

Ref: FOI/GS/ID 4793

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25 June 2018

**Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Domestic violence.

*You asked:*

*Does your Trust have a specific policy to support staff who may suffer domestic violence?*

Trust response:

Maidstone and Tunbridge Wells NHS Trust does have a policy regarding domestic violence.

Please find a copy below.

# Domestic abuse / violence policy and procedure, for patients and for staff

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## Document history

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<b>Associated documents:</b>	<ul style="list-style-type: none"> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Safeguarding Adults: Protection and Support of Vulnerable Adults Policy and Procedure</i> [RWF-OPPPCS-C-NUR5]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Safeguarding Children Policy and Practice Guidelines</i> [RWF-OPPPCS-C-NUR6]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Safeguarding Children Supervision Policy and Procedure</i> [RWF-OPPPCS-NC-NUR5]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Social Services referral form for child in need and child at risk of significant harm</i> [RWF-OPF-CS-C-NUR5]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>SVA referral flow chart: incident occurring outside hospital</i> [RWF-OPPM-CORP85]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Standards of Conduct Policy and Procedure</i> [RWF-OPPPCS-NC-WF32]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Standards of Conduct at Work [Disciplinary]</i> [RWF-OPG-CORP32]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Procedure</i> [RWF-OPPPCS-C-NUR1]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Memo + AP1 form, to refer abuse</i> [RWF-OWP-APP112]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Statutory and Mandatory Training Policy and Procedure</i> [RWF-OPPPCS-NC-</li> </ul>

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Version Control: <i>Details of approved versions</i>		
Issue:	Description of changes:	Date:
1.0	First iteration of policy/procedure	May 2014

### Policy statement for

## Domestic abuse / violence, for patients and for staff

Maidstone and Tunbridge Wells NHS Trust (The Trust) recognises that its patients and employees will be amongst those affected by domestic abuse, for example as a survivor, an individual living with domestic abuse, or as a perpetrator of domestic abuse / violence.

The Trust is committed to developing a culture in which there is zero tolerance for abuse in any form and which recognises that the responsibility for domestic abuse lies with the perpetrator. The Trust is committed to ensuring that any person who is the victim of domestic abuse has the right to raise the issue in the knowledge that they will receive appropriate support and assistance.

This policy and procedure covers the responses staff will need to take when disclosures are made that they are in an abusive relationship. It will also identify the tools available for staff to use to enable and empower a patient to make that disclosure. The *risk assessment tool* for assessing the seriousness of the abuse and potential harm to a victim is also included in this policy and procedure.

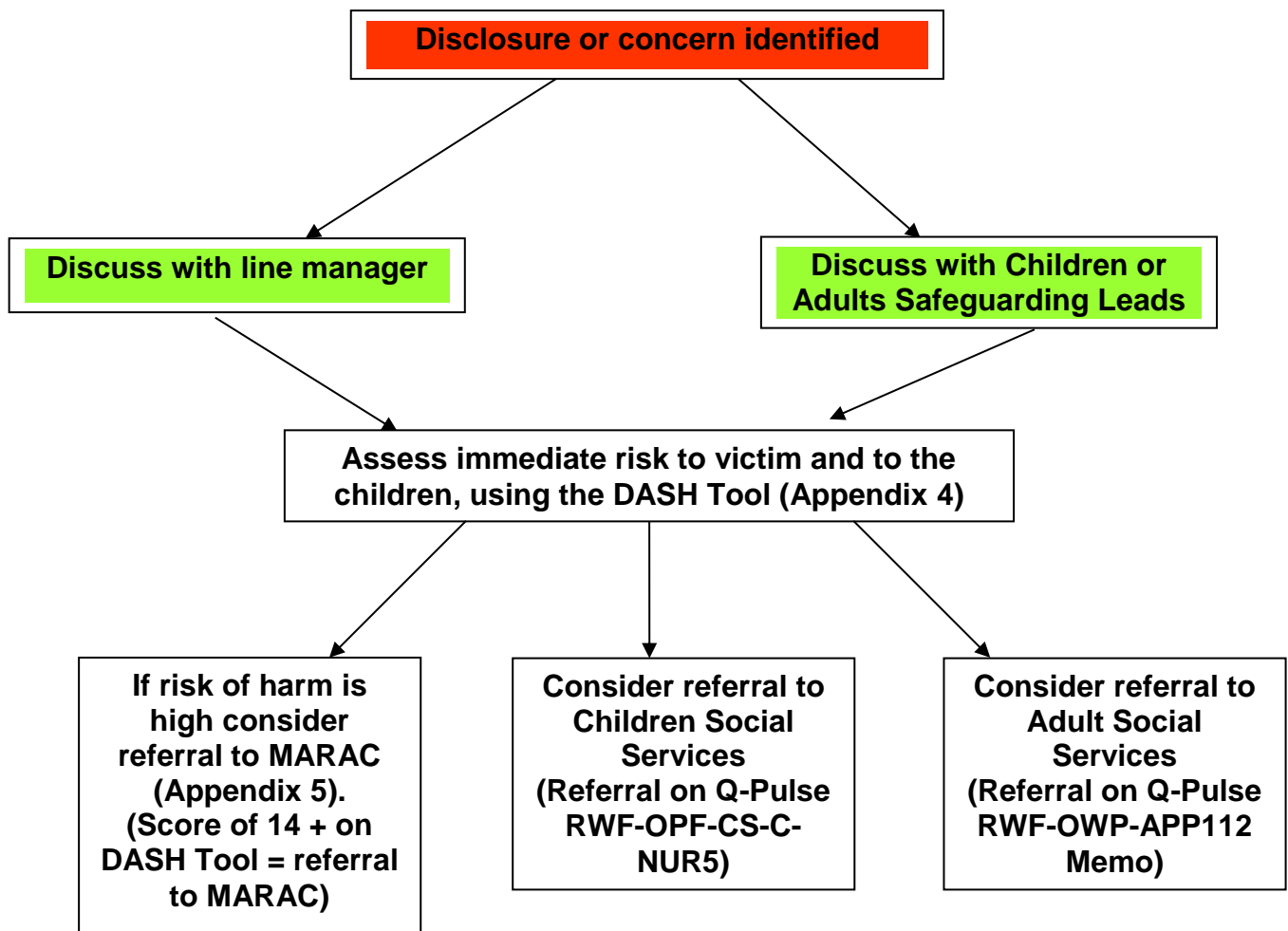
By developing an effective domestic violence and abuse policy and working to reduce the risks related to domestic abuse, we will create a safer environment for patients and colleagues and we will also send out a strong message that domestic abuse and violence is unacceptable.

The Trust recognises that domestic abuse is an equalities issue and undertakes not to discriminate against anyone who has been subjected to domestic violence and abuse both in terms of patient experience, current employment or future development.

# Domestic abuse / violence procedure, for patients and for staff

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## FLOW CHART



Offer support services to all victims using local resources that can be found on the Kent County Council website:  
[http://www.kent.gov.uk/community\\_and\\_living/community\\_safety/domestic\\_abuse.aspx](http://www.kent.gov.uk/community_and_living/community_safety/domestic_abuse.aspx)

Document clearly all concerns raised and actions taken

## 1.0 Introduction and scope

- This policy and procedure covers anyone who discloses that they are a victim of domestic abuse.
- This policy and procedure is intended to ensure the correct support and advice is given to a victim of domestic abuse.
- This policy and procedure is intended to ensure that staff who are in a position to support patients or colleagues who have disclosed information about their situation have the knowledge and skills about local resources and referral routes to appropriately support the victim of domestic abuse.
- This policy and procedure is intended to ensure that the appropriate referrals are made in response to disclosures of domestic abuse.

## 2.0 Definitions

- **Home Office definition of domestic abuse**

*Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:*

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

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

*Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”\**

*\*This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.*

(Home Office 2013)

**Whilst this is not a legislative change, the definition will send a clear message to victims about what does constitute domestic violence and abuse.**

- **Domestic abuse and young people**

The changes to the definition of domestic abuse raises awareness that young people in the 16 -17 age group can also be victims of domestic abuse and violence. By including this age group the government hopes to encourage young people to come forward and get the support they need, through a helpline or specialist service.

- Domestic abuse is not just about actual physical violence. It can also involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, control over access to money, personal items, food, transportation and the telephone, and stalking. It can also include abuse inflicted on, witnessed by or threatened against, children.
  - Domestic abuse occurs in all social classes, cultures, and age groups whatever the sexual orientation, mental or physical ability.
  - Once it has started it often becomes more frequent and more violent.
  - It can severely affect children emotionally and physically.
  - Victims are sometimes beaten or harassed by members of their immediate or extended family.
  - Domestic abuse is gendered – the majority of perpetrators are men and between 80-95% of those who experience it are women, although it does also occur against men in heterosexual relationships, in same sex relationships and against bisexual and transgender people.
  - Domestic violence/abuse is not a 'one off' occurrence but is frequent and persistent, aimed at instilling fear into, and compliance from, the victim. On average a victim of domestic violence/abuse is assaulted 35 times before they report the matter to the police.

- **Domestic violence disclosure scheme**

On 25 November 2013, it was announced that the domestic violence disclosure scheme would be rolled out across England and Wales from March 2014. This followed a successful 1-year pilot across 4 police force areas.

- **Right to ask**  
Under the scheme an individual can ask police to check whether a new or existing partner has a violent past. This is the 'right to ask'. 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**  
This enables an agency to apply for a disclosure if the agency believes that an individual is at risk of domestic violence from their partner. Again, the police can release information if it is lawful, necessary and proportionate to do so.

The [pilot assessment report](#) and the [impact assessment on the disclosure scheme](#) are available. You can also read the [domestic violence disclosure scheme guidance](#).

(Home Office 2013)



### 3.0 Duties

A member of staff may make disclosures that they are a victim of domestic abuse, they may make disclosures to their colleagues or line managers.

If they are a patient they may make this disclosure to the nurse, doctor or anyone who they feel that they can trust.

Very often victims of domestic abuse will not recognise that they are in a domestic abuse relationship.

- **The Trust:** must encourage staff to respond sympathetically, confidentially and effectively to any patient or member of staff who discloses that they are experiencing domestic abuse.
- **Line managers:** must listen effectively and empathetically to members of staff who disclose they are living in a domestic abuse relationship; they must enquire sensitively about the disclosure and know to whom and when to refer onwards.
- **Trust staff:** must listen effectively and empathetically to patients or colleagues who disclose they are living in a domestic abuse relationship and know to whom and when to refer onwards to services that will support the victim.
- **HR Business Partners:** must support managers in managing and handling these situations.
- **Staff members:** doctors, nurses, porters, domestic staff (any member of staff that a patient or member of staff chooses to disclose to) must listen empathetically, document appropriately and refer on where necessary with the permission of the victim of abuse or must know in what situation a referral ***without their permission*** is warranted and supported.

### 4.0 Training / competency requirements

The Trust is committed to ensuring all staff and line managers are aware of domestic abuse/violence and its implications. From a variety of learning experiences staff will be able to:

- Identify signs of domestic abuse
- Respond to disclosures in a sensitive and non-judgemental manner
- Provide initial support – be clear about available support from external sources and from in-house specialist staff where applicable
- Support the victim to report incidents of violence to the police
- Identify when a referral to Social Services is required
- Understand how the person can be enabled to contribute to their own safety plans.
- Discuss how the organisation can contribute to safety planning, if it is a member of staff affected.
- Signpost to other organisations and sources of support.
- Understand that Trust staff are not counsellors.

Raising awareness of domestic abuse is covered in:

- Trust induction
- Non-clinical update

- Clinical update
- Level 2 Safeguarding Children Training – in more detail – resources available locally, when to refer.
- Level 3 Safeguarding Children Training – in more detail, MARAC and use of the DASH Tool

## **5.0 Procedure**

### **5.1 Victims of domestic abuse / violence**

There are signs which may indicate a patient or employee may be a victim of domestic abuse. These may include:

- Attendances at A&E where the history is not consistent with the mechanism of injury
- Situations where a suspected perpetrator attends with the victim and will not allow privacy for consultation
- Disclosure by the victim of abuse
- Third party disclosure may happen
- There may be obvious effects of physical abuse (it is important here, not to make assumptions)

It is essential to understand that any of the above may arise from a range of circumstances of which domestic abuse may be one.

Victims should be treated empathetically and offered support and referrals should be made to agencies that are equipped to assist with their situation.

Managers / supervisors who have to talk with victims about such matters should address the issue positively and sympathetically ensuring that the victim is aware that support and assistance can be provided, or is available to them from external sources.

Victims who disclose experiencing abuse can be assured that the information they provide is confidential and will not be shared with other members of staff or their families, without their permission.

There are, however, some circumstances in which confidentiality cannot be assured. These is when there are concerns about children or vulnerable adults or where the risk of harm is assessed to be so severe that you will need to act to protect the safety of the victim.

In circumstances where the Trust has to breach confidentiality it will seek specialist advice from the Trust's Safeguarding Leads or Social Services before doing so. If it decides to proceed in breaching confidentiality after having taken advice, it will discuss with the victim why it is doing so and it will seek their agreement where possible.

As far as possible, information will only be shared on a need-to-know basis.

All records concerning domestic abuse will be kept strictly confidential.

Where the victim is a member of staff no local records will be kept of absences related to domestic abuse and there will be no adverse impact on the employment records of victims of domestic abuse.

Improper disclosure of information i.e. breaches of confidentiality by any member of staff will be taken seriously and may be subject to disciplinary action.

The Trust recognises that developing a life free from abuse is a process not an event for all victims of abuse and the Trust will provide ongoing appropriate

support, signposting victims to appropriate agencies or support services, for victims who disclose abuse.

Remember to:

- Listen empathetically
- Create a safe environment, remove the suspected perpetrator if possible
- Ask if there are children in the same household, their names / date of births and which schools they attend
- Give reassurances that referrals that are required will be handled sensitively to promote the safety of the victim and any children involved
- Explain about the local resources that can be sourced
- Referral to specialist Domestic Abuse Services
- Assess the risk to the victim and children involved **see 5.6 below**
- Make appropriate referral to the Multi-Agency Risk Assessment Conference (MARAC) (**Appendix 5**) dependent upon the outcome of the DASH Risk Assessment
- Staff members will use their professional judgement when making a referral to MARAC without the permission of the patient

If the victim is a staff member consider:

- Special paid leave for relevant appointments, including with support agencies, solicitors, to rearrange housing or childcare, and for court appointments
- Temporary or permanent changes to working times and patterns
- Changes to specific duties, for example to avoid potential contact with an abuser in a customer facing role
- Redeployment or relocation
- Measures to ensure a safe working environment, for example changing a telephone number to avoid harassing phone calls
- Using other existing policies, including flexible working
- Access to counselling/support services
- An advance of pay
- Access to courses developed to support female survivors of domestic abuse, for example The Freedom Programme ([www.freedomprogrammeco.uk](http://www.freedomprogrammeco.uk)) or assertiveness training

## **5.2 How to enquire sensitively – some tips**

**When enquiring it is important to:**

- Never ask about domestic abuse when anybody else is present – including partners, children or any other family members. The only exception to this is when you need to use a professional interpreter. Do not use family members to interpret.
- Avoid interruptions – the victim must feel it is important to you too.
- Be patient – this may be the first time the victim has spoken to anybody about their experience; they may be embarrassed or ashamed.
- Be supportive – this may seem obvious but the victim may feel that you are making judgements about them. The biggest fear for women with children is that telling you will result in her children going into care; this is very unlikely to happen particularly if she has disclosed this to you.

- Remember and acknowledge your own limitations – the victim may want to talk to someone who can offer specific specialist advice. Consider using an advocate from a Domestic Abuse Advisory Service. (Links are included in this document and Kent.gov.uk publicise these resources available in your locale).

**Always check if the victim has children who live with them** – you must consider the needs of any children as paramount. Even when the victim refuses support you have to consider their ability to protect the children from abuse. It should be made clear at the outset that if you have any concerns about the welfare of children you have a duty to share that information to protect them. It may be necessary to contact someone who may have more information about the family such as the GP, health visitor, school nurse or Social Services.

Evidence suggests that some victims minimise or deny domestic abuse as a way of coping. Victims have also said that they found the subject difficult to bring up themselves and are in some way relieved when someone else does it for them.

The most appropriate time to enquire is when taking a social history or as part of a wider assessment. Health professionals carry out some form of assessment with clients/patients, usually at first contact. Asking patients, at these times, helps avoid stigma and inappropriate judgements.

It is essential that health professionals who are carrying out these enquiries always have up to date information, such as leaflets or telephone numbers, available to them to offer the opportunity of alternative or more specialised support.

Each situation is different, therefore there is no script that fits all occasions, however direct questioning is always best practice. If your messages are unclear then the victim of abuse may misinterpret your message and an opportunity for them to disclose to you may be lost. Confident questioning is key, if you do not feel confident about what to ask, discuss with a more experienced colleague and ask what they may do or say in these situations, or consider some of the examples listed here:

#### **Suggested methods of enquiry:**

- Because domestic abuse is so common for women, we ask about abuse in relationships, so that we can give all women information about agencies that can help.
- "How is your relationship?"
- "Do you ever feel unsafe at home?"
- "Have you ever been afraid of your partner's or a family member's behaviour – are they verbally abusive?"
- "Has your husband / partner or anyone else at home threatened you?"

**Depending on the response a health professional receives, they may go on to ask:**

- "Have you ever been hurt by your partner or anyone else at home – perhaps slapped, kicked or punched?"
- "Have you ever been forced to do something sexual that you didn't want to do?"

- “Has your partner ever withheld money from you, leaving you unable to buy the necessities for you or your children”?
- “Have you ever been prevented from leaving the house, or locked in a room”?

These questions can be tailored to reflect the types of issues with which victims present, but whatever the response the individual should be offered domestic abuse information. If individuals decline the information this should be followed with a question such as:

“Perhaps you can keep this information so that if a family member, friend or neighbour talks to you about this, then you could pass them on?”

Remember, although a victim may not disclose anything the first time they are asked, it shows that you understand the issues and it may give them confidence to disclose to you at a later date.

**It is best to be honest. If you think a victim has been abused, tell them that you are concerned for them and want to help.**

### **5.3 Honour based violence, forced marriage and young people**

Honour based violence and/or forced marriage may be identified through recognition of some of the warning signs. For example, health professionals should consider the use of this type of enquiry for young people from black and minority ethnic communities; here are some of the questions that may focus on the family relationship:

- “How are things at home – do you get on with your parents”?
- “Are your parents supportive of your aspirations – what do they hope for you”?
- “Do your parents have similar aspirations for all your brothers and sisters”?
- “Apart from school, do you get out much”?
- “What do you do at the weekends”?

Again, depending on the answer, the health professional may go on to ask more in depth questions – for example around gender roles within the family or questions around the marriage of older siblings and the circumstances.

Where a health professional does elicit information that suggests a woman is at risk of honour based violence or facing a forced marriage advice can be sought from Named Nurse/Named Midwife Safeguarding Children, Matron Safeguarding Adults and/or Social Services.

Further information on honour based violence and forced marriage can be found by referring to: *Dealing with cases of forced marriage: practice guidance for health professionals (2007)*.

In cases where there are concerns that a young person under 18 years may be at risk of forced marriage, a referral **must** be made to Social Services at the Central Referral Unit.

**Do not inform the family of your intention to refer to social care.**

### **5.4 Vulnerable adults**

This policy applies to Vulnerable Adults however, you should also consider raising an Adult Protection Referral AP1, with the Social Services Central

Referral Unit if they are a vulnerable adult living in a domestic abuse situation. (Refer to the Trust's *Safeguarding Adults: Protection and Support of Vulnerable Adults Policy and Procedure* for further information and advice).

Consideration will need to be given to the victim's ability to make decisions with regards to onward referral for support or for immediate or long term protection. (Refer to the *Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Procedure* for further advice).

### 5.5 Responding to a disclosure

If a victim discloses that they are being abused it is important to know what to do next. As a health professional your role is to:

- Provide support and information to help the victim decide what to do next
- Encourage the victim to have a safety plan
- Help assess the risk to the victim and any children they have

**Never advise a victim to leave their partner. For women especially the risk of serious injury or murder escalates dramatically when a woman leaves an abusive relationship or is planning to leave an abusive relationship.**

**Leaving immediately may not be the best option.**

### 5.6 Support and information

Information should be given on local and national help lines whether or not domestic abuse is disclosed.

- Do not try to make decisions for the victim. It is crucial the victim decides for themselves what to do next. It might be better for the victim to talk to a worker from a local specialist Domestic Abuse Service
- Ensure the victim feels that you believe them, make it clear that the abuse is not their fault and that they have the right to be safe□.
- Let the victim know that they are not alone - a quarter of all women will experience abuse at some time in their lives.
- Explain confidentiality – but be clear if you are worried about the risk of harm to the victim, their children or to others, then you will need to share that information.
- Do not act as a mediator between the victim and the abuser– this requires specialist assessment and skills and can be very dangerous to all concerned.
- Do not discuss the disclosure with the abuser or other family members.

### 5.7 Assessing risk

It is important to determine the level of risk and danger faced by the victim and any children involved. You do not have to assume full responsibility for this but you do play an important part, particularly when assessing if someone is at immediate risk of harm.

**Never take on lone responsibility for dealing with high risk situations.**

The victim experiencing abuse will usually be able to predict the risks they face and the likelihood of further abuse. However, health professionals should also be aware that victims will often underestimate or minimise the risk of harm to themselves and their children. Where the risks are considered to be less immediate use of a formal assessment tool is advised.

Use the DASH (Domestic Abuse Stalking Harassment and Honour Based Violence) (**Appendix 4**) risk assessment to assess the level of actual risk and this will inform you as to whether a referral onwards to Multi Agency Risk Assessment Conference (MARAC) is required (**Appendix 5**).



## **A multi agency response**

MTW NHS Trust is developing strong local partnerships to tackle domestic abuse.

The DASH risk assessment is used to provide information and gives access to more specialist domestic abuse support services which includes the **Multi Agency Risk Assessment Conference** (MARAC) in both Maidstone and West Kent.

**MARAC** – Kent operate successful MARAC's in each of the Kent Police Districts. In West Kent and in Maidstone they are held every month, a number of key services are represented who gather and share information on 'high risk' domestic abuse cases. Action plans are formulated with the view to improving the safety of victims, pursuing arrest and prosecution of perpetrators and reducing repeat offences.

Anyone can refer a case to MARAC, however all referrals must be sent to the Safeguarding Leads for the Trust for quality assurance.

## **How to refer to MARAC and referral criteria**

When the DASH risk assessment has been completed and it shows that a victim is at high risk of harm you will be required to send in the MARAC referral form and risk assessment to the local MARAC Co-ordinator.

**(Appendix 5)**

## **Local specialist services are available to refer victims of abuse to, offering a range of support including such things as:**

- Face to face support services, meeting the victim at safe locations near them
- Helping the victim to identify the risks in their situation
- Working with the victim to produce a safety plan so that they feel safer
- Suggesting choices and practical options tailored to the victims situation
- Offering to accompany the victim to court or attending meetings with them
- Putting the victim in touch with other agencies that can help them
- Assisting with paperwork for people with language or literacy difficulties
- Listening without bias or judgement.

They can also provide health professionals with practical advice and support.

Use the link to the [kent.gov.uk](http://kent.gov.uk) domestic abuse page to find out which services can be accessed in the victims area.

## **5.8 Safety planning**

Domestic abuse is significant in that it occurs repeatedly and can be cyclical in nature, often with periods of calm interspersed with abusive behaviour. It is important that the victim who discloses abuse is encouraged to have a safety plan of what to do when the abuse starts. Many victims will know when abuse is likely to occur and can, to some degree, predict it. If victims are able to do this they can be helped to think about what they can do to reduce the risks in emergency situations.

Safety planning needs to begin with an understanding of the victim's view on the risks to themselves and the children involved and the strategies they have

in place to address them. A key question is whether they intend to remain in the relationship with the abusive partner.

It is important that the plan is based on the victim's needs and predominantly the needs of any children and it may be more appropriate for workers from specialist domestic abuse services to help the victim do this.

**Recognise and acknowledge the extent and limitations of your role. You may need to refer to a more specialist service for support.**

Please seek advice in relation to this from the Safeguarding Leads.

## **5.9 What should a safety plan cover**

### **Safety in the relationship**

- Places to avoid when the abuse starts e.g. the kitchen, where there is access to potential weapons
- People a victim can turn to for help or to let know they are in danger
- Asking friends or neighbours to call 999 if they hear anything that worries them
- Places to hide important phone numbers
- How to keep children safe when the abuse starts
- Teaching children to find safety or get help, perhaps by calling 999
- Keeping important documents in one place so they can be taken together in case they need to leave suddenly
- Letting someone know about the abuse so that it can be recorded.

### **Leaving in an emergency**

- Packing an emergency bag and hiding it in a safe place
- Plans for who to call and where to go
- Remember to take: documents, medication, keys
- Access to a phone
- Access to money
- Plans for transport
- Plans for taking clothes, toiletries and toys for the children
- Taking proof of abuse

### **Safety when a relationship is over**

- Contact details for professionals
- Changing landline and/or mobile telephone numbers
- How to keep current location a secret from the abuser
- Getting non-molestation, exclusion or restraining order
- Talk to children about staying safe
- Talk to employer for help with staying safe at work

<http://www.domesticabuseservices.org.uk/victims/where-can-i-get-help/>

and

<http://www.domesticabuseservices.org.uk/>

## **5.10 Perpetrators of domestic abuse / violence**

Domestic abuse and violence perpetrated by employees 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 employees to address violent and abusive behaviour of all kinds.

The Trust will treat any allegation, disclosure or conviction of domestic abuse related offence on a case-by-case basis with the aim of reducing risk and supporting change.

Bear in mind that it is a requirement to disclose any such non-molestation orders, injunctions or County Court Orders, cautions and convictions to your line manager as soon as this occurs. Breach of this requirement will place the employee at risk of disciplinary processes being used.

Refer to the Trust's *Standards of Conduct Policy and Procedure* and *Standards of Conduct at Work [Disciplinary]*

### **5.11 Role of colleagues**

The Trust encourages all employees to report if they suspect a colleague is experiencing or perpetrating abuse. Employees should speak to their line manager about their concerns in confidence. In dealing with a disclosure from a colleague, employers should ensure that the person with concerns is made aware of the existence of this policy.

### **5.12 Domestic Homicide Review processes**

The Domestic Violence, Crime and Victims Act 2004 Section 9 establishes a Domestic Homicide Review (DHR) process. This amounts to a review of the circumstances in which the death of a person aged 16 years or over has, or appears to have, resulted from violence, abuse or neglect by:

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

The review will be held with a view to identifying the lessons to be learnt from the death. If the Trust is asked to contribute to a Domestic Homicide Review (DHR) it will be for the Chief Executive and/or the Chief Nurse to identify the most appropriate practitioner to complete the required investigation and report.

## **6.0 Monitoring and audit**

- Referrals received in to the Safeguarding Leads will be monitored.

The Chief Nurse and Director of Workforce and Planning, as Chairperson's of the Safeguarding Adults and Children's Committees and Workforce and Planning Committee, and the main author will be responsible for monitoring compliance with this policy and procedure on behalf of the Trust.

### **Compliance with the following will be monitored thus:**

- Training will be audited through compliance with the *Statutory and Mandatory Training Policy and Procedure* by the Workforce Development and Learning Committee.
- Bi-monthly reviews and reports on all domestic abuse referrals will be undertaken by the Trust Safeguarding Leads and reported to the appropriate Safeguarding Committees and quarterly to the Quality and Safety Committee.

### **Process requirements**

#### **1.0 Implementation and awareness**

- The Trust will advertise that this policy and procedure is in place via the Chief Executives newsletter and global emails to all staff.
- Trust training will refer to this policy and procedure to ensure that staff know of its existence and are reminded of their duties when disclosures are made.
- All staff will need a basic understanding of this policy and procedure and so understand where to escalate their concerns if and when a colleague discloses that they are in a domestic abuse / violent relationship.
- All staff to receive basic awareness of domestic abuse within the core mandatory training on offer.
- Line managers to receive more in depth training with regards to referral mechanisms, support services available in their community and use of the DASH tool.
- Implementation of training will be via the Trust induction and mandatory updates and additional safeguarding children and safeguarding adults training for identified clinical staff.
- Once approved the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust policies, procedures and leaflets'.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Bulletin Board (Trust intranet) under "Trust Publications"; notification of the posting is included on a bi-weekly Bulletin Board round-up email, circulated Trust wide by the Communications team.
- On receipt of the Trust wide Bulletin Board notification all managers should ensure that their staff members are aware of the new publications.

#### **2.0 Review**

This policy will be reviewed jointly every three years unless there are changes in legislation, best practice or other organisation policies impact on its effectiveness.

#### **3.0 Archiving**

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.

## APPENDIX TWO

**CONSULTATION ON:** Domestic abuse / violence policy and procedure, for patients and for staff

**Please return comments to:** Matron Safeguarding Adults ext 24821

**By date:** 21.03.2014

Job title	Date sent 2 <sup>nd</sup> Draft	Date reply received	Modification suggested? Y/N	Modification made? Y/N
<b>The following staff MUST be included in ALL consultations:</b>				
Local Counter Fraud Specialist	07.03.14			
Clinical Governance Assistant	07.03.14	09.04.14	Y	Y
Head of Information Governance	07.03.14			
<b>Please list key staff whose reply is compulsory before approval can be granted:</b>				
Chief Executive	07.03.14			
Non-executive Directors	07.03.14			
Executive Directors	07.03.14			
Head of Workforce and Planning	07.03.14			
Head of Occupational Health	07.03.14			
Clinical Directors and Medical Director	07.03.14	09.03.2014		
Directorate Matrons	07.03.14			
Safeguarding Children Committee	07.03.14		Yes (1 <sup>st</sup> Draft)	Yes
Safeguarding Adults Committee	07.03.14		Yes (1 <sup>st</sup> Draft)	Yes
<b>Please list other staff to be included in the consultation but whose reply is not compulsory:</b>				
Ward Managers	07.03.14			
General Managers	07.03.14			
Assistant General Managers	07.03.14			
Chief Nurse	07.03.14		Yes (1 <sup>st</sup> Draft)	
Deputy Chief Nurse	07.03.14			
Risk Manager	07.03.14			
Head of Estates	07.03.14			
ADNS'	07.03.14			
Staff Side Chair	07.03.14			
HR Business Managers	07.03.14			
CCG Safeguarding Lead	07.03.14		Yes (1 <sup>st</sup> Draft)	Yes
Safeguarding Co-ordinators West Kent	07.03.14			
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to				

the development of the policy.

## APPENDIX THREE

### Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

<b>Title of policy or practice</b>	Domestic abuse / violence policy and procedure, for patients and for staff
<b>What are the aims of the policy or practice?</b>	To inform staff about what their expected responses should be if a staff member discloses that they are in a Domestic Abuse relationship or situation.
<b>Identify the data and research used to assist the analysis and assessment</b>	
<b>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups</b>	Is there an adverse impact or potential discrimination YES If yes give details.
Males or Females	The majority of victims who disclose that they are in a Domestic Abusive relationship are women, with the perpetrators being men, however it is recognised that this can occur in ALL relationships.
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	No
People who have a physical disability	No
People who have a mental disability	No
Women who are pregnant or on maternity leave	Risks of escalating violence are heightened for women living in a domestic abusive relationship and who become pregnant.
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
<b>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</b>	
<b>When will you monitor and review your EqIA?</b>	Alongside this policy/procedure when it is reviewed.
<b>Where do you plan to publish the results of your Equality Impact Assessment?</b>	As Appendix Three of this policy/procedure on the Trust Intranet.



## **FURTHER APPENDICES**

The following appendices are published as related links to the main policy /procedure on the Trust approved document management database on the intranet (Trust policies, procedures and leaflets):

<b>No.</b>	<b>Title</b>	<b>Unique ID</b>
4	Domestic abuse, stalking, harassment and honour based risk assessment (DASH tool)	RWF-OWP-APP620
5	Kent & Medway MARAC referral form	RWF-OPF-CS-NC-NUR8