Rotherham Doncaster and South Humber NHS Foundation Trust

Domestic abuse policy

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1. Document summary

The trust recognises domestic abuse as a serious public health, safeguarding and human rights issue that can affect anyone, regardless of age, gender, ethnicity, disability, sexual orientation, religion or personal circumstances. This policy provides guidance for all colleagues on recognising, responding to and managing concerns affecting patients, carers, families, volunteers, contractors and members of staff in a safe, consistent and person-centred way. It describes both the clinical and safeguarding response for people who use trust services and the workplace support available to colleagues who may be experiencing domestic abuse.

1.1 Types of domestic abuse

Domestic abuse can include:

- physical abuse
- emotional abuse
- psychological abuse
- economic abuse
- controlling or coercive behaviour
- threats and intimidation
- sexual abuse
- female genital mutilation
- so-called “honour” based abuse

1.2 Assessing risk

The trust is committed to providing a trauma-informed, safeguarding-focused approach that promotes safety, respect, dignity and empowerment. Colleagues are expected to identify concerns, undertake safe enquiry, assess risk, support victims and survivors, fulfil safeguarding responsibilities and work collaboratively with partner agencies.

When domestic abuse is disclosed or suspected, colleagues must:

- respond sensitively and safely.
- undertake a DASH (domestic abuse, stalking and harassment and honour based abuse) risk assessment.
- consider the safety of any children or adults at risk.
- follow safeguarding procedures.
- provide information and referral to specialist support services.
- record all actions, decisions and referrals accurately.

When domestic abuse is disclosed or suspected, a DASH risk assessment must be completed where possible to help colleagues understand:

- the level of risk
- what support is needed
- whether safeguarding action is required

1.3 Support for colleagues affected by domestic abuse

The trust also recognises that domestic abuse may affect employees. The policy provides guidance for managers on supporting colleagues experiencing domestic abuse, maintaining confidentiality, assessing workplace risks, making reasonable adjustments and facilitating access to specialist support. Domestic abuse perpetrated by a colleague may result in safeguarding action, disciplinary procedures and referral to appropriate agencies.

1.4 Key messages

Domestic abuse is everyone's business. The trust is committed to:

- recognising domestic abuse as early possible
- supporting victims and survivors
- protecting children and adults at risk
- working with partner agencies to prevent and respond to domestic abuse
- creating a safe environment for patients, carers, families and colleagues.

2. Introduction and aim

Domestic abuse can affect anyone, whatever their sex, ethnicity, background, religion, sexuality or disability. It is a serious breach of human rights. While the trust acknowledges that the majority of victims and survivors are female, this policy adopts a gender-neutral definition to ensure inclusivity and comprehensive support for all. Domestic abuse can happen between partners, ex-partners, family members, or people who share parental responsibility for a child. Patients, colleagues, volunteers and contractors may be affected as a victim or survivor, may live with abuse, or may be a perpetrator. This policy aims to protect the health, safety and wellbeing of everyone who has contact with the trust.

No single organisation can respond to domestic abuse alone. The trust works with local partners at both operational and strategic levels to identify abuse, manage risk and improve support.

Domestic abuse can seriously affect mental and physical health. This policy explains what colleagues must do when abuse is disclosed or suspected, including how to offer support and follow the correct procedures.

For colleagues, the workplace may provide an important point of safety, continuity, financial independence and access to support. The trust will therefore promote a culture in which colleagues can disclose domestic abuse without fear of blame or avoidable disadvantage, and can access confidential, practical and wellbeing support.

The policy helps colleagues identify and respond to domestic abuse affecting adults, young people and children. It covers victims and survivors, perpetrators, and colleagues who experience abuse. The relevant law and national guidance are set out in section 2.3.

2.1 Risk factors

Domestic abuse can affect anyone. Some circumstances are linked to a higher risk of repeated abuse, serious harm or death. Colleagues must listen to the person, remain professionally curious and consider all known risk indicators. Risk is dynamic and can change rapidly; therefore, assessments should be reviewed whenever circumstances change or new information becomes available.

When assessing risk, colleagues should be particularly alert to the following factors:

- **Victim or survivor perception of risk:** individuals experiencing domestic abuse may minimise, normalise or underestimate the level of risk they face. Fear, trauma, coercive control, financial dependence, concern for children or emotional attachment to the perpetrator may affect how risk is described. Professional judgement should therefore be used alongside the individual's own assessment of their safety.
- **Separation, relationship breakdown and child contact arrangements:** the period during or immediately following separation is recognised as one of the highest-risk times for serious harm and domestic homicide. Risk may increase significantly where there are disputes regarding child contact, residence arrangements, family court proceedings or attempts by the perpetrator to re-establish control over the victim or survivor.
- **Pregnancy and the postnatal period:** domestic abuse may begin, continue or escalate during pregnancy and following the birth of a child. Pregnancy and the first 18 months after birth are recognised risk factors for serious harm to both the parent and child. Any concerns during this period should prompt careful assessment of safeguarding and support needs.
- **Escalation, frequency and severity of abuse:** abusive behaviour often becomes more frequent or severe over time. Escalating violence, increasing threats, more controlling behaviour or a reduction in the time between incidents may indicate increasing risk and should not be viewed as isolated events.
- **Social isolation and barriers to support:** individuals may face additional barriers to recognising, disclosing or escaping abuse. These may include disability, age, cultural or faith-related factors, immigration status, language barriers, financial dependency, rural isolation, homelessness, asylum status, sexual orientation or gender identity. Colleagues should consider the person's individual circumstances and any factors that may increase vulnerability or reduce access to support services.
- **Stalking and harassment:** repeated unwanted contact, monitoring, surveillance, following, excessive messaging, online abuse or harassment are significant indicators of risk. Stalking behaviour can continue after separation and is strongly associated with serious harm and domestic homicide. Colleagues should consider both physical and technology-facilitated stalking behaviours.
- **Controlling and coercive behaviour and extreme jealousy:** controlling or coercive behaviour is a recognised form of domestic abuse and may be present without physical violence. Warning signs include excessive monitoring, isolation from family and friends, control of finances, restriction of freedom, intimidation, humiliation, threats or persistent accusations of infidelity. Extreme jealousy and possessiveness should be considered

significant indicators of high risk. Where honour-based abuse is disclosed or suspected, colleagues should consider the risk from wider family and or community members.

- **Strangulation, choking, suffocation or drowning:** any history of strangulation, choking, suffocation, attempted drowning or pressure applied to the neck must be treated as a high-risk indicator. Evidence demonstrates a strong association between non-fatal strangulation and future serious violence or homicide. Immediate safeguarding consideration and risk assessment are required, including urgent medical attention if necessary.
- **Mental health needs and substance misuse:** mental health difficulties and substance misuse do not cause domestic abuse and should never be viewed as an excuse for abusive behaviour. However, they may increase vulnerability, complicate risk management and affect an individual's ability to seek support or maintain safety. Assessments should consider the impact of these factors on both victims or survivors and perpetrators.
- **Child abuse:** children who see, hear or experience the effects of domestic abuse are recognised as victims in their own right under the Domestic Abuse Act 2021. There may also be instances where other forms of child abuse co-exist with domestic abuse. Concerns regarding the safety, wellbeing or welfare of any child must be considered as part of every domestic abuse assessment, with safeguarding procedures followed where appropriate.
- **Animal abuse:** there is a recognised link between domestic abuse and the abuse or threatened abuse of animals. Perpetrators may use pets to intimidate, control or coerce victims and survivors. Concerns regarding animal harm should be considered within the overall risk assessment.
- **Suicide threats, self-harm and homicide risk:** threats or attempts of suicide by a perpetrator, particularly when linked to relationship breakdown or separation, may indicate an increased risk of serious harm to others. Similarly, concerns regarding self-harm, suicidal thoughts or emotional distress in victims or survivors should be assessed carefully and responded to appropriately.

Colleagues should recognise that the presence of one or more risk factors does not automatically indicate the level of risk. Colleagues should consider the combined effect of the person's circumstances, their view of their safety, safeguarding concerns and professional judgement. Where it is safe and appropriate, a trained colleague should complete a Domestic Abuse, Stalking, Harassment and Honour-Based Abuse (DASH) risk assessment and take any required safeguarding action.

2.2 Prevalence of domestic abuse

The figures below come from the Office for National Statistics report *Domestic abuse in England and Wales overview: November 2025* (ONS, 2025). Domestic abuse is often not reported, so the true number of people affected is likely to be higher.

- Overall prevalence: in the year ending March 2025, an estimated 3.8 million adults aged 16 and over in England and Wales experienced domestic abuse. This represents 7.8% of all adults
- Gender breakdown: the prevalence of domestic abuse varies significantly by gender:

    - An estimated 2.2 million women (9.1% of women) experienced domestic abuse
    - An estimated 1.5 million men (6.5% of men) experienced domestic abuse
- Trends:
    - There was no statistically significant change in the prevalence of domestic abuse in the year ending March 2025 compared with the previous year
    - Data from year ending March 2024 onwards are derived using new survey questions on the Crime Survey for England and Wales to measure domestic abuse. Comparisons with previous years cannot be made as it is not possible to compare the estimates from the new and previous question sets.
- Types of abuse: a higher percentage of adults experienced domestic abuse by a partner or ex-partner (6.1%) than by another family member (2.7%)
- Lifetime prevalence: approximately one in four (25.8%) adults in England and Wales have experienced domestic abuse since the age of 16

The trust recognises that domestic abuse is frequently encountered within health and care settings. Colleagues are therefore well placed to identify concerns, undertake safe enquiry, respond to disclosures and facilitate access to specialist support. Awareness of the prevalence and impact of domestic abuse is essential to ensuring that individuals receive a timely, compassionate and effective response.

2.3 Legal framework and definitions

The trust will respond to domestic abuse in line with current law, statutory guidance and safeguarding duties. Colleagues must use the principles of prevention, protection, empowerment, partnership and proportionality when responding to a concern or disclosure.

Definition of Domestic Abuse: domestic abuse is behaviour carried out by one person towards another where both individuals are aged 16 years or over and are personally connected to one another. Individuals are considered personally connected if they:

- are or have been married or civil partners
- have agreed to marry or enter into a civil partnership
- are or have been in an intimate personal relationship
- share parental responsibility for a child
- are relatives.

Domestic abuse can consist of a single incident or a pattern of behaviour and may include:

- physical abuse
- sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional or other forms of abuse.

Domestic abuse can occur regardless of age, sex, gender identity, ethnicity, disability, religion, sexual orientation, socio-economic status or cultural background. It can affect people in any type of personal or family relationship.

The Domestic Abuse Act 2021: The Act gives the legal definition of domestic abuse in England and Wales and strengthens protection and support for victims and survivors. It created the Office of the Domestic Abuse Commissioner, added legal protections, placed duties on local authorities for accommodation-based support, and placed the guidance for the Domestic Violence Disclosure Scheme (Clare's Law) on a statutory footing. It also recognises children who see, hear or experience the effects of domestic abuse as victims in their own right.

Children and Domestic Abuse: The Domestic Abuse Act 2021 recognises that children can experience significant harm as a result of domestic abuse, even when they are not the direct target of abusive behaviour. A child is considered a victim of domestic abuse if they see, hear or experience the effects of abusive behaviour between people with whom they are connected. Exposure to domestic abuse can affect a child's emotional wellbeing, physical health, development, behaviour, education and long-term outcomes. Colleagues must always consider the impact of domestic abuse on children and follow local safeguarding procedures where concerns are identified.

Controlling and Coercive Behaviour: controlling or coercive behaviour is a recognised form of domestic abuse and is an offence under the Serious Crime Act 2015. It may occur either alongside physical violence or as a pattern of non-physical abuse. Controlling behaviour may include actions designed to make an individual dependent, subordinate or isolated by restricting access to support networks, finances, employment, education, healthcare or everyday activities. Coercive behaviour may involve intimidation, threats, humiliation, monitoring, manipulation or other behaviours intended to frighten, punish or control another person. The cumulative impact of such behaviour can be severe and may significantly increase the risk of serious harm.

Human Rights and Safeguarding Responsibilities: the trust recognises that everyone has the right to live free from abuse, violence and coercion. Responses to domestic abuse must be consistent with the Human Rights Act 1998, the Care Act 2014, the Children Acts 1989 and 2004, the Mental Capacity Act 2005, the Data Protection Act 2018 and relevant safeguarding legislation and guidance. Colleagues must balance individual choice and autonomy with their duty to protect children, adults at risk and others from serious harm.

Trauma-Informed Practice: many individuals affected by domestic abuse will have experienced trauma. Colleagues should therefore adopt a trauma-informed approach that promotes safety, trust, respect and empowerment. Individuals should be listened to, believed and supported to make informed decisions wherever possible. Professional curiosity, sensitive enquiry and collaborative safety planning are essential components of an effective response.

2.4 Domestic Abuse related death reviews (DARDR)

A Domestic Abuse Related Death Review (previously referred to as a Domestic Homicide Review or DHR) is a multi-agency review of the death of a person aged 16 or over when domestic abuse may have been a factor. The review considers how organisations worked together, identifies learning and recommends improvements that may help prevent future deaths. Many of the changes seen in local and national multi-agency policies and practice are a result of learning from DARDRs.

3. Procedure

The trust will respond promptly, safely and consistently to concerns or disclosures of domestic abuse. Colleagues must use a person-centred and trauma-informed approach, protect the rights and wellbeing of those affected, assess risk, follow safeguarding procedures and work with partner agencies. This applies when the person affected is a service user, carer or colleague.

3.1 Key principles

When responding to actual or suspected domestic abuse, colleagues must ensure that the following principles underpin their practice:

- the safety of the individual and any children involved must always be the primary consideration. Immediate action should be taken where there is a risk of significant harm, and concerns should never be viewed in isolation from wider safeguarding responsibilities.
- individuals experiencing domestic abuse should be listened to, treated with dignity and respect, and supported to make informed choices about their circumstances. Wherever possible, decisions should be made collaboratively and in accordance with the person's wishes, whilst recognising that safeguarding responsibilities may require action to be taken without consent in certain circumstances.
- confidentiality should be maintained in line with information governance requirements, unless there is a legal or safeguarding justification for sharing information. Colleagues should always explain how information may be used and the circumstances in which confidentiality cannot be maintained.
- individuals should be provided with information about available support services and assisted to access specialist support where appropriate. Support should be tailored to individual need and any barriers that may affect access to services should be considered.
- domestic abuse is rarely addressed effectively by a single agency. Colleagues must therefore work collaboratively with safeguarding services, domestic abuse services, local authorities, the police and other partner agencies to promote safety and reduce risk.
- all colleagues must complete training appropriate to their role. Managers must support colleagues in maintaining the knowledge and skills required to respond appropriately to domestic abuse.
- the trust also recognises its responsibility to provide appropriate support to colleagues who may be experiencing domestic abuse. Support should be offered sensitively and confidentially, with workplace adjustments considered where necessary.

- all managers should create safe opportunities for disclosure of abuse from colleagues.
- any disclosures of domestic abuse by a colleague must never be treated as misconduct, poor commitment or a capability concern. Attendance or performance issues that may be connected to abuse should be considered sensitively with appropriate support from Human Resources and the Safeguarding Team.
- support for colleagues experiencing domestic abuse should consider emotional wellbeing, occupational health, workplace safety, attendance, working arrangements and access to specialist domestic abuse services.

3.2 Routine Enquiry

Routinely asking about domestic abuse as part of any assessment process is best practice if safe and appropriate. Colleagues should only ever raise the issue of domestic abuse with a service user when the service user is alone and safe to speak. It is important if asking to see the service user alone, to make this part of the usual routine so as not to arouse suspicion. If colleagues are speaking to a service user on the phone, it is also important to establish it is safe to ask about abuse by asking questions such as ‘Are you alone?’ and ‘Do you feel safe to talk?’

If it is safe to talk to the service user and abuse is suspected or disclosed, you may wish to establish a code word or sentence, which the service user can say to indicate that it’s no longer safe to talk and end the call. If it isn’t a safe time, then ask for a suggested safe time to call back. Be aware that situations change quickly, and that risk is dynamic. It is important to always follow up and call back later or ask a colleague to call back if someone terminates a call abruptly.

Although routine enquiry into domestic abuse is best practice, there will be some instances where it is not safe to ask questions around domestic abuse. In these circumstances, all practicable steps should be made to attempt to speak to the service user alone. If it is not possible to speak to the service user alone and therefore unsafe to attempt routine enquiry, this should be documented in the service user’s notes.

If the response to initial enquiry suggests the individual may be experiencing domestic abuse, try to seek some further information about what happened, who is the perpetrator and the person’s immediate safety.

The trust recommends routinely asking all service users aged 16 or over about domestic abuse. Ask at first contact when it is safe, or at a later suitable time. Further guidance is in Appendix 5.

Where concerns relate to a colleague experiencing domestic abuse, do not use routine enquiry or press for a disclosure. Managers should offer a private conversation, explain why they are concerned, listen without judgement and ask what would help them feel safe at work. The colleague may choose to speak with their line manager, Human Resources, Occupational Health, the Employee Assistance Programme, a trade union representative, Safeguarding or another trusted manager. See section 3.14 for more information on supporting colleagues experiencing domestic abuse.

3.3 Responding to Risk

When domestic abuse is disclosed, a trained colleague should complete a Domestic Abuse, Stalking and Honour-Based Violence (DASH) risk checklist where it is safe and appropriate to do so. The response must reflect the level of risk, the person's wishes, professional judgement, and legal and safeguarding duties. Seek consent before sharing information unless there is a lawful reason to share without consent, such as a risk of serious harm, a safeguarding duty, a legal requirement, or a lack of capacity to make the relevant decision. Record the decision and reasons clearly. Follow the Domestic Abuse disclosure flowchart in Appendix 2.

DASH outcome and suggested actions:

- **Standard risk - Current evidence does not indicate likelihood of causing serious harm:** colleagues *must* provide information about local and national support services (Appendix 3), including helplines, websites, and refuges. Colleagues should offer assistance in contacting these services if the individual wishes. Colleagues should consider a referral to Early Help services for any children in the household. Colleagues must follow local safeguarding children and adults' procedures. Colleagues must document all actions taken, including the DASH score, information provided, and any referrals made
- **Medium risk - There are identifiable indicators of risk of serious harm. The perpetrator has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse:** colleagues must provide information about support services (Appendix 3) and actively assist the individual in contacting them if consent is provided. Colleagues must seek explicit consent for information sharing with relevant agencies. If children or adults at risk are involved, colleagues must follow local safeguarding children and adults' procedures. Colleagues must document all actions, including attempts to gain consent and any information shared
- **High risk- There are identifiable indicators of risk of serious harm. The potential event could happen at any time, and the impact would be serious:** If there is an immediate risk, colleagues must call 999. Colleagues must refer the case to the Multi-Agency Risk Assessment Conference (MARAC) following local procedures, even if the individual does not give consent. The reasons for sharing information without consent must be clearly documented on the MARAC referral form. If children or adults at risk are involved, colleagues must follow local safeguarding children and adults' procedures and make a referral to children's social care and or adult safeguarding. Colleagues must complete an incident report (RADAR).
- **Service user refused to complete a DASH/not safe to complete a DASH/unable to complete DASH for another reason:** if it is not safe to complete a DASH, colleagues should consider if an alternative appointment can be arranged. Colleagues should consider if a DASH can

be completed with information that is known. Colleagues should consider liaison with other involved professionals. Colleagues should ensure that the service user or colleague is aware that a DASH can be completed at a later point. If there are significant concerns about the service user's safety, the police should be informed. Colleagues should follow other safeguarding adult and children's procedures using the information that is known. Colleagues should ensure documentation is updated and an incident report (RADAR) is completed. The service user should be signposted or referred to local domestic abuse services if safe to do so.

3.4 Multi-Agency Risk Assessment Conference (MARAC)

A Multi-Agency Risk Assessment Conference (MARAC) discusses cases where there is a high risk of serious harm or domestic abuse-related death. Agencies share relevant information, assess risk and agree a coordinated safety plan for the person and any affected children.

No single agency is likely to hold all relevant information. Safe and lawful information sharing helps agencies understand risk and coordinate protective action. The person experiencing domestic abuse does not attend the MARAC but is usually represented by an Independent Domestic Violence Adviser (IDVA) or another suitable advocate.

The aims of MARAC are to:

- improve the safety, health and wellbeing of victims and survivors and any affected children
- develop and implement coordinated risk management plans
- reduce repeat victimisation and serious harm
- improve accountability and information sharing across agencies
- identify cases requiring child protection or adult safeguarding interventions
- strengthen support arrangements for individuals experiencing high-risk domestic abuse.

Agencies commonly represented within MARAC include the police, social care, healthcare services, education, probation services, substance misuse services, specialist domestic abuse services and housing services.

Information relating to MARAC referrals is highly sensitive. Under no circumstances should a perpetrator be informed that a referral has been made. Requests for information, including Subject Access Requests, must be managed carefully and in accordance with legal and information governance advice.

Further information can be found within the MARAC Procedure.

3.5 Information Sharing

Appropriate information sharing plays a critical role in protecting individuals from domestic abuse and preventing serious harm. Information must be shared lawfully, proportionately and in accordance with the Data Protection Act 2018, UK GDPR, Caldicott Principles and Trust Information Governance requirements.

Information may be shared with appropriate partner agencies, without consent where:

- there is a risk of serious harm to the individual, a child or another person
- an adult lacks the mental capacity to make an informed decision regarding disclosure
- there is a statutory, safeguarding or legal requirement to provide information
- information has been requested through lawful court processes.

Where information is shared without consent, colleagues must ensure that the rationale is clearly documented, including the legal basis for disclosure and the factors considered when making the decision. Wherever safe and appropriate, individuals should be informed that information is being shared and the reasons for doing so.

If colleagues are uncertain about whether information can or should be shared, advice should be sought from the Caldicott Guardian, Information Governance Team, Safeguarding Team or their line manager before action is taken, unless doing so would result in an unacceptable delay in protecting someone from harm.

3.6 Domestic abuse and safeguarding children

Children can be harmed by domestic abuse even when they do not see the abuse directly. Seeing, hearing or living with its effects can harm a child's physical and mental health, development, behaviour, education and long-term wellbeing.

In accordance with the Domestic Abuse Act 2021, children who see, hear or experience the effects of domestic abuse are recognised as victims in their own right. Domestic abuse should therefore always be considered a safeguarding concern whenever children are present within the household or have contact with those involved. Colleagues must recognise that the impact on children may not always be immediately apparent and should maintain professional curiosity when assessing family circumstances. Colleagues must also be vigilant to the possibility of domestic abuse co-existing with other forms of child abuse.

The safety and welfare of children must be considered whenever domestic abuse is disclosed, suspected or identified. Assessments should take account of the child's lived experience, including the frequency and severity of abuse, any coercive or controlling behaviour, the child's developmental needs, protective factors within the family and any additional vulnerabilities that may increase risk.

Where a child lives in, regularly visits or is otherwise connected to a household where domestic abuse is believed to be occurring, colleagues must consider whether the child may be in need of support, protection or further assessment. A referral to Children's Social Care must be made where there are concerns that a child may be suffering, or is at risk of suffering, significant harm. Consideration should also be given to Early Help services where additional support needs have been identified. Any referral relating to a child is separate from, and in addition to, actions taken in response to the adult victim or survivor.

Colleagues must follow local safeguarding children's procedures and work collaboratively with relevant agencies to ensure that risks to children are appropriately identified, assessed and managed. Information sharing should be timely, proportionate and consistent with safeguarding responsibilities, recognising that the protection of children may require information to be shared without consent where there is a risk of harm.

Careful and accurate documentation is essential. Colleagues must record all relevant observations, disclosures, concerns, risk assessments, safeguarding actions and decisions relating to the child and family. Records should clearly demonstrate the rationale for decision-making, and any referrals made to partner agencies.

3.7 Perpetrators

When a service user or colleague discloses they are a perpetrator of domestic abuse, or other information comes to light to suggest this is the case, the response from colleagues must take into account:

- The context of the current contact with the perpetrator.
- Whether it is safe and appropriate to speak to the victim.
- What has been disclosed or identified.
- Whether there are any children involved.
- The level of risk to the victim, children and others.
- If the alleged perpetrator is a colleague, there must be consideration of transferrable risk to service users using the PiPoT policy guidance.

If there is known to be a current risk to the victim, children or others, the police may need to be informed. The victim and any children must remain central to any decision making in these scenarios.

It may be appropriate to speak to the service user about domestic abuse perpetrator programmes.

Domestic abuse may not be obvious. Explore possible signs carefully and only when it is safe to do so.
Possible indicators that someone is a perpetrator of domestic abuse are:

- the person speaks about their partner, ex-partner or family member using unkind language or blames them for things going wrong.
- they are insistent on you taking action to change their partner, ex-partner or family member's behaviour.
- they are not allowed contact with children.
- they speak of bail conditions or legal orders in place but are not open about why or deny the allegations.
- they refer to arguing, snapping at or being irritable towards their partner, ex-partner or family member.
- they are constantly calling, texting or contacting someone in visits or appointments.
- they often talk for or over their partner, ex-partner or family member.

For further information on working with perpetrators of domestic abuse, please refer to the RESPECT helpline website: Guidelines for Working With Perpetrators of Domestic Abuse | Respect UK

There are also local programmes available for perpetrators of domestic abuse in some of the localities in the trust's geographic footprint.

Colleagues may also need to consider any potential risks to professionals involved in the service user's care, including themselves. Colleagues may need to seek advice from managers on how to ensure care is provided in a safe and appropriate manner. Colleagues can refer to the Acceptable Behaviour Policy for further information on managing risks to colleagues.

Where colleagues are known or suspected to be perpetrators of domestic abuse, please refer to section 3.14.

3.8 Domestic violence disclosure scheme

The Domestic Violence Disclosure Scheme (DVDS), commonly known as Clare's Law, enables the police to disclose relevant information about a person's history of violence, abusive behaviour or related offending where this is considered necessary to protect an individual from the risk of domestic abuse. The scheme forms part of the national approach to preventing domestic abuse and supporting informed decision-making where there are concerns about an individual's safety within a relationship.

The scheme operates through two disclosure pathways:

- The Right to Ask allows an individual, or someone acting on their behalf, to request information from the police about a current or former partner where there are concerns that the person may pose a risk of domestic abuse. Following appropriate enquiries and risk assessment, the police will determine whether information should be disclosed to help safeguard the individual at risk.
- The Right to Know enables the police to proactively consider disclosure where information comes to light indicating that an individual may be at risk of domestic abuse from a current or former partner, even where no request has been made. Where disclosure is considered necessary and proportionate to protect someone from harm, relevant information may be shared with the person at risk or with an individual who is able to help safeguard them.

Colleagues should be aware of the Domestic Violence Disclosure Scheme and consider whether an individual may benefit from information and advice regarding Clare's Law when concerns about domestic abuse are identified. Where appropriate, individuals should be encouraged to contact the police through the non-emergency number 101 or via their webpages, to seek advice or submit a request under the scheme.

Healthcare professionals do not make disclosures under Clare's Law and should not attempt to provide information about an individual's history of abuse or offending.

Decisions regarding disclosure are made by the police following assessment of available information, risk factors and safeguarding considerations.

3.9 Safety advice

Safety planning is an important part of supporting individuals who are experiencing domestic abuse. The risk of serious harm may increase during periods of separation, following disclosure of abuse, or when a perpetrator believes they are losing control. Colleagues should therefore discuss safety planning with individuals whenever domestic abuse is disclosed or identified, ensuring that advice is tailored to the person's circumstances, level of risk and individual needs.

Safety planning should be undertaken collaboratively and should focus on helping the individual identify practical steps that may reduce risk and increase their safety. Any advice provided should take account of the person's wishes, the presence of children, safeguarding concerns and any immediate risks identified through assessment. Colleagues should recognise that not all individuals will be ready or able to leave an abusive relationship, and safety planning should be offered regardless of the decisions an individual makes about the future of that relationship.

Individuals should be advised that if they, or someone else, are in immediate danger they should contact the emergency services by calling 999. Where appropriate, children should be helped to understand how to seek emergency assistance and know important information such as their full name, address and how to contact emergency services safely.

Where it is safe to do so, individuals should be supported to consider an emergency escape plan. This may include identifying safe locations they could go to at short notice, planning how they would leave their home safely, and considering how children or dependent adults would be protected if an emergency situation arose. Regular review of the plan may be necessary as circumstances change.

Individuals may also benefit from preparing an emergency bag containing essential items such as identification documents, medication, bank details, important contact information, money, keys and clothing. The location of any emergency bag should be carefully considered to ensure it does not increase risk if discovered by the perpetrator.

The value of trusted support networks should be explored. Individuals should be encouraged, where safe and appropriate, to identify trusted friends, family members, neighbours or other support contacts who may be able to assist during an emergency or provide practical and emotional support. Consideration should also be given to safe methods of communication where a perpetrator may monitor telephone, online or social media activity.

Financial dependency is frequently a feature of domestic abuse and economic abuse. Where appropriate, individuals should be encouraged to consider how they might access money, transport, medication and other essential resources during an emergency. This may include identifying alternative ways of maintaining access to funds and important documents.

Colleagues should also discuss the safe use of technology. This may include considering whether phones, computers, online accounts, location services, social media platforms or smart devices could be used by a perpetrator to monitor, control or locate the individual. Advice regarding digital safety should be provided where concerns are identified.

Where it is safe and appropriate to do so, individuals may wish to retain records of abusive incidents, including photographs, messages, emails, social media activity, medical evidence or police reference numbers. Such information may assist future safeguarding, criminal justice or legal processes. However, individuals should never be advised to collect or store information if doing so could place them at increased risk.

Safety planning should not be viewed as a one-off intervention. Risk and circumstances can change quickly, particularly during periods of escalation, separation or involvement with statutory services. Safety plans should therefore be reviewed regularly and updated in response to changes in risk, personal circumstances or safeguarding concerns.

Healthcare colleagues are not specialist domestic abuse workers and individuals should always be supported to access specialist domestic abuse services to assist with ongoing safety planning and risk management.

3.10 Documentation

Clear and accurate records are essential. Colleagues must:

- complete the safeguarding template in SystmOne and follow the Records Management Policy. Record the disclosure, DASH assessment, decisions, actions, referrals and safety planning
- submit a RADAR incident report for every suspected or disclosed case, following the Incident Management Policy. This is especially important when a child or adult at risk may be affected

3.11 Police reporting

Colleagues who are taking disclosures of domestic abuse and undertaking risk assessments are likely to be informed of crimes that have occurred. If this disclosure is such that it means the victim is likely to be at serious risk of further harm, or there is a risk to the public, the colleague should consider whether the police need to be informed.

3.11.1 South Yorkshire Police Trauma Informed Response

In South Yorkshire, it is policy that any cases being heard at MARAC must also be reported to the police. This is because the Police are required to act on all crimes that they become aware of.

If the victim does not wish for police action or reporting to the police is likely to be distressing to them, the colleague must still report it but can request a “trauma informed response”. This means that the police will take a sensitive approach in contacting the victim and make a decision to action or file the investigation based on the information and the level of risk.

To request a trauma informed response, the colleague should:

- Report the crime/s to SYP via the weblink or 101 and share the DASH and robust safety plan you have in place.

- Send the DASH to TIRDASH@southyorkshire.police.uk with the incident reference number.

Requesting a trauma informed response does not guarantee that no action will be taken as the police have a responsibility to ensure victims and children are kept safe.

3.12 Domestic Abuse and Suicide

The fifth annual report from the National Domestic Homicide Project, covering England and Wales, was published in April 2026. The report analyses domestic abuse-related deaths recorded by police to enhance understanding of risk factors, as well as the characteristics of victims and perpetrators.

The findings confirmed that more people in the UK died by suicide following domestic abuse than were killed by a current or former partner. The report also found that in 88% of suspected victim suicide cases, police records showed a known history of domestic abuse before the victim's death, highlighting significant opportunities for earlier identification, intervention, and support.

It is therefore important that routine enquiry into domestic abuse is completed where safe with service users presenting as suicidal and that joint working with specialist domestic abuse services takes place where appropriate.

3.13 Counter Allegations

Counter or dual allegations; where both individuals in a relationship accuse one another of abusive behaviour, present a significant challenge for professionals responding to domestic abuse.

Misunderstandings about the dynamics of domestic abuse and the complexity of counter allegations can increase risks for victims and children. As a result, victims may struggle to access appropriate support services, leading to further isolation, continued abuse, and re-victimisation. In some cases, they may face the loss of child custody and experience considerable emotional and psychological harm when their experiences are not recognised or believed.

Of particular concern is that, when these cases are not accurately identified and assessed, agency responses may unintentionally reinforce the perpetrator's tactics, enabling them to exert greater control over the victim and further their isolation. SafeLives (2023) identify two relationship typologies where counter allegations may occur: resistance violence where victims respond to a perpetrator's abuse in a retaliatory way, and mutual violence, a rare occurrence where both parties are equally abusive and violent. Where counter allegations are made, colleagues must try to establish the dynamic of the abuse as best they can, considering who did what, to who and when.

For further information on Counter Allegations, refer to the guidance from SafeLives.

3.14 Colleagues experiencing domestic abuse

The trust will support colleagues who experience domestic abuse and will treat them with sensitivity, dignity and respect. Support is available whether abuse is current or historic, takes place inside or outside the workplace, or affects the colleague through stalking, harassment, technology-facilitated abuse, coercive control or contact at work. A colleague may disclose to their line manager, another trusted colleague, Human Resources, Occupational Health, the Employee Assistance Programme, a trade union representative or Safeguarding. Managers must not investigate the abuse or require proof before offering support.

The colleague should be involved in decisions and, wherever possible, should control what information is shared. Confidentiality must be explained clearly. Information should be restricted to those who need it for safety, safeguarding, legal or employment reasons, and records must be stored securely and separately from generally accessible management information.

An individual workplace safety and wellbeing plan should be offered and reviewed when circumstances change. With the colleague's agreement, this may include safe contact arrangements; changes to work location, duties, hours, shift pattern, telephone or email details; secure parking or an escort; protection of rota and location information; flexible working; and time to attend medical, counselling, legal, housing or specialist support appointments. Working from home must not be assumed to be safer.

Managers should discuss the effect of domestic abuse on health, attendance and work compassionately. Sickness absence, special leave, annual leave, flexible working or other adjustments should be considered fairly and in line with the relevant trust policies, with Human Resources advice. No colleague should be subjected to avoidable detriment because they asked for help.

If there is immediate danger, call 999. Where there may be a risk to a child, an adult at risk, the colleague or other people, seek urgent advice from Safeguarding, Security, Human Resources or the police as appropriate. Any decision to share information without consent must be necessary, proportionate and recorded.

Appendix 1 provides detailed guidance for colleagues and managers and internal support routes. Appendix 3 lists external support routes.

3.15 Carers, family members or others experiencing domestic abuse

It is possible that colleagues will have disclosures made to them or be made aware through other means that a carer, family member or other party connected to a service user being supported by the trust, is experiencing domestic abuse. This may be perpetrated by the service user or another party.

In these circumstances, colleagues still have a duty of care to person experiencing domestic abuse but must take into account what actions are safe and feasible to complete, depending on the nature of the disclosure, the level of support the service user is receiving and the perceived level of risk to all parties.

Each case should be managed on an individual basis, however, for all disclosures of domestic abuse, colleagues should attempt to have a safe conversation with the person when they are alone and any concerns about immediate or significant harm should be escalated immediately to police and social care as required. The steps outlined in section 3.3 around responding to risk should still be considered.

Documentation should be completed through submission of a RADAR as it may not be appropriate to document in the service user's clinical notes.

4. Responsibilities

4.1 Clinical colleagues

- Attend training as per trust requirement
- All clinical colleagues will receive domestic abuse information as part of their induction (basic awareness) and complete any additional domestic abuse training as prescribed by their training matrix within 6 months (see training implications below)
- As part of the assessment process clinical colleagues are responsible for making enquiries and asking about domestic abuse.
- They will have attended domestic abuse training up to level 3 dependent on role

4.2 Line managers

- make sure colleagues can access domestic abuse awareness training appropriate to their role
- make sure colleagues who carry out clinical assessments understand when and how to ask safely about domestic abuse
- make sure relevant colleagues are trained to complete DASH risk assessments
- understand the local MARAC referral process
- offer initial support to colleagues experiencing domestic abuse, following Appendix 1
- support colleagues who receive a disclosure of domestic abuse

4.3 Modern matrons, ward managers, deputies and team managers

- Ensure that safeguarding adults boards and local safeguarding children board policies and procedures in relation to domestic violence or abuse are implemented
- Ensure all colleagues attend mandatory training

4.4 Safeguarding team

- Will provide expert advice, guidance and leadership regarding domestic abuse in the context of children, young people and adults at risk
- Deliver training around identifying domestic abuse including the impact on children as part of the safeguarding learning and development programme
- Will act as a source of support for managers who are supporting colleagues experiencing domestic abuse. The Safeguarding Team can also be contacted directly by colleagues experiencing domestic abuse where they do not wish to speak to their manager, however, confidentiality and the need to inform a line manager must be discussed

4.5 Safeguarding children and adult supervisors

- Inform colleagues through the supervision process of the relevance and impact of domestic violence in relation to safeguarding children and adults
- Advise on the need for referral and action to protect the child or children and adults

4.6 Domestic Abuse and MARAC Lead

- give informed advice and confidential support to colleagues experiencing domestic abuse and help arrange support that reduces risk at work
- provide expert advice, guidance and leadership on domestic abuse affecting children, young people and adults at risk

4.7 Multi Agency Risk Assessment Conference (MARAC) representatives

Those with appropriate training will be responsible for attending the scheduled MARAC, researching and disseminating information in support of the process and offering appropriate advice to colleagues regarding disclosures of domestic abuse that may form the basis of a MARAC referral.

4.8 Human Resources

Provide confidential, trauma-informed employment advice to colleagues and managers; support proportionate workplace safety and wellbeing plans; advise on attendance, leave, flexible working, redeployment and other adjustments; ensure that disclosures are not treated as evidence of poor commitment; and signpost to Occupational Health, the Employee Assistance Programme, Safeguarding, Security, trade union support and specialist domestic abuse services.

4.8.1 Occupational Health and Workplace Wellbeing

Offer confidential assessment and wellbeing support within the limits of the service; advise on the health impact of domestic abuse and appropriate workplace adjustments; provide or facilitate access to counselling and psychological support; and signpost to specialist domestic abuse services. Occupational Health records must remain confidential and separate from management records.

4.9 Head of safeguarding

- act as the trust's corporate lead for safeguarding adults and children
- promote compliance with regulatory and commissioning standards and ensure safeguarding policies and procedures are current and used in clinical services
- lead specialist safeguarding work, including Prevent, domestic abuse, female genital mutilation, perplexing presentations, and fabricated or induced illness

4.10 Director of Nursing for Backbone Services

The Deputy Director of Nursing is responsible for developing, reviewing and monitoring this policy.

4.11 Chief nursing officer

The Chief Nursing Officer is the executive lead for safeguarding.

5 Training

People experiencing domestic abuse should expect colleagues to respond consistently and appropriately. Training colleagues to respond to disclosure (level 1) and how to ask about domestic violence and abuse (level 2) is essential for safe enquiry about experiences of domestic violence and abuse and a consistent and appropriate response. NICE Quality Standard 116 (2016) recommends levels of domestic abuse training commensurate to job role as below:

- Level 1 colleagues should be trained to respond to a disclosure of domestic abuse sensitively and be able to direct people to specialist services. This level of training is for allied health professionals, healthcare assistants and receptionists.
- Level 2 colleagues should be trained to undertake routine enquiry about domestic abuse in a way that makes it easier for people to disclose it. Colleagues should also be able to respond with empathy and understanding, assess someone's immediate safety and offer referral to specialist services. This level of training is for nurses, doctors and alcohol and drug misuse workers.
- Level 3 colleagues should be trained to identify and assess risk, safety plan and liaise with specialist services. This level of training is for safeguarding children health professionals, MARAC representatives and adult safeguarding representatives.
- Level 4 colleagues should be trained to give expert advice and support for people experiencing domestic abuse. This level of training is for domestic abuse navigators.

Level 1 training

- **For:** All colleagues
- **Frequency:** Induction and every 3 years
- **Delivery method:** E-learning
- **Deliver by:** ESR

Level 2 training

- **For:** Clinicians required to complete a DASH risk assessment in response to disclosure of domestic abuse
- **Frequency:** Every 3 years
- **Delivery method:** face to face or e-learning
- **Deliver by:** ESR or external training providers

Level 3 training

- **For:** Clinicians who may make a MARAC referral or present a case at MARAC
- **Frequency:** Every 3 years
- **Delivery method:** face to face or e-learning
- **Deliver by:** External training providers

Colleagues can access training through a number of sources, see blended learning resource list on the safeguarding intranet page.

All managers should receive practical awareness appropriate to their role on recognising possible workplace indicators, responding to a disclosure, confidentiality, workplace risk and safety planning, wellbeing support, employment options and referral routes. Training must make clear that managers are not expected to investigate abuse or act as specialist domestic abuse workers.

6 Monitoring Arrangements

6.1 Raise the question re domestic abuse as part of assessments

- **How and who by:** Domestic abuse audit by safeguarding team
- **Reported to:** Quality Safety and Standards Group
- **Frequency:** Annually

6.2 Meeting the agreed standard for training attendance for domestic abuse

- **How and who by:** Training compliance reported through care group dashboards by care group Nurse Directors
- **Reported to:** Quality Safety and Standards Group
- **Frequency:** Monthly

6.3 Workforce awareness and access to support

- **How and who by**: Anonymous workforce wellbeing feedback, themes from Human Resources, Occupational Health and Employee Assistance Programme activity where information can be reported safely, and review of manager training compliance. No reporting should identify an individual who has disclosed domestic abuse.
- **Reported to**: People and Organisational Development governance arrangements, with relevant safeguarding themes shared through the Quality Safety and Standards Group.
- **Frequency**: Annually.

6.4 Quality of workplace safety and wellbeing response

- **How and who by**: Annual anonymised audit of whether appropriate cases received a documented offer of confidential support, workplace safety planning, agreed adjustments or signposting, and a review date.
- **Reported to**: People and Organisational Development governance arrangements and the Quality Safety and Standards Group.
- **Frequency**: Annually.

7 Related documents and references

- Safeguarding Adults Policy
- Safeguarding Children Policy
- MARAC Procedure
- Health Record Keeping Standards and Health Records Management policy
- Clinical Risk Assessment and Management Policy
- Information Governance Policy
- Safeguarding Principles and the approach for South Yorkshire.
- North Lincolnshire Multi-Agency Policy and Procedures
- Incident Management Policy
- PiPoT Policy

- Department for Health (2017) *Responding to Domestic Abuse- A Resource for Health Professionals*
- https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals
- *Health Safety and Wellbeing Group* (2022) Supporting NHS staff with domestic violence and abuse. https://www.nhsemployers.org/publications/supporting-nhs-staff-domestic-violence-and-abuse
- HM Government (1989) *Children Act*
- https://www.legislation.gov.uk/ukpga/1989/41/contents
- HM Government (1998) *Human Rights Act*
- https://www.legislation.gov.uk/ukpga/1998/42/contents
- HM Government (2004) Children Act
- https://www.legislation.gov.uk/ukpga/2004/31/contents
- HM Government (2004) *Domestic Violence, Crime and Victims Act*
- https://www.legislation.gov.uk/ukpga/2004/28/contents
- HM Government (2014) *Care Act*
- https://www.legislation.gov.uk/ukpga/2014/23/contents
- HM Government (2018) *Data Protection Act*
- https://www.legislation.gov.uk/ukpga/2018/12/contents
- HM Government (2021) *Domestic abuse Act*
- https://www.legislation.gov.uk/ukpga/2021/17/contents
- National Centre for Violence Against Women and Girls (VAWG) and Public Protection *Domestic Homicides and Suspected Victim Suicides 2020-2025 Year 5 Report*

- https://www.vkpp.org.uk/vkpp-work/domestic-homicide-project/
- NICE (2016) *Domestic Violence and Abuse*
- https://www.nice.org.uk/guidance/qs116/resources/domestic-violence-and-abuse-pdf-75545301469381
- Office for National Statistics (2024). *Domestic abuse in England and Wales overview: November 2025*.
- https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2025
- RESPECT (2026) *How will you know that a service user is perpetrating domestic abuse?* https://respectphoneline.org.uk/resources/frontline-workers/factsheets/fw-fs/

8 Appendices

8.1 Appendix 1 Guidance for supporting colleagues experiencing domestic abuse

Domestic abuse can have a serious effect on a colleague's safety, health, confidence, attendance and work. Managers may be unsure where work responsibilities end and personal matters begin. The trust has a duty to provide a safe workplace and will create safe opportunities for disclosure, offer practical support and treat colleagues with dignity and respect.

The effects of domestic abuse can influence the health and self-confidence of colleagues who may in turn feel unable to confide in others or seek help. Many of those that experience domestic abuse have difficulty attending work regularly and demonstrate longer term symptoms such as depression, anxiety, or stress that consequently affect work performance. However, the impact of domestic abuse must not be treated as evidence of poor commitment. A supportive response can help a colleague disclose abuse and seek specialist help.

The trust recognises that it is important to increase awareness of domestic abuse and its impact in the workplace and are committed to providing guidance for both managers and colleagues and create safe opportunities and environments for disclosure.

The trust has a duty of care, and health and safety laws ensure workers have the right to work in a safe environment where risks to health and well-being are considered and dealt with efficiently.

8.1.1 Confidentiality and right to privacy

- Colleagues who disclose they are experiencing abuse can be assured that the information they provide is confidential and will not be shared with other colleagues without their permission.
- 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 colleagues.
- In circumstances where there needs to be a breach of confidentiality, specialist advice and support from Human Resources and the Safeguarding

Team will be sought before doing so, keeping the colleagues informed and ideally gaining their consent. Information will only be shared on a strict need-to-know basis.

- Records about a colleague's disclosure and support must be kept secure, limited to those who need the information, and stored in line with trust employment and information governance requirements. Domestic abuse-related absence must be recorded sensitively and must not lead to avoidable disadvantage.

8.1.2 Indicators of a colleague experiencing domestic abuse

Domestic abuse may include physical, sexual, emotional, psychological, controlling or coercive behaviour or economic abuse. The signs below can have other causes, including ill health. They should prompt a sensitive conversation, not an assumption.

- **Work productivity:** Changes in attendance, working hours, work quality or quantity; avoiding calls or strong reactions to messages; unexplained longer hours; or a partner repeatedly visiting or contacting the workplace.
- **Physical indicators:** Unexplained or repeated injuries, changes in clothing or make-up that may hide injuries, fatigue, sleep problems, or substance use.
- **Changes in behaviour or demeanour:** Behaviour that is out of character, becoming quiet, anxious, tearful or aggressive, withdrawing from colleagues, being very anxious to leave on time, secrecy about home life, or concern about leaving children at home.
- **Other indicators:** A partner or ex-partner stalking the colleague at work or online, making unusual demands, controlling contact or movement, or isolating the colleague from family and friends.

The more supportive atmosphere we can create as an employer, the more likely colleagues will feel comfortable disclosing domestic abuse.

8.1.3 Disclosures of domestic abuse

A colleague may choose to tell their manager, but disclosure can be difficult and must not be forced. Managers must take any disclosure seriously, listen without judgement, consider the information with care and seek advice from Human Resources or Safeguarding when needed.

If a colleague does not feel comfortable to speak directly to their line manager, they can make contact with any of the following for support and advice:

- A more senior manager in their place of work
- Human Resources
    - Jeanette Marvin, can be contacted on 07929656117 or jeanette.marvin@nhs.net
    - Carlene Holden, Director of People and Organisational Development can be contacted on 07917 155129 or carlene.holden@nhs.net
- The trust Safeguarding Team
    - Rebecca Holden, Domestic Abuse and MARAC Lead, can be contacted on 07483123568 or rebecca.holden29@nhs.net
    - Lousie Bertman, Head of Safeguarding, can be contacted on 07790 973757 or louise.bertman@nhs.net

- Roxanne Womack, Named Nurse for Safeguarding Children can be contacted on 07866 077817 or roxanne.womack@nhs.net
- Kelly O'Brien, Named Nurse for Safeguarding Children can be contacted on 07717 733883 or kelly.obrien@nhs.net
- Rebecca Sansom, Named Professional for Safeguarding Adults and Children can be contacted on 07811 608050 or rebecca.sansom1@nhs.net
- Karen Whitby, Named Professional for Safeguarding Adults can be contacted on 07926 807412 or karen.whitby1@nhs.net
- Bonface Ndili, Named Professional for Safeguarding Adults and Children can be contacted on 07824 343059 or b.ndili@nhs.net

Any disclosure will be respected, and confidentiality will be maintained if at all possible. If disclosures are not made to the colleague's line manager, the colleague should be informed that that it may be necessary to share some information with their line manager in the interest of maintaining their safety.

8.1.4 Responding to disclosures of domestic abuse or suspected domestic abuse

If any colleagues see signs that another colleague is experiencing domestic abuse, then a meeting should be facilitated as soon as possible to discuss their concerns and identify appropriate support. This should take place somewhere quiet, comfortable and confidential. If the disclosure is made to another colleague that is not the affected person's line manager, the supporting colleague should advise that they will need to share this with the person's line manager in the interest of maintaining their safety. It may be the affected person's line manager or another appropriate colleague which undertakes the initial conversations. The supporting colleague should explain that confidentiality will be maintained where possible, but information may need to be shared with relevant agencies if there are risks identified to the affected person or anyone else including any children. The supporting colleague should support the colleague experiencing abuse in a trauma-informed and non-judgemental way, be prepared for them to be upset and tearful and ascertain the person's views and wishes in the initial conversations.

Where domestic abuse is within an intimate relationship, colleagues supporting the affected person should never advise the affected person to leave their partner or ask why they stay as this may increase risk and leaving an abusive relationship may need careful planning to ensure it is done safely.

In most cases, the below supportive actions will be led on by the person's line manager, however, in some circumstances they may be led by another appropriate person such as someone from the trust Safeguarding Team, a clinical lead, a service manager or another colleague with appropriate seniority. Supportive actions which should be considered on an individual basis are as follows:

- Provide information for specialist domestic abuse services or preferably complete a referral on behalf of the person if they provide consent. All local and national domestic abuse support services can be found in Appendix 3.

- Consider if it is appropriate to complete a DASH risk assessment. If the affected colleague consents to a referral to domestic abuse services, they may feel more comfortable for the DASH to be led by specialist services.
- Consider whether the colleague needs any paid or unpaid leave to attend appointments such as solicitors' appointments, housing appointments or Court, or for other arrangements such as for childcare. Managers and colleagues should agree on a combination of annual leave, flexitime and paid or unpaid absence; where agreement cannot be reached, managers may treat this as sickness absence.
- Consider whether there are any changes needed to working times, patterns or places.
- Ascertain if there are any children at risk and consider if a referral to children's social care is required.
- Ascertain if there is anyone else at risk and escalate as required.
- Ask if the service user would like support to make a police report. If they do not wish to, the supporting colleague must consider if there is evidence of significant risk to warrant a police report without the affected colleague's consent.
- Keep a written note of discussions as they may be required as evidence. Any information should be stored confidentially within the colleague's personal file.
- Offer a referral for emotional wellbeing support through the Vivup Employee Assistance Programme. Vivup's team of experienced counsellors and psychotherapists are available for confidential, impartial telephone support. Support can be accessed 24 hours a day, 7 days a week by calling **0330 380 0658.**
- Complete a workplace safety plan, with support from the trust's head of security (see section 8.1.5).
- Consider any immediate safety considerations and whether the colleague needs access to emergency accommodation (see section 8.1.6).
- The template in section 8.1.8 can be used as an aide memoir for conversations with colleagues affected by domestic abuse, as well as to support with documentation

8.1.5 Workplace risk assessment and safety planning

The trust will take reasonable steps to reduce risks to a colleague while they are at work. The line manager should consider a workplace risk assessment and safety plan with the colleague and the trust's Head of Security. Consider the following:

- The availability of CCTV and external lighting in the area where the person works
- Whether the affected colleague has access to a lone worker device and knows how to use it
- Whether the person has access to a personal safety alarm
- Reminders should be shared for all colleagues not to divulge information about colleagues, especially personal details
- Temporary changes to workplace, work times and patterns to reduce the risk at work and journeys to and from work should be considered
- Advice should be given around blocking emails as appropriate
- Work phone numbers may need to be changed

- Safety plans should include whether the person needs escorting to and from their place of work from a car park or site entrance
- Whether the person needs access to a safe and confidential place within the workplaces
- Whether select colleagues need to be notified and advised to call the police should the alleged perpetrator contact or attend the workplace
- In extreme cases, how safe accommodation can be sourced

8.1.6 Emergency Accommodation

Where a colleague cannot safely return home, their line manager, or another appropriate senior colleague, must hold a private, supportive and trauma-informed discussion with them to identify immediate risks, accommodation needs, available statutory, housing and specialist domestic abuse pathways, and any barriers to accessing those pathways. Where the colleague has no recourse to public funds (NRPF), or is otherwise unable to secure safe emergency accommodation, the matter must be escalated without delay, with advice from Human Resources and Safeguarding as appropriate, to the Executive Director of People and Organisational Development to consider and agree an appropriate pathway for that individual. Where the assessed immediate risk indicates that the colleague cannot safely return home and alternative accommodation routes are unavailable or cannot be accessed quickly enough, sourcing suitable emergency accommodation must be a key option considered through this escalation. Any trust assistance, including the funding of emergency accommodation, will be determined on an individual, risk-based basis having regard to the colleague's immediate safety and circumstances. This pathway will be reviewed and developed as the policy becomes embedded within the organisation; however, this must not delay any immediate safety, emergency or safeguarding action required.

Should this situation occur outside of traditional office hours please use the on-call management process which can be contacted via the trust's main switchboard on 03000 213 000.

8.1.7 Colleagues who perpetrate domestic abuse

Domestic abuse perpetrated by colleagues will not be condoned under any circumstances nor will it be treated as a purely private matter. The trust recognises that it has a role in encouraging and supporting colleagues to address violent and abusive behaviour of all kinds whilst also keeping the safety and wellbeing of service users central to all decision making.

Domestic abuse is a serious issue which may lead to criminal proceedings. Where any concerns come to light which indicate a colleague has perpetrated domestic abuse, management in their area of work should refer to the trust's PiPoT Policy as soon as possible. Information may be shared through the alleged perpetrator themselves, a victim of abuse, social care, the police, MARAC or by other means.

Managers must escalate to the safeguarding team and HR department when an incident occurs that may warrant investigation and disciplinary action and ensure that the matter is progressed through the stages of this procedure in a consistent and timely manner.

Actions will depend on individual circumstances but could include:

- temporary adjustments to duties and or location
- potential action under the disciplinary policy
- advice from and or involvement of the police

If both the victim and alleged perpetrator are RDaSH colleagues, support should be also offered to the victim as outlined in this Appendix. Where any children are involved, child safeguarding procedures should be followed.

8.1.8 Template for supporting colleagues experiencing domestic abuse

Colleague name:

Place of work:

Job role:

Supporting colleague name and job role:

Date of conversation:

Time of conversation:

Details of concerns shared:

Prompts for actions by the supporting colleague

Has confidentiality been discussed?

What are the wishes and views of the person experiencing domestic abuse?

Is the person's line manager aware of concerns?

Has a referral to domestic abuse services in the area where the colleague lives been made?

Has a DASH risk assessment been completed?

Does the person want support to make a report to the police? If no, does the supporting colleague have significant concerns which warrant a police report without consent?

Are there any changes needed to work patterns, times or locations? Is any leave required?

Are there any children in the home? (please record names and dates of birth)

Is a children's safeguarding referral required?

Is there anyone else at risk?

Have the trust security team been contacted to support to complete a workplace risk assessment and safety plan?

Does the person require emergency accommodation if unsafe to return home?

Does the person want a referral to the Employee Assistance Programme for support around emotional wellbeing?

Any other factors or information to consider?

8.2 Appendix 2 Domestic Abuse flowchart

https://intranet.rdash.nhs.uk/policy-appendices/clinical-appendices/domestic-abuse-policy/

8.3 Appendix 3 Support services

National Support:

- National Centre for Domestic Violence Freephone: 0800 970 2070 www.ncdv.org.uk (provides a free, fast emergency injunction service to survivors of domestic violence regardless of their financial circumstances, race, gender or sexual orientation)
- Victim Support: 08 08 1689 111 Home - Victim Support
- Forced Marriage Unit: +44 (0) 20 7008 0151 fmu@fco.gov.uk / Forced marriage - GOV.UK
- 24-hour National Domestic Violence Freephone Helpline (Women): 0808 2000 247 www.nationaldomesticviolencehelpline.org.uk
- MANKIND (for male victims): Telephone: 01823 334244 https://www.mankind.org.uk/
- Men's Advice Line (for male victims): 0808 801 0327 www.mensadviceline.org.uk
- Respect Phoneline (help for perpetrators): 0808 8024040 / Help For Domestic Violence Perpetrators | Respect Phoneline UK
- Galop (Specialist helpline for LGBTQ+ people experiencing domestic abuse): 0800 9995 428 / www.galop.org.uk
- Karma Nirvana (for victims of 'honour' based violence and forced marriage): 0800 5999 247 https://karmanirvana.org.uk/
- SafeLives: http://www.safelives.org.uk
- National Stalking Helpline: 0808 802 0300 https://www.thesurvivorstrust.org/faqs/national-stalking-helpline
- RESPECT (support for perpetrators, male victims, and young people using violence in their close relationships): Respect | Home

Support in Doncaster:

- DASH and MARAC information: MARAC - City of Doncaster Council
- Domestic Abuse Hub: Domestic Abuse - City of Doncaster Council
- Adult Safeguarding Referral Information: Safeguarding Adults - City of Doncaster Council
- Child Safeguarding Referral Information: Report a Concern - Doncaster Safeguarding Children Partnership
- Sexual Abuse Support Service: https://www.drasacs.org.uk/ Referrals: https://www.syisva.org.uk/referral

- Sexual Abuse Referral Centre (SARC): https://hackenthorpelodge.org/ (adult SARC) / https://www.sheffieldchildrens.nhs.uk/services/safeguarding-support-unit/ (children's SARC)
- Cranstoun Inspire to Change (for perpetrators of domestic abuse): https://cranstoun.org/help-and-advice/domestic-abuse/inspire-to-change/

Support in Rotherham:

- DASH and MARAC information: https://hopian.org.uk/contact/referral/
- Hopian: https://hopian.org.uk/contact/referral/
- Adult Safeguarding Referral Information: https://www.rotherham.gov.uk/worried-another-adult/Report-a-concern-about-an-adult
- Child Safeguarding Referral Information: https://www.rotherham.gov.uk/child-protection/report-concern-child-young-person
- Sexual Abuse Support Service: https://www.rothacs.org.uk/ Referrals: https://www.syisva.org.uk/referral
- Sexual Abuse Referral Centre (SARC): https://hackenthorpelodge.org/ (adult SARC) / https://www.sheffieldchildrens.nhs.uk/services/safeguarding-support-unit/ (children's SARC)
- Cranstoun Inspire to Change (for perpetrators of domestic abuse): https://cranstoun.org/help-and-advice/domestic-abuse/inspire-to-change/

Support in North Lincolnshire:

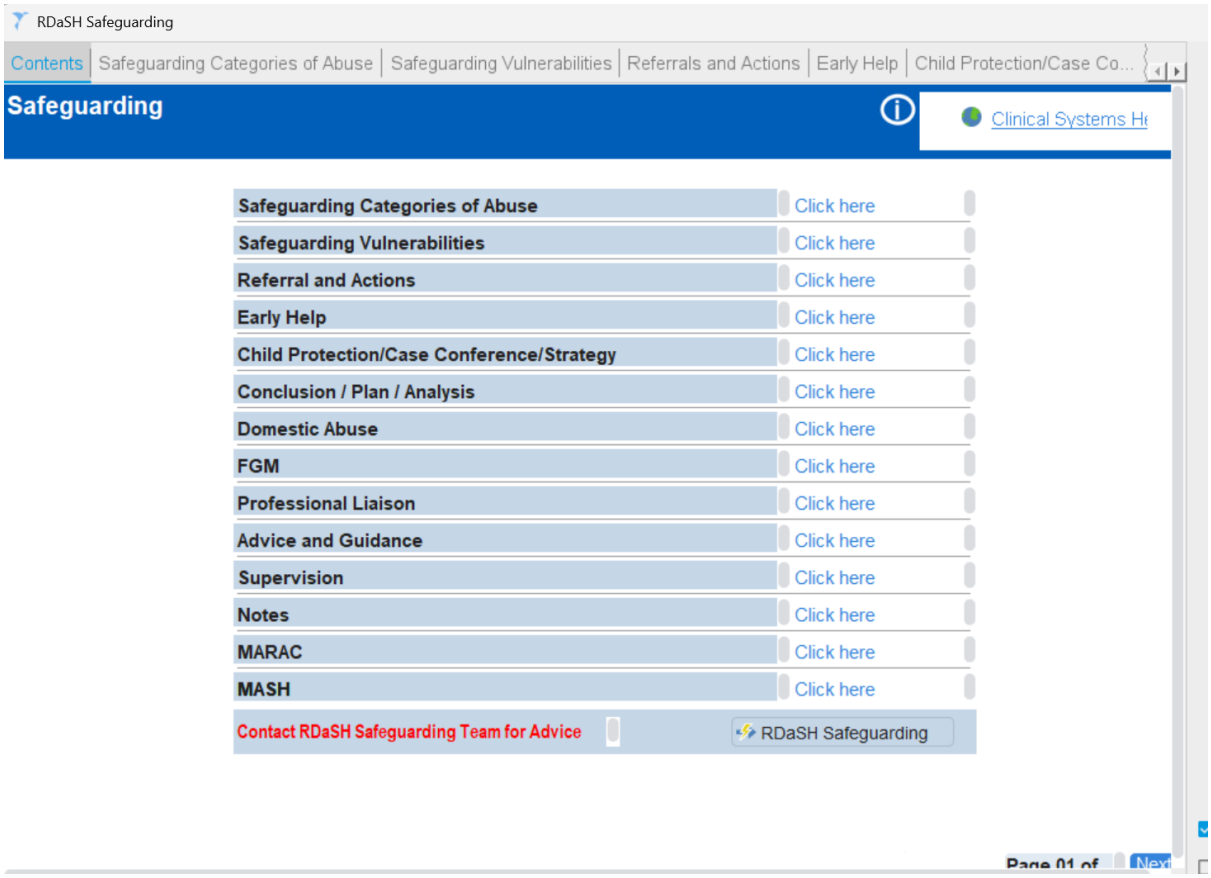
- DASH and MARAC information: https://www.saferneighbourhoods.net/domestic-abuse/marac/
- The Blue Door: https://www.thebluedoor.org/how-do-i-make-a-referral/
- Adult Safeguarding Referral Information: https://www.northlincssab.co.uk/worried-about-a-person/
- Child Safeguarding Referral Information: https://www.northlincscmars.co.uk/professionals/worried-about-a-child/
- Sexual Abuse Support Service: https://www.thebluedoor.org/how-do-i-make-a-referral/
- Sexual Abuse Referral Centre (SARC): https://www.nhs.uk/services/service-directory/spring-lodge-lincolnshire-sarc/N10509197 (SARC, Lincolnshire) / https://www.nhs.uk/services/service-directory/the-casa-suite-humberside-sarc/N10509797 (SARC, Humberside)

Further information is available on the Safeguarding Intranet page

8.4 Appendix 4 SystmOne templates for safeguarding

Safeguarding Templates can be found under ‘Safeguarding’ in the clinical tree and can be used to capture any safeguarding adult or child information:





8.5 Appendix 5 Routine Enquiry Guidance

The NICE guidelines (www.nice.org.uk/guidance/qs116) advocate that conversations around domestic abuse need to be carried out in privacy and the colleague asking the questions needs to be able to dedicate some time to asking the questions. An official interpreter will be needed if the individual does not speak English. It is important to be clear about confidentiality and that information may need to be shared with multi-agency partners to ensure that the individual and others are safeguarded.
Where possible and appropriate, start with framing the question by explaining why you are asking. For example:

"We know that many of our service users have experiences of being hurt, frightened or controlled by a partner or family member, so we ask everyone about these issues."

Or

"Because we care about your wellbeing, we would like to find out if you have ever been hurt, frightened or controlled by your partner or a family member. We ask everyone this because we want everyone to be as safe as possible. This will help us to provide the best support."

Explaining why you are asking is useful, particularly when talking to people who may be mistrustful and query the motives behind your questions.

There is no definitive list but having some key questions to help start a conversation is helpful:

- *Do you feel safe at home?*
- *Is there anyone you are scared of?*
- *Do you ever become frightened by what anyone close to you says or does?*

It is important that as part of routine enquiry, colleagues recognise that coercive and controlling behaviours can often be hidden. If there is any indication of controlling or coercive behaviours, the following list of questions may help to gather further information:

- Does anyone use physical or verbal abuse, or gestures or body language, to make you feel stupid, worthless or belittled?
- Does anyone make you feel guilty or punish you if you don't do what they want you to? Do you ever change your behaviour to try to appease this person?
- Are there any rules at home (which may be unspoken) that you have to abide by? What are they and who imposed them? What would happen if you didn't follow these rules?
- Is anyone threatening or blackmailing you?
- Does anyone deprive you of your basic needs such as medical care?
- Does anyone stop you communicating with others or monitor who you speak to or what you do online?
- Does anyone control your finances in any way? If you work, do you have full access to your wage?

The words colleagues use can affect whether a person feels safe to speak. A victim or survivor may minimise or deny abuse because they are frightened, not ready to act or worried they will be judged. Use clear, factual, objective and trauma-informed language. Do not repeat words used by a victim or perpetrator if those words minimise or excuse the abuse.

A person may not disclose abuse the first time they are asked. They may be frightened, not feel safe, or know that the perpetrator can hear the conversation. A lack of disclosure does not mean abuse is not happening. If concerns remain, record them and create another safe opportunity to ask.

The trust recommends that all service users over the age of 16 are to be routinely asked if they are experiencing domestic abuse, ideally at initial contact if safe to do so or at a later point as appropriate.

If a service user is under trust services for a prolonged period, and domestic abuse hasn’t been disclosed on initial routine enquiry, the service should consider re-completing routine enquiry at regular intervals (at least every six months). If any potential indicators of domestic abuse are identified or if a service user begins a new relationship, this should also trigger further exploration.