government definition of domestic violence and abuse is:
any incident or pattern of incidents of controlling, coercive, threatening behavior, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional.

Source: https://www.gov.uk/domestic-violence-and-abuse (March 2015)

Previously, in 2013, the Home Office announced changes to the definition of domestic abuse:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality
- Includes, but is not limited to: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence including Female Genital Mutilation and Forced Marriage.

Age range extended down to 16.

The **Care Act 2014** (effective from April 2015) introduced Domestic Abuse as a new category of abuse within adult safeguarding. The safeguarding duties apply to an adult who:

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

Many people believe that domestic abuse is only about intimate partners, but it is clear that other family members are also included. Many safeguarding concerns that are raised within a home environment can be defined as domestic abuse.

The **Protection of Freedoms Act 2012** created two new offences of stalking by inserting new sections 2A and 4A into the **Protection from Harassment Act 1997**. The new offences came into force on 25 November 2012.

These offences cover: conduct that amounts to harassment or stalking, fear of violence; stalking which causes distress, which has a substantial effect on the victim's usual day to day activities, which the perpetrator knows or ought to know amounts to stalking or fear of violence; a course of conduct that occurs on at least two occasions. There are two new offences in relation to this Law. Stalking can last months or years and many victims endure serious psychological harm over a prolonged period.

The **Serious Crime Act 2015** received royal assent on 3 March 2015. The Act creates a new offence of controlling or coercive behaviour in intimate or familial relationships (section 76). This new offence closes a gap in the law around patterns of controlling or coercive behaviour that occurs during a relationship between intimate partners, former partners who still live together or family members. This offence sends a clear message that this form of domestic abuse can constitute a serious offence particularly in light of the violation of trust it represents and will provide better protection to victims experiencing repeated or continuous abuse. It sets out the importance of recognising the harm caused by coercion or control, the cumulative impact on the victim and that a repeated pattern of abuse can be more injurious and harmful than a single incident of violence.

Definitions Used Within Domestic Abuse

Domestic Violence – the term 'domestic abuse' is also used in preference to reflect that abuse occurs in many forms. The term 'domestic violence' is still used in legislation and data collection hence the two terms are synonymous. This may be a better definition- but it's merely a matter of choice.

Female Genital Mutilation (FGM) is a collective term for a range of procedures which involve partial or total removal of the external female genitalia for non-medical reasons. It is sometimes referred to as female circumcision, or female genital cutting.

Forced Marriage (FM) – a marriage which one or both spouses do not (or, in the case of some adults with learning or physical disabilities, cannot) consent to, and where duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure (Forced Marriage Unit 2009). Duress and/or any other consequences of non-compliance are also defined as 'honour based violence'.

Honour Based Violence (HBV) – also called 'honour crime' or 'violence committed in the name of honour'. These terms embrace a variety of practices, mainly but not exclusively perpetrated against women and girls, including assault, imprisonment and murder. These practices are used to control behaviour within families to protect perceived cultural and religious beliefs and/or 'honour'. Violence can occur when perpetrators believe that an individual has shamed the family and/or community by breaking their honour code (Crown Prosecution Service 2010).

HBV may be committed by male and/or female, often involves multiple perpetrators and is distinguished from other forms of abuse/ violence as it is often committed with some degree of approval and/or collusion from family and/or community members. NB. An incident of domestic abuse should not be regarded as 'HBV' purely because it occurs within the BME community.

MARAC (Multi Agency Risk Assessment Conference) – An information sharing process to identify and manage high risk cases of domestic abuse (i.e. situations with high risk of repeat victimisation which may result in significant harm or homicide).

Perpetrator – the person responsible for the abuse.

Routine Enquiry – a policy of asking every patient/ client, at specified times, if they are experiencing domestic abuse regardless of whether or not there are signs of abuse

Selective Enquiry – a policy of directly asking a patient/ client if they are experiencing domestic abuse in response to potential indicators of domestic abuse

RIC (Risk Indicator Checklist) – an assessment tool used by professionals trained in domestic abuse to assess the level of risk.

Victim – a gender neutral term used to identify the individual who has experienced domestic abuse. Some perceive this word to have negative connotations and so may prefer the term 'survivor'.

Background

Research suggests 1 in 4 women and 1 in 6 men will experience domestic violence at some time in their lives, with women at greater risk of repeat victimisation and more serious injuries (Home Office 2004).

There is a strong link between domestic abuse and the physical and/or sexual abuse of children and young people. Seeing or hearing domestic abuse can have a devastating impact on the children's physical and emotional health and on social

and educational wellbeing and development (DH 2009), and the behaviour of the perpetrator or the victim's own personal or emotional trauma may mean children's basic needs are neglected.

Domestic abuse may also present a risk of serious harm or homicide to the adult victim. Health Professionals thus have a duty to support and protect the non-abusing parent/carer (DH 2006).

Domestic violence/abuse is not specific to any strand of society and the British Crime survey in 2000 highlighted that:

- Of all crimes highlighted 1 in 20 were classed as domestic violence
- Domestic violence accounts for almost 20% of all violent crime
- Nationally, the police receive an average of 13,000 calls every day about domestic violence.

Perpetrators may use different forms of violence at different times. This guidance applies equally to men who require advice or help whatever form it takes; domestic violence is rarely a one off incident. More usually it is a pattern of abuse and controlling behaviour where the abuser exerts power over the victim. It occurs across society, regardless of age, gender, race, sexuality, wealth and geography.

Domestic violence knows no social boundaries, whilst anyone can experience domestic violence, women are the more likely victims and men are the most likely perpetrators.

Domestic violence often increases in severity and frequency over time and domestic violence has the highest rate of repeat victimisation of any crime.

Domestic violence has a hugely negative impact on the health and wellbeing of those that experience it. All staff have a responsibility to respond appropriately to domestic violence victims and perpetrators, this will promote the message that domestic violence is unacceptable.

Confidentiality and Information Sharing

Adults experiencing domestic abuse usually have the right to complete confidentiality. Responsible information sharing can however be a key factor in protecting adult and child victims of violence and abuse. Staff should consider seeking consent from the patient/ client to share relevant information with other professionals on a case by case basis.

Where there are concerns regarding child protection or the safeguarding of adults, safeguarding services may need to be involved and advice should be sought via the Safeguarding Teams.

Domestic abuse is not an issue of joint parental responsibility. Responsibility for the abuse lays with the abuser not the victim. In the first instance (role permitting) staff should work with the victims of domestic abuse to empower them to make safe choices for themselves and their children.

Consider risks to others - 'Think Family'
The welfare of children is paramount, therefore all staff, regardless of role, must prioritise the safety and wellbeing of children. Staff should be alert to indicators that a child is living with domestic abuse and where domestic abuse is disclosed or suspected and children are involved, consider the safety and wellbeing of those children and take appropriate steps to safeguard them in line with organisational LSCB and TSAB procedures. See: **Safeguarding and Promoting the Welfare of Adults and Children at Risk Guidance** (signposted on page 14).

Domestic abuse may present a risk of serious harm or homicide to the adult victim. Maintaining confidentiality must therefore be balanced against the interest of disclosure (with or without consent) with a view to protecting the victim and hence complete confidentiality cannot be guaranteed.

Section 115 for the Crime and Disorder Act 1998, Article 8 of the European Convention on Human Rights (the right to private and family life) and the Data Protection Act 1998 allow for disclosure of information without consent where it is in the 'public interest' i.e. in order to protect the health, rights, freedom and safety of a named individual, or to prevent crime. When in doubt, staff members should take advice from Data Protection Officers.

Staff must be honest about the limits of confidentiality and advise clients that where domestic abuse occurs information about both adults and children may be processed to other agencies in line with organisational Safeguarding Children and Adults Procedures and Guidance, and MARAC procedures.

Care must be taken to protect the safety of victims of domestic abuse. Perpetrators of domestic abuse may go to extreme lengths to trace a partner who has ended the relationship, and in some situations may even enlist the assistance of third parties e.g. attempting to locate an estranged partner by tracing the whereabouts of a child. Staff should ensure that no information is disclosed which might compromise the safety of the adult victim and/ or the child.

Care should always be taken when documenting sensitive information such as Refuge addresses and domestic abuse should only be recorded in professional records and never in patient held records. When recording domestic abuse, staff

should inform the client that they are doing so for future reference and advise that they can have access to their records at any time.

Methods of Enquiry

Routine Enquiry refers to defining a client group who will always be asked (i.e. routinely) about domestic violence for example asking all pregnant women regardless of whether or not there are signs of abuse or whether abuse is suspected. Routine enquiry should be considered in a number of different settings in particular in: Maternity Services at each contact and at the 16 weeks women's only appointment. Research has shown that domestic violence/abuse may begin or increase during pregnancy. Health visitors routinely ask about domestic violence as part of their standard contacts with families with young children; this is built in to the assessment criteria. Members of the Sexual Health Team include routine enquiry in their contacts with service users if it is safe to do so. Public Health School Nurses (PHSNs) would enquire if the circumstances indicated it was relevant to ask.

Advantages of Routine Enquiry:

- Provides the opportunity to give all victims basic information about the unacceptability of domestic violence and that abuse is not just about physical violence
- Helps to raise awareness regarding the stigma associated with abuse and the hidden/taboo nature of domestic violence
- Gives a clear message to victims experiencing domestic violence that they are not alone in their experience that the abuse they experience is unacceptable and that there are services available to them to seek help in changing their situation
- The implementation and the actual practice of routine enquiry should be regularly reviewed in supervision, team meetings and/or review sessions.

Selective Enquiry refers to asking direct questions in the presence of signs and symptoms which may indicate abuse has taken place.

It is recognised that all staff should have an awareness of domestic abuse issues and be aware of the reporting system. However it is acknowledged that it will not be appropriate to offer Routine Enquiry in all service areas. This may place the victim and/or staff at risk. All health professionals should be able to carry out Selective Enquiries. The victim should be seen alone to ask about domestic abuse**.**

Assessment Technique/Process

Staff must display a non-judgemental approach that is supportive to the abused person and use open questions.

Staff must be aware of their own prejudices/feelings/experiences and ensure that they do not act in a discriminatory way. Questions should be asked in a quiet, private and safe environment.

The abused person should be seen on his/her own if possible. However some individuals will require another person present (preferably same gender) either as an interpreter for language differences, sign language interpreters, or an advocate, particularly for people with learning disabilities. Family members/friends **must not** be used in these roles

The abused person must understand the issue of confidentiality and staff should clarify for the person the limits to confidentiality with particular regard to Child Protection or Adult at Risk concerns.

Staff with any concerns about how to respond to a disclosure should discuss the issues with their line manager, lead clinician, safeguarding team or other relevant professional and take advice regarding the need to disclose information.

Health Trusts: All staff should document what has been disclosed in the patient's health care records and not patient held records.

The victim will be given appropriate/timely information, advice leaflets about options e.g. signposting to support services including Independent Domestic Violence Advisors, Victim Liaison Officers or other agencies if this is deemed to be safe.

Equality and Diversity

It may seem that there is a bias towards women. This reflects the fact that domestic abuse is mostly perpetrated by men against women and girls. Staff should however recognise that anyone can be a victim of domestic abuse and act accordingly. Male victims of domestic abuse may find it difficult to disclose and be embarrassed to ask for help. Disclosure from men should be encouraged, validated and responded to in line with these procedures (use of MARAC referrals and RIC can be completed regardless of gender or sexual orientation).

Domestic abuse also occurs within Lesbian, Gay, Bisexual and Transgender (LGBT) communities. Victims of abuse from within the LGBT communities may find it difficult to disclose their situation, particularly if they are not open about their sexual and or gender orientation.

Domestic abuse within BME communities can be compounded by religious and cultural values and/ or issues relating to immigration status. Victims in this situation should be advised to access legal advice. Immigrants and those with Refugee status may have no recourse to public funds in which case advice should

be sought from specialist BME services. Access to an interpreter should be considered for those whose first language is not English. Family members or friends should never be used as the interpreter.

Victims with disabilities face complex issues. The abuser may also be the carer thus increasing their power to control and abuse the victim. Professionals should ensure service provision is accessible and sympathetic to people with disabilities and include routine enquiry into any assessments.

Support for Employees

Organisations acknowledge that domestic abuse is a significant problem which has a devastating impact on victims and his/her families. This represents a commitment to take all reasonable steps possible to combat the reality and impact of domestic and sexual abuse on those being abused and to challenge the behaviour of perpetrators.

Domestic Abuse in the Workplace

It should be noted that there may be incidents which occur in the workplace or specifically affect the work of a member of staff.
Possible signs of domestic abuse could include:

- Changes in behaviour including uncharacteristic depression, anxiety, distraction or other problems with concentration
- Changes in the quality of work for no apparent reason
- Arriving late or leaving early
- Poor attendance or frequent unusual presentation without an explanation
- Needing regular time off for appointments
- Inappropriate or excessive clothing.

The impact of domestic abuse on work colleagues

Domestic abuse also affects people close to the victim and this can include work colleagues.
Some effects may include:

- Being followed to or from work
- Being subject to questioning about the victim's contact details or locations
- Covering for other worker's absence from work
- Trying to deal with the abuse and fear for their own safety
- Being aware of the abuse or not knowing how to help.

Useful References and Websites

Care Act 2014 - Care and Support Statutory Guidance (Revised Feb 2017)
https://www.tsab.org.uk/wp-content/uploads/2015/11/Revised-Care-Act-Guidance-Annotated-Chapter-14-20160311.pdf

Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework: https://www.tsab.org.uk/wp-content/uploads/2015/11/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf

Find Support in Your Area:
https://www.tsab.org.uk/find-support-in-your-area/

MCA 2005 - Code of Practice
https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

Teeswide Safeguarding Adults Board's Policies, Procedures and Guidance webpage including:

- Decision Support Guidance
- MCA and Deprivation of Liberty Safeguards Policy
- Safeguarding and Promoting the Welfare of Adults and Children at Risk Guidance

https://www.tsab.org.uk/key-information/policies-strategies/

Teeswide Safeguarding Adults Board - Prevention Information Sheet:
https://www.tsab.org.uk/key-information/prevention/domestic-violence/

Teeswide Safeguarding Adults Board - Safeguarding Adults Reviews Reports
https://www.tsab.org.uk/key-information/safeguarding-adult-review-sar-reports/

Teeswide Safeguarding Adults Board - You Tube Channel (Playlist):
https://www.youtube.com/channel/UCMxNFNZsoxIc3YZEVXisx_w

Appendix 1

Teeswide Safeguarding Adults Concern Form

https://www.tsab.org.uk/report-abuse/

Appendix 2

Teeswide Safeguarding Adults Inter-Agency Procedure Summary

In accordance with the Care Act 2014, safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or at risk of abuse or neglect; and
- as a result of those care and support needs is unable to protect him/herself from either the risk, or the experience, of abuse or neglect

The adult experiencing, or at risk of abuse or neglect will be referred to the ***adult*** throughout this procedure.

		Stage of Procedure	Role	Responsibility	Maximum Timeframe
ENQUIRY PHASE	1	**Concern**	• Take immediate action to safeguard anyone at risk of abuse or neglect • Report and record concerns that an adult maybe at risk of abuse or neglect • Establish the ***adult's*** views, wishes if appropriate • Where an adult dies and abuse or neglect is suspected, a concern must be raised	Person raising concern	Immediate Inter-agency concern form completed within 1 day
	2	**Decision Making**	• Decision made as to whether the Inter-agency Safeguarding Procedure is appropriate to address the concern or whether more information is required as part of the enquiry • Decision support guidance used to inform the decision making process • Ensure that the views and wishes of the ***adult*** are taken into account • Determine who will undertake the initial enquiry if not the LA	Designated Officer	Within 3 days of receiving the concern

	Stage of Procedure	Role	Responsibility	Maximum Timeframe
		• Consider alternative action if safeguarding procedures are not appropriate • Consider providing feedback to the person raising the concern. • If the concern relates to a deceased adult, consideration to be given to raising a SAR notification • If the adult dies after the safeguarding concern has been raised, the enquiry will continue		
3	**Initial Enquiry**	• Further information gathered from identified sources in order to inform the decision as to whether to progress into safeguarding procedures • Seek or review the ***adult's*** views and wishes including their desired outcomes • Consider whether the ***adult*** requires an independent advocate to support them • Consider providing feedback to the person raising the concern *	Safeguarding partners; ***adult,*** their advocate, relative and carers	Within 3 days of receiving the concern
4	**Decision Making**	• Decision made as to whether the safeguarding procedures are appropriate to address the concern or whether more information is required as part of the enquiry • Decision support guidance used • Consider the ***adult's*** views and wishes including their desired outcomes • Consider whether the ***adult*** requires an	Designated Officer	Within 7 days of receiving the concern, if more time is required, the reason for the extended timescale must be recorded.

		Stage of Procedure	Role	Responsibility	Maximum Timeframe
			independent advocate to support them • Consider alternative action if safeguarding procedures are not appropriate • Consider providing feedback to the person raising the concern *		
ENQUIRY PHASE	**5**	**Strategy Meeting**	• Designated Officer co-ordinates the strategy discussion/meeting • Agencies invited to attend the strategy discussion to ensure they are prepared for the meeting and have the relevant information available to contribute to information sharing and decision • If the strategy discussion has taken place via telephone to ensure the adult is protected, then face-to-face strategy meeting will be convened at the earliest opportunity • Formulate a Inter-agency safeguarding plan if needed • Determine who will undertake the further enquiry if not the LA • Agree timescale for completion of enquiry • Involvement of the ***adult,*** their advocate, relative or carers to ensure that their views, wishes and desired outcomes are central to the process • Consider alternative action if safeguarding procedures are not appropriate	Designated Officer/all attendees	Within 7 days of receiving the concern, if more time is required, the reason for the extended timescale must be recorded.

	Stage of Procedure	Role	Responsibility	Maximum Timeframe
		• Consider providing feedback to the person raising the concern * • If a subsequent safeguarding concern is raised during an open safeguarding episode, this new concern must be explicitly considered and if necessary, a further face-to-face strategy meeting must be held		
6	**Further Enquiry**	• Agencies will provide an update on actions allocated at the previous strategy meeting • Co-ordination and collection of information about the safeguarding concern and the context in which it happened • On-going activity to address any protection needs • Involvement of the ***adult,*** their advocate, relative or carers to ensure their views, wishes and desired outcomes are central to the process • Identified lead investigator to report back to the Progress Strategy Discussion/Meeting every 28 days if the enquiry takes more than 28 days	Identified Lead Investigator	Within the timeframe agreed at the Strategy Discussion/Meeting
7	**Progress Strategy Discussion/Meeting**	• Review progress of enquiries, or if concluded evaluate the outcome • Review the views, wishes and desired outcomes of the ***adult*** • Review the interim safeguarding plan • Develop full safeguarding plan if needed	All attendees	Within 28 days of the initial Strategy Discussion/Meeting

	Stage of Procedure	Role	Responsibility	Maximum Timeframe
		• Set a date for the next Progress Strategy Discussion/Meeting if needed • Decision made to conclude Safeguarding Adults Procedures if appropriate and outcome recorded • Consider providing feedback to the person raising the concern *		
8	**Review**	• Review progress of enquiries • Review the views, wishes and desired outcomes of the ***adult*** • Set a date for the next Progress Strategy Discussion/Meeting if needed • Decision made to conclude Safeguarding Adults Procedures and outcome recorded and evaluated • Establish and record whether the ***adult's*** desired outcomes have been met and to what extent (MSP Survey) • Consider whether alternative action is required if safeguarding procedures have been concluded • Provide feedback to the person raising the concern *	All attendees, the adult, their advocate, relative and carers	Within 28 days of the Progress Strategy Discussion/Meeting

* Particularly when the person raising the concern has an ongoing relationship with the adult

Appendix 3

Teeswide Safeguarding Adults Board
Safeguarding Adults Workbook
Module Three Assessment

Notice to Learners: You should complete the following questions without any help and submit answers to your line manager.

Question 1

Give a definition of Domestic Abuse/ Violence.

_____

_____

_____

Question 2

Domestic abuse can encompass but is not limited to the following types of abuse:

P_____

P_____

S_____

F_____

E_____

Please answer **true** or **false** to the following questions:

Question 3

Domestic abuse occurs across society regardless of age, gender, race, sexuality, wealth and geography.

True / False

Question 4

There is a strong link between domestic abuse and the physical and/or sexual abuse of children and young people.

True / False

Question 5

Victims of domestic abuse from within the Lesbian, Gay, Bisexual and Transgender (LGBT) communities may find it difficult to disclose their situation, particularly if they are not open about their sexual and or gender orientation.

True / False

Question 6

What does MARAC stand for?

_____

Name	
Job Role	

Appendix 4

Evaluation

Name:

Once completed please forward the workbook evaluation *(i.e. this page)* and the Certificate of Completion) to the Teeswide Safeguarding Adults Board, Business Unit, using the contact details below, who will make a record of completion and issue a certificate. Completion records may be shared with the training leads of your commissioning organisation to ensure that your staff development record remains up to date.

Teeswide Safeguarding Adults Board Business Unit, Kingsway House, West Precinct, Billingham, TS23 2NX Email: tsab.businessunit@stockton.gov.uk

Why did you complete this workbook? Module Three
Where did you do your training?
❍ Home ❍ Work ❍ Mixture
Overall, how satisfied were you that the workbook gave you the information that you needed to know?
❍ Very satisfied ❍ Satisfied ❍ Partly satisfied ❍ Dissatisfied
What is the most important thing you have learned from this workbook?
How will you use the information from this workbook in your day to day work?
Would you recommend this workbook to other people? Please explain.
Is there any aspects of the workbook you feel could be improved?

Manager / Supervisor: Please provide feedback on how the learner managed this learning experience.

Appendix 5

Adult Safeguarding Workbook
Certificate of Completion – Module Three

I have discussed the completion of the workbook with my manager / assessor.

Name *(please print)*: _____

Signature of employee: _____

Date: _____ / _____ / _____

Declaration:

I have seen the workbook completed by _____

(as it will appear on the certificate) and I can confirm that I am satisfied that they now have a good knowledge and understanding of Domestic Abuse.

Name *(please print)*: _____

Signature: _____

Date: _____ / _____ / _____

Details of Manager / Assessor:

Job Title: _____

Organisation: _____

E-mail Address: _____

Telephone Number: _____