



DOMESTIC ABUSE POLICY

(Including Domestic Abuse in the workplace)

This procedural document supersedes: Domestic Abuse Policy - PAT/PS 12 v.3



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Amendment Form

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Version 4		<ul style="list-style-type: none"> • Section to include domestic abuse in the workplace, including Manager Guide. • Links and references updated. • Minor amendment – contact details. • Addition of 3rd Party reporting (S4). 	P Johnson
Version 3	12 February 2019	<ul style="list-style-type: none"> • Policy condensed. • Processes updated. • Support and advice networks updated. • Hyperlinks included. 	Elizabeth Boyle
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1. INTRODUCTION

This policy is intended for use by all staff working for and on behalf of Doncaster & Bassetlaw Teaching hospitals NHS Foundation Trust (DBTH or The Trust).

The policy will act in accordance with UK law, including The Human Rights Act (1998), the UN Convention on the Rights of the Child (UNCRC 1989), and the Domestic Abuse Act 2021. Legislative framework for safeguarding vulnerable adults and children is provided by The Care Act (2014) and Working Together to Safeguard Children (2018). The Doncaster domestic abuse partnership has agreed a multi-agency Domestic Abuse Charter outlining five standards that partner agencies should aim to achieve in order to effectively respond to victims, perpetrators and families affected by domestic abuse

One in 3 women and 1 in 6 men will experience Domestic Abuse (DA) within their lifetime, with on average 2 women killed by their partner or ex-partner every week in the UK (SAFE LIVES 2018). The cost, in both human and economic terms, is so significant that even marginally effective interventions make an impact on reducing these costs. Domestic Abuse is a complex issue that needs sensitive handling by a range of health and social care professionals and working in a multi-agency partnership is the most effective way to approach the issue at both an operational and strategic level.

Domestic abuse has a major impact on the mental and physical health of victims, and those who witness domestic abuse, and the NHS spends more time dealing with the impact of violence against women than almost any other agency (DOH 2017). Health professionals are often in a good position to identify cases of domestic abuse, 1-1.5% of A&E attendances are due to domestic violence and 30% of domestic abuse commences during pregnancy (SAFE LIVES 2018).

You may see the term ‘survivor’ in documents related to Domestic Abuse. It is often used by, and in reference to those individuals who have been victims of Domestic Abuse, and have ‘come out of the other side’, and are no longer victims

This policy recognises that both men and women can be the victim or perpetrator of abuse.

1.1 Definition

Physical violence – Involving hitting, kicking, burning, pulling hair, stabbing and shooting, leading to injury and in the worst-case death.

Sexual Abuse – Unwanted sexual attention, including rape.

Controlling behaviour - can be a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting them depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour - can be an act, or a pattern of acts, of assault, threats, humiliation, intimidation, or other abuse that is used to harm, punish or frighten their victim. This definition includes all nuances of domestic abuse for example, “honour- based” abuse, (HBA), forced marriage (FM) and female genital mutilation (FGM), as well as adolescent parent/carer abuse and elder abuse.

Financial/Economic Abuse – control of finances, often used to prevent a victim from having the money to pay for transport to get to work, or to buy suitable clothing for working.

Emotional/psychological control & threats – can affect confidence, self-esteem and may also include control over social interactions and autonomy.

Stalking – Victim being followed by the perpetrator to and from work or hanging around workplace entrance.

Cyber Harassment – Forms of control, threats, and stalking carried out virtually through email, and social media text message, telephone messages etc.

The terms domestic violence and domestic abuse are interchangeable, but this policy will use the term ‘domestic abuse’ to acknowledge that domestic abuse is not solely physical violence.

1.2 Domestic Abuse and Children

Working Together to Safeguard Children (HM GOVERNMENT 2018b) states that ‘professionals should in particular, be alert to the potential need for early help for a child who is in a family circumstance presenting challenges for the child such as substance misuse, adult mental health problems and domestic abuse’.

Domestic abuse can have a devastating impact on children when exposed to it. Under the statutory definition of domestic abuse, a child who sees, hears or experiences the effects of domestic abuse, and who is related to the person being abused or the perpetrator, is also to be regarded as a victim of domestic abuse. (Domestic Abuse Act 2021)

1.3 Domestic Abuse and Pregnancy

Nearly one in three women who suffer from domestic abuse during their lifetime report that the first incidence of violence happened while they were pregnant. Domestic violence during pregnancy puts a pregnant woman and her unborn child in danger. It increases the risk of miscarriage, infection, premature birth, low birth weight, foetal injury and foetal death. (RCM 2012).

A **referral to Children’s Social Care *must*** be made where Domestic abuse is present in pregnancy. (See PAT/PS 10 - Safeguarding Children). The Trust Named Midwife for Safeguarding should be contacted should any disclosures be from a pregnant client in any areas of the Trust outside of midwifery, and consider third party reporting, if a crime has taken place

1.4 Domestic Abuse in the workplace

Domestic abuse has the potential to affect every member of staff and on this basis, this guidance is fully inclusive, applying to all employees equally.

Employees are always expected to conduct themselves in a way that will not adversely reflect on the organisation and its reputation. Domestic abuse perpetrated by staff will not be condoned under any circumstances, nor will it be treated as a purely private matter. Employees who are alleged perpetrators must also be aware that conduct outside of work could lead to disciplinary action being taken against them under the organisation's disciplinary policy ([CORP/EMP2](#)). Perpetrating domestic abuse may be considered to bring the organisation into disrepute and could also impact on the relationship of trust and confidence of DBTH in the employee and may be therefore be considered to be gross misconduct.

Employees accused of any issue related to domestic abuse should raise this in confidence with their Line Manager or HR. DBTH will take into account the circumstances and the actions of the employee in raising the issue and seeking help in any disciplinary proceedings which might follow as a result.

All managers should be aware of this policy and be able to apply it when they suspect or have identified a staff victim/survivor or perpetrator of domestic abuse including issues that have been escalated to them by Team Members. The role of a manager is not to deal with the abuse itself but make clear that employees will be supported and to outline what help is available and where, and to escalate the concerns as appropriate. Managers are strongly advised to seek support from Trust Safeguarding Team regarding any disclosures of domestic abuse. It is important to note that domestic abuse is often not disclosed easily by victims or perpetrators. Consideration must also be made to any children in the household of staff members who are, or may be in a domestically abusive relationship

2. PURPOSE

This policy is intended for use by all members of staff employed by DBTH (Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust) and those undertaking duties on behalf of DBTH. The purpose is:

- To provide guidelines which will enable all staff to ensure that appropriate support, advice and guidance is offered to anyone subject to or affected by domestic abuse.
- To identify roles and responsibilities of staff.
- To ensure that victims and survivors of domestic abuse are aware of the support available to them within Doncaster & Bassetlaw Teaching Hospitals
- To provide advice when a manager becomes aware that a member of their staff is alleged (or otherwise identified e.g. through self-reporting to their manager) to be an alleged perpetrator of domestic abuse.

This policy should be viewed in conjunction with:

CORP/EMP - 31 Health & Well-Being Policy
 PAT/PS 8 - Safeguarding Adults Policy
 PAT/PS 10 - Safeguarding Children Policy
 PAT/PA 19 - Mental Capacity Policy
 PAT/PA 28 - Privacy and Dignity Policy

Doncaster Domestic Abuse Strategy
 Doncaster Safeguarding Children's and Safeguarding Adults policies and procedures.
 Nottinghamshire Safeguarding Children's and Safeguarding Adults policies and procedures.

3. DUTIES AND RESPONSIBILITIES

DBTHFT has a duty to consider [NICE Domestic violence and abuse: multi-agency working public health guidance 50 \(Feb 2016\)](#) and work as part of local authority strategic partnerships in both Doncaster and Bassetlaw.

Executive Team

- Provide the Board with strategic overview of domestic abuse issues:
- Ensure there is a named responsible domestic abuse champion on the Board
- Ensure, via managers, that all staff are aware of their responsibility to safeguard domestic abuse victims/survivors and associated children and adults
- Ensure that Domestic abuse advice and support is available to all staff who work within the Trust.

Divisional/Directorate Managers and Ward/Department Managers

- Ensure their staff are aware of and comply with this Trust policy alongside other safeguarding policies and local Domestic Abuse procedures (See Section 11).
- Ensure that all staff are aware of their responsibility to safeguard domestic abuse victims/survivors and associated children and adults.
- Ensure that all staff receive the level of training appropriate to their role.
- Support staff who are working with victims of Domestic Abuse (See Section 5).
- Ensure implementation of 'routine enquiry' in specific areas where appropriate, namely midwifery services (See Section 4).

All Staff

- All staff have a duty to:
- Follow the Trust Policy in line with local procedures when they have a concern about an individual who is or may be a victim of Domestic Abuse.
- Escalate to their Line Manager or other Senior Manager any suspicion that a colleague may be a potential or actual victim, or a perpetrator, of domestic abuse

- To respect confidentiality; however, staff also have a duty to share information in order to protect the safety of individuals and the public following [HM Government advice for information sharing \(2018a\)](#)
- Staff may liaise directly with a health visitor, school nurse or GP where relevant, or via paediatric liaison systems.
- Complete SET and ETR training relevant to job roles and responsibilities.

The Safeguarding Team

- Represent the Trust at both Strategic, and operational level, and attend the relevant multi-agency meetings, including MARAC.
- Provide guidance and support to staff within the context of Safeguarding Children and Adults.
- Support staff to make referrals to the Domestic abuse services where appropriate
- Offer advice and support to HR on domestic abuse issues.
- Produce an annual report to the National Safeguarding Steering Group.

Human Resources

- Advise staff and managers regarding the support available for staff experiencing, or perpetrating domestic abuse within the organisation.
- Liaise with the Trust Safeguarding Team where required to ensure issues are picked up appropriately and support is made available to staff experiencing domestic abuse, including external signposting.
- Provide advice for managers with input from Trust Safeguarding Team on formal HR action under organisational policies e.g. disciplinary, and flexibilities to support victims eg. under special leave policies.

Trust MARAC Representative

- Be a trust contact point for MARAC (Multi-Agency Risk Assessment Conferences).
- Research and share information at the MARAC in order for safety plans to be implemented.
- Work together with the Named Midwife to disseminate information in support of the MARAC process.
- Ensure that the electronic records are 'flagged' for those patients who are known to be high risk victims or perpetrators of domestic Abuse.

A standard operating procedure is in place in the corporate safeguarding team in relation to MARAC processes.

Information Sharing

- All staff have a responsibility to respect confidentiality, however health professionals should have the confidence to share information in the best interests of their patients within the framework set out by [HM Government advice for information sharing \(2018a\)](#).

- If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they have a duty to share the information with local authority children's social care (HM Government 2018b).
- Always seek the person's consent to share information with other services; however information may be shared without consent if there is a risk of significant harm to the woman, her children or another. (HM Government 2018b).

4. PROCEDURE FOR SUPPORTING VICTIMS OF DOMESTIC ABUSE

All staff have a duty to respond to a suspicion of or disclosure of Domestic Abuse.

Depending on a staff member's role within the trust this response may be to share the information with their line manager who will then respond as per policy.

4.1 Recognise

To deal with domestic abuse appropriately, it is essential that victims are identified and disclose their abuse as early as possible. People experiencing domestic abuse are more likely to come into contact with health services than other public services. As a health professional you will be a first point of contact for many.

- Domestic Abuse can be disclosed anywhere within the Trust, but key areas are often the Emergency Departments and Maternity Services.
- All health practitioners have a professional responsibility to respond to indicators of domestic abuse. Many health settings are busy places, with people passing in and out of cubicles and offices and this will not be conducive to revealing vulnerability or talking about feelings. Only ever raise the issue of domestic abuse with a patient when you are alone with them in private. If the patient has a visitor/ someone with them ask them to wait elsewhere, as that person could be related to the abuser or could be the abuser.
- All pregnant women are routinely asked about Domestic Abuse throughout their pregnancy. Asking all pregnant women routinely helps to avoid the stigma associated with Domestic Abuse (NICE 2016). Routine enquiry into domestic violence and abuse is Department of Health policy in maternity and adult mental health services (DoH, 2017).
- Where there is a language barrier, or communication issues an independent interpreter should be accessed, in line with the Trust policy: [PAT/PA 34](#) – Interpretation and Translation Services Policy. Never use a relative or friend of the victim as an interpreter. Always use a professional interpreter who has had domestic abuse training or an advocate from the local specialist domestic abuse agency where possible. The interpreter needs to be the same gender as the victim and should sign a confidentiality agreement. Look at your patient and speak directly to them – not to the interpreter. **Never** use children to interpret.

4.2 Response

It is difficult for victims of abuse to disclose to healthcare professionals and the decision to do so is not taken lightly. If a disclosure is made, the victim should be listened to and above all believed. When responding to a disclosure or suspicion of Domestic Abuse staff have a duty to:

- Speak to the individual in private on a one to one basis, in an environment where the person feels safe and respond in a kind and sensitive manner.
- Explain the rules of confidentiality and ensure that the person understands that there are some circumstances where staff have a duty to share information. [HM Government advice for information sharing \(2018a\)](#).
- Allow enough time for the victim to fully disclose. If they are interrupted they may not feel able to revisit the subject.
- Determine if there are any children in the household, or if the woman is pregnant, and if so follow the Trust's Safeguarding Children's procedures (PAT/PS 10 – Safeguarding Children) and complete a referral to children's social care. ***This is statutory, and must be done.***
- Establish the level of further risk by carrying out a DASH risk assessment if trained to do so or contacting either the Safeguarding team or Domestic abuse support service (out of normal working hours). *The DASH risk assessment form can be found on the safeguarding section of the Hive under 'Domestic Abuse'. Completed forms must be sent to the address on the bottom of the form.*
(If uncertain contact the safeguarding team, or Safeguarding Midwife for support).
- When attending for routine or follow-up appointments, victims should be given the opportunity to be seen without the perpetrator and/or other friends/family members present, to give the opportunity for discussion about the abuse.

4.3 Report

Victims should be encouraged and supported to report incidents to the police. However, if it is clear that a crime has taken place, Staff can do so without the victim's consent, if they are unwilling. This is referred to as Third Party reporting.

“The police will **always advise agencies to report crimes**. This is something they will always advocate and will not negotiate on. The police comply with National Crime Recording Standard (NCRS) who advise third parties should report on behalf of the victim with or without consent as **safeguarding the victim takes priority over consent**. However as an agency if you chose not to report these crimes due to the victim not consenting or otherwise **then the risk to that victim stops with you. Not reporting to the police will impact on any future risk assessments** the police make or any investigations they do.

“We understand on occasions reporting crimes to the police and the police investigating could put the victim at more risk, however not reporting crimes could also put them at more risk. We can only deal with what we already know. (South Yorkshire Police)”

- If a child lives in a family/household where there is evidence, or a suspicion of domestic abuse a ***referral must be made to Children’s Social Care*** in line with PAT/PS 10 Safeguarding Children Policy.
- If a pregnant woman presents for care from the trust and there are suspicions, or evidence of her being subject to Domestic Abuse, a ***referral must be made to Children’s Social Care*** in respect of the unborn child, in line with PAT/PS 10 - Safeguarding Children Policy.
- If an adult is deemed to be at risk and in need of care and support and there are suspicions of or evidence of them being subject to domestic abuse a referral should be made to Adult social care in line with PAT/PS 8 - Safeguarding Adults Policy, and the Care Act 2014.

Following completion of a DASH:

- If the risk is deemed standard or medium, offer referral to or contact details for Domestic Abuse support services (see the Hive for contact details). If the offer of support is declined no referral can be made. The e-mail address for submission is on the bottom of the form.
- High risk cases should be referred to the Independent domestic violence Advocate IDVA service and MARAC, ***this can be completed without victim consent***, but the victim should be informed of the referral. (Referral details are available on the intranet). The e-mail address for submission is on the bottom of the form.

The Trust Safeguarding Team can be contacted for advice and support during normal working hours. 24 hour advice and support details are available on the Hive.

4.4 Record

It is important to keep accurate records detailing the allegations and any injuries due to abuse, as disclosed by the victim. This ultimately may be used in any future action taken against the perpetrator and/or case reviews.

- The victim’s consent is not required to record a disclosure of Domestic Abuse in Trust patient records; however, this must ***not*** be detailed in any patient held notes.
- Pregnant women who disclose Domestic Abuse will have a note made within their confidential hospital records, to make relevant healthcare professionals aware of the situation. ***It is important that records of Domestic Abuse are not made within records that patients have access to as the perpetrator may read these records.***

4.5 Patient's Lacking Capacity

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the Extranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

References: Department of Constitutional Affairs
Mental Capacity Act (2005): Code of Practice, 2007
[MCA - Code of Practice](#)

5. PROCEDURE FOR SUPPORTING STAFF MEMBERS WHO ARE OR MAY BE VICTIMS OR PERPETRATORS OF DOMESTIC ABUSE.

DBTH will make support available to employees experiencing domestic abuse through their Line Managers, DBTH Safeguarding Team, HR, Occupational Health, the Employee Assistance Programme and sign posting or referring to external agencies if appropriate. Support will also be available for staff to recognise the behaviours of alleged perpetrators of domestic abuse in the workplace.

Support for Line Managers dealing with employee survivor / victims of domestic abuse
Guidance for Managers (Appendix 2) will help Line Managers initially respond to concerns of domestic abuse. DBTH will provide support from HR, and the safeguarding team for the Line Managers when dealing with staff issues of domestic abuse. Please use Appendix 1 to consider support options for victims and survivors of domestic abuse in the workplace, as well as utilising the 'record of conversation' proforma (Appendix 3) for more in depth conversations with the staff member. Line Managers can discuss any such issues with HR advisors anonymously in the first instance if they so wish.

Support for Line Managers dealing with employee perpetrators

DBTH recognises that alleged perpetrators of domestic abuse may wish to seek help and support voluntarily. It is strongly advised that Line Managers seek support from DBTH Safeguarding Team with HR regarding allegations of domestic abuse and how they will be addressed. If appropriate, this may be via the Disciplinary Policy (CORP/EMP 2), and may

also include referrals to the Local Authority Designated Officer (LADO). If appropriate, restrictions on work, redeployment or suspension from duty without prejudice on full pay may be required. In cases where criminal proceedings may be ongoing, then Police/partnership Organisations eg: social care advice, will be sought by DBTH Safeguarding Team with HR, before initiating internal disciplinary investigations.

The alleged perpetrator will be provided with information about the services and support available to them including Line Manager support, HR, Occupational Health, the Employee Assistance Programme, and referral or sign posting to external agencies as appropriate.

HR will liaise with the Safeguarding Team when the staff member works with children and it has been alleged that they have behaved in a way which has harmed, might harm or fail to protect a child, such as perpetrating domestic abuse; as the Local Authority Designated Officer (LADO) should be notified. Similarly, if the staff member concerned works with adults who have care and support needs then the relevant HR processes should be followed.

When both victims and perpetrators are employees

In cases where both the victim and perpetrator of domestic abuse work for Doncaster & Bassetlaw NHS Teaching Hospitals, appropriate action will be taken to support both employees within the parameters set out in this policy. Action may need to be taken to ensure that the victim and perpetrator do not encounter each other in the workplace, in order to ensure the safety of the victim.

There should be consideration to minimise the potential for the alleged perpetrator to use their position or work resources to find out details about the whereabouts of the victim. This may include a change of duties or limiting the perpetrator's computer and work mobile access. If the parties cannot be safely separated and the allegations are of sufficient gravity, then suspension from duty without prejudice on full pay may be required. Further advice can be sought from the DBTH Safeguarding Team & HR, People Business Partner Team.

A useful resource for managing Domestic abuse in the workplace is: Staff Domestic Abuse Policy (NHS England and NHS Improvement). For further detail please follow this link



Staff Domestic Abuse
Policy.pdf

The Trust Safeguarding Team can be contacted for advice and support during normal working hours. 24 hour advice and support details are available from the Trust Intranet http://intranet/Corporate-Directorates/Nursing-Quality/Domestic_Abuse.aspx

6. DOMESTIC HOMICIDE REVIEWS

Section 9 (3) of the Domestic Violence, Crimes and Victim Act (2004) defines a “Domestic Homicide Review” *as a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:*

- (a) A person to whom he/ she was related or with whom he/ she was or had been in an intimate personal relationship, or
- (b) A member of the same household as himself/ herself.

Domestic Homicide Reviews came into force on 13 April 2011 and are carried out where the above criteria is met. They are conducted in line with the Home Office document - *Domestic Homicide Reviews: Statutory Guidance (2016)*.

The Trust has a duty to contribute to any Domestic Homicide Review being conducted in the relevant local authorities.

The purpose of a DHR is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;
- Prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;
- Contribute to a better understanding of the nature of domestic violence and abuse; and highlight good practice.

7. RESOURCES AND SUPPORT

For more information about domestic abuse, including the nuanced forms of domestic abuse and helplines for victims, survivors and perpetrators, you can refer to the Hive, or the NHS safeguarding app, or contact the Safeguarding Team

The Trust has a number of resources of support for victims, including those who are assessed as low or medium risk, and can provide information on support available from agencies both locally and nationally:

**Police – 999 in an emergency,
101 non emergency**

You can also report non urgent issues on line using the following link;
[Report a Crime or incident](#)

DBTH Safeguarding Team
01302 642437
dbh-tr.safeguarding@nhs.net

8. TRAINING/ SUPPORT

‘Please note: The training requirements of staff will be identified through a learning needs analysis (LNA). Role specific education will be co-ordinated/ delivered by the topic lead. Alternatively, training may be accessed via an approved e-learning platform where available.

9. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

The Trust will monitor compliance with this procedural document by;

- Review of patient records by the trust MARAC representative as part of MARAC process
- Ongoing review of the MARAC processes.
- Audit of knowledge of policy to be included in safeguarding audits undertaken by the Safeguarding Team.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Policy compliance	Divisional Management Teams	Annual Basis	Clinical Governance Group
Incidents where there is a domestic abuse component / Adverse incidents reported on Datix	Safeguarding team	Annual overview plus individual incident reviewed	Strategic Safeguarding People Board
Audit of knowledge/ understanding of staff	Safeguarding team	Quarterly	Audit of high risk cases, reported in safeguarding quarterly report to SSPB

10 DEFINITIONS

Adult: Any person having attained 18 years of age.

Child: Any person aged 0 to the day before their 18th Birthday.

Domestic Abuse: Any incident or pattern of incidents of controlling, coercive, threatening behaviour, 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 and emotional.

Domestic Homicide Review (DHR): Review of the circumstances in which the death of a person aged 16 or over has, or may have, resulted from violence, abuse or neglect by:

- (a) A person to whom he/ she was related or with whom he/ she was or had been in an intimate personal relationship, or
- (b) A member of the same household as himself/ herself.

Family Member: Includes relationships across all generations, and includes step families, and those adopted into a family.

IDVA (Independent Domestic Violence Advocate): Staff who have undergone intensive training commissioned by the Government. They offer support and guidance and assist high risk victims to access services to help diminish the risk, and enhance the safety of themselves and any children.

MARAC (Multi-Agency Risk Assessment Conference): The Multi-Agency Risk Assessment Conference (MARAC) is part of a coordinated local community response to domestic abuse, incorporating representatives from statutory, community and voluntary agencies working with victims/survivors, children and the alleged perpetrator.

11 EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 1.

12 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Equality Analysis Policy	CORP/EMP 27
Fair Treatment for All Policy	CORP/EMP 4
Health and Safety Policy	CORP/HSFS 1
Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty (DoLS)	PAT/PA 19
Incident Management Policy	CORP/RISK 33
Privacy and Dignity Policy	PAT/PA 28
Risk Identification, Assessment and Management Policy	CORP/RISK 30

Safeguarding Adults Policy	PAT/PS 8
Safeguarding Children Policy	PAT/ PS 10
Information Records Management: Code of Practice	CORP/ICT 14
Health and Wellbeing Policy	CORP /EMP 31
Interpretation and Translation Services Policy.	<u>PAT/PA34</u>
Health and Well Being Policy	<u>CORP/EMP 31</u>
Disciplinary Procedure	<u>CORP/EMP2</u>
Flexible Working Policy	<u>CORP/EMP 48</u>

13 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:
<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

14 REFERENCES

Department of Health (2017) [Responding to Domestic Abuse: A resource for health professionals](#)

HM Government (1998) [The Human Rights Act](#)

HM Government (2004) [Domestic Violence, Crimes and Victim Act](#)

HM Government (2005) [The Mental Capacity Act](#)

HM Government (2014) [The Care Act](#)

HM Government (2018a) [Information sharing:](#)

HM Government (2018b) [Working Together to Safeguard Children](#)

Home Office (2013) [Domestic Violence and Abuse: a new definition](#)

NICE (2016) [Domestic violence and abuse :multi-agency working public health guidance 50 \(Feb 2016\)](#)

RCM (2012) [Interventions to reduce domestic abuse in pregnancy](#)

SAFE LIVES (2018) [Domestic Abuse Statistics.](#)

Domestic abuse act 2021 www.gov.uk

Doncaster Domestic Abuse Strategy [Doncaster Domestic Abuse Strategy](#)

NHS England & NHS Improvement 2020 [Staff Domestic Abuse Policy](#)



APPENDIX 1 – GUIDANCE FOR MANAGERS

Recognise the problem

- Look for sudden changes in behaviour and/or changes in the quality of work performance for unexplained reasons despite a previously strong record.
- Look for changes in the way an employee dresses, eg excessive clothing on hot days, changes in the amount of make-up worn. This is not as easy to do with remote working, but could be picked up on video meetings.
- Domestic Abuse is often a hidden problem and individuals can find it difficult to disclose. Some employees might not think they are experiencing domestic abuse and might not use these words to describe their experiences. However, they may talk about behaviour from their partner that is violent abusive or coercively controlling. Ask open and empathetic questions.
- Treat everyone as an individual as everyone's situation will be different. It's important not to make assumptions about what someone is experiencing or what they need. Domestic abuse can happen to anyone, although more women are affected if can happen to men and in same sex-relationships.
- Be very careful when raising things with individuals working from home as the abuser might be monitoring the employee's email or other methods of communication. Even asking open questions in an email, or in a call when it's not known who else is listening might ring alarm bells with the abuser and cause more abuse.

Respond Appropriately to Disclosure

- Show empathy and compassion when responding to an employee's disclosure of experiencing domestic abuse.
- Believe an employee if they disclose experiencing domestic abuse – do not ask for proof.
- Don't make assumptions about what someone is experiencing or what they need. This includes not assuming the gender of someone's partner.
- Reassure the employee that the organisation understands how domestic abuse may affect their work performance and outline the support that can be offered.
- If the survivor and perpetrator both work at DBTH, the perpetrator could have access to personal information, depending on their role. Make personal records case-sensitive and set a request for permission to access records associated with the survivor.

Provide Support

- Make sure you are frequently checking in with employees so that they can raise any concerns or worries, offer support, flexibility, and signpost them to professional support. This is even more important for remote workers who are likely to feel more isolated and potentially vulnerable.

- Ask the employee what support they need and regularly check in with that question as the support they need may change over time as the employees circumstances change. Let the employee take the lead in what they want to talk about and what they think the problem is.
- Ask the employee about the best way to keep in contact with them, eg which communication methods are private and which they have easy access to.
- Where possible, the employer should respect the wishes of the employee if they want the information to remain confidential. Managers are responsible for ensuring information is not disclosed to colleagues and that all employees are aware of their responsibilities in relation to confidentiality.

If information is disclosed against the wishes of the employee, this could compound any harm caused by the abuse and have a detrimental effect on future disclosure from any other staff members.

Tips on asking difficult and sensitive questions

If you suspect an employee is experiencing domestic violence, you should facilitate a conversation to be able to discuss this and identify and implement appropriate support. Shying away from the subject can perpetuate fear of stigma and increase feelings of anxiety.

- Often employees will not feel confident in speaking up, so a manager making the first move to begin a conversation can be key.
- You should ask the employee indirect questions, to help establish a relationship with the employee and develop empathy.

Examples of questions that could be used.

- How are you doing at the moment? Are there any issues you would like to discuss with me?
- I have noticed recently that you are not yourself. Is anything the matter?
- Are there any problems or reasons that may be contributing to your frequent sickness absence/underperforming at work?
- Is everything alright at home?
- What support do you think might help? What would you like to happen? How?

Avoid victim-blaming. It is important that you are non-judgemental and provide a supportive environment.

It is essential to respect the employee's boundaries and privacy

Respect an employee's decision about their relationship and understand that a victim of domestic abuse may make a number of attempts to leave their partner before they are finally able to do so.

APPENDIX 2 – RECORD OF CONVERSATION & SUPPORT: DOMESTIC ABUSE

The Responding to concerns of domestic abuse: Guidance for Line Managers (Appendix 1) provides a brief overview of how to support staff when responding to an initial disclosure, however the following information and conversation proforma can be used by Line Managers, with support from HR, as a tool to aid further conversations about domestic abuse and workplace safety.

All discussions are held in confidence, do not ask about domestic abuse unless safe to do so; the member of staff should be alone, without children present and any conversation cannot be overheard. There may be some scenarios in which confidentiality may have to be broken. This occurs when there are concerns about safeguarding children or adults or where the employer needs to protect the safety of the employee.

In cases where it is deemed necessary to share information, specialist advice should be sought from HR in the first instance.

During the Covid 19 public health emergency, as part of our duty of care to colleagues in creating a safe working environment, Line Managers, with support from HR, can also use the Individual Risk Assessment to support victims of domestic abuse where working from home or remotely, is no longer a safe. Line Managers can discuss any such issues with HR Advisors anonymously in the first instance if they so wish.

There are several ways in which staff experiencing domestic abuse can be supported by their Line Manger and DBTH, these include a broad range of support such as:

- Signposting to the most appropriate local independence Domestic Violence Advisor (IDVA) for victim and perpetrator support and sustainable recovery. Where the domestic abuse includes sexual abuse and exploitation, at a minimum, the victim should be signposted to an Independence Sexual Violence Advisor (ISVA) and consideration given as to whether a referral to a Sexual Assault and Abuse Service is necessary.
- Annual leave, flexi-time or lieu time for relevant appointments, including with support agencies, solicitors, to rearrange housing or childcare or for court appointments.
- Special leave provisions (eg compassionate leave or unpaid leave) where the member of staff's annual leave entitlement has been exhausted.
- Temporary or permanent changes to working times and patterns using existing procedures ie flexible working.
- Changes to specific duties, for example to avoid potential contact between the victim/survivor and alleged/known perpetrator.
- Measures to ensure a safe working environment, for example blocking emails/screening telephone calls; alerting reception/security if the perpetrator is known to come to the workplace; and ensuring arrangements are in place for safety travelling to and from work.

- Redeployment or re-allocation.
- With the member of staff's consent:
 - Advise colleagues on a need-to-know basis and agree a response if the perpetrator contacts the workplace.
 - Provide a photograph of the perpetrator to Line Management; Security Staff and Reception.
 - Agree code words, or hand signals in video calls if remote working and in a threatening situation, there are set phrases both parties can say to enable them to flag if they are in danger. Also agree what action a signal requires, eg to call the police, or to provide information about available support.
- Review the security of personal information held, such as temporary or new address and bank details.
- Utilise Health & Wellbeing Offer, including the Employee Assistance Programme.
- Consider referral to Occupational Health
- Consider referral to Credit Union if in financial hardship
- Consider waiving the use of the 'Sickness Absence Policy' when absences may be linked to episodes of undisclosed domestic abuse; use of indicated inquiry is essential for frequent or patterns of sickness absence.
- Consider application to the Domestic Violence Disclosure Scheme (Clare's Law)

Record of Conversation with member of staff

The document is intended to help managers with working through difficult conversations but is not mandatory and because of the highly personal and unique circumstances every individual will experience should be amended as appropriate to ensure the best possible support is offered to the employee.

Record of conversation with member of staff		
Staff Name:	Date:	Line Manager:
Background		
Overview of the domestic abuse which has occurred/is at risk of occurring. (The employee can share and record as much or as little as they feel able)		
Home Circumstances		
Employee and perpetrator live together Yes/No		
Employee and perpetrator live separately Yes/No		
Has local IDVA support been identified and sought? Yes/No/ N/A		

Workplace Action Plan			
General	Yes	No	Comment/Action
Has the perpetrator threatened you at work? (in person, over the phone, via email)			
Are you concerned the perpetrator may come to the workplace? Has this happened before?			
Travel	Yes	No	Comments/Actions
Has stalking been a problem			
Do you have any concern about your safety on your commute to and from work?			
Do you have any concern about travelling (if required) as part of your role?			
Would a travel buddy system with another colleague be helpful?			
Do you have any concerns about car parking either at your work base or whilst you are away from your base on work business?			
Working Conditions	Yes	No	Comments/Actions
Do you have any concern to your safety relating to your current work/shift pattern?			
Do you have any concern about your work environment ie desk location, availability of your phone number/contact details?			
Do you require time off to attend any appointments or meetings relating to domestic abuse?			
Would it help to have meetings arranged in the workplace?			
Other	Yes	No	Comments/Actions
Are there any forms of communication that should be avoided?			
Has a response/contact system been developed if you are late/absent from work?			
Are there any work colleagues that you would like to share this plan with?			
Any other actions or relevant information:			

This document may be reviewed and amended as necessary with the agreement of the employee.

- As the employee, I will let my Line Manager know if there are changes which will affect the above agreed actions. We will then meet privately to discuss any further action or changes that could be made.
- As the Line Manager, if I notice a prolonged change at work or if the adjustments are not working, we will meet privately to discuss what needs to be done.
- Relevant and proportionate information provided within this checklist may need to be shared with appropriate persons to enable a supportive safety plan to be established.
- This document should be stored securely in accordance with information Governance requirements.

I, the named employee, consider the actions agreed will help improve my safety in the workplace.

Employee Name

Signature

Date

Manager's Name

Signature

Date

APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project /Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Domestic Abuse	Safeguarding	Pat Johnson	Revised policy	February 2022
1. Who is responsible for this policy? Safeguarding				
Describe the purpose of the service / function / policy / project/ strategy? Outlines principles and practice guidance in relation to Domestic Abuse				
2. Are there any associated objectives? Compliance with the Care Quality Commission Standards and safeguarding standards and NICE Guidance				
3. What factors contribute or detract from achieving intended outcomes? – Prompt recognition and adherence to policy				
4. Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact 				
5. Is there any scope for new measures which would promote equality? No				
6. Are any of the following groups adversely affected by the policy? No				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
7. Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
Date for next review: February 2025				
Checked by: Abigail Trainer		Date: February 2022		