

Domestic Abuse Policy

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1.0 INTRODUCTION

1.1 In April 2021 the Domestic Abuse Act was passed by Parliament and for the first time in history there is a wide-ranging legal definition of domestic abuse which incorporates a range of abuses beyond physical violence, and this includes emotional, coercive or controlling behaviour, and economic abuse.

1.1.2 For the purpose of the Act the definition of Domestic Abuse is as follows:

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if:

- A and B are each aged 16 or over and are personally connected to each other, and;
- The behaviour is abusive.
- Behaviour is “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.

[Appendix1](#) provides further details of the different forms of domestic abuse behaviour.

It does not matter whether the behaviour consists of a single incident or a course of conduct. Behaviour may be “towards” B even though it consists of conduct directed at another person (for example B’ child).

1.2 Personally Connected

1.2.1 For the purpose of the Act the definition of personally connected is as follows: two people are “personally connected” to each other if any of the following applies: a) they are, or have been, married to each other; b) they are, or have been, civil partners of each other; c) they have agreed to marry one another (whether or not the agreement has been terminated); d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated); e) they are, or have been, in an intimate personal relationship with each other; f) they are relatives; g) They each have, or there has been a time when they each have had, a parental relationship in relation to the same child (this can be as the parent or having parental responsibility).

1.3 Children as victims of domestic abuse

1.3.1 Domestic abuse can have a devastating impact on children exposed to it, therefore The Act acknowledges children. They will no longer be viewed as bystanders of domestic abuse, but victims in their own right.

1.3.2 Any reference in the Act to domestic abuse includes a reference to a child who sees or hears, or experiences the effects of, the abuse, and is related to A or B. The person can be a parent of, or has parental responsibility for the child, or the child and the person are relatives. In relation to the Act “child” means a person under the age of 18 years.

1.4 Controlling Behaviour

1.4.1 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.

1.5 Coercive Behaviour

1.5.1 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.

1.5.2 The Act now includes such behaviour as threats to disclose private sexual photographs and films with intent to cause distress.

1.6 CCG Role in responding to domestic abuse

1.6.1 The impact of domestic abuse can range from loss of self-esteem to loss of life. The Clinical Commissioning Group (CCG) as commissioners, employers and providers of NHS care, has a crucial role to play in responding to domestic abuse within the workplace. This includes any health professionals dealing with the physical and emotional consequences of domestic abuse in their frontline work.

- 1.6.2 As employers, the CCG recognises that there is a potential that they will also employ staff who are affected by domestic abuse or who may be perpetrators. As a result the CCG need to make every effort to try to ensure support is available to staff.
- 1.6.3 Everyone has the right to live life free from abuse. There are also serious and adverse impacts on children who live in an abusive household, and the long term damage to their physical and mental health. Within this context the CCG recognises its responsibilities and is committed to preventing domestic abuse wherever possible and ensuring that those experiencing domestic abuse receive a high standard of service provision.
- 1.6.4 All provider organisations have a duty of care to their employees and for the people for whom services are provided. The duty includes having relevant policies and practices to prevent abuse occurring and appropriately responding when domestic abuse is disclosed. Staff should be trained to a level appropriate to their role in order to identify it effectively and provide meaningful help and support.
- 1.6.5 Domestic abuse has the potential to affect every member of staff and on that basis; this guidance is fully inclusive, applying to all employees equally. Domestic abuse happens in all communities, regardless of gender, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership and pregnancy and there is a need to address domestic abuse consistently.

1.7 Legislation and Guidance

- 1.7.1 The policy has been written taking account of the legal requirements of the following regulations:
- [Domestic Abuse Act 2021](#)
 - [Government strategy to tackle violence against Women and Girls \(VAWG\) 2021 – 2024 - call for evidence](#)
 - [Data Protection act \(2018\)](#)
 - [Domestic Violence Disclosure Scheme \(DVDS\) Guidance 2016](#)

- [General Data Protection Regulation \(EU\) 2016/679](#)
- [Government strategy to tackle violence against Women and Girls \(VAWG\) 2016 – 2020](#)
- [Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework \(2015\)](#)
- [The Serious Crime Act 2015](#)
- [The Care Act 2014](#)
- [NICE Public Health Guidance PH50 Domestic violence and abuse: multi-agency working 2014](#)
- [The Domestic Violence, Crime and Victims Act amended 2012](#)
- [Forced Marriage \(Civil Protection\) Act 2007](#)
- [The Children Act 2004 and previously 1989](#)
- [Female Genital Mutilation Act 2003](#)
- [The Sexual Offences Act 2003](#)
- [Human Rights Act 1998](#)
- [Common Law Duty of Confidentiality](#)

2.0 PURPOSE

2.1 The purpose of this policy is to:

- Raise awareness of the duties, roles and responsibilities of all staff, also line managers and the organisation have when recognising and responding to domestic abuse.
- Ensure that those experiencing or perpetrating domestic abuse are aware of the support available to them within the CCG, as well as signposting to external agencies where appropriate; while providing guidance for line managers on how to appropriately support staff, if they request it.
- Provides signposting for a manager if they become aware that a member of their staff has been convicted or an alleged perpetrator of domestic abuse.
- Ensure all CCG staff have access to guidance that enables them to identify, report concerns and support those experiencing domestic abuse.

- Ensure confidentiality wherever possible and sympathetic handling of situations at work arising from domestic abuse.
- Support identification of any safeguarding issues for children and adults at risk.
- Ensure that processes are in place for action plans developed following a domestic homicide review (DHR), safeguarding reviews or internal management reviews.
- Ensure that relevant lessons learned from DHR's, safeguarding reviews and internal management reviews are shared across the CCG, Primary Care colleagues and commissioned health providers.

3.0 ROLES AND RESPONSIBILITIES

3.1 Chief Officer

3.1.1 The Chief Officer has overall accountability for ensuring that staff are able to work in a safe environment, are supported in the workplace, for ensuring the CCG effectively contributes to the multi-agency partner response to support people living with domestic abuse. The role is supported by the Quality and Nursing Officer who holds delegated responsibility and is Executive Lead for Safeguarding. The Head of Nursing and Safeguarding is responsible to the Quality and Nursing Officer for the provision of senior leadership within the Shared CCG's Safeguarding Team and for the delivery of the CCG's responsibilities in terms of partnership working.

3.2 Designated Safeguarding Nurses

3.2.1 The Designated Nurses provide specialist support and advice to staff and health partners in relation to aspects of safeguarding children and adults at risk who are experiencing domestic abuse.

3.2.2 Designated Nurses will seek assurance from commissioned providers that domestic abuse is recognised within each organisation and responses are being embedded. This includes engagement with the local area strategy, the provision of support for staff and engagement in systemic learning.

3.2.3 The Designated Nurses will monitor and provide health oversight of all action plans from Domestic Homicide Reviews as appropriate and seek assurance that member practices and commissioned providers implement any recommendations.

3.2.4 The Designated Nurses will ensure lessons learned from Domestic Homicide Reviews are shared across the CCG and member practices and inform safeguarding.

3.3 Managers

3.3.1 All managers should:

- Ensure that this policy is available for all staff and that staff know how to access this policy for support and guidance.
- Support staff within their team who is experiencing domestic abuse or the effects of domestic abuse. This could include patterns and reasons for absences and providing support.
- Where a member of staff is a convicted or alleged perpetrator of domestic abuse, outline what help is available and from where. Managers will seek advice and support via the appropriate Human Resources support, policies and Regulatory codes.
- Seek adequate and appropriate training for staff within their teams in relation to domestic abuse commensurate to their role and identify this as part of their professional development plan.
- Ensure that the workplace remains a safe environment for all staff.

3.4 All Staff

3.4.1 All staff should:

- Be aware of the Domestic Abuse Policy and have a responsibility to report concerns to an appropriate manager any suspicion that a colleague may be a potential or actual victim, or a perpetrator, of domestic abuse.
- Have access to occupational health support and/or counselling and signposting to external specialist services if experiencing domestic abuse.
- Have access to occupational health support and/or counselling and signposting to external specialist services if a perpetrator of domestic abuse.

- Be aware of the [CCG Safeguarding Children’s and Adults at Risk Policy](#) and when there might be a Safeguarding concern for a Child or Adult at risk in a domestic abuse situation.
- [Appendix 2](#) provides information on how to respond to a disclosure of Domestic Abuse by a colleague in the CCG.
- [Appendix 3](#) provides guidance on supporting conversations following a disclosure.
- [Appendix 4](#) provides information on local and national specialist support services.
- [Appendix 5](#) provides information on local contact information.

3.5 Human Resources (HR)

3.5.1 HR will be responsible for the provision of advice and support mechanisms available. These may include Occupational Health, access to confidential counselling and other wellbeing services.

4.0 CONTEXT

4.1 Domestic Abuse: Nationally reported context

4.1.1 The Office of National Statistics provided figures in November 2020 for data from March 2019 – March 2020, the main key points are as follows:

- An estimated 7.3% of women (1.6 million) and 3.6% of men (757,000) experienced domestic abuse in the last year.
- Women aged 16 to 19 years were more likely to be victims of any domestic abuse in the last year than women aged 25 years and over.
- Adults who were separated or divorced were more likely to have experienced domestic abuse compared with those who were married or civil partnered, cohabiting, single or widowed. It is noted that adults are at higher risk of increasing domestic abuse at the point of ending a relationship.
- There were a total of 124,569 children in households where a case was discussed at MARAC (in the year ending March 2020, a 9% increase compared with two years previously).

4.1.2 The Home Office Homicide 2020 Index reported: Almost half (46%) of adult female homicide victims were killed in a domestic homicide. There has been a general downward trend in the number of domestic homicides over the last 10 years.

4.1.3 Males were much less likely to be the victim of a domestic homicide, with 7% of male homicides being domestic in the latest year. However there was an increase of four homicides this last year compared with the previous year.

4.2 Domestic Abuse: local context

4.2.1 Kirklees Domestic Abuse Strategy 2019 - 2021 supports SafeLives 'The Whole Picture our strategy to end domestic abuse, for good' and in particular, the proactive approach to widen the response to domestic abuse. This includes challenging the whole of society to deconstruct stereotypes to encourage communities to have a low tolerance and high urgency about identifying abuse. This also extends to looking at geographical communities, online spaces and employers/businesses so that they understand the risks posed by those who abuse and their role in protecting those at risk of harm.

4.2.2 Calderdale's strategy 2019 -2022 approach to tackling domestic abuse recognises that it harms the whole of society and impacts all sections of our community. Under the leadership of the Calderdale Domestic Abuse Strategic Board, partners involved in the strategy see the importance of working together and are committed to shared responsibility and action across all sectors. The strategy recognises that victims of domestic abuse are from diverse backgrounds, with wide-ranging individual circumstances.

4.2.3 Calderdale CCG is signed up to the six principles contained within the Calderdale Health and Wellbeing Board [pledge for Domestic Abuse](#).

5.0 ADULTS AND DOMESTIC ABUSE

5.1 Staff Experiencing Domestic Abuse

5.1.1 With the prevalence of domestic abuse in our society there is a potential that some members of CCG staff will suffer abuse at the hands of someone close to them. The CCG is committed to creating a working environment that supports staff experiencing domestic abuse.

5.1.2 Staff are not obliged to tell anyone at work about their domestic situation, however there are many support mechanisms available such as your Line Manager, Occupational Health and the Employee Assistance Programme. [Appendix 2](#) provides information on how to respond to a disclosure of Domestic Abuse by a colleague in the CCG.

5.1.3 It is recommended that staff talk to someone at work if they feel their personal situation is affecting work, specific details are not necessary but a joint approach to problem solving to resolve work issues is essential. [Appendix 3](#) provides guidance on supporting conversations following a disclosure.

5.1.4 Kirklees CCG intranet page provides access to the [Employee Assistance Service](#), who can provide advice and support to those experiencing domestic abuse. Calderdale CCG Microsoft Teams document library has links to the Human resources section for Health and well-being information.

5.2 Confidentiality

5.2.1 Staff who disclose that they are experiencing domestic abuse can be assured that the information they provide is confidential and will not be shared with other colleagues without their permission.

5.2.2 There are however, some circumstances in which confidentiality cannot be assured. This may occur when there are concerns regarding children, adults at risk or where the organisation is required to protect the safety of their staff. In these circumstances, the member of staff will be informed as to the reasons why confidentiality cannot be maintained. Information will only be shared on a need to know basis.

5.2.3 If a staff member discloses that they are a perpetrator of domestic abuse, confidentiality cannot be guaranteed. However, information will only be shared in order to fulfil the CCG'S duty to safeguard staff and the public, which can include the perpetrators family, especially when there are children within the household. The manager also has a duty to report the issue to the HR department, who will deal with the matter as per the appropriate policy and procedures. [Appendix 2](#) provides information on how to respond to a disclosure of Domestic Abuse by a colleague in the CCG.

5.3 Staff who are perpetrators of domestic abuse

5.3.1 Anyone can be a perpetrator of domestic abuse. Abuse can be perpetrated by partners, ex-partners and family members, including children under the age of 18, adult children or siblings.

5.3.2 [Respect National Phone Line](#) (0808 802 40 40) provides help and support for perpetrators. If you are worried about your behaviour and want to take steps to change them, then this is a national helpline that offers support and advice.

5.3.2 The CCG takes any form of domestic abuse very seriously. Employees are always expected to conduct themselves in a way that will not adversely reflect on the organisation and its reputation. Any such conduct maybe investigated under the CCG's HR Policies and Procedure if it is found the individual is not suitable to undertake their role.

5.3.3 The legal duty for employers to refer People in a Position of Trust to the Disclosure and Barring Service (DBS) may apply. Where a referral to the DBS is required careful consideration should be given to the type of information needed. The process will be supported by the HR Department.

5.3.4 If the member of staff works with children the employer must also inform the local authority designated officer (LADO) within one working day when an allegation is made and prior to any further investigation taking place. For further information please follow the link. [LADO](#)

5.3.5 CCG HR Policies and Procedures provide good practice guidance for managers and staff. There should be consideration for any referral to a Professional Body.

5.4 Adults with Mental Capacity

5.4.1 [The Mental Capacity Act 2005](#) identifies that every adult has the right to make their own decisions, unless it is shown that they are unable to do so and cannot be treated as lacking capacity because a decision may be seen as unwise.

5.4.2 When a person who has mental capacity chooses to stay in a high-risk abusive relationship then careful consideration must be given to whether they are making that choice free from the undue influence of the person who is causing them harm or others.

5.4.3 Those experiencing on-going domestic abuse may be reluctant to leave an abusive relationship and:

- Believe that the relationship is more important to them than the abuse, especially if the abuse is not life threatening;
- Deny or protect an abusive partner if questioned or challenged;
- Be financially or emotionally dependent on the abuser;
- Blame themselves for the abuse inflicted;
- Be frightened of the consequences of leaving (evidence demonstrates that the risks to the person increases significantly when they make a decision to leave an abusive relationship);
- Be denied access to children if they leave.

5.4.4 If an adult with capacity makes a decision to remain in an abusive relationship and does not consent to a referral to services, then there remains a responsibility to try to support the individual wherever possible. This may include: steering them to partner agencies and appropriate services/counselling, making a plan of safety with the person, planning for an emergency situation, making sure that contact is maintained wherever possible.

5.4.5 Choices and life decisions must be made freely without coercion. If coercion is suspected best practice would be to speak to the alleged victim in private away from those who may be exerting pressure or may be the alleged perpetrator.

5.4.6 It must also be noted that if there are children living in the house where abuse is being perpetrated then this must be reported to children's social care if there is a risk of significant harm, to ensure safeguarding plans are put in place.

5.5 Adults who lack capacity

5.5.1 If a staff member suspects that the person who may be experiencing domestic abuse does not have mental capacity to make their own decisions, the consideration needs to be given to a mental capacity assessment being completed and clearly documented (CCG Mental Capacity Act and Deprivations of Liberties Safeguards Policy).

5.5.2 When a person is assessed as lacking the mental capacity to make decisions about keeping themselves safe from domestic abuse, then any decision made by professionals on behalf of that person must be made in their best interests adopting the best interests approach detailed within the [Mental Capacity Act 2005](#). If anyone is identified as not having capacity to make their own decisions in relation to domestic abuse, then a best interest approach should be undertaken to decide on how to proceed.

6.0 CHILDREN & YOUNG PEOPLE

6.1 Children and Young people may experience domestic abuse in different ways;

- Witnesses/victims of abuse in the family home.
- Intimate partner abuse in their own relationships.
- They may demonstrate abusive behaviours.

6.2 If a member of staff discloses domestic abuse, consideration must be taken of any children involved and appropriate contacts to Children's Social Care should be

made. Consent should be gained unless to do would increase the risk to the adults or children involved. Not obtaining consent should never be a reason not to refer to Children's Social Care where the risk of significant harm to a child is evident. Appendix 5 provides information on local contact information including Children's Social Care.

- 6.3 If you have concerns that a child/young person who is under the age of 18 years, including any unborn children are at risk of significant harm you MUST refer them to Children Social Care (Local Authority). If you are unsure you should seek advice from the CCG Safeguarding Team.
- 6.4 Parental conflict and domestic abuse can significantly affect children's physical and mental health and well-being. Latest research tells us that conflict of this type can harm children's outcomes and have lifelong effects into adult hood. Further information can be found at [Early Help Pathway](#) in Calderdale and the [Early Support Partnership](#) in Kirklees.

7.0 MULTIAGENCY RESPONSE TO DOMESTIC ABUSE

- 7.1 Where it is known that a child/young person is living with domestic abuse, it is important to assess the risk of harm to the child/young person.
- 7.2 Where it is known that an adult is experiencing domestic abuse, it is important to assess the risk of harm to the person.
- 7.3 A Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment Tool ([DASH](#)) are an assessment that helps to calculate the risk of serious harm or death. The outcome of the assessment can be high, medium or standard risk. Anyone with 14+ ticks is automatically high risk, but there are also individual questions which would automatically make the situation high risk.
- 7.4 Pennine Domestic Abuse Partnership is a specialist service within Kirklees that can provide support in undertaking risk assessments. Calderdale Staying Safe

Domestic Abuse Support can be contacted please see [Appendix 4](#) provides information on local and national specialist support services.

7.5 A Multi Agency Risk Assessment Conference (MARAC) is an information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed. In a single meeting, MARAC combines up to date risk information with a timely assessment of the person's needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case: victim, children and perpetrator. If the risk assessment score is 14 or more, the MARAC threshold for high risk has been met and a referral to MARAC should be made. Referral forms and guidance can be found at: [Kirklees MARAC](#) and [Calderdale MARAC](#)

8.0 REPORTING CONCERNS

8.1 If you have concerns that an adult or child is at potential serious risk of harm, then you, as an employee of the NHS, must share your concerns with your Line Manager. If someone is in immediate life threatening danger then call the Police on 999.

8.2 When there might be a Safeguarding concern for a Child or Adult at risk in a domestic abuse situation contact Children/Adult Social Care.

8.3 For advice and guidance please speak to the CCG Designated Nurse or Deputy Designated Nurse for Safeguarding Children or Adults.

9.0 DOMESTIC HOMICIDE REVIEWS (DHR's)

9.1 Home Office Multiagency Statutory guidance for the conduct of Domestic Homicide Reviews 2016 states: 'Domestic Homicide Review' means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by: –

(a) A person to who (s) he was related or with whom (s) he was or had been in an intimate personal relationship, or (b) a member of the same household as her/himself.

- 9.2 DHR's are held with a view to identifying lessons to be learnt from the death.
- 9.3 The CCG complies with this duty and actively engages in DHR's. The Designated Nurse Safeguarding Adults and the Designated Nurse Safeguarding Children attend and contribute to these reviews.
- 9.4 Staff or member practices may be asked to support the DHR process with the provision of any information or provide access to healthcare records as required.

10.0 EQUALITY IMPACT ASSESSMENT (EIA)

- 10.1 The CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that no one is placed at a disadvantage over others.
- 10.2 The Equality Impact Assessment screening was used to determine the potential impact this policy might have in respect to the individual protected characteristics.
- 10.3 A completed copy of the EIA is attached as Appendix 6.

11.0 CONSULTATION

- 11.1 The consultation process was undertaken with comments sought and received from the CCG Safeguarding Team.

12.0 TRAINING

- 12.1 All staff will undertake safeguarding training appropriate to their role and level. Domestic abuse should be included as part of the safeguarding training.
- 12.2 E-learning domestic abuse training is available through the CCG's ESR system. Modules available are Domestic Violence and Abuse, Domestic Violence and Abuse Level 2.
- 12.3 E-learning basic level domestic abuse training is also [available](#).

13.0 MONITORING COMPLIANCE

- 13.1 The Policy will be monitored through existing CCG safeguarding structures and the Quality and Safety Committee. Where gaps and omissions are identified within the CCG domestic abuse arrangements, recommendations and required actions will be added to safeguarding work-plans for action.
- 13.2 Where gaps or omissions are identified within commissioned provider services, the Designated Professionals/Nurses will either:
- 13.3 Inform the provider and request immediate action to bridge the gap/omission and/or Inform and discuss with the CCG Executive Lead for Safeguarding.

14.0 ARRANGEMENTS FOR REVIEW

- 14.1 This policy will be formally reviewed and amended every 3 years by the CCG Safeguarding Team unless new national or local guidance identifies/recommends changes in practice occurs.

15.0 DISSEMINATION

- 15.1 The final version of this policy will be uploaded to the CCG intranet and all staff within the CCG will be advised by internal communications.

16.0 ASSOCIATED DOCUMENTATION

- 16.1 This policy should be read in conjunction with:

[CCG Safeguarding Children's and Adults at Risk Policy](#)

[Calderdale Domestic Abuse Strategy 2019 - 2022](#)

[Kirklees Domestic Abuse Strategy 2019 - 2021](#)

[Mental Capacity Act 2005](#)

[Safeguarding Adults: Joint Multi-Agency Policy and Procedures \(West Yorkshire, North Yorkshire & York\) 2018](#)

[West Yorkshire Consortium Safeguarding Children Procedures](#)

17.0 REFERENCES

[Domestic Abuse Act 2021](#)

[Mental Capacity Act 2005](#)

[Office for National Statistics \(2020\) Domestic Abuse in England and Wales: year ending March 2020. ONS: London](#)

[Office for National Statistics \(2020\) Home Office Homicide Index](#)

[Kirklees Domestic Abuse Strategy 2019 - 2021](#)

[Calderdale Domestic Abuse Strategy 2019 - 2022.](#)

[Home Office Multiagency Statutory guidance for the conduct of Domestic Homicide Reviews 2016](#)

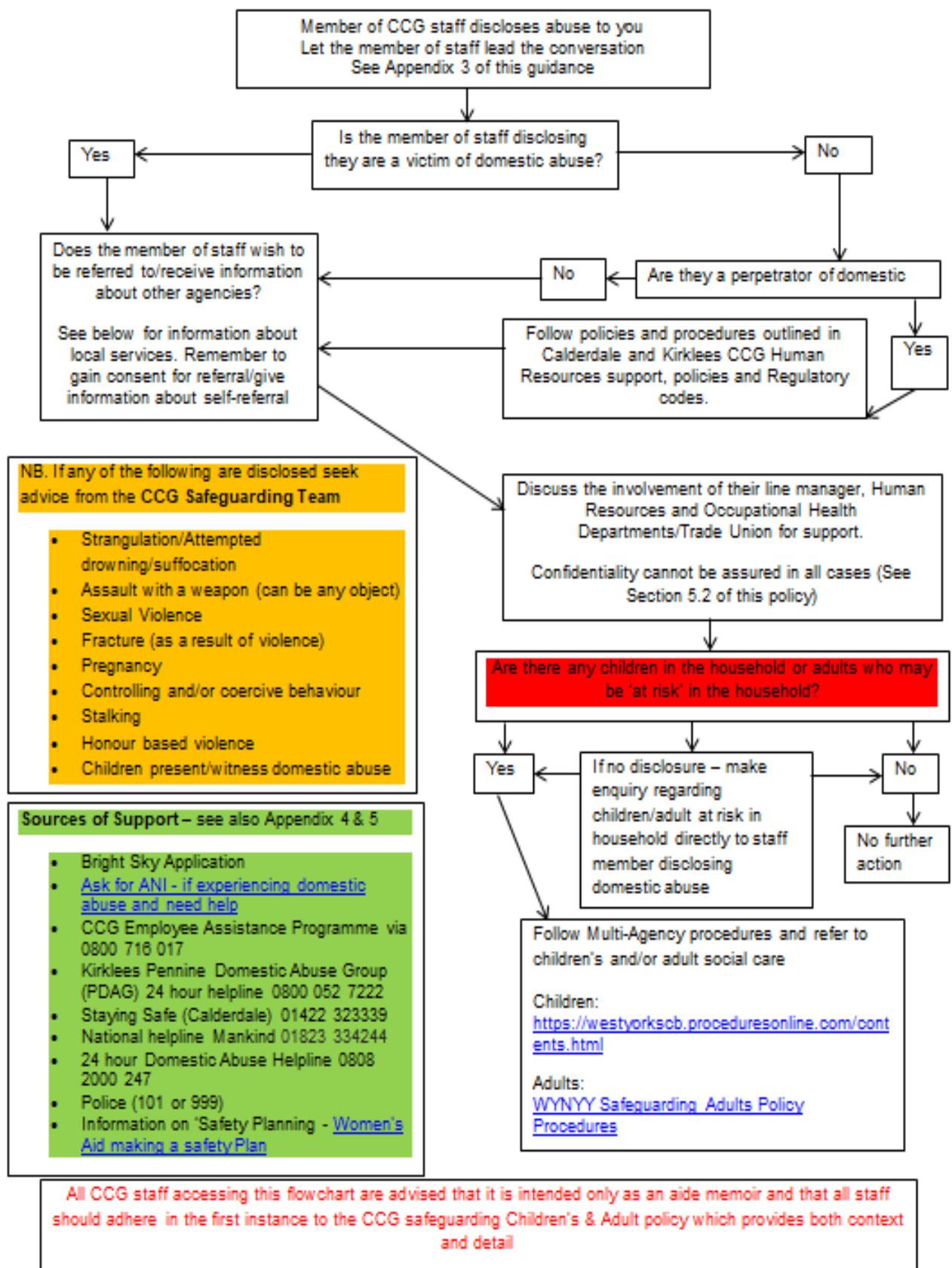
Appendix 1 - Different forms of domestic abuse behaviour

Below are some examples these are not exhaustive:

- Physical such as hitting, slapping, pushing, kicking, misuse of medication, illegal restraint or inappropriate physical sanctions.
- Sexual such as any non-consenting sexual acts for example rape, forcing sex or specific sexual acts, unwanted use of pornography or criticising performance.
- Economic is having a substantial adverse effect on the ability to acquire or maintain money or property or goods. Can be controlling of money and work.
- Psychological can be verbal attacks, mind games, threatening behaviour, always right, ignores feelings, minimises and gas lighting.
- Emotional can be making a person feel scared or intimidated, or telling a person they are worthless or abandoned, depriving of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation.
- Controlling - 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.
- Threatening behaviour now includes the disclosure of private sexual material without consent, this is also known as 'revenge porn'.
- Non-fatal strangulation now covers a range of behaviours specifically including strangulation, but also suffocation and other methods which affect another person's ability to breathe.
- Forced marriage can be a form of domestic abuse. Where one or both parties are under 18 years of age, it is a form of child abuse and must be referred to Children's Social Care following local procedures.

- Honour Based Violence can include assault, imprisonment and murder where a person is being punished by their family or community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour, the person's shows they have not been properly controlled to conform by their family and this is to the "shame" or "dishonour" of the family.
- Female Genital Mutilation is a 'procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons' and is recognised as a form of domestic abuse.

Appendix 2 How to respond to a disclosure of Domestic Abuse by a colleague in the CCG



Appendix 3 Supporting Conversations about Domestic Abuse

Having conversations with a person that you suspect, or has disclosed that they are experiencing domestic abuse, is important, but challenging.

In the first instance you need to allow them the opportunity to talk about their experiences and disclose the abuse if they want to. The conversations should not be thought of as a one off and often can be carried out over multiple sessions, as some people will need time to build up trust. You will need to prepare yourself with the information needed so that you can respond appropriately in the event of a disclosure. People will only feel comfortable in talking about very personal issues under certain circumstances. They need to feel that;

- You are genuinely interested
- You will be non-judgemental
- You know how to respond if they disclose or discuss their problems with you.

Some people may be more willing to discuss their concerns with you than others, who may need to build up their confidence. There will also be people who will never want to disclose. People experiencing domestic abuse are often secretive about what is happening to them for many reasons.

Many people do not recognise that they are experiencing domestic abuse, therefore asking a direct question about domestic abuse, will often get a negative response. It may be more pertinent to ask questions about their own experiences, such as;

- Are you having any problems at home?
- Do you feel safe at home?
- Is anyone hurting you?
- Is anyone making you do things you don't want to do?
- Are you frightened of anyone?
- Is anyone making it difficult for you to come to work?

For some, you may feel that you need to take a more generalised approach by framing the question, so that the person doesn't feel singled out or threatened.

- We are aware that there are many people who experience being hurt or scared at home, so we ask everyone if this is something they experience so

we can support them. Is this something that has happened or is happening to you?

You could also do this if you have noticed some changes in the person's behaviour, such as;

- I have noticed that you have seemed unhappy recently, is there any problems at work or at home that you want to tell me about?

Employees may feel defensive of the intrusion into their lives and not want to engage, but it is still important for them to know that the door is open. In this circumstance you may want to ask in a different way;

- You don't have to tell me anything you don't want, but I just want to let you know that if there is something that is upsetting you either at home or work, we can help to support you.

If a person answers negatively, you need to continue to offer support at appropriate times, whilst being respectful of their wishes. People have a right to refuse support and/ or to discuss what is happening to them. You can do this by slowly building up trust in regular meetings, such as one to ones. It is important to make every contact count. Always ask the question, thus allowing the opening of the conversation, but do not pursue further if the employee clearly doesn't want to talk.

The questions can be very simple, open questions

- Tell me about how you are?
- Is there anything you want to tell me about?
- Are you having any problems that I can help you with?

If an employee discloses domestic abuse

In the event of a disclosure, you need to be led by the person who has disclosed. Allow them to talk without interruption and ensure that they know that you are actively listening. If needed prompt them to tell you about information that helps you to understand the risk to themselves and others. This may not always be appropriate and should not be undertaken if not confident to do so. However, these questions can help to identify the level of risk.

- Are they using alcohol or other substances?

- Are they controlling your access to other people/ money/ support?
- Are you scared that they may seriously hurt/ kill you?
- Have they ever hurt your children?
- What is the worst thing that has happened?
- Have they ever used a weapon?
- Have you got any support?
- Are you thinking of leaving?
- Do you have a safety plan?

At this point, you need to be able to offer the employee choices of support both internally and externally. Remember that they do not have to access support, but you have a duty to refer if you feel that there is a significant risk of harm to children or adults at risk. You also have a duty to report any crime to the police. You should if at all possible discuss what you are going to do with the employee.

A person who has been or is experiencing abuse is often felt 'done to', so allow the person to choose their own support by asking

- What would you like to happen next?
- What sort of support would you like?
- This is what I can do to help, what would you like me to do?

You may also want to discuss safety planning with your employee. It helps people plan in advance for the possibility of future abuse. It also helps them to think about how they can increase their safety either within the relationship, or if they decide to leave.

Information on Safety planning can be here - [Women's Aid safety Planning](#)

Remember; one of the most dangerous times for a victim of domestic abuse is when they are planning to leave, when they leave and after they leave. Never advise a victim of abuse to leave immediately as they need to plan this carefully with advice and support to reduce the risk.

Appendix 4 local and national specialist support

Kirklees:

[Pennine Domestic Abuse Group](#) 24 hour helpline 0800 052 7222

[Kirklees Council website - Domestic Abuse information](#)

Calderdale:

Domestic Abuse Health Service (business hours) 01422 337257

[Staying Safe](#) 01422 323339

[Calderdale Council website - Domestic Abuse information](#)

National:

A mobile App and website for anyone experiencing domestic abuse, or who is worried about someone else is available from [Hestia/Bright Sky](#).

[Ask for ANI - if experiencing domestic abuse and need help](#) – can be used in places like Pharmacies

[Mankind](#) provide support for males: [01823 334244](#) - support for males

[Galop](#) provides support for Lesbian, Gay, Bisexual and Trans: [0800 999 5428](#)

[Womens Aid](#): provide information and support

[National Stalking helpline](#)- for support and advice

[Karmanirvana](#): support for those experiencing honour based violence and forced marriage

[Information on Elder Abuse](#)

[Children Society provide](#) information on domestic abuse and Young People

Appendix 5 Local Contact Information

Calderdale:

The Domestic Abuse Hub is a multi-agency holistic approach to domestic abuse (DA) which allows for interagency working with an aim to reduce risks to those experiencing abuse and their children. The DA Hub is located at Calderdale Police Station and contact number is 01422 337257.

Children Multi Agency Screening Team (MAST) 01422 393336 [MAST website for other contact information](#)

Adults - Gateway to care 01422 393000 [Adult Social Care Website for other contact Information](#)

Kirklees:

Children's Social Care Team on 01484 456 848 [Kirklees Council website for other contact information](#)

Adults – Gateway to care 01484 414933 [Adult Social Care Website for other contact information](#)

Appendix 6 Equality Impact Assessment

Title of policy: NHS Calderdale CCG and NHS Kirklees CCG Domestic Abuse Policy

Names and roles of people completing the assessment: Tracy Kershaw: Deputy Designated Professional for Safeguarding Children and Adults

Date assessment started/completed: June 2021

Outline: Give a brief summary of the policy

The policy aims to advise CCG staff to recognise and respond to domestic abuse and provide information on actions that should be taken if abuse is suspected, identified or confided and how staff can be supported.

What outcomes do you want to achieve

All levels of staff should be clear on their roles and responsibilities to those who disclose domestic abuse, and are able to respond appropriately.

Staff who disclose domestic abuse understand what support they can expect from the CCG and how to access further support.

Analysis of impact

This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations:

Characteristics	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
General	The policy describes Domestic Abuse and how to respond to concerns about colleagues.	Policy has a positive impact raising awareness	All staff are trained on Domestic Abuse, commensurate with their level of involvement in

Characteristics	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
		of Domestic abuse in all its forms, and appropriate responses and support	implementing policy. Policy addresses how to respond to concerns and support staff where there are concerns.
Age	Recognises that domestic abuse affects all age ranges and signposting is provided in the appendices.	Positive.	Raise awareness that DA is an issue for all age groups. Policy is clear that anybody can be affected by DA and links to safeguarding.
Carers	If the DA is perpetrated by the carer this can be very complex as the person may be reliant on their abuser for basic care and access to services, if it's the cared for who is the perpetrator it can be equally complex.	Positive	Additional signposting services may be required to ensure consistent care. Signposting to elder abuse service is provided where this generally occurs for example carer strain.
Disability	Disabled people can be subject to abuse. As disabled people are often perceived to be nonsexual, abuse in	Positive	Awareness is critical. Policy is clear that domestic abuse can affect anybody.

Characteristics	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
	relationships may not be as well recognised.		
Sex	Women are more affected by domestic abuse statistically and also in the impact due to finance, caring responsibilities and role in society, however this can mean that while some systems are in place to support them men experiencing DA can be often less well recognised.	Potentially Negative	Awareness is critical, equal gender of DA should be raised further across training for recognising signs. Policy is clear that domestic abuse can affect anybody.
Race	Issues for people of different ethnicities may include; lack of awareness of services, lack of cultural sensitivity in services, language and communication issues, acknowledgment of abuse and discrimination. There is a recognition of FGM and forced marriage, but little practical support or interventions.	Positive	Awareness is critical, particularly for signposting to appropriate, relevant services. Policy is clear that domestic abuse can affect anybody.
Religion or belief	Religious faith can often mean that there are additional fears for victims and that religion can be	Positive	Awareness is critical, particularly for signposting to appropriate, relevant

Characteristics	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
	used as an excuse for the abuse. Patience and understanding is crucial as well as appropriate support agencies.		services. Policy is clear that domestic abuse can affect anybody.
Sexual orientation	Abuse in same sex relationships can be under reported and less well recognised. Abusers can threaten to 'out' their victims as another layer of abuse, which gives potential for isolation from family, friends and other support systems, so staff need to be aware that it may be harder for those experiencing domestic abuse to seek support.	Potentially Negative	Policy addresses how to respond to concerns and support staff where they have concerns. Policy is clear that domestic abuse can affect anybody.
Gender reassignment	Abuse in trans relationships can be under reported and less well recognised and abusers can threaten to 'out' their victims as another layer of abuse, which gives potential for isolation from family, friends and other support	Potentially negative	Awareness is critical, particularly for signposting to appropriate, relevant services. Policy is clear that domestic abuse can affect anybody.

Characteristics	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
	<p>systems, so staff need to be aware that it may be harder for those experiencing domestic abuse to seek support.</p> <p>Family abuse is also common often through a lack of understanding of the person.</p>		
Pregnancy and maternity	Statistics show that abuse can start during pregnancy. Maternity services and staff	Positive	Policy is clear that domestic abuse can affect anybody.
Marriage and civil partnership	Statistics show that abuse can escalate on leaving marriage/relationship	Positive	Safety planning information and signposting is available in the Policy
Other relevant group	None identified		None identified

If any negative/positive impacts were identified are they valid, legal and/or justifiable?

The current approved Domestic Abuse Bill in April 2021 outlines the priorities for delivery at a local level.

Review date for the Policy

June 2024 - 3 years from the approval date unless new national or local guidance identifies/ recommends any changes in practice that occur.

Sign off process

Lead Officer is Tracy Kershaw, Deputy Designated Professional for Safeguarding Children and Adults in the joint CCG Safeguarding Team

Director is Chief Quality and Nursing Officer Penny Woodhead

Date Policy was approved (TBC)