

Domestic Violence and Abuse Policy (2017)

Document History	
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Version and date	v1.0 August 2017
Approved by	BHR CCGs Quality and Safety Committee
Approval / Implementation date	22nd August 2017
Review date	August 2020
Target audience	All BHR CCGs Staff
Date of equality impact assessment	09/05/2017
Policy reference number	Cor/xx_0xx

Version History				
Date	Version	Author	Status	Description of change/comments
09/05/2017	1.0	Paul Archer Mark Gilbey-Cross		New policy

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1. Introduction

1.1 Domestic violence is a crime. It does not respect race, geography, social background or other similar factors. It is a volume crime, affecting one in four women and one in six men in their lifetimes, with women suffering higher rates of repeat victimisation and serious injury. It accounts for 14% of violent crime, covering offences ranging from common assault to rape and murder and it has a massive impact on victims, their children and the wider community.

1.2 Research highlights the importance of the impact that domestic violence has on society. Professor Sylvia Walby's 2004 study "[The Cost of Domestic Violence](#)", funded by the Department of Trade and Industry's Women and Equality Unit found the total cost to the nation of domestic violence stands at nearly £23 billion. The cost to the NHS for physical injuries is around £1.2 billion a year (this includes GPs and hospitals). Physical injuries account for most of the NHS costs, but there is an important element of mental health care, estimated at an additional £176 million.

1.3 Further information on levels of domestic violence is available from the Office for National Statistics at:

www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015h

1.4 CCGs as both an employer and commissioner have a crucial role to play in responding to domestic violence. As employers, NHS organisations will inevitably employ individuals who are affected by domestic violence. As a result, CCGs need to ensure they make all reasonable efforts to provide staff with the support they need and want.

1.5 The National Institute for Health Care and Excellence (NICE guidance) [Domestic violence and abuse: multi-agency working](#) was issued in February 2014. The guidance aims to help identify, prevent and reduce domestic

violence. This procedure refers to the victim / survivor as female and the perpetrator as male as this reflects the majority of cases, particularly where there are child protection concerns. However this guidance should be applied to all situations of domestic abuse as domestic abuse can be perpetrated by women against men, within same sex relationships, to or by a child / young person or to a vulnerable adult by their carer.

- 1.6 NICE introduced [Domestic Violence and Abuse Quality Standards](#) in 2016 which describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.
- 1.7 [Commissioning services for women and children who experience violence or abuse – a guide for health commissioners](#) (Department of Health 2011) states that Primary Care Trusts (PCTs) need to consider how recommendations of the Violence Against Women and Children Health Task Force findings could help deliver the outcomes agreed with their partners and deliver its obligations on gender equality. Those responsibilities transferred to the Clinical Commissioning Groups in 2013.
- 1.8 [Responding to violence against women and children the role of the NHS](#) (March 2010) lists 23 recommendations for NHS organisations and includes the need for organisations to have clear policies and pathways for victims of domestic and sexual violence, including both service users and employees. This policy acknowledges the recommendations, but aims to incorporate reference to all forms of domestic violence and go beyond that which solely affects women and girls.

2. Scope

2.1 This policy applies to those members of staff that are directly employed the CCGs and for whom the CCGs has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of the CCGs or working on the CCGs premises and forms part of their arrangements with the CCGs. As part of good employment practice, agency workers are also required to abide by the CCGs policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work.

3. Purpose

3.1 The CCGs are committed to promoting a zero tolerance of domestic violence and abuse. It will ensure that the working environment promotes the view that domestic violence is unacceptable and will not be tolerated.

3.2 Domestic violence is a pattern of behaviour characterised by the misuse of power and control which commonly includes physical, psychological, emotional and sexual abuse. Within the CCGs there may be those who have experienced, are experiencing domestic violence and those who may be perpetrators of violence.

3.3 We recognise that domestic abuse can affect an individual's work performance and that as an employer we have responsibility for health, safety and welfare of staff at work and seek to provide support to those affected.

3.4 The development of this policy:

- Enables the support of employees experiencing problems at work arising from domestic violence and abuse
- Ensures confidentiality and sympathetic handling of situations at work arising from domestic violence and abuse
- Removes fears of stigmatisation at work for employees experiencing domestic violence and abuse

- Provides guidance for managers on how to support victims of domestic violence and abuse
- Provides guidance for managers on how to deal with perpetrators of domestic violence and abuse
- Raises awareness and understanding amongst all members of staff in the workplace of the effects of domestic violence and abuse

4. Definitions

4.1 **Domestic abuse** is the misuse of power and the exercise of control by a person(s) over another usually within the context of an intimate relationship or within a family. Whilst the majority of abuse is perpetrated by men against women, domestic violence may also be carried out by women against men and within same sex relationships.

4.2 Such abuse may be actual or threatened and can manifest itself in a variety of ways including physical violence, emotional or psychological abuse, sexual violence and abuse, financial control and abuse and the imposition of social isolation or deprivation. Further details of the types and signs of domestic abuse can be found in appendix 1.

4.3 Domestic abuse occurs in all groups and sections of society and may be experienced differently, due to, and compounded by, race, sexuality, disability, age, religion, culture, class or mental health.

5. Roles and Responsibilities

5.1 **CCGs Managing Director:** has overall responsibility for ensuring that the CCGs has an appropriate strategy, structures, policies and procedures in place to ensure that children and adults experiencing or at risk of abuse and neglect are safeguarded and that the commissioned provider services comply with relevant national legislation and discharge their duties effectively.

5.2 Nurse Director: is the CCG's Executive Lead for Safeguarding children and adults and will ensure that the CCG works closely with partner organisations and providers to deliver on the safeguarding strategy.

5.3 Deputy Nurse Director: will assist the Nurse Director in ensuring that the CCG works closely with partner organisations and providers to deliver on the safeguarding strategy.

5.4 The Human Resources Team (CSU): has delegated responsibility for:

- Supporting managers and employees with queries relating to the policy and procedure.
- Ensuring all cases of domestic violence and abuse are treated sensitively and in confidence as far as practicable.
- Sourcing of relevant awareness training in relation to domestic violence and abuse.
- Facilitating access to the relevant support systems available such as occupational health, counselling and the Employee Assistance Programme.

5.5 Designated Professionals: are responsible for:

- Providing strategic guidance on all aspects of the health service contribution to safeguarding.
- Providing professional advice on safeguarding matters to the multi-agency network.
- Advising on appropriate training for health personnel and participate in its provision
- Advising on practice policy, guidance and ensure health components are updated; ensure expert advice is available on safeguarding policy and procedure and on day to day safeguarding management of children and adult concerns

5.6 All Staff: are responsible for ensuring that they are aware of the domestic abuse policy and inform appropriate people of their concerns.

6. Employees experiencing domestic violence and abuse

6.1 It is understood that victims of domestic violence and abuse may feel unable to talk to anyone about their situation. They may be afraid or worried about the consequences that this may have for them, their family, home, job or income.

6.2 Employees are not obliged to inform anyone at work about their domestic situation but there are a number of people within the CCGs that can offer support and advice in relation to domestic abuse, and adults safeguarding and children.

6.3 Employees who raise concerns will be treated with respect and dignity and the CCGs will provide a supportive environment.

6.4 Employees are assured of confidentiality however there may be some circumstances where, in order to safeguard the employee, this may be breached and a disclosure made to the relevant agency. Any decision to escalate a concern to this level would normally be made by the Designated Nurse for Safeguarding Children or Designated Adults Safeguarding Manager.

6.5 Support is also available to those who are, and have been, exposed to domestic violence and abuse (see appendix 2).

7. Managerial Support

7.1 Managers should respond sympathetically and confidentially to an employee who is experiencing domestic violence and abuse. If an employee alleges abuse they should be believed unless there is clear evidence to the contrary.

7.2 Managers should also provide support to an employee who discloses they are the perpetrator of domestic violence or abuse and are seeking help. Managers should signpost the employee to a Perpetrator Programme which is accessed via self-referral dvppenquiries@nccuk.org.uk

- 7.3 Managers should provide a private space to enable the employee to talk and should assure them of their confidentiality unless there are child protection issues which must be reported.
- 7.4 The employee should be asked if they want to report the abuse to the police and if they need to see their GP for medical attention. If the employee is injured they should be encouraged to seek medical attention to have the injury/injuries assessed, treated and documented. Injuries are an indicator of high risk and a Designated Professional for Safeguarding should normally be notified. In some circumstances a decision may be made to report an incident to the police where a crime has been committed or to refer to a Multi- Agency Risk Assessment Conference (MARAC) when it is believed an individual is at risk.
- 7.5 The manager should provide information, not advice, about domestic violence and abuse support services or helplines and also advice of workplace support such as occupational health services, counselling services and the employee assistance programme. It should be noted that it may not always be appropriate for support services to be work address based services and services nearer to an employee's home address should be sourced.
- 7.6 The employee should be offered the same standard of support on all occasions no matter how many times the same member of staff comes forward. Because of the nature of persistent domestic violence and abuse victims often find it very difficult to leave abusive relationships. A record will be maintained on the number of times a staff member comes forward as repeat incidents and escalation of seriousness are risk factors which may require referral to MARAC.
- 7.7 Managers should assist employees to make contact with support services and should work with them to establish a personal safety plan at work (see section 9).

7.8 It is important to remember that pressurising employees experiencing domestic violence and abuse to leave the abuser is not helpful. In most cases the employee will want to remain in their home and be safe. In many cases violence escalates after an attempt to leave and therefore managers and colleagues aware of an individual's circumstances should be extra vigilant particularly with regard to absence from work. Leaving the situation either temporarily or permanently is a step that should be planned carefully with support from a specialist.

7.9 The employee should be offered special leave to enable them to take time off work in order to visit solicitors, banks, schools, support agencies etc.

7.10 Any discussions that take place about domestic violence and any actions agreed should be documented clearly and accurately and where possible include dates, times and locations. This information may be required as evidence in any potential legal action within the criminal or civil justice system or in any internal review. Employees should be made aware that absolute confidentiality may not always be possible.

7.11 Any records must be stored in accordance with the Data Protection Act 1998.

8. Arrangements where others may be at risk

8.1 Managers have a duty of care for all employees. Where there is an immediate risk to colleagues of the employee experiencing domestic violence and abuse the manager must agree with the employee what will be disclosed. Details disclosed must be kept to an absolute minimum and the recipients must be informed they must treat the information confidentially and that there are risks to the employee if disclosed.

8.2 Any breaches of confidentiality will be dealt with via the Disciplinary Procedure as identified within the CCGs Disciplinary Policy.

9. Personal safety at work plan

9.1 All employees must be aware that under no circumstances should the personal details of an individual be divulged unless consent is given by the individual concerned. This is applicable to all employees.

9.2 In order to ensure personal safety at work consideration should be given to the following, and in discussion with a domestic abuse specialist:

- Improving security, changing keypad numbers or reminding employees of any restricted access arrangement which may apply
- Changing duty arrangements such as reception or answering the telephone
- Changing the layout of the office environment so that the victim cannot be seen from an entrance or window
- Agreeing with the victim what to tell colleagues and how they should respond when dealing with any contact from the abuser
- Providing colleagues with a photograph and or other relevant details of the abuser, e.g. car make and registration
- Ensuring robust lone working arrangements are in place
- Providing a car parking space near to the exit point of the building or arranging for the individual to be accompanied to their vehicle

9.3 If possible a method of contacting the employee outside of work should be agreed, contacting them at home may not be appropriate.

9.4 The CCG has a duty of care to protect both the individual and other employees. Therefore any manager/staff member may decide to call the police if they feel that staff safety may be compromised.

10. Perpetrators of domestic violence and abuse

10.1 Harassment and intimidation by a CCG employee whether of a partner or ex-partner who is employed by the CCGs or not, will be considered misconduct and may lead to disciplinary action being taken.

10.2 Conduct outside of work (whether or not it leads to a criminal conviction) may also lead to disciplinary action being taken because of the impact it may have on the employee's suitability to undertake their role and/or because it undermines public confidence in the CCGs. Advice must be sought from Human Resources, Nurse Director and Safeguarding Team.

References

Data Protection Act (1998)

Department of Health (2010). *Responding to violence against women and children: the role of the NHS*. HMSO

Department of Health (2011). *Commissioning services for women and children who experience violence or abuse: a guide for health commissioners*. HMSO

Nice (2014). *Domestic violence and abuse: multi-agency working*. Nice

Nice (2016). *Domestic violence and abuse quality standards*. Nice

Office for National Statistics:

www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015h

Walby, S (2004). *The cost of domestic violence*. Department for Trade and Industry

Equality Impact Assessment Form - Policy

Equality Impact Assessment Form	
Policy author: Paul Archer, Mark Gilbey-Cross	Date of assessment: 09/05/2017
Title of policy: Domestic violence and abuse Policy	Is this a new or existing policy? New
<p>1. Is there a concern that the policy does or could have a differential impact in any of the following areas?</p>	
	Y/N – delete as appropriate
Age	No
Marriage/civil partnership	No
Disability	No
Religion/beliefs	No
Gender	No
Race	No
Pregnancy/maternity	No
Sexual orientation	No
Gender re-assignment	No
<p>2. If the answer is 'no' for the groups above, please sign and date the form and add this form to the end of the policy.</p> <p>3. If the answer is 'yes' for any of the groups above, please explain the reasons and complete box 4 (below). For help please contact the engagement adviser for advice (020 8926 5048).</p>	
<p>4. Are there any additions or actions to be added to the policy which ensure the policy does not have an adverse impact on any of the protected groups? If the answer is "yes", please detail below.</p>	
<p>Signed: (Policy author)</p>	<p>Date: 09/05/2017</p>
<p>Your contact details (department; e-mail; telephone number)</p>	<p>paul.archer@nhs.net 020 3182 3144 m.gilbey-cross@nhs.net 020 3182 2923</p>

Appendix 1: Forms of abuse and potential indicators

<p>PHYSICAL:</p> <ul style="list-style-type: none"> • Punching • Shoving • Hitting • Drowning • Biting • Beating • Pushing • Choking • Stabbing • Rape • Burning • Scalding • Denying sleep 	<p>THREATS:</p> <ul style="list-style-type: none"> • To kill her/him • To kill or hurt her/his children • To abuse children • To withhold care if ill or disabled • To find her/him if she/he leaves • To have her/him locked up – she/he is mad/unfit • Blame her/him for breaking up family • Turn children against her/him • Abuse her/him in front of children • Smash or burn everything • Mutilate
<p>EMOTIONAL:</p> <ul style="list-style-type: none"> • Jealousy • Telling her/him she/he's worthless • Boasting about abuse to friends • Forcing to do things at exact times, in exact ways • Undermining • Telling her/him she/he's a bad mother/father • Telling her/him she/he couldn't manage on her/his own • Repeated criticism 	<p>SEXUAL:</p> <ul style="list-style-type: none"> • Rape • Anal rape • Forcing sex when ill or tired • Forcing sex with others • Forcing to mimic pornography • Forcing using objects during sex • Forcing sex with friends • Forced prostitution • Forcing to be photographed
<p>ISOLATION:</p> <ul style="list-style-type: none"> • No visitors, friends, family • Locking in house/room • Not allowed to work/attend college/evening class • Accompanying him/her to and from work • Not allowed out on own • When out not allowing to talk to anyone Walking him/her to the toilet 	<p>FINANCIAL/ECONOMIC:</p> <ul style="list-style-type: none"> • Making her/him beg for money • Threatening to kick her/him out of house • Withholding information re welfare benefits by isolating her/him • Running up debts in her/his name • Withholding money for basic necessities
<p style="text-align: center;">POTENTIAL INDICATORS:</p> <ul style="list-style-type: none"> • suspicious injury or attempts to disguise an injury through clothing and make-up; • partner / family member always present and answering for the person; • depression; alcohol and drug abuse; • self-harm; • anxiety and self-neglect; • regular non-attendance for appointments; • restrictions on access to money; • restrictions in relation to work, education and social life; • children having issues such as behavioural difficulties, being withdrawn or sleep problems. 	



**Barking and Dagenham,
Havering and Redbridge**
Clinical Commissioning Groups

Appendix 2: Support agencies

National Services

[Women's Aid](#): 0808 2000247

[National Domestic Violence Helpline](#): 0808 2000247

[Men's Advice Line](#): 0808 8010327

[Survivors UK](#): info@survivorsuk.org

[Refuge](#): 0808 2000247

[Respect](#): 0808 802 4040

[Galop](#): (LGBT) 0800 999 5428

[Deaf Hope](#): (hearing impaired) 0208 772 3241 deafhope@signforhealth.org.uk

[Ashiana](#): (South Asian, Turkish and Iranian Women) 0208 539 0427

Local Services

[East London Rape Crisis Centre](#): 0207 683 1210

Barking and Dagenham independent domestic and sexual violence advocacy service:
0208 591 3498

[Womans Trust East](#): 0207 034 0303