**Domestic Abuse and Violence Policy (Patients and Staff)**

**[insert practice name]**

## Document Control

### A. Confidentiality Notice

This document and the information contained therein is the property of [insert practice name]

### B. Document Details

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**Domestic Abuse Policy – Protecting Our Patients**

**Directory of Domestic Abuse Services**

**Table 1**

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| **National services**  |
| Refuge 24-hour national domestic violence helpline – run in partnership between Women’s Aid and Refuge – service for women and children experiencing domestic abuse | 0808 2000 247[**https://www.nationaldahelpline.org.uk/**](https://www.nationaldahelpline.org.uk/) |
| Respect Men’s advice line – service for men experiencing domestic abuse | 0808 801 0327 (Mon-Fri 9am-8pm)<https://mensadviceline.org.uk/> |
| Women’s Aid- information and support service for women and children experiencing domestic abuse | <https://www.womensaid.org.uk/> |
| Respect Phoneline (for those who are abusive or violent towards their partner) | 0808 802 4040[**www.respectphoneline.org.uk**](http://www.respectphoneline.org.uk) |
| **Local services- NORFOLK** |
| Adult Social Services | When concerned an adult may be at risk: 0344 800 8020In an emergency call 999 |
| Children’s Advice and Duty Service (CADS) Norfolk | When concerned a child may be at risk: 0344 800 8021 (Mon-Fri 0800-20:00)Out of hours – 0344 800 8020In an emergency call 999 |
| Multi-Agency Risk Assessment Conference (MARAC) co-ordinator and specialist services | <https://www.norfolk.gov.uk/safety/domestic-abuse/information-for-professionals/multi-agency-risk-assessment-conference-marac>MASH – 0344 8008020 |
| Norfolk Integrated Domestic Abuse Service (NIDAS) | <https://nidasnorfolk.co.uk/>NIDAS is a domestic abuse support service for those assessed to be at high or medium risk of harm. NIDAS offers dedicated support for Children and Young People, recovery programmes, coordinated multi-agency support, court support, a Domestic Abuse Champion network, and training for professionals, across Norfolk. |
| Sexual Assault Referral Centre (SARC)- The Harbour Centre | 01603 276381 (24 hours)Email: contact @the harbour centre.co.ukwww.theharbourcentre.co.uk |
| Local Authority Designated Officer (LADO) Norfolk | When concerned about an adult working with a child under the age of 18 years, refer to the LADO<https://www.norfolk.gov.uk/children-and-families/keeping-children-safe/local-authority-designated-officer> |
| HEAR campaign | Campaign run by the Domestic Abuse and Sexual Violence Group in Norfolk to support employers to provide support to their staff on the issue of Domestic Abuse<https://www.norfolk.gov.uk/what-we-do-and-how-we-work/campaigns/hear-campaign> |
| **Local services- SUFFOLK** |
| Children’s and Adult Social Services | MASH professional consultant line 0345 606 1499Customer First number 0808 800 4005 <https://suffolksp.org.uk/>In an emergency call 999 |
| Anglia Care Trust Domestic Abuse Outreach Service  | Specialist support for male and female victim supporthttps://www.angliacaretrust.org.uk/domestic-abuse-outreach |
| Multi-Agency Risk assessment conference (MARAC) co-ordinator and specialist services | <http://www.suffolkmarac.onesuffolk.net/refer-to-marac/> |
| Local Authority Designated Office (LADO) Suffolk | When concerned about an adult working with a child under the age of 18 years, refer to the LADOTel: 0300 123 2044LADO@suffolk.gov.uk<https://suffolksp.org.uk/working-with-children-and-adults/children/local-authority-designated-officers-lado/> |
| List of support agencies providing help for victims of domestic and sexual violence | <https://suffolk-pcc.gov.uk/services-for-victims/specialist-services-for-victims> |

**Chapter 1: Domestic Abuse Overview**

 **1.1 Introduction**

This chapter provides guidance to the practice on responding effectively to patients who are experiencing or have experienced domestic violence and abuse.

**1.2 Definitions and Types of Domestic Abuse**

The Government definition of **domestic violence and abuse** is:

*““Any incident or pattern of incidents of controlling, coercive or 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. This can encompass, but is not limited to, the following types of abuse: physical, sexual, psychological, financial, emotional”*

**Controlling behaviour** is defined as a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour** is defined as an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.” (Home Office March 2013).

Under the Serious Crime Act 2015 (s,76) coercion and control were made illegal in December 2015.

The Government definition, which is not a legal definition, includes so called **'honour’ based abuse, female genital mutilation (FGM) and forced marriage,** and is clear that victims are not confined to one gender or ethnic group.

**Sexual violence** is any kind of sexual activity or act (including online) that was unwanted or involves one or more of the following: pressure, manipulation, bullying, intimidation, threats, deception, force. In other words, any kind of sexual activity or act that took place without consent. Examples include child sexual abuse, rape, and sexual assault.

Sexual violence has a lifetime prevalence of 20–25% so it follows that GPs will encounter patients who have experienced sexual violence. While international best practice is for such patients to be managed at specialist Sexual Assault Referral Centre (SARC) General Practice staff have an important role in applying professional curiosity to recognise sexual violence, signpost patients to SARC and follow up patients.

The practice recognises that domestic abuse is rarely confined to a single incident and typically forms a pattern of coercive or controlling behaviour. This policy is therefore applicable whatever the nature of the intimate relationship.

* Domestic abuse occurs in all social classes, cultures, and age groups including men, women, non-binary, lesbian, gay, bisexual and trans (LGBT) whatever the sexual orientation, mental or physical ability.
* Any child who sees, hears or experiences the effects of domestic abuse and 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)
* Domestic abuse is gendered- According to the Office of National Statistics (ONS) about 3.0% of men and 6.9% of women suffered domestic abuse in England and Wales during 2022.
* The risk of serious assault and death is highest for a woman after she leaves an abusive relationship.
* Groups who experience multiple marginalisation are more likely to experience domestic abuse.
* On average a victim of domestic violence/abuse is assaulted 35 times before they report the matter to the police.
* Older victims, so called ‘hidden victims’ experience abuse for twice as long before seeking help as those aged under 61 years. Older victims are less likely to attempt to leave the perpetrator in the year before accessing help and more likely to be living with the perpetrator after getting support.

**1.3 Designated Person (s) and domestic abuse champion**

A GP within the practice should be responsible for taking the lead for domestic abuse as part of the Lead GP for Safeguarding role. This GP should have a designated Safeguarding deputy within the practice. Both will be able to provide assurance of up-to-date mandatory Safeguarding Children and Adult training.

The practice should consider having an additional frontline staff member (clinical or non-clinical) trained as a domestic abuse champion to develop specific knowledge to support people affected by domestic abuse and to use this knowledge to support colleagues to respond effectively and appropriately. The domestic abuse champion should be given time by the practice to commit to the role. Further information can be found via:

**Norfolk:**

<https://www.norfolk.gov.uk/safety/domestic-abuse/information-for-professionals/domestic-abuse-change-champions>

**Suffolk:**

Please email dachampions@suffolk.gov.uk

**1.3.1 Safeguarding administrator role**

The practice should consider encouraging a frontline staff member to take responsibility for all administrative issues relating to safeguarding within the practice.

|  |
| --- |
| **The practice lead for safeguarding adults is: [insert name]****The practice deputy lead for safeguarding adults is: [insert name]****The practice lead for safeguarding children is: [insert name]****The deputy lead for safeguarding children is: [insert name]****The practice domestic abuse change champion is: [insert name]****The practice safeguarding administrator is: [insert name]** |

**1.4 Initial Assessment**

When undertaking an initial assessment of the patient:

* Be aware of **indicators** of domestic abuse and violence:

<https://cks.nice.org.uk/topics/domestic-violence-abuse/recognition/recognizing-domestic-violence-abuse/>

* Appropriately **manage** suspected domestic violence and abuse:

<https://cks.nice.org.uk/topics/domestic-violence-abuse/management/managing-domestic-violence-abuse/>

**1.5 Training requirements for the Practice**

The whole practice team – clinical and non-clinical – should receive appropriate domestic abuse and violence training. This will contribute to the mandatory three yearly refresher training recommended in the intercollegiate documents for both children and adults.

**Children:**[**https://www.rcn.org.uk/professional-development/publications/pub-007366**](https://www.rcn.org.uk/professional-development/publications/pub-007366)

**Adults:**[**https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069**](https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069)

|  |
| --- |
| **Date practice team last received domestic abuse training: [insert date]****Organisation which provided training: [insert organisation name]****Date of next scheduled training: [insert date]**  |

**1.6 Flowchart – Process for Responding to Domestic Abuse**

**DISCLOSURE**

The person is currently experiencing domestic violence and abuse

**ENQUIRE:**

<https://cks.nice.org.uk/topics/domestic-violence-abuse/recognition/recognizing-domestic-violence-abuse/>

There is currently insufficient evidence to recommend screening or routine enquiry however a low threshold is recommended when appropriate

Is the person (and any children/vulnerable adults) in immediate danger?

If no - does the person live with children or vulnerable adults?

**RESPOND**

Follow best practice guidance:

<https://cks.nice.org.uk/topics/domestic-violence-abuse/management/managing-domestic-violence-abuse/#managing-a-disclosure-by-the-victim>

**Honour based abuse, forced marriage and female genital mutilation require an immediate referral to MASH**

Signpost the patient to appropriate services:

Norfolk [Get help now - Norfolk County Council](https://www.norfolk.gov.uk/safety/domestic-abuse/how-to-get-help/get-help-now)

Suffolk [Domestic abuse and sexual violence | Suffolk County Council](https://www.suffolk.gov.uk/community-and-safety/communities/community-safety/domestic-abuse-and-sexual-violence/)

**RECORD**

* Consent to share information (or not) and ensure information is shared appropriately
* Explain the need to document domestic abuse and any injuries for purposes of evidence
* Use appropriate code in patient notes to indicate domestic violence – indicate risk level, if known

<https://elearning.rcgp.org.uk/pluginfile.php/170659/mod_book/chapter/376/RCGP-Safeguarding-Coding-Information-June-2017.pdf>

* Ensure person is seen alone at future contacts. Consider flagging the records so staff aware
* Liaise with designated practice leads; if high risk, liaise with MARAC co-ordinator (see table 1)

**IF YES – TAKE IMMEDIATE ACTION**

Contact local police on 999 **AND** initiate child protection / adult safeguarding procedures

**IF YES - TALK TO PERSON ABOUT RISKS TO CHILDREN AND VULNERABLE ADULTS**

If at risk:

Initiate child protection/adult safeguarding procedures

**Chapter 2 Domestic Abuse Policy – Protecting Our Staff**

**2.1 Introduction**

This chapter provides guidance to the practice on responding effectively to staff who are experiencing or have experienced domestic abuse and the approach we will take where there are concerns that an employee may be the perpetrator of domestic abuse.

**2.2 Background**

The practice recognises that its employees may be amongst those affected by domestic abuse. It has a ‘zero tolerance’ position on domestic abuse and is committed to ensuring that any employee who is the victim of domestic abuse has the right to raise the issue with their employer in the knowledge that they will receive appropriate support and assistance.

Under the Health and Safety at Work Act (1974) and the Management of Health and Safety at Work Regulations (1992), the practice recognises its legal responsibilities in promoting the welfare and safety of all staff. Therefore, this policy applies to staff across all sites as well as any agency and contract staff.

**2.3 Identification of the Problem at Work**

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 practice’s disciplinary policy. Staff who disclose they are concerned over their own behaviour will be supported by the practice.

**2.4 Duties, roles and responsibilities**

**2.4.1 All staff**

All staff have a responsibility to escalate to their line manager any concern that a colleague may be a potential or actual victim, or a perpetrator of domestic abuse.

**2.4.2 Line Managers**

The role of a manager is not to deal with the abuse itself but to make it clear that employees will be supported and to outline what help is available, and to escalate the concern as appropriate. Line managers are strongly advised to seek support from CADS/Adult social services regarding any disclosures of domestic abuse (see table 1 for details).

Advice can also be sought from the appropriate Safeguarding teams within the Integrated Care Board available Monday to Friday 9:00 – 17:00.

For children the team can be contacted via email nwicb.safeguardingchildren@nhs.net

or the office voicemail 01603 257164.

The safeguarding adult team can be contacted via the email nwicb.safeguardingadultsnorfolk@nhs.net or the office voicemail on 01603 257030.

**2.5 Confidentiality and the Right to Privacy**

The practice respects employees’ right to privacy. Any staff member who discloses experiencing abuse can be assured that the information they provide is confidential. Where domestic abuse in a same sex relationship is disclosed, due regard will be paid to the double disclosure of confidential information. There are, however, some circumstances in which confidentiality cannot be assured. These occur when there are concerns about children or vulnerable adults or where the employer needs to act to protect the safety of employees.

In such circumstances, the line manager will seek specialist advice. If it is felt necessary and proportionate to breach confidentiality, it is good practice for the line manager to discuss this with the employee and seek their agreement where possible. As far as possible, information will only be shared on a need-to-know basis.

All records concerning domestic abuse will be kept strictly confidential. Improper disclosure of information i.e., breaches of confidentiality by any member of staff will be taken seriously and may be subject to disciplinary action.

**2.6 Perpetrators of domestic abuse in the workplace and the LADO**

The practice views the use of violence and abusive behaviour by an employee, wherever this occurs, as a matter for the practice’s disciplinary purposes.

If a colleague is found to be assisting an abuser in perpetrating the abuse, for example, by giving them access to facilities then they will be seen as having committed a disciplinary offence. If it becomes evident that an employee has made a malicious allegation that another employee is perpetrating abuse, then this will be treated as a serious disciplinary offence and action will be taken.

If the alleged perpetrator is a registered practitioner, they will be advised of their duty to report to their professional body. There will be a consideration by the practice to involve professional registration bodies and NHS England as the commissioner of primary care services.

When an allegation of abuse is made against an adult working with children, the practice has a duty to report this to the Local Authority Designated Officer (LADO)

Norfolk:<https://www.norfolk.gov.uk/children-and-families/keeping-children-safe/local-authority-designated-officer>

Suffolk: [Local Authority Designated Officers (LADO) » Suffolk Safeguarding Partnership (suffolksp.org.uk)](https://www.suffolksp.org.uk/working-with-children-and-adults/children/local-authority-designated-officers-lado/)