Domestic Abuse Policy

Insert Name of Practice

January 2022

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CONTENTS

1 Introduction

Domestic abuse is a crime and affects 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. It does not respect race, social background or other similar factors and has the potential to affect everyone including members of staff and on this basis this guidance is fully inclusive, applying to all employees and individuals equally.

Everyone has the right to live life free from abuse and violence in any form and the responsibility for such acts lies with the perpetrators. Prevention of abuse and the protection of victims lies at the heart of the Domestic Abuse Act (2021). It recognises that domestic abuse can have a long-lasting physical and psychological effect on adult and child victims.

Children and young people are also deemed to be victims under the 2021 Act as a result of seeing, hearing or otherwise experiencing domestic abuse between two people where the child is related to at least one of them. Within this context, insert name of Practice recognises its responsibilities to safeguard and protect both children and adults at risk of abuse (Children's Act 1989 and 2004 and the Care Act 2014).

Four out of five victims of domestic abuse do not disclose to the police (Crime Survey for England and Wales, 2013-14) and victims are more likely to disclose domestic abuse to a health care professional than to the police. Primary Care professionals provide a vital opportunity for identification and disclosure of Domestic Abuse, they are in a key position for early identification in their day-to-day work potentially seeing both victims and perpetrators of domestic violence.

Insert Name of Practice recognises that its employees and service users will be amongst those affected by domestic abuse; for example, as a survivor of domestic abuse, an individual who is currently living with domestic abuse, someone who has been impacted upon by domestic abuse or as an individual who perpetrates domestic abuse.

2 Engagement

This policy was developed by the Named GPs for Safeguarding Children York and North Yorkshire and Named Nurse in Safeguarding Adults and Children for Primary Care, for use within General Practices within North Yorkshire and York.

3 Impact Analyses

3.1 Equality - In line with the Insert name of Practice Equality and Diversity Policies and Sustainability impact assessment, this policy aims to provide a framework for Insert name of Practice (as an employer) to deliver a consistent and effective

response in tackling domestic abuse; and supporting those experiencing it; irrespective of disability, race, religion/belief, colour, language, birth, nationality, ethnic or national origin, gender or sexual orientation. Embed or attach as appendices Practice Equality and Diversity and Sustainability impact assessments.

3.2. All Practice Staff must respect the alleged victim's (and their family's/carers) culture, religious beliefs, gender and sexuality. However, this must not prevent any actions to safeguard children, young people and adults with care and support needs who are experiencing domestic abuse.

3.3 All reasonable endeavours should be used to establish the individual's preferred method of communication, and to communicate in a way they can understand. This will include ensuring access to an interpretation service where people use languages (including signing) other than English. Every effort must be made to respect the person's preferences regarding gender and background of the interpreter.

3.4 Bribery Act 2010. Due consideration has been given to the Bribery Act 2010 in the development of this policy and no specific risks were identified.

4 Scope

This policy applies to all staff employed by the Insert name of Practice including those on fixed-term contracts, temporary staff, bank staff, locums, agency staff, contractors, volunteers (including celebrities), students and any other learners undertaking any type of work experience or work-related activity.

5 Policy Aim

This policy aims to ensure that Primary Care staff are aware of their duty to be alert to signs of domestic abuse, know how to respond to disclosures of domestic abuse, support victims and survivors (who may be patients or staff) and signpost them to external agencies where appropriate.

This document also provides guidance for line managers on how to appropriately support staff when a manager becomes aware that a member of their staff is either a victim or alleged (or otherwise identified e.g., through self-reporting to their manager) perpetrator of domestic abuse.

This Domestic Abuse policy is not a definitive document and should be read in conjunction with,Domestic Abuse: a resource for health professionals (DHSC 2017); Working Together to Safeguard Children (DfE 2018); The Care Act 2014; Local Safeguarding Children Partnership's (LSCP) guidelines and procedures and Local Safeguarding Adult Board (LSAB) guidelines and procedures.

6 Definitions

6.1 The new Domestic Abuse Act (2021) for the first time provides a statutory definition of domestic abuse; **'behaviour which is abusive by one person towards another person'.** The persons have to be 'personally connected' and both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over.

6.2 Behaviour is to be regarded as 'abusive' if it consists of any of the following:

Physical or sexual abuse
Violent or threatening behaviour
Controlling or coercive behaviour
Economic abuse
Psychological, emotional or other abuse.

Please note that 'so-called honour' based abuse, forced marriage and female genital mutilation (FGM) when the victim and perpetrator are personally connected may also fall under the statutory definition of domestic abuse in the 2021 Act. These forms of abuse are most likely to be carried out by a member or members of the victim's family.

6.3 To be 'personally connected' means individuals who are either married, civil couples engaged to be married or have agreed to enter into a civil partnership, who have been in an intimate personal relationship with one another or those who have a child or children to whom they each have parental responsibility, or they are relatives.

6.4 The Serious Crime Act (2015) created a new offence of controlling or coercive behaviour in intimate or familial relationships. The new offence closes a gap in the law around patterns of controlling or coercive behaviour in an on-going relationship between intimate partners or family members.

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

Coercive behaviour: 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.

7 Roles and Responsibilities

7.1 All Primary Care Staff:

- To be aware of the Primary Care Domestic Abuse Policy.
- To be able to recognise behaviours that amount to Domestic Abuse and have an awareness of the signs and impact of Domestic abuse.
- To know how to respond to disclosures appropriately and support/ signpost victims/perpetrators to specialist services.
- To know where to access professional safeguarding support and advice.
- To know how to escalate concerns if required.
- To be up to date with adult and children safeguarding training.

7.2 Practice Safeguarding Leads or other suitable designated practice member:

- Ensure that practice members receive adequate support when dealing with Domestic Abuse and signpost colleagues to sources of advice and support.
- Act as a point of contact (advice and support) for Practice Partners and staff (clinical and non-clinical) to bring concerns regarding Domestic Abuse and record these discussions along with any subsequent action taken.
- Encourage regular discussion of safeguarding issues including where Domestic Abuse is a factor at Practice team meetings. This may include learning from serious case reviews or domestic homicide reviews and include making recommendations for change or improvements in practice.
- Lead on analysis of relevant significant events/root cause.
- Establish professional links and seek appropriate advice and support from the Named GP for Safeguarding Children, the Named Nurse Safeguarding Children and Vulnerable Adults in Primary Care and the Designated Nurses.
- Act as a focus for external contacts on Domestic Abuse matters, particularly with other health colleagues to ensure concerns are identified and shared in a timely manner to reduce further risks to the child, adult or employee.
- Promote relevant Domestic abuse and safeguarding training for partners and staff.
- Promote appropriate recording of Domestic abuse issues and support arrangements to ensure continued accuracy of information where health records are coded to identify concerns regarding Domestic abuse.

- Promote the provision of GP information to MARAC meetings through either attendance when applicable or completion of a MARAC report.

- Ensure and support robust reporting and complaints procedures.

- Ensure partners and staff have access to the Practice's Domestic Abuse policy, Safeguarding Children and Adults Policies and Safeguarding Children Partnership and Adult Board Procedures.

7.3 **Practice Manager**:

- All managers should be aware of this Policy and be able to apply it when they suspect or have identified a staff victim/survivor or perpetrator of domestic abuse, including issues escalated to them by team members.

- The role of a manager is not to deal with the abuse itself but to make it clear that employees will be supported and to outline what support is available (whether this is support for a victim or perpetrator) and from where, and to escalate the concern as appropriate.

- Abusive conduct, harassment, and intimidation by an employee will be viewed seriously and may lead to investigation/action being taking in accordance with the Practice's disciplinary procedures.

- Breaches of this policy may be investigated by the Practice Manager and may result in the matter being treated as a disciplinary offence under the Practice disciplinary procedure.

- The GP Practice respects employees' right to privacy. However, there are, some circumstances in which confidentiality cannot be assured. These occur when there are safeguarding concerns about children or adults at risk or where the employer needs to act to protect the safety of employees. In circumstances where confidentiality must be breached specialist safeguarding advice will be sought before doing so.

- Ensure that safeguarding responsibilities are clearly defined in all job descriptions and ensure safe recruitment procedures.

8 Practice Arrangements

8.1 Insert Name of Practice has clearly identified lines of accountability within the practice to help them respond effectively to people experiencing domestic violence and abuse and to alleged perpetrators of Domestic Abuse. Safeguarding responsibilities will be clearly defined in all job descriptions and

there are nominated leads for safeguarding children and adults**. The practice has a zero-tolerance level regarding Domestic abuse.**

8.2 The Practice Lead for Safeguarding Adult/children is:

Insert name and contact

The Deputy Practice Lead for Safeguarding Adults/children is:

Insert name and contact

The Administration Lead for managing Safeguarding data is:

Insert name and contact

The Named Nurse for Safeguarding Adults and Children for Primary care is:

Nicola Hields -Tel: 07738 898819

9 Training and Awareness

The intercollegiate documents below include details of safeguarding training recommended for practice staff.

- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth edition: January 2019
- Adult Safeguarding: Roles and Competencies for Health Care Staff, First edition: August 2018

Please also refer to the RCGP supplementary guide and the Primary Care Training Guidance (2021).

SC and adult training Guidance P

Domestic Abuse is included within both Safeguarding Children and Safeguarding Adults level 3 CCG training packages.

The Practice will keep a training database detailing the uptake of all staff training so that the Practice Manager and Safeguarding Leads are aware of any unmet training needs.

All practice staff are encouraged to keep a log of learning for their appraisals or personal development plans

10 Procedures:

10.1 Responding to individuals who may be victims/survivors of Domestic Abuse

As a health professional you may be a first point of contact. You have a responsibility to know and recognise the risk factors, signs, presenting problems or conditions, including the patterns of coercive or controlling behaviour associated with domestic abuse.

There are a whole range of indicators that may alert health professionals that an individual may be experiencing domestic abuse. Some of these are quite subtle and it is important to remain alert to the potential signs and respond appropriately (Please refer to Appendix 1 and 2).

Many victims of Domestic Abuse rely on staff to listen, persist and enquire about signs and cues. The Practice Team is not responsible for investigating Domestic Abuse incidents, but do have a responsibility for sharing information, acting on concerns, and contributing to safeguarding processes.

ASK:

- if you identify signs of domestic abuse or if things are not adding up, ask the person **alone and in private**, about their experience of domestic or other abuse, sensitively. This is called 'clinical/targeted enquiry'. Explain that you are concerned and respectfully ask direct questions and record that you have done so.

- Advise the person that the discussion is confidential, and that the information provided will be shared only with their consent.

- However also explain that the duty to keep information confidential is not absolute and that in exceptional circumstances (for example, if there is a risk of death to an adult or a risk of significant harm to a child) information may be shared without consent.

RESPOND:

- Validate the person's experience with phrases like 'I believe you', or 'this is not your fault'.

- Ask about what support the individual has and what they might need.

CONSIDER IMMEDIATE RISKS:

- Ask if the abuse is getting worse or if they feel unsafe to stay in the home or feel in immediate danger.

- If there is a risk of immediate danger help the person to call the police on 999 and if there are children in the home, make a Children's safeguarding referral.

- Risk can be dynamic and change very quickly. The SafeLives DASH (domestic abuse, stalking and 'honour'-based violence) risk checklist can help identify high risk cases of domestic abuse, stalking, and 'honour'-based violence. However, it is not appropriate for most frontline clinicians to complete this as it requires additional specialist training and is best undertaken by your local specialist Domestic Abuse service or the police. Therefore, refer with consent or signpost the individual to the local specialist Domestic Abuse service for support.

REFER /SIGNPOST:

If there is no immediate danger to the person (or any children) actions to safeguard and support the individual and their family may include any or all of the following.

- Consider whether a safeguarding referral is needed if there are any children and/or adults at risk and follow your usual practice safeguarding procedures outlined in your Children or Adult Safeguarding policies.

- Consider supporting the victim to contact the police to report the abuse if they wish to.

- Contact or provide information on the local domestic abuse service (IDAS details are in the 'contacts section).

- Provide contact details of the 24-hour National Domestic Violence Helpline: 0808 2000 247.

- Provide continuing Primary Care support to the individual with their agreement.

- Consider referral to MARAC (Multi- agency Risk Assessment Conference) if deemed there is a high-level risk in your Professional judgement.

- Consider the Domestic Abuse Disclosure Scheme via 101- Clare's law. Under the right to ask, any concerned person (including a professional) has a right to ask the police about someone's past, if they are worried about their behaviour and think they may potentially be violent. Further information is available https://www.northyorkshire.police.uk/advice/advice-and-information/daa/domestic-abuse/alpha2/request-information-under-clares-law/

- Discuss with your Practice Safeguarding Lead, your colleagues or your local safeguarding professionals if you need further advice and guidance.

RECORD:

For Patients who disclose Domestic Abuse:

- Make sure you document all enquiries, disclosures and referrals on the patient's record.

- When recording a disclosure describe exactly what happened. Use the patient's own words (with quotation marks) rather than your own. Document injuries in as much detail as possible, using body maps to show injuries, and record whether an injury and a victim's explanation for it are consistent.

- Record any support given, referrals made, and actions taken.

- Record the relationship to the perpetrator, name of perpetrator and whether there are any children in the household and their ages. Record the name of anyone accompanying the patient in a consultation.

- Ensure you code any disclosure. For full details on coding of Domestic Abuse in Health records please refer to the RCGP (2021) Guidance on recording domestic abuse in the electronic medical record . Please note at present in North Yorkshire and York we do not routinely receive information about perpetrators from MARAC or document details on their records.

- Ensure you also code any disclosure on the medical records of connected children or vulnerable adults in the household and **hide from online access.**

- ALL information in the EMR (Electronic Medical Record) about Domestic Abuse must be hidden from patient online access.

- Ensure that any reference to domestic abuse on a victim's records is not accidently visible to third parties.

- Document any concerns that you have, even if the patient does not disclose domestic abuse.

Please also refer to:

- NICE Guidance 'managing Domestic Abuse and Violence'
- DoH guidance 'Responding to Domestic Abuse: A resource for Health professionals.

- RCGP/SafeLives/Iris, (2014) GP guidance.
- IRISI Guidance for General Practice teams: responding to domestic abuse during telephone and video consultations.

11 Information Sharing and Confidentiality

Information will be shared only with the consent of the person, subject to the practice policy on child and adult safeguarding.

In exceptional circumstances, information may be shared without the person's consent. This includes when there is a public interest or other legal justification, such as to safeguard a child, a threat to life or to safeguard an adult with care and support needs.

Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults at risk or children and the rationale for decision-making should always be recorded.

If a decision is made not to share information, record the decision and the reasons for that decision.

The 'Seven Golden Rules' of information sharing are set out in the 'Information Sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers' (2018) . This information sharing guidance is applicable to all professionals charged with the responsibility of sharing information, including in safeguarding children and adults' scenarios.

The GMC, BMA and Safe Lives all provide guidance on Confidentiality and Information sharing. The Data Protection Act 2018, associated General Data Protection Regulations and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared lawfully.

Regarding 'Subject Access Requests', information about third parties and information that may cause serious harm to either the patient or others should be redacted. For example, ensure that any reference to Domestic Abuse is redacted from children's records if provided to the perpetrator.

12 MARAC (Multi- agency Risk Assessment Conference):

MARAC's are risk management meetings where professionals share information on high-risk cases of domestic violence and abuse and put in place a risk management plan for victims and their families. Please refer to SafeLives Multi-agency Risk Assessment Conference: Guidance for GP's for further information on the MARAC process.

Primary care's contribution to MARAC's is important and is supported by guidance from the Royal College of General Practitioners. Information held

within the health records may be used to assess risks and importantly direct support and protect victims of Domestic Abuse.

12.1 Referral into MARAC

Any agency can refer a case into a MARAC. If you have serious concerns about a victim's situation and in your professional judgement believe they are at high risk of harm due to domestic abuse, discuss this with your safeguarding lead and/or the Primary Care safeguarding team and consider referral to MARAC. The aims of Marac are to safeguard victims of domestic abuse including children, manage perpetrators' behaviour, and make links with other safeguarding processes.

Where appropriate, discuss your concerns with the victim and seek to obtain their consent to refer them into the MARAC process, if it is safe to do so. Explain to the victim the purpose of the MARAC and how this process can support them.

In cases where the victim doesn't want to be referred but is assessed as high risk of being seriously harmed or killed, consider whether it is proportionate and necessary to make the referral in order to better protect her/him. Advice from the safeguarding lead or team can/should be sought if there is uncertainty where a referral should go without consent. By sharing information, a safety plan can be developed. The actions arising out of this plan should provide a greater level of support and protection for the victim.

Include background information regarding identified risk factors. Any professional information in support of the referral should be included to ensure full concerns are identified and discussed at the MARAC.

If you have made a referral into MARAC you will be expected to attend the MARAC meeting and will be notified of this by the local MARAC co-ordinator directly.

To access MARAC referral forms please see below:

For York and North Yorkshire: please email the area required:

- maracyork@northyorkshire.pnn.police.uk
- maracharrogatecraven@northyorkshire.pnn.police.uk
- marachambrich@northyorkshire.pnn.police.uk
- maracselby@northyorkshire.pnn.police.uk
- maracscarborough@northyorkshire.pnn.police.uk

For East Riding contact: marac@eastriding.gov.uk/ 01482 396368

12.2 Sharing Information for MARAC

The Practice will be notified via the Primary Care Safeguarding team when a patient has been referred into the MARAC process. This is to ensure that

Primary Care information is shared, contributes to the risk assessment and safety planning for the victim and their family. Referrals into MARAC may come from other agencies, and it is not always possible for a GP to attend a MARAC meeting, if this is the case you will be asked to share information before the meeting via the 'information sharing: general practice form'.

Whether there is 'consent' or no 'clear consent' from the victim will be clear on the documentation sent to the GP practice. GPs should share information that they consider to be relevant, proportionate and necessary to safeguarding the victim, children, or perpetrator. Document your decision to share OR NOT share information with MARAC in the patient and children's records and the reason for this.

MARAC information (requests, reports or action plans) should be scanned to the health records of the victim/child(ren) and the online visibility function should be used to **hide this from online access**. It is important that entries regarding Domestic abuse are blocked from online access as an accidental discovery by a perpetrator that a victim has disclosed domestic abuse increases the risk to their victims.

Full guidance on safely recording domestic violence and abuse information is available, this includes MARAC information. Please see the RCGP: Guidance on recording domestic abuse in the electronic medical record (2021)

12.3 Following the MARAC

After the MARAC meeting the Practice will be sent the minutes directly to be stored on the health records of the victim/survivor and any associated child(ren's) records. Again, this entry should be blocked from patient online access to ensure the victims safety.

Following the MARAC meeting you may be asked to complete any agreed actions so please review the minutes and document any actions taken.

12.4 Supporting your patient after MARAC

- Consider domestic abuse when the patient next presents and consider any risks to child(ren). Remember to use 'clinical/targeted enquiry'.

- Try to ensure that the patient is seen at appointments alone. If the patient is not alone do not discuss domestic abuse or the MARAC meeting.

13 Working with perpetrators of domestic abuse who are patients

Primary Care support and care for all patients equally. When working with perpetrators this may include working to ensure the safety of victims and their children. Abusive behaviour is the responsibility of the perpetrator.

Consider any actions needed to manage the risk to the victim and any children, signpost and support the perpetrator to address their behaviour and to consider other unmet health needs.

The approach to managing a person who perpetrates domestic abuse will depend on whether the person directly acknowledges their behaviour as a problem, seeks help for a related problem, or has been identified by others as abusive.

You can go to a number of sources if you need more advice, including the:

- GP Safeguarding Lead.
- Primary Care Safeguarding Team and Designated Safeguarding professionals.
- Local perpetrator programme services (details in the 'contacts' section).
- The Respect national phone line for domestic violence perpetrator (details in the 'contacts' section).

Please note young people between 16 and 18 years old who are harming their partner, siblings, parents or other adult family members should be referred for support through child protection procedures. Children who harm others are likely to have considerable needs themselves.

If it is deemed necessary or desirable to share information with other agencies, be aware of the legal grounds for sharing information.

Keep a detailed record of the disclosure in the perpetrator's records.

14 Domestic abuse and the workplace

14.1 Responding to Staff who may be victims/ survivors of Domestic Abuse

All staff have a responsibility to escalate to their line manager or other senior manager any suspicion that a colleague may be a potential or actual victim of domestic abuse.

14.2 Support for Individuals

Line managers will consider support options available for victims and survivors of domestic abuse in the workplace as well as signposting or referring the individual to external specialist support agencies as appropriate.

Support from the individual's line manager may include:

- A confidential and private space to discuss the concerns.

- Respecting the right of staff to make their own decision on the course of action at every stage.

- Respecting the employee's right to privacy'. However, there are some circumstances where confidentiality cannot be assured (when there are safeguarding concerns about children or adults at risk or where the employer needs to act to protect the safety of employees).

- Seeking specialist advice (GP Safeguarding Lead/Designated/Named Safeguarding Professionals) about the risks/safety regarding the domestic abuse before breaching client confidentiality. They will discuss with the employee why they are doing so, will seek the employee's agreement where possible, unless such a discussion will put the employee or others at increased risk of harm.

- Encouraging the employee to contact a specialist support agency who can undertake a Domestic Abuse Stalking and Harassment (DASH) risk assessment and safety plan. This can be undertaken by Local Independent Domestic Abuse Services (IDAS) in York and North Yorkshire and Domestic Violence & Abuse Partnership (DVAP) in the East Riding of Yorkshire.

- Signposting to other existing supportive provisions (this could include a referral to occupational health, independent counselling service, others).

- Working with the employee and the specialist domestic abuse agency if appropriate (with the employee's consent) to identify what actions can be taken to increase their personal safety at work and at home as well as address any risks there may be to colleagues.

  Some examples/options may include:

- Improving security, changing keypad numbers, or reminding employees of any restricted access arrangement which may apply.

- Consider changing duties/working arrangements such as reception or answering the telephone.

- Consider 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 if they wish to, and how they should respond when dealing with any contact from the perpetrator.

- Consider (where agreed) providing colleagues with a photograph and or other relevant details of the perpetrator, 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 between vehicle and workplace.

- If required, a method of contacting the employee outside of work should be agreed, where contacting them at home may not be appropriate or dangerous.

The Practice 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.

All records held at the GP Practice concerning domestic abuse should be kept strictly confidential. No local records should be kept of absences related to domestic abuse and there should be no adverse impact on the employment records of victims of domestic abuse.

Line managers can use the 'record of conversation' proforma (Appendix 4) to document more in-depth conversations with the staff member. This can be stored securely in the staff members record.

14.3 **Responding to employees who perpetrate abuse**

The GP Practice is committed to promoting a zero tolerance to domestic abuse. Harassment and intimidation by an employee, whether of a partner/ex-partner or family member who works for the Practice or not, will be viewed seriously and may lead to disciplinary action being taken in accordance with Practice disciplinary processes.

Employees are always expected to conduct themselves in a way that will not adversely reflect on the organisation and its reputation.

Employees who are alleged perpetrators should also be aware that conduct outside of work could lead to disciplinary action being taken against them under the organisation's disciplinary policy due to the impact it may have on the employee's suitability to carry out their role and/or because it undermines public confidence.

Factors that will be considered are:

- The nature of the conduct and the nature of the employee's work.
- The extent to which the employee's role involves contact with other employees or the public.
- Whether the employee poses a risk to other members of staff, a risk to children or an adult with care of support needs or a risk to the public.

If any of the circumstances set out in the above paragraphs are brought to a manager's attention, in the first instance advice can be sought from the GP safeguarding lead within the practice. Where appropriate, there will be an investigation of the facts as far as possible, and a decision made as to whether the conduct is sufficiently serious to warrant disciplinary action being taken. Further advice can be sought from the Named Professionals/Designated Professionals Safeguarding Team.

The alleged perpetrator will be provided with information about the services and support available to them including line manager support, and referral or sign posting to external local agencies (refer to contacts section) or national perpetrator programmes such as Respect UK, if appropriate.

15 Contact Numbers for Local Domestic Abuse and Social Care Services

IN AN EMERGENCY DIAL 999

North Yorkshire and York Domestic Abuse Services	
IDAS (Independent Domestic Abuse Services) For victims (16+) and for support services for children and young people affected by Domestic Abuse	Telephone: 03000 110 110 Website: Idas.org.uk Email: info@idas.org.uk Online: www.idas.org.uk/contact/make-a-referral/ Live Chat web chat facility via the IDAS website
MARAC Referrals	Email: maracyork@northyorkshire.pnn.police.uk maracharrogatecraven@northyorkshire.pnn.police.uk marachambrich@northyorkshire.pnn.police.uk maracselby@northyorkshire.pnn.police.uk maracscarborough@northyorkshire.pnn.police.uk
Foundation UK: +Choices	York & Selby: 01904 557 491

For low-risk perpetrators of Domestic Abuse (age 16+)	Harrogate & Craven: 01423 500 905 Scarborough, Ryedale, Hambleton & Richmond: 01723 361 100 Emergency Out of Hours only: 0300 30 30 911 Email: FoundationMakingSafe@foundation.cjsm.net Referral form on website here
Respect: Provided by IDAS Support Services for Young People Displaying Abusive Behaviour (10-16 years)	Telephone: 03000 110 110 Email: respect.project@idas.cjsm.net Online: www.idas.org.uk/contact/make-a-referral/ Live Chat web chat facility via the IDAS website
Bridge House SARC (Sexual Assault Referral Centre) 16+ years An individual can self-refer, and an appointment will usually be offered within 24-48 hours	Telephone: 0330 223 0362 (9am - 5pm) 24-hour answer phone Email: bridgehouse.sarc@nhs.net Website: www.bridgehousesarc.org
East Riding Domestic Abuse Services	
DVAP (Domestic Violence & Abuse Partnership) For victims (16 +) and for support services for children and young people (6-16) affected by Domestic Abuse	DVAP Operational Team: (01482) 396368 DVAP Confidential Helpline: (01482) 396330 Email: DVAP@eastriding.gov.uk For online referral forms for adult services please see the East Riding Council website here For children's support services email: dvap.childrens.service@eastriding.gov.uk For online referral forms for children's services please see the East Riding Council website here
MARAC Referrals	Telephone: 01482 396368 Email: marac@eastriding.gov.uk/
PODAS (prevention of domestic abuse service) For perpetrators of Domestic Abuse (age 16+)	Telephone: 01482 396708/01482 396706 Email: podas@eastriding.gov.uk

	For online referral forms for children's services please see the East Riding Council website here
CASA Suite SARC (Sexual Assault Referral Centre) - East Riding 16+ years An individual can self-refer, and an appointment will usually be offered within 24 hours	Telephone: 0330 223 0181 Email: casasuite.sarc@nhs.net Website: www.casasuite.org
Police Services	
Police: North Yorkshire and Humberside	In an emergency dial 999 If it is not an emergency, and you want to make a report to police dial 101 For Clare's law disclosures Dial 101 and ask about Clare's Law (the Domestic Violence Disclosure Scheme) or visit the following websites for more information: North Yorkshire Police: https://northyorkshire.police.uk/– click "What we do", "Tackling crime" and then "Crimes against the person" Humberside Police: https://www.humberside.police.uk/Domestic-Violence-Disclosure-Scheme
Safeguarding Children Referrals	
North Yorkshire	Telephone: 01609 780780 Out of hours: 01609 780780 Email: social.care@northyorks.gov.uk
City of York	Telephone: 01904 551900 Out of hours: 01609 780780 Email: MASH@york.gov.uk
East Riding	Telephone: 01482 395500 Out of hours: 01377 241273 Email: childrens.socialcare@eastriding..gov.uk
Safeguarding Adults Referrals	

North Yorkshire	Telephone: 01609 534527 Out of hours: 01609 780780 Email: social.care@northyorks.gov.uk
City of York	Telephone: 01904 555111 Out of hours: 01609 780780 Email: adult.socialsupport@york.gov.uk
East Riding	Telephone: 01482 396940 Out of hours: 01377 241273 Complete online form: http://www.ersab.org.uk/reporting-abuse
Local Safeguarding Children Partnerships	
North Yorkshire	www.safeguardingchildren.co.uk
City of York	www.saferchildrenyork.org.uk
East Riding	www.erscb.org.uk
Local Safeguarding Adults Boards	
North Yorkshire	https://safeguardingadults.co.uk/
City of York	www.safeguardingadultsyork.org.uk
East Riding	www.ersab.org.uk

16 Monitoring and Audit

Audit of awareness of the Domestic Abuse policy and processes may be undertaken the Practice Manager and Practice Safeguarding lead.

17 Policy Review

This policy will be reviewed three years from the date of issue. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

18 National Support Services

National Domestic Abuse Helpline (24 hours) – 0808 2000 247 – (run by Refuge)	www.nationaldahelpline.org.uk/
Womens Aid	https://www.womensaid.org.uk/
The Men's Advice Line, for male domestic abuse survivors – 0808 8010 327 (run by Respect)	https://mensadviceline.org.uk/
National Stalking Helpline – 0808 802 0300 – (run by the Suzy Lamplugh Trust)	https://www.suzylamplugh.org/
Rape Crisis National Helpline - 0808 802 9999	https://rapecrisis.org.uk/
Respect Resources For perpetrators: 0808 802 4040	http://respect.uk.net, www.respectphoneline.org.uk
The Mix, free information and support for under 25s in the UK – 0808 808 4994	https://www.themix.org.uk/
National LGBTQ + Domestic Abuse Helpline – 0800 999 5428 (run by Galop)	https://galop.org.uk/types-of-abuse/domestic-abuse/
SaferLives: Ending Domestic Abuse	https://safelives.org.uk/
Samaritans (24/7 service) – 116 123	https://www.samaritans.org/how-we-can-help/contact-samaritan/
Forced Marriage and Honour Based Abuse – Karma Nirvana - 0800 5999 247	https://karmanirvana.org.uk/contact/
National Revenge Porn Helpline – 0845 6000 459	https://swgfl.org.uk/services/revenge-porn-helpline/
National Centre for Domestic Violence for a free injunction service to all victims of Domestic abuse - 0800 970 2070	https://www.ncdv.org.uk/

UK Says No More – National Pharmacy Safe Spaces for people experiencing domestic abuse	https://uksaysnomore.org/safespaces/
Future NHS Platform – Domestic Abuse Resources from NHS Professionals	https://future.nhs.uk/safeguarding/view?objectId=13267120
NHS Safeguarding App	https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/
Bright Sky App - a free app providing support and information for anyone who may be in an abusive relationship or those who are concerned about someone they know.	https://www.hestia.org/brightsky

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20 Appendices

Appendix One: Signs to look out for Regarding Domestic Abuse Include:

Inconsistent relationship with health services
• Frequent appointments for vague symptoms. • Frequently missed appointments, including at antenatal clinics. • Non-compliance with treatment or early discharge from hospital.
Physical symptoms
• Multiple injuries at different stages of healing or repeated injury, all with vague or implausible explanations (particularly injuries to the breasts or abdomen). • Injuries inconsistent with explanation of cause or the woman tries to hide or minimise the extent of injuries. • Problems with the central nervous system – headaches, cognitive problems, hearing loss. • Unexplained: – long-term gastrointestinal symptoms – genitourinary symptoms, including frequent bladder or kidney infections – long-term pain.
Reproductive/sexual health issues
• unexplained reproductive symptoms, including pelvic pain and sexual dysfunction • adverse reproductive outcomes, including multiple unintended pregnancies or terminations/miscarriages • delayed antenatal care, history of premature labours or stillbirths • vaginal bleeding, recurring sexually transmitted infections or recurring urinary tract infections.
Emotional or psychological symptoms
• symptoms of depression, fear, anxiety, post-traumatic stress disorder (PTSD), sleep disorders • self-harming or suicidal tendencies • alcohol or drug misuse.
Intrusive 'other person' in consultations
• partner or spouse, parent, grandparent (or, for elder abuse, a partner or family member) always attends appointments unnecessarily • the patient is submissive or afraid to speak in front of the partner or relative, escort or spouse. • The escort is aggressive, dominant or over attentive, talking for the patient or refusing to leave the room.
None of these signs automatically indicates domestic abuse, but even if the patient chooses not to disclose at this time, knowing that you are aware of the issues and are supportive builds trust and lays the foundations for them to choose to approach you or another practitioner at a later time.

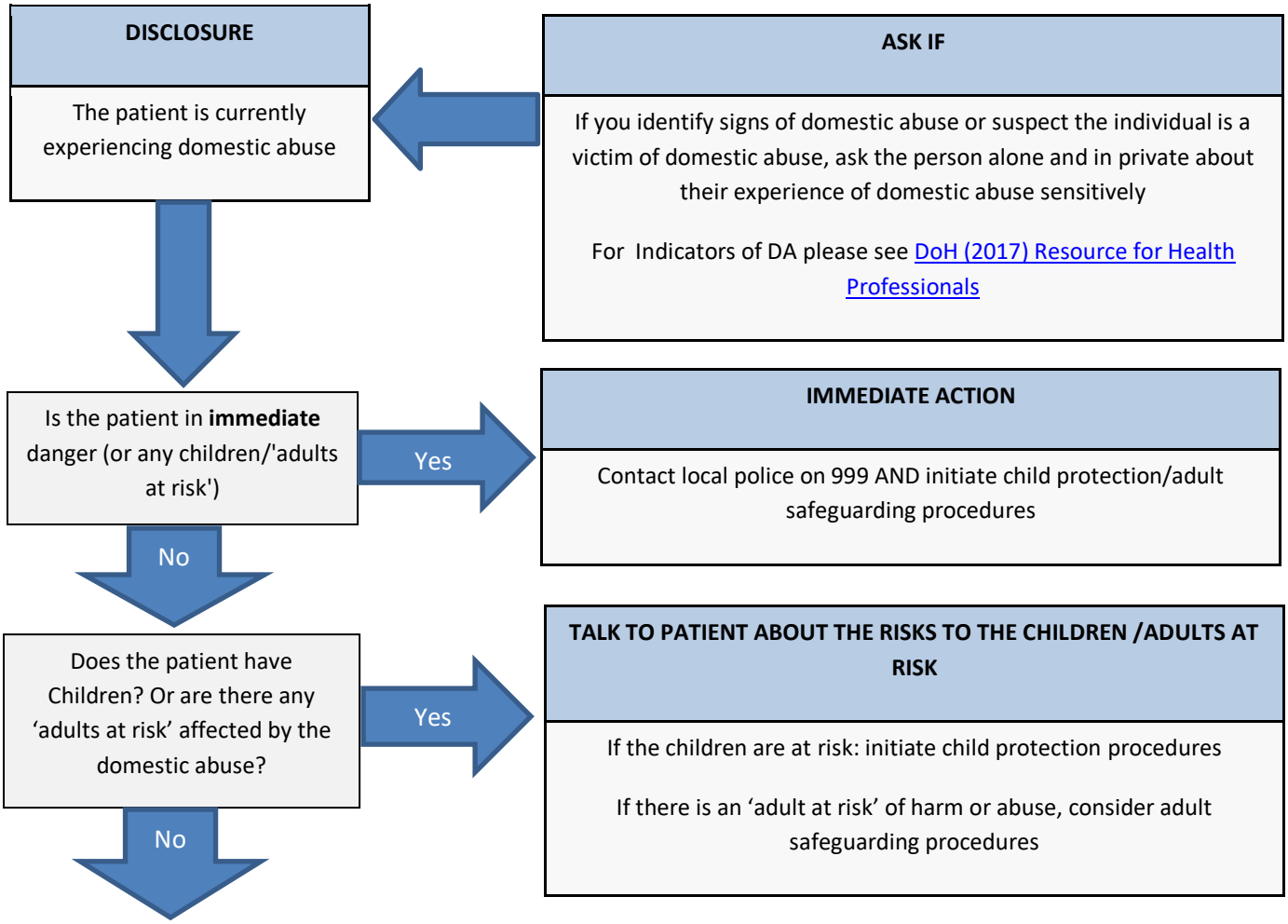
Taken from Responding to domestic abuse: a resource for health professionals

This is an excellent resource for all health professionals.

Appendix 2: Examples of Domestic Abuse Behaviours

Physical
Shaking, smacking, punching, kicking, presence of finger or bite marks, starving, tying up, stabbing, strangulation, suffocation, throwing things, using objects as weapons, female genital mutilation, 'honour violence'. Physical effects are often inflicted on areas of the body that are covered by clothing, for example, breasts and abdomen.
Sexual
Forced sex, forced prostitution (both rape), ignoring religious prohibitions about sex, refusal to practice safe sex, sexual insults, passing on sexually transmitted diseases, preventing breastfeeding.
Psychological
Intimidation, harassment and stalking, insulting, isolating the individual from friends and family, criticising, denying the abuse, treating the individual as an inferior, threatening to harm children or take them away, forced marriage.
Financial
Not letting the individual work, undermining efforts to find work or study, refusing to give money, asking for an explanation of how every penny is spent, making them beg for money, gambling, not paying bills.
Emotional
Swearing, undermining confidence, making racist or sexist remarks, making the person feel unattractive, calling them stupid or useless, eroding their independence, threatening to 'out' a victim's sexual orientation or gender identity to friends, family or work colleagues.

Appendix 3: Process for responding to Domestic Abuse



RESPOND

If there is **no immediate** danger to the person (and any children/adults at risk) consider:

- Referral or signposting to local domestic abuse services: IDAS (NY and York) Tel: 03000 110 110 - DVAP (East Riding) Tel: (01482) 396368/ (01482) 396330
- Supporting the victim to report the abuse to the police if they consent
- Referral to local early help supportive services with consent
- Referral to MARAC (Multi- agency Risk Assessment Conference) if there is high-level risk
- The Domestic Abuse Disclosure Scheme via 101- Clare's law if appropriate
- Providing continuing Primary Care support to the individual with their agreement
- Asking for further advice or guidance and discuss with your Practice Safeguarding Lead, and/or your local safeguarding professionals

RECORD

- Consent to share information (or not)
- Explain the need to document domestic abuse and document any injuries for purposes of evidence
- Record any support given, referrals made, and actions taken
- Use read code: History of Domestic Abuse in patient notes to indicate a disclosure of domestic abuse and **hide the entry from online access**
- Code any disclosure on the medical records of any children or vulnerable adults in the household and **hide the entry from online access**
- Please refer to the RCGP (2021) Guidance on recording domestic abuse in the electronic medical record for further details on recording

Ref: Adapted from Guidance for general practices (2014) SafeLives and IRIS

Appendix 4: Record of conversation with member of staff

The following proforma can be used by line managers as a tool to aid further discussion. Please do not ask about domestic abuse unless safe to do so; the member of staff should be alone, without children present and if this is a virtual discussion, please ensure the conversation cannot be overheard by anyone.

This document is intended to help managers with working through difficult conversations but is not mandatory and because of the highly personal and unique circumstances every individual will experience should be amended as appropriate to ensure the best possible support is offered to the employee.

Record of Conversation and Support: Domestic Abuse			
Staff Name: Date: Line Manager:			
Background			
Overview of the domestic abuse which has occurred/is at risk of occurring. (The employee can share and record as much or as little as they feel able). Home circumstance: Employee and perpetrator live together ☐ Employee and perpetrator live separately ☐ Has local IDVA support been identified and sought? Yes ☐ No ☐ N/A ☐			
Workplace action Plan			
General	**Yes**	**No**	**Comment/Action**
Has the perpetrator threatened you at work? (in person, over the phone, via email)			
Are you concerned the perpetrator may come to the workplace? Has this happened before?			
Travel	**Yes**	**No**	**Comment/Action**
Has stalking been a problem?			

Do you have any concern about your safety on your commute to and from work?			
Do you have any concern about travelling (if required) as part of your role?			
Would a travel buddy system with another colleague be helpful?			
Do you have any concerns about car parking at your work base or whilst you are away from your base on work business?			
Working conditions	**Yes**	**No**	**Comment/Action**
Do you have any concern to your safety relating to your current work?			
Do you have any concern about your environment i.e desk location, availability of phone number/contact details?			
Do you require time off to attend any appointments or meetings related to domestic abuse? Would it help to have meetings arranged in the workplace?			
Other	**Yes**	**No**	**Comment/Action**
Are there any forms of communication that should be avoided?			
Has a response/contact system been developed if you are late/absent from work?			
Are there any work colleagues that you would like to share this plan with?			
Any other actions or relevant information:			

This document may be reviewed and amended as necessary with the agreement of the employee.

- As the employee, I will let my line manager know if there are changes which will affect the above agreed actions. We will then meet privately to discuss any further action or changes that could be made.

- As the line manager, if I notice a prolonged change at work or if the adjustments are not working, we will meet privately to discuss what needs to be done.

- Relevant and proportionate information provided within this checklist may need to be shared with appropriate persons to enable a supportive safety plan to be established.

- This document should be stored securely in accordance with Information Governance requirements

I, the named employee, consider the actions agreed will help improve my safety in the workplace.

Employee Name……

Signature…….

Date……../……/….

Ref: Adapted from NSHE/I (2020): Staff Domestic Abuse Policy