

OP107

Safeguarding Staff Experiencing Domestic Abuse

Contents

Sections	Page
1.0 Policy Statement	5
2.0 Definitions	5
3.0 Accountabilities	12
4.0 Policy Detail	13
5.0 Financial Risk Assessment	19
6.0 Equality Impact Assessment	20
7.0 Maintenance	20
8.0 Communication and Training	20
9.0 Audit Process	20
10.0 References	21

Attachments / Appendices:

Attachment 1 [Domestic Abuse Background Information](#)

Attachment 2 [MARF](#) (Adults and Children's)

Attachment 3 [Wolverhampton Safeguarding Together Exploitation Screening Tool for Adults](#) (Word, 150Kb)

Attachment 4 [The Haven Referral Form](#)

Attachment 5 [MARAC Referral Form](#)

Appendix 1 [Safe Lives DASH Risk Assessment](#)

Appendix 2 [Safeguarding Staff against Domestic Abuse Flow Chart](#)

1.0 Policy Statement (Purpose / Objectives of the policy)

This policy is in addition to [OP108 Domestic Abuse policy](#) and focuses primarily on supporting RWT employees experiencing domestic abuse.

This policy applies to all employees who are directly employed by RWT and for whom RWT have a legal responsibility. This includes clinical and non-clinical employees, students, temporary workers and volunteers, who have contact with children, adult service users, carer's, families and local communities.

The purpose of this policy is to provide a safe and consistent approach to managing cases of domestic abuse to employees and volunteers within The Royal Wolverhampton NHS Trust (RWT). It aims to reduce the risk of serious harm and homicide through early intervention in the lives of families affected by domestic abuse, taking a 'Think Family' approach.

Effective pathways and a robust information sharing process between health and partner agencies are required to protect adult victims and children from risk of significant harm. Where children are involved, the child's welfare must remain paramount throughout the process in compliance with Working Together (2018) and the Children Act 2004.

For further background information on domestic abuse please see [attachment 1](#).

2.0 Definitions

- **Employee** An individual who has entered into or works under (or, where the employment has ceased, worked under) a contract of employment. This includes non-permanent workers including bank staff, locum doctors and other agency workers.
- **Volunteer** A person who works for an organisation without being paid.
- **Adult Safeguarding Concern and Notification Form (Adult E-MARF)** Persons over 18 years of age who have care and support needs and are experiencing, or at risk of experiencing, abuse or neglect and as a result of those care and support deficits are unable to protect themselves from abuse or neglect (Care Act, 2014). The adults E-MARF is the form completed to notify and share information with Adult Social Care

when a concern is identified and requires multiagency action to be taken.

- **Child** Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.
- **Coercive behaviour** A single action or a pattern of assault, threats, humiliation and, or intimidation or other abuse that is used to harm, punish, or frighten their victim. This definition includes so called “honour-based violence”, female genital mutilation (FGM) and forced marriage; victims are not confined to one gender or ethnic group (Home Office, 2022).
- **Controlling behaviour**, 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.
- **Domestic abuse**

The Statutory definition of domestic abuse as set out by Domestic Abuse Act 2021; Definition of “domestic abuse”.

- (1) This section defines “domestic abuse” for the purposes of this Act.
- (2) Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if:-
 - (a) A and B are each aged 16 or over and are “personally connected” to each other, and
 - (b) the behaviour is abusive.
- (3) Behaviour is “abusive” if it consists of any of the following—
 - (a) physical or sexual abuse.
 - (b) violent or threatening behaviour.
 - (c) controlling or coercive behaviour.
 - (d) economic abuse (see subsection (4)).
 - (e) psychological, emotional, or other abuse.

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

(4) “Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to: -

(a) acquire, use, or maintain money or other property, or

(b) obtain goods or services.

(5) For the purposes of this Act, A’s behaviour may be behaviour “towards” B even though it consists of conduct directed at another person (for example, B’s child).

(6) References in this Act to being abusive towards another person are to be read in accordance with this section.

- **Personally Connected.**

(1) Two people are “personally connected” to each other if any of the following applies—

(a) they are, or have been, married to each other.

(b) they are, or have been, civil partners of each other.
they have agreed to marry one another (whether the agreement has been terminated).

(c) they have entered into a civil partnership agreement (whether the agreement has been terminated).

(d) they are, or have been, in an intimate personal relationship with each other.

(e) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2))

(f) they are relatives.

(2) For the purposes of subsection (1)(f) a person has a parental relationship in relation to a child if: -

(a) the person is a parent of the child, or

(b) the person has parental responsibility for the child.

(3) In this section: -

“child” means a person under the age of 18 years.

“civil partnership agreement” has the meaning given by section 73 of the Civil Partnership Act 2004;

“parental responsibility” has the same meaning as in the Children Act 1989; “relative” has the meaning given by section 63(1) of the Family Law Act 1996.

- **Domestic Homicide Review (DHR)** This is 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 person to whom he or she was related or with whom he or she was or had been in an intimate personal relationship, or who was a member of the same household as the deceased.
- **Emotional abuse** Includes eroding a victim’s confidence and independence by constant insulting and offensive remarks, making them feel unattractive and useless (Home Office, 2022).
- **Female Genital Mutilation (FGM)** Female genital mutilation is a violation of the human rights of girls and women. Healthcare professionals must report to the police any cases of female genital mutilation (FGM) in girls under 18 that they come across in their work. A mandatory reporting duty requires Health and Social Care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s which they identify in the course of their professional work to the police. Further information can be sought from (Mandatory reporting of female genital mutilation: procedural information 2015.) Please also refer to [CP67 Identification and Management of Female Genital Mutilation Policy](#).
- **Exploitation** is a form of abuse where someone is forced or coerced into doing things for the benefit of others. People are groomed and introduced to new ideas, behaviours, and activities, making these appear normal and acceptable; people may not recognise that they are being exploited until their situation becomes very serious. Exploitation can take many forms, can take place in a range of situations, and can involve many groups of people. People can experience many forms of exploitation at any one time which could include but is not limited to modern-day slavery; financial exploitation; sexually exploited; cuckooing and financial exploitation. Please refer to the exploitation screening tool for more information [attachment 3](#)
- **Cuckooing** the practice of taking over the home of a vulnerable person in order to

establish a base for illegal drug dealing, typically as part of a county lines operation.

- **Sexual abuse** includes forced sex and prostitution, refusal to practice safe sex, sexual insults, ignoring religious prohibitions about sex and preventing breast feeding.
- **Sexual violence** encompasses acts that range from verbal harassment to forced penetration, and an array of types of coercion, from social pressure and intimidation to physical force.
- **Sexual misconduct** describes a range of behaviours including sexual assault, sexual harassment, stalking, voyeurism, and any other conduct of a sexual nature that is non-consensual or has the purpose or effect of threatening, intimidating, undermining, humiliating, or coercing a person.
- **Sexual safety in the workplace** covers a range of inappropriate sexual behaviour within the working environment to include:
 - (a) language of a sexualised nature
 - (b) sexual harassment
 - (c) sexual assault
 - (d) rape

If you are experiencing concerns around sexual safety within then workplace, then please contact either Safeguarding or HR. Please refer to HR policy 03.

- **Financial abuse** Refusing to allow a person to work or undermining their efforts to find work, demanding explanations on how money is spent, refusing to give money for basic needs, not paying bills or non-payment of debts and, or making the victim beg for money.
- **Forced Marriage** Forced marriage is when one or both of the parties do not, or

cannot, give consent to the marriage and pressure or abuse is used. In the United Kingdom this is recognised as a form of violence and a serious abuse of human rights.

- **Honour Based Violence (HBV)** Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.
- **Local Authority Designated Officer (LADO)** This person will be involved in the management and oversight of individual cases for dealing with allegations against people who work with children and vulnerable adults.
- **Multi-Agency Referral Form (MARF)** This is completed for children and young people for whom there are concerns for their safeguarding.
- **The Multi–Agency Safeguarding Hub (MASH)** This is the single point of contact for all professionals to report safeguarding concerns.
- **Multi-Agency Risk Assessment Conference (MARAC)** MARAC is a process whereby information is shared on the victims who are at highest risk of harm due to domestic abuse. By completing a Safe Lives Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment, the level of domestic abuse will be identified. The primary focus of MARAC is to safeguard the adult victim. The MARAC will also aim to safeguard any children and manage the behaviour of the offender. A risk-focused, coordinated safety plan is drawn up to support the victim. (Please refer to [attachment 5](#))
- **Physical abuse** includes smacking, shaking, punching, biting, restraining by force, stabbing, suffocation, female genital mutilation, and honour-based violence.
- **Psychological abuse** includes intimidation, verbal abuse, insulting behaviour, isolating a victim from friends and family, undue criticism, threats to harm children or pets, forced marriage and cyber bullying using social networking sites, texts or emails.

- **Right to Ask** is a scheme that gives an individual the right to ask police to check whether a new or existing partner has a violent past. If records show that an individual may be at risk of domestic violence from a partner, the police will consider disclosing the information. A disclosure can be made if it is legal, proportionate, and necessary to do so.
- **Right to Know** enables an agency to apply for a disclosure if the agency believes that an individual is at risk of domestic violence from their partner. The police can release information if it is lawful, necessary, and proportionate to do so.
- **Stalking and Harassment** the Protection from Harassment Act makes stalking a specific offence. Stalking can be described as persistent and unwanted attention that makes a person feel pestered and harassed over a period of time. Stalking and harassment include behaviour by one person that is directed at or towards another person making him or her feel harassed, alarmed and/or distressed. Social media and the internet can also be used as media to stalk and harass.
- **Whistleblowing** is an important facet of the ability of all organisations to safeguard children, young people and adults with care and support needs. Whistleblowing is also known as “speaking up” or “speaking out”.

It provides protection for any member of staff (whether paid or voluntary) who raises a concern about policy, procedure or practice which impacts on the safety and / or wellbeing of anyone using the service.

The 'whistleblower' must first have used the everyday channels within the organisation to raise their concerns. If their concerns have not been addressed through the normal safeguarding channels, they can then seek protection for raising their concerns in good faith (i.e. not maliciously to get at another member of staff). Please refer to [HR16, Freedom to Speak Up Policy](#).

3.0 Accountabilities

The Chief Nurse Officer

- Is the nominated Director/Executive Lead responsible for coordinating the management of safeguarding.
- Ensures that the Board receives sufficient assurance on the effectiveness of the Safeguarding Service.

Head of Safeguarding

- Manages the Children and Adult Safeguarding Service and provides expert leadership on all aspects of the safeguarding agenda.
- Is responsible for ensuring that the Trust has robust systems and processes in place for the protection and on-going support of adults and children.
- Supports the work generated by the Wolverhampton Safeguarding Together.

Safeguarding Adults and Children's Team

- Will provide in the context of domestic abuse, expert professional leadership, advice, support, supervision, and guidance on the management of domestic abuse and safeguarding adult and children concerns.
- Is responsible for training on identification of domestic abuse and the impact that it has on adults and children.
- Will act as a resource providing accessible, accurate and relevant information to all RWT employees.
- Contribute to planning and implementation across the organisation in respect of safeguarding children and adult issues.
- Act as a point of disclosure for any employee who is experiencing domestic abuse and require safeguarding support.
- Provide additional bespoke training to the Domestic Abuse Safeguarding Champions (DA champions) Provide safeguarding supervision to DA champions and HR staff.

Human Resources

- Provide advice and support to line managers and staff members with regards to reasonable adjustments within the workplace.
- Provide advice and support to line managers when an allegation of domestic abuse

has been made against an RWT employee.

Line Manager

- Will ensure safety planning is undertaken with the victim
- Will liaise with and seek advice from Human Resources
- Ensure, where appropriate, referral to Occupational Health and Well-being services
- Where appropriate may be required to complete a DASH risk assessment and MARAC referral.
- Will, where required, seek advice from the Safeguarding Team

All RWT employees

- Ensure staff are aware of the policy and how it impacts on their practice via mandatory training.
- Undertake training relating to domestic abuse relevant to their role.
- Be alert to the potential indicators of domestic abuse, and act in accordance with this policy when supporting adults and children that have been affected by domestic abuse.
- Access further advice and guidance where they are unclear about the application of any aspect of this policy or associated guidance.
- Ensure that they are working in a proactive preventative, protective manner that promotes effective multi-agency networking and action on domestic abuse.

4.0 Policy Details

- Domestic abuse affects all sections of society and RWT recognises the need to have clear and effective responses to help minimise the impact of domestic abuse upon employees. RWT is committed to the welfare of its employees and seeks to support and assist any employee who is experiencing problems related to domestic abuse.
- Domestic abuse can affect work performance and the health and safety of employees. RWT has a legal responsibility to protect the health, safety and welfare of all employees whilst at work. If an employee of RWT suffers domestic abuse, the main responsibility for support will lie with the employee's immediate line manager supported by the Human Resources Department and the Safeguarding Team.

- All line managers must be able to recognise the indicators of domestic abuse, must be able to ask routine or selective questions, undertake a risk assessment ([Appendix 1 Safe Lives DASH Risk Assessment](#)), signpost victims to appropriate services, complete appropriate referrals to specialist services, empower victims to make informed choices to prevent the escalation of abuse and report incidents of domestic abuse to the Police. Line managers to contact the safeguarding team or HR if concerns arise around victims of domestic abuse declining additional support. ([Appendix 2 Safeguarding Staff Against Domestic Abuse Flow Chart](#)).

Responding to Domestic Abuse

- Responding effectively requires a non-judgmental and supportive attitude. Knowledge of the effects of abuse, an understanding of appropriate responses and local domestic abuse services are important. Not all victims of domestic abuse will disclose information, however you may suspect that abuse is happening based on potential indicators.

Safe Enquiry

- When supporting employees who are experiencing domestic abuse, the first key principle to follow is to enquire safely about violence or abuse. Safe enquiry means ensuring the potential perpetrator is not, and will not, easily become aware of the enquiry. It is a cornerstone of best practice in domestic abuse. Safe enquiry has been developed following circumstances in which women and their children have been placed at risk of serious harm (and homicide) due to perpetrators becoming aware that professionals knew about their behaviour. You must ensure privacy for the person concerned and establish the level of risk posed to the individual, child or family from the information available. Research shows that victims of domestic abuse will not usually voluntarily disclose domestic abuse to a professional unless they are directly asked. However, whilst victims may be reluctant to disclose what is happening to them, often they are also hoping that someone will ask them if they are suffering, even where it does not result in disclosure of abuse. Repeated enquiry on a number of occasions increases the likelihood of disclosure.

Routine Enquiry

- Routine enquiry should form part of good practice even when there are no indicators of abuse, (Domestic violence and abuse: NICE Guidelines 2014). Repeated routine enquiry increases the likelihood of disclosure. Asking all employees reduces the stigma attached to domestic abuse and creates an opportunity to educate individuals that abuse isn't necessarily solely physical violence. The risk of abuse increases with pregnancy, so it is important for these questions to be posed at appropriate times throughout the employee's pregnancy, for example pregnancy workplace risk assessments, following any periods of sickness or absence etc.
- It should also be noted that although domestic abuse disproportionately affects females, males can also be victims of domestic abuse.
- Furthermore, it is important to recognise that domestic abuse is not limited to intimate partner relationships but can occur in family relationships including parent and child relationships, with the parent as the victim.
- Therefore, it is imperative that professionals have an awareness of the nature and complexity of domestic abuse.

Immediate action following disclosure or indicators of domestic abuse.

- Following disclosure or identification of domestic abuse, the victim may be open to support and advice, or they may refuse to discuss the situation.
- Consideration of any implications for any children in the household must be paramount, including that the children may also be victims of domestic abuse. In cases of suspected child abuse, the duty of care that any employee has to a child or young person will take precedence over any obligation to the parent or adult carer. Consider immediate risks e.g. if the victim is in immediate danger of serious injury or death, contact the police using 999. Immediate treatment for physical injuries may be required, and referral for further assessment, treatment, specialist advice or counselling. See flow chart for domestic abuse disclosure ([Appendix 2 Flowchart for Domestic Abuse Disclosure Process.](#))
- All disclosures of domestic abuse should be reported to the Police via 101 regardless of consent being obtained.

- The Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment must be completed following initial disclosure by the victim. This is a consistent and simple tool for practitioners who work with adult victims in order to identify the level of risk. The practitioners who complete the assessment with the victim may help them to think about their situation and about decisions they will need to make. In the practitioner's notes section of the risk assessment, all actions taken by the practitioner must be included e.g. MARF completed (See [Attachment 2](#)) if required. All completed forms must be sent to the Adult Safeguarding Team.

Referral Criteria to MARAC

- The MARAC referral should be completed when the risk to a victim has been assessed as high either through a DASH risk assessment (a score of 14 or more), or through professional judgement. It should also be used when an already known high risk victim has suffered a repeat incident from the same perpetrator within the last 12 months after the last MARAC hearing.
- A MARAC referral can be made without the consent of the victim.
- A copy of all MARAC referrals should be sent to the Adult Safeguarding Team.

Signposting to specialist support services

- All employees of RWT who are at risk of/are experiencing domestic abuse should be signposted to specialist support services as routine practice; however, consideration should be given to any risks associated with methods of signposting used. For example, if the perpetrator checks the victims' belongings it may not be safe to give the victim a leaflet on support services and therefore other safe options of communicating support services details should be considered.
- Victims should also be offered a referral to an appropriate local Independent Domestic Violence Advisor (IDVA) service; such referrals should be completed with the victims' consent. IDVA referral forms can be accessed via the Safeguarding Services webpage.
- A list of support service details can be found on the RWT Intranet Safeguarding services web page.

Safety planning and workplace adjustments

- Employers have an increased legal responsibility to any employee who discloses that they may be at risk of harm. Workplace adjustments may need to be put in place to reflect this. These should be reviewed periodically to reflect any change in risk. (Department of Health: Responding to colleagues experiencing domestic abuse: Practical guidance for line managers, human resources, and employee assistance programs).

Safety planning may include:

- Making emergency and safe contact arrangements.
- Adjusting and reviewing their responsibilities and workload.
- Reviewing communications and IT safety.
- Improving the safety of the employee whilst they are at work. For example; redeployment to another area or Trust site.
- Arranging in advance who, and when, to contact in the event that the employee doesn't turn up for work (family member, police, neighbour etc.)
- Consider an alternative entrance to and exit from the workplace.
- All employees should be aware that the personal details or whereabouts of other employees should not be given out over the phone, even to family members. This message should be reiterated to all employees as a general reminder.
- Provide an escort to and from car.

Workplace adjustments may include:

- Adjusting and reviewing their responsibilities and workload.
- Considering flexible working patterns or changing working patterns.
- Providing special leave/time off during the day to attend appointments such as court appearances.
- Offering flexibility with annual leave arrangements.

Additional support

- Employees who are experiencing domestic abuse should be offered a referral to RWT Occupational Health and Well-being Service.
- Please refer to Workplace Health and Wellbeing Policy HR48 for further information. For additional support and advice, you may also contact either HR or the safeguarding team.
- In certain circumstances when a victim requires accommodation and a refuge placement is not possible, consideration should be given to utilising RWT employee accommodation.

Employee accused of domestic abuse

- It is essential that any allegation of abuse made against an employee (including those who work in a voluntary capacity) of The Royal Wolverhampton NHS Trust, who has contact with children and or adults, is dealt with quickly and consistently. This will be in a way that provides effective protection for children and adults with care and support needs, and at the same time supports the person who is the subject of the allegation.
- If it is alleged that an employee (including those who work in a voluntary capacity) of RWT is the perpetrator of domestic abuse, the Line Manager will seek guidance from the Human Resources Department and RWT policy ([attachment 3 HR 10](#)) should be adhered to.
- RWT recognises that perpetrators of domestic abuse may require help to change their behaviour and therefore will support and encourage employees to address violent and abusive behaviours of all kinds. This will include providing information about the support services available.

Information sharing and data protection

- Confidentiality is not absolute; there may be circumstances where the safety of the victim and their children overrides their right to confidentiality. Risk in domestic abuse

situations is dynamic and can change very quickly. Some victims may be identified as being at high risk of serious harm or murder from domestic abuse. Named disclosure without consent may be made in some circumstances: If it is believed the employee and /or colleagues are at risk of serious injury or death, if it is believed that there is a substantial risk of harm to any children involved in, or witnessing the violence / abuse, the welfare of the child is paramount.

- Each public sector will have statutory functions or powers given to them by the Government or law. If the sharing of information is written within the functions or powers of that organisation, then sharing information for that purpose is allowed. For further guidance please refer to attachment 4 [OP85 Information sharing policy – circumstances where we must share information.](#)
- All completed DASH risk assessments and referrals will be emailed by the Domestic Abuse Safeguarding Champion to the RWT Safeguarding Team inbox and will be stored securely in the W:Drive under 03 Safeguarding in the PROTECT folder which can only be accessed by the Safeguarding Team Leaders.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

- The screening checklist has been completed. Reasonable efforts have been made to eliminate any possible Equality and Diversity discrimination occurring.
- The Trust is committed to reducing the risk of harm to those who may be experiencing or at risk of experiencing domestic abuse.
- The Trust has sufficient arrangements in place to identify and respond to those experiencing domestic abuse.

7.0 Maintenance

- The Head of Safeguarding and Safeguarding team will be responsible for reviewing this policy to ensure it complies with legislation, professional guidance and local arrangements for safeguarding. It will be reviewed in line with Trust Policy OP01 every 3 years or following any legislative changes.

8.0 Communication and Training

- Domestic Abuse training will be delivered as part of mandatory safeguarding training. An employee role will determine at what level this is required in order to ensure that they are confident and competent to carry out their responsibilities. The Trust, supported by the Safeguarding Team, will ensure that a sufficient number of internal training events and e-learning is provided, as per [Induction and Mandatory Training Policy \(OP 41\)](#)

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Compliance with mandatory training.	Safeguarding Subject Matter Expert (SME)	Mandatory training reports	Monthly	Trust Safeguarding Group
Incident	Head of Safeguarding	DATIX NS SUI Report	Monthly	Trust

Summary Reports				Safeguarding Group
-----------------	--	--	--	--------------------

10.0 References

- Adoption and Children Act 2002
- Care Act 2014
- Children Act (2004)
- Department of Health, (2005), Responding to domestic abuse: a handbook for health Professionals
- Department of Health (2010) Improving services for women and child victims of violence: the Department of Health Action Plan, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122003
- Department of Health (2015) Tackling Child Sexual Exploitation
- Department of Health (2017) Female genital mutilation (FGM): guidance for healthcare staff
- Diez, C. et al (2018) Adolescents at serious psychosocial risk: what is the role of additional exposure to violence in the home? *Journal of Interpersonal Violence*, 33(6): 865-888.
- Early Intervention Foundation (2018) Why reducing parental conflict matters for the NHS (PDF). London: Early Intervention Foundation.
- Holt, S., Buckley, H. and Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: a review of the literature. *Child Abuse and Neglect*, 32(8): 797-810.
- Home Office (March 2013) Information for Local Areas on the change to the Definition of Domestic Violence and Abuse.
- Home Office (2015) Mandatory reporting of female genital mutilation: procedural information
- Hunt R, Fish J (2008) Prescription for change: lesbian and bisexual women's health check. London: Stonewall
- Her Majesty's Inspectorate of Constabulary (2015) – Increasingly everyone's business: A progress report on the police response to domestic abuse.

- Mental Capacity Act 2005
- NICE, (2014), Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively, NICE public health guidance 50
- NSPCC, (2014), How Safe are our Children
- Protection of Freedoms Act 2012.
- NSPCC (2018) Children living in families facing adversity: NSPCC helplines report. London: NSPCC
- SafeLives (2014) MARAC National Dataset 2014. Bristol:
- SafeLives
- SafeLives (2019) Spotlight #7: Domestic Abuse and Mental Health
- SafeLives (2016) Spotlight #1: Older People and Domestic Abuse
- Stonewall, (2012), Gay and Bisexual Men's Health Survey 2012 [online]
- Working Together to Safeguard Children (2018): A guide to inter-agency working to safeguard and promote the welfare of children
- Wolverhampton Over-arching Domestic Violence Protocol and Guidance (2018)

Part A - Document Control

Policy number and Policy version: V2.0	Policy Title Safeguarding employees experiencing domestic abuse.	Status: Final		Author: Named Nurse Safeguarding Adults Director Sponsor: Chief Nurse
Version / Amendment History	Version	Date	Author	Reason
	1.0	February 2021	Named Nurse Safeguarding Adults	Implementation of policy
	2.0	Jan. 2024	Named Nurse Safeguarding Adults	Full review
Intended Recipients: Trust Wide: This policy applies to all employees who are directly employed by RWT and for whom RWT have a legal responsibility. This includes clinical and non-clinical employees, students, and temporary workers, who have contact with children, adult service users, carer's, families and local communities.				
Consultation Group / Role Titles and Date: Trust Safeguarding Group (TSG) Wolverhampton Local Authority RWT Heads of Nursing				
Name and date of Trust level group where reviewed		Trust Policy Group – January 2024		
Name and date of final approval committee		Trust Management Committee – January 2024		
Date of Policy issue		January 2024		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)		This policy will be reviewed three yearly January 2027		
Training and Dissemination: delivered as part of mandatory safeguarding training, in the				

form of face to face training and or e-learning.

To be read in conjunction with:

CP41 Safeguarding Children Policy

CP53 Safeguarding Adult Policy

CP06 Consent Policy

OP85 Information Sharing Policy

OP110 Prevent

OP41 Induction and Mandatory Training Policy

CP67 Identification and Management of Female Genital Mutilation Policy

RWT Maternity Safeguarding SOP's:

MARAC Research Process 2020 and Disclosure of Domestic Abuse-Maternity Process

Wolverhampton Safeguarding Together (WST) Procedures

Wolverhampton Domestic Violence Partnership Procedures

Working Together to Safeguard Children (2018)

NSPCC (2018)

Children Living in families facing adversity London Department for Education, 2018.

Working together to Safeguard Children

OP13 Information Governance policy

OP97 Confidentiality, Code of Conduct for Staff

HR03 Disciplinary Policy

HR10 Managing Allegations of Behaviour Indicating Unsuitability to Work With Children and Adults with Needs for Care and Support

HR16 Freedom to Speak Up Policy

HR48 Workplace Health and Wellbeing Policy

Initial Equality Impact Assessment (all policies):Completed Yes

Monitoring arrangements and Committee

Training compliance report presented monthly to the Trust Safeguarding Group

Document summary/key issues covered.

This policy demonstrates the principle that domestic abuse is an unacceptable behaviour and that everyone has a right to live free from fear and abuse. This policy contains updated and current guidance in order to support safe practice in supporting employees where concerns of domestic abuse are identified.

Key words for intranet searching purposes	Domestic Abuse, Domestic Violence, Safeguarding
High Risk Policy? Definition: <ul style="list-style-type: none"> • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. <p>If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.</p>	No

OP107 Attachment 1

Domestic Abuse Background Information

The Crime Survey for England and Wales (CSEW) estimated that 5.0% of adults (6.9% women and 3.0% men) aged 16 years and over experienced domestic abuse in the year ending March 2022; this equates to an estimated 2.4 million adults (1.7 million women and 699,000 men)

Domestic abuse affects the whole family, with research demonstrating that women are more likely than men to be the victim of repeated and multiple incidents of abuse. It is reported that women are assaulted approximately 35 times by a partner or ex-partner before seeking help from agencies (Wolverhampton Over-arching Domestic Violence Protocol and Guidance, 2018). More than 90% of victims who are discussed at MARAC are female, 15% are black, Asian or minority ethnic (BAME), 4% are disabled, and 1% are lesbian, gay, bisexual or transgender (LGBT) (Safe Lives, 2014).

Vulnerable groups that are more likely to be abused include: women in low income households, those who have separated, those who are divorced or single, and those with mental health difficulties. Younger people are more likely to be subject to interpersonal violence. Male victims of domestic abuse are over twice as likely as women to not tell anyone about the abuse.

Elder abuse is a growing issue across the UK; *Safe Later Lives: Older People and Domestic Abuse Spotlights Report*, 2016 estimated that in the year prior to the report approximately 120,000 individuals aged over 65 have experienced at least one form of abuse (psychological, physical, sexual or financial) and victims aged over 61 are much more likely to experience abuse from an adult family member than those 60 and under. Victims aged over 61 are also much more likely to experience abuse from a current intimate partner than those ages 60 and under.

The Safelives Spotlight report: *Safe and Well: Mental Health and Domestic Abuse 2019* Highlights that there is a link between domestic abuse and mental health problems. Mental health problems are a common consequence of experiencing domestic abuse, both for adults and children. And, this report says that people with mental health needs were more likely to have experienced each type of abuse (jealous and controlling behaviour, harassment and stalking, physical and sexual), particularly sexual abuse. Furthermore victims of domestic abuse with mental health needs were more likely to have visited their GP and the Emergency Department before accessing support for their abuse and were more likely to have issues with drug and alcohol misuse; nearly twice as many hospital-based victims/survivors had self-harmed or planned or attempted suicide (43%) than those in community services (23%). It is therefore clear that a more effective health response to domestic abuse and mental health is fundamental for the safety and well-being of victims/survivors.

Every individual's experience of domestic abuse will be unique. However, gay, lesbian, bisexual and transgender individuals are more likely to face additional concerns around homophobia and gender discrimination. They may also be concerned that they will not be recognised as victims or believed and taken

seriously. Abusers may also be able to control their victims through the threat of 'outing'.

The Impact of Domestic Abuse on Children and Young People;

Thousands of children in the UK live in homes with domestic abuse and they are at high risk of murder or serious injury. Thousands more live with less serious domestic violence every day. [This has a serious impact on children, on their health and wellbeing with the impact being immediate and long lasting](#) (NSPCC, 2014). In order for children exposed to domestic abuse to receive the help they so badly deserve, professionals need to make sure they make the link between the risk to the adult and the risk to the child, and that they act upon it. Working Together to Safeguard Children, (2015) makes it clear that safeguarding children (including the un-born child) and promoting their welfare is the responsibility of all professionals working with children.

Under the Children Act (1989) and The Care Act (2014) health services have a legal duty to safeguard children and adults from harm. The Adoption and Children Act (2002) extended the legal definition of "significant harm" to children to include harm suffered by witnessing or hearing ill treatment of others, strengthening the case for significant harm through domestic violence or the abuse of another in the household.

Children may witness domestic abuse directly, but they can also witness it indirectly by hearing the abuse from another room, seeing a parent's injuries or distress afterwards, finding disarray like broken furniture, being hurt from being nearby or trying to stop the abuse or experiencing a reduced quality in parenting as a result of the abuse. Exposure to domestic abuse or violence in childhood is child abuse (Royal College of General Practitioners and NSPCC, 2014; Holt, Buckley and Whelan, 2008).

Domestic abuse can have a serious effect on a child's behaviour, brain development and overall wellbeing. It undermines a child's basic need for safety and security and can have a negative impact on a child's development, education outcomes and mental health (Holt, Buckley and Whelan, 2008; Stanley, 2011; Szilassy et al, 2017).

Witnessing parental conflict may also increase the likelihood of a child developing risk-taking behaviour, like smoking, drug use and early sexual activity (Early Intervention Foundation, 2018).

If a child lives in a home where domestic abuse is happening, they're more at risk of other types of abuse (Stanley, 2011). However it can be difficult to tell if domestic abuse is happening, because perpetrators can act very differently when other people are around. Children who witness domestic abuse may display challenging behaviour, suffer from depression and anxiety and may not do as well at school as usual.

Children who experience domestic abuse may feel on constant alert. Signs of anxiety or fear-related behaviour include:

- Bed wetting or unexplained illness;
- Running away from home;

- Constant worry about possible danger or safety of family members;
- Aggression towards others (Early Intervention Foundation, 2018).
- Children may find it difficult to talk about domestic abuse for many reasons. They may feel ashamed, afraid, or not have the language to describe what they've experienced. If they have been living with domestic abuse since they were very young, they may not realise that it's wrong – and they may think it's their fault.

Never promise to keep what a child has told you a secret. Explain that you need to tell someone else who can help.

Domestic Abuse in Pregnancy:

Domestic abuse can start or escalate during pregnancy with the resulting death of the mother or the foetus. Around 30% of domestic abuse begins during pregnancy, while 40–60% of women experiencing domestic abuse are abused during pregnancy.

It can also be responsible for premature birth and low birth weight, both of which have subsequent long term health effects (See Appendix 8A and 8b Maternity Safeguarding SOP).

The Impact of Domestic Abuse on the NHS:

Domestic abuse costs the NHS £1.73bn, with mental health costs, estimated at an additional £176 million.

The NHS spends more time dealing with the impact of violence against women and children than almost any other agency and is often the first point of contact for women who have experienced violence. The health service can play an essential role in responding to and helping prevent further domestic violence and abuse by intervening early, providing treatment and information, and referring patients to specialist services. The NHS is in a unique position to help people who experience domestic violence to get the support they need.