

Domestic Abuse Policy and Guidance on Supporting Affected Employees		
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### **Executive Summary**

This policy sets out Leeds Community Healthcare NHS Trust's (LCH) responsibility towards all its employees in terms of the identification of and the subsequent support towards any employee experiencing, or having experienced, domestic abuse.

This policy details the different forms of support that may be offered to an employee in these circumstances, and the necessary levels of confidentiality that must be upheld by LCH and its employees in regard to the disclosure of domestic abuse by an employee.

This policy also details what steps should be followed in the case of an LCH employee who is the perpetrator of domestic abuse, in terms of investigation and disciplinary procedure, as well as the responsibility of the employee for self-disclosure.

### Changes made to this version:

Section	Details of each change made
Title and throughout	Term "domestic violence" to be replaced with domestic abuse to ensure clarity that domestic abuse isn't always physical. Any type of threatening, controlling or coercive behaviour is abuse – whether it's physical, psychological, sexual, economic or emotional. This also aligns LCH with the terminology used by the Domestic Abuse Act and the local authority, Leeds Safer Stronger Communities Domestic Abuse Team.
1	Safeguarding statement added
1, para 4	"this policy applies equally to men who need advice or support" replaced with: this policy and the available support mechanisms apply equally regardless of gender identity
3	Statutory definition of domestic abuse updated in line with 2021 Domestic Abuse Act.
4	Final bullet point in signs of domestic abuse updated to include an increase in contact from a family member/s to reflect the statutory definition that individuals are "personally connected", and this is not limited to intimate relationships.
5, para 3	In circumstances where LCH must breach confidentiality it will seek specialist advice before doing so. If it is decided, after taking advice, to proceed in breaching confidentiality, an explanation will be given to the employee as to the reason for disclosure and their agreement will be sought.  To: In circumstances where LCH is considering breaching confidentiality it will seek specialist advice before doing so. Specialist advice will come from the most appropriate agency but may include LCH Safeguarding Team, HR, the local authority domestic abuse team, the police and/or specialist domestic abuse third sector organisations). If it is decided, after taking advice, to proceed in breaching confidentiality, an explanation will be given to the employee as to the reason for disclosure and their agreement will be sought.

6	Paragraph updated to reflect 2021 Domestic abuse act – children as victims of domestic abuse in their own right.	
	Hyperlink updated.	
6.3 para 1	"Datix" replaced with "Trust incident reporting system"	
6.3 para 3	Removal of:recognises that developing a life free from domestic abuse is a process not a one-off event	
	Statement is repetition.	
6.3	Paragraph added regarding record keeping.	
6.4	"clinicians" replaced with "practitioners"	
7.5	Addition of "under police investigation for"	
7.6	Addition of following PiPoT practice guidance.	
9 para 1	Addition of "However, there may be situations where with support from the LCH Safeguarding Team, it would be appropriate for the victim's line manager to undertake a DASH risk assessment".	
9 para 2	Employee's consent replaced with consent from an individual with parental responsibility for the child at risk (to reflect that consent can only be sought from those with parental responsibility	
14	Associated Documents: LCH Wellbeing at Work Policy (title updated)	
15	Reference removed as policy relates to supporting service users - Devon Partnership NHS Trust (2019) Domestic abuse [Policy: C45] <a href="https://www.dpt.nhs.uk/download/eDYW2nty2T">https://www.dpt.nhs.uk/download/eDYW2nty2T</a>	
	Referenced removed as link no longer valid: Stonewall (2015) <u>Domestic</u> <u>Abuse – Stonewall Health Briefing (2012)</u>	
	New references added.	
16	Addition of the Domestic Abuse Act	
Appendix 1	Specialist support services updated and added.	
Throughout	See policy consultation responses for post consultation changes	

# **Equality Analysis**

Leeds Community Healthcare NHS Trust's vision is to provide the best possible care to every community. In support of the vision, with due regard to the Equality Act 2010 General Duty aims, Equality Analysis has been undertaken on this policy and any outcomes have been considered in the development of this guideline.

# Contents

Section	Section	
1	Introduction	5
2	Aims and Objectives.	5
3	Definitions	6
4	Identification of domestic abuse within the workplace	7
5	Confidentiality	7
6	Responsibilities	8
7	Perpetrators	11
8	Police Investigations	11
9	Risk Assessments	12
10	Safeguarding	12
11	Training Needs	13
12	Monitoring Compliance and Effectiveness	13
13	Approval and Ratification process	13
14	Dissemination and implementation	13
15	Review arrangements	14
16	Associated Documents	14
17	References	14
Appendices		
1	Specialist Support	16
2	Taking a trauma informed approach	18

#### 1 Introduction

This policy is part of Leeds Community Healthcare NHS Trust's (LCH) commitment to family-friendly working and seeks to benefit the welfare of individual members of staff, retain valued employees, improve morale and performance, and enhance the reputation of the Trust as an employer of choice.

LCH is committed to promoting zero tolerance of domestic abuse. The purpose of this policy is to ensure that any LCH staff member who is experiencing, or has experienced, domestic abuse can safely raise the issue, in the knowledge that the matter will be addressed effectively, sympathetically and confidentially.

It is important to recognise that domestic abuse is a crime and a widespread public health issue that cannot be ignored. LCH will promote the understanding that everyone has the right to live free from violence and abuse in any form and that the responsibility for the abuse lies with the perpetrator. Many domestic abuse incidents and the most serious and repeated acts are committed by men against women. It is, however, important to recognise that domestic abuse also occurs in other circumstances e.g. intimate relationships regardless of gender, women against men and from other family members.

Domestic abuse affects all sections of society and within LCH there may be people who have direct experience in their personal or professional lives and those who may be perpetrators of abuse. The Crime Survey for England and Wales estimated that 2.3 million people aged 16 years and over (1.6 million women and 712,000 men) experienced domestic abuse in the year ending March 2024. The police recorded 851,062 domestic abuse-related crimes in England and Wales in the year ending March 2024. Whilst LCH acknowledges that it is disproportionately women who experience domestic abuse, this policy and the available support mechanisms apply equally regardless of gender identity.

Under the Health and Safety at Work etc Act (1974) and The Management of Health and Safety at Work Regulations (1999), LCH recognises its legal responsibilities in ensuring the health, safety and welfare of people at work; therefore, this policy applies to all staff including agency, contract and elected members. This policy is part of a much wider national and local strategy aimed at addressing domestic abuse.

### 2 Aims and Objectives

The guidance within the policy aims to ensure that when it is known that an LCH staff member is experiencing or is affected by domestic abuse, that they receive a response which is appropriate and effective in promoting their welfare and safety. Equally, it aims to ensure that appropriate sanctions are applied in relation to known perpetrators in the workforce.

The terminology throughout this document will be **domestic abuse** as opposed to **domestic violence** to reinforce the understanding that domestic abuse isn't always physical.

#### 3 Definitions

#### **Domestic Abuse**

The statutory definition of Domestic abuse is:

Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if—

- (a) A and B are each aged 16 or over and are "personally connected" to each other, and
- (b) the behaviour is abusive.

Behaviour is "abusive" if it consists of any of the following—

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse (see subsection (4));
- (e) psychological, emotional or other abuse;

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

People are considered "personally connected" where they are any of the following:

- a) Intimate partners
- b) Ex-partners
- c) Family members or
- d) Individuals who share parental responsibility for the same child

There is no requirement for the victim and perpetrator to live in the same household

Domestic Abuse Act 2021.

#### **Coercive Control**

Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour.

Some common examples of coercive behaviour are:

- Isolating you from friends and family
- Depriving you of basic needs, such as food
- Monitoring your time
- Monitoring you via online communication tools or spyware
- Taking control over aspects of your everyday life, such as where you can go, who you can see, what you can wear and when you can sleep
- Depriving you access to support services, such as medical services
- Repeatedly putting you down, such as saying you're worthless
- Humiliating, degrading or dehumanising you
- Controlling your finances
- Making threats or intimidating you

### 4 Identification of domestic abuse experienced by LCH staff

LCH respects employees' right to privacy. However, the Trust is committed to the welfare of its employees and seeks to support and assist any member of staff who is experiencing problems related to domestic abuse.

It is recognised that a person subject to domestic abuse will usually be reluctant to disclose their experience. Whilst it is for the individual to recognise that they are a victim of domestic abuse, some of the possible signs that could indicate that it is an issue for a colleague can include:

- Physical injuries
- A change in dress or appearance, extra make-up
- Employee appears to be reluctant to go home.
- Negative changes to mental wellbeing
- Appearing withdrawn
- Poor punctuality
- Fall in attendance (including frequent external appointments)
- Deteriorating work performance
- Fall in productivity.
- A high level of contact, e.g. texts, telephone calls, e-mails, from a partner, expartner or family member

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

It is important to recognise domestic abuse isn't always visible and it doesn't always leave a physical mark. Coercive and controlling behaviour may be the only type of abuse that someone experiences. It often happens as part of a pattern of abuse and the impact is serious, with long-lasting effects on the victim. Perpetrators often begin, continue or escalate coercive, controlling and abusive behaviour after a relationship has ended.

There are certain times where abuse may be more severe or frequent and therefore increase the level of risk. These include:

- Pregnancy and the postnatal period
- Drug and alcohol use
- Separating or fleeing from a perpetrator
- Football matches
- The perpetrator threatening to harm or kill themselves

If abuse is suspected but not disclosed, it may be appropriate for a manager to ask the staff member if they are experiencing abuse of any form. If in any doubt, managers can contact LCH Safeguarding Team for advice around making this enquiry.

#### 5 Confidentiality

Employees who disclose experiencing domestic abuse can be assured that the information they provide will not be shared with other members of staff without their permission.

There are circumstances where total confidentiality cannot be assured, e.g. where there are concerns about children (see section 9), vulnerable adults or where it is identified there is a high risk of homicide.

In circumstances where LCH is considering breaching confidentiality it will seek specialist advice before doing so. Specialist advice will come from the most appropriate agency but may include LCH Safeguarding Team, HR, the local authority domestic abuse team, the police and/or specialist domestic abuse third sector organisations. If it is decided, after taking advice, to proceed in breaching confidentiality, an explanation will be given to the employee as to the reason for disclosure and their agreement will be sought.

As far as possible information will only be shared on a 'need to know' basis. Improper disclosures of information may be subject to disciplinary action.

All employee records concerning domestic abuse will be kept strictly confidential unless exceptional circumstances apply. Absences related to domestic abuse will not have a negative impact on the employment records of the individuals.

### 6 Responsibilities

All staff employed by LCH must work in concordance with Safeguarding Adults West and North Yorkshire and York Multi-Agency policy and procedures and local guidelines in relation to any safeguarding concerns they have for colleagues, service users and the public with whom they have contact. It must be noted that children who see, hear or experience the effects of domestic abuse are at risk of physical and psychological harm. The 2021 Domestic Abuse Act recognises children who see, hear or experience the effects of domestic abuse as victims of domestic abuse in their own right, therefore a request for contact to Children's Social Care must be considered where it is identified that a child is involved. Completion of a DASH Risk Assessment (Domestic Abuse, stalking and honour-based violence) should be considered. If it the assessment indicates high risk, then a referral to the Leeds Multi-Agency Risk Assessment Conference (MARAC) must be made (see Section 9). The link below takes you to the Domestic Violence/Abuse Flowchart which incorporates the DASH Risk Assessment and MARAC information.

Domestic Violence Flowchart Dec 2023.pdf (lch.oak.com)

- **6.1 The Chief Executive** is responsible for the fair and sensitive application of the policy throughout LCH and delegates its implementation to the Director of Workforce.
- 6.2 The Human Resources Department and the Executive Director of Nursing and AHP'S are responsible for ensuring that:
  - Specific training and awareness-raising on supporting employees experiencing domestic abuse is available for relevant staff groups
  - Nominated contacts are available to support employees experiencing domestic abuse

 Employees experiencing domestic abuse receive a consistent, supportive and effective response within the workplace.

It is recognised that developing a life free from abuse is a process not an event and Leeds Community Healthcare will provide ongoing support for employees who disclose abuse and will support the union's activities on raising awareness and tackling the issue of domestic abuse. This may involve working with the employee and a specialist agency (with the employee's consent) to identify what actions can be taken to increase their personal safety as well as address any risks there may be to colleagues, taking into account the duty of care for all employees.

Staff side representatives will work together co-operatively to help staff experiencing domestic abuse by offering support for victims through the established Trade Union representatives who are available as part of the wider strategy in responding to Domestic Abuse. The Union recognises that work is often considered to be a place of safety for victims and are able to offer additional support. This is to ensure that anyone experiencing domestic abuse is not disadvantaged within the terms and conditions of their employment and that all reasonable steps are taken to offer support, flexibility and workplace adjustments some of which are outlined in **6.3**.

All employees will be made aware of this policy through a range of methods including induction, training, appraisal, leaflets and posters.

### **6.3** Line managers are responsible for:

- Ensuring that they have an awareness of domestic abuse and the range of situations where it may occur (See Section 10)
- Listening and believing. Responding non-judgmentally, empathetically, confidentially and effectively to any member of staff who discloses that they are experiencing domestic abuse
- Respecting the right of staff to make their own decisions on the course of action at every stage of ending the abuse
- Signposting to appropriate sources of support (Appendix 1)
- Seeking support from HR and LCH Safeguarding Team where required
- Ensuring that any incident of domestic abuse occurring on NHS premises is appropriately recorded on the Trust incident management system. However, the disclosure itself or request for support must not be incident reported.
- Maximising safety for all employees carrying out their duties.
- Adopting a trauma informed approach when supporting victims of domestic abuse (Appendix 2)

Line managers are not expected to act as experts in the area of Domestic Abuse, but must offer employees experiencing domestic abuse a broad range of support including (but not limited to) the following:

- Leave, in line with the Special Leave Policy (the type of leave will be dependent on individual circumstances), for relevant appointments, e.g. support agencies, solicitors, court appointments, police meetings, rearranging housing or childcare provision. The type of special leave utilised will be dependent on circumstances
- Temporary or permanent changes to working times and patterns
- Consideration of how home/office working may impact on the individual, for some this may increase risk, whilst for others this can be a protective factor.

- Changes to specific duties to avoid potential contact with the perpetrator in a patient-facing role
- Temporary or permanent redeployment or relocation
- Increasing security in the workplace, e.g. changing a telephone number
- An advance of pay
- Access to counselling or support services in paid time.
- Consideration of if check in contact would be helpful during periods of leave

It is essential that those with management responsibilities keep a confidential written record of conversations with employees about domestic abuse, any incidents within the workplace and any workplace adjustments which have been made. These may be called upon as evidence in a civil or criminal court. These records need to be clear, accurate and should give dates, times, and locations. They should be factual and not include assumptions or the views of the person making the record. Witnesses to incidents related to the domestic abuse should also be recorded.

LCH is committed to providing ongoing support for employees disclosing domestic abuse. People experiencing domestic abuse may need time to decide what to do and may try many different options in this process. It is not unusual for a victim to return to the perpetrator at least once; this does not however change their need for ongoing support.

- **6.4 LCH Safeguarding Team** are practitioners with a wide variety of knowledge and experience of, supporting people affected by domestic abuse. They are responsible for:
  - Providing a responsive, non-judgmental listening ear to the affected employee
  - Signposting to the relevant support agencies
  - Supporting safety planning in partnership with the affected employee
  - Supporting managers to provide effective responses.
- **6.5 All LCH employees** are responsible for ensuring that they do not divulge personal details of other employees such as addresses, telephone numbers or working patterns.

It is good practice for all staff within health services to:

- Have an awareness of domestic abuse and its impact
- Understand that colleagues may be affected as well as their patients
- Ensure that they provide a safe and effective response
- Escalate any concerns they may have regarding the welfare of a colleague.

### 7 Perpetrators

- **7.1** LCH will demonstrate a zero-tolerance approach to employees who are perpetrators of domestic abuse. Perpetrators may be identified through any of the following measures:
  - Self disclosure
  - Disclosure and Barring Service (DBS) notification, police report or safeguarding processes
  - Information or allegations from a victim or a third party.
- **7.2** All allegations and disclosures must be investigated. Advice must be sought from the Workforce Department before instigating any form of action in line with the LCH Disciplinary Policy and/or the Acceptable Standards of Behaviour Policy. Doctors and Dentists must also refer to the Managing High Professional Standards Policy.
- 7.3 Staff are obliged to report to their line manager any criminal activity or investigations into criminal activity in which they may be involved during their employment with the Trust. Non-disclosure of this information may be considered a breach of contract and will be managed in line with the Disciplinary Policy.
- **7.4** As part of any investigation, LCH may require the employee to undertake an additional DBS (Disclosure and Barring Service).
- 7.5 In certain circumstances the organisation may take the decision either in the short or long term that, due to the nature of their employment, an employee under police investigation for or convicted of domestic abuse offences will not be able to remain in the workplace. Consideration must also be given to informing the employee's Professional Body if applicable.
- 7.6 Where it is alleged that a child has been harmed by a member of LCH staff managers must follow the SOP for Responding to Allegations of Abuse (LADO Procedure). Where there is concern about the risk posed by an LCH staff member towards adults with care and support needs then managers must follow the Leeds Safeguarding Adults Board People in a Position of Trust (PiPoT) Practice Guidance. For further guidance on either of these processes contact the Safeguarding Team on 0113 8430210.

### 8 Police Investigations

The complainant may, under relevant legislation, choose to make a formal complaint to the Police. If this route is chosen, the complainant must inform the Head of Workforce.

In such situations:

- A Police investigation will take priority over internal investigations.
- LCH investigations must not hamper a Police Force investigation
- Internal investigations may continue if appropriate during Police investigations.

Police advice must be taken as to whether it is appropriate to continue an investigation. Records of discussions regarding the domestic abuse incident may be subjected to Police review.

All LCH staff must refer to their own Professional Code of conduct.

#### 9 Risk Assessments

## In situations of immediate high risk contact the police on 999.

Assessment of risk in domestic abuse cases is essential. In 2022/23 The National Police Chief's Council recorded a total of 242 domestic abuse related deaths. Most deaths were reported as homicides however 93 of the cases were identified as suspected victim suicide following domestic abuse.

Specific risk assessments are used by the specialist agencies supporting those experiencing domestic violence, therefore all LCH employees making a disclosure will be encouraged to contact the <u>Leeds Domestic Violence Service</u> on the 24-hour <u>helpline number – 0113 2460401</u>. However, there may be situations where with support from the LCH Safeguarding Team, it would be appropriate for the victim's line manager to undertake a risk assessment. Where risk assessment indicates a high risk of homicide a referral to the <u>Leeds Multi-Agency Risk Assessment</u> Conference (MARAC) will be made.

It must be noted that children exposed to domestic abuse, under the new legislation are considered victims in their own right, therefore, where they are involved, a request for contact to Children's Social Care must be considered. This would be preferably with the consent of an individual with parental responsibility for the child at risk however in certain circumstances contact can be made without consent. For further guidance refer to the Standard Operating Procedure for Responding to Allegations of abuse against a staff member or contact the Safeguarding Team on 0113 8430210.

### 10 Safeguarding

This policy reflects the roles and responsibilities for Leeds Community Healthcare (LCH) Trust in relation to safeguarding children and adults. The document must demonstrate compliance with statutory guidance across child and adult legislation.

Effective safeguarding depends on a culture of zero tolerance of abuse, where concerns can be raised with confidence that action will be timely, effective, proportionate, and sensitive to the needs of those involved.

Staff must comply with this policy, West Yorkshire Consortium and local multiagency safeguarding procedures.

They must assist in taking the necessary action to safeguard children and adults at risk or experiencing abuse.

For further information on safeguarding please refer to the following links or contact LCH Safeguarding team on 0113 8430210.

- PL365 LCH Safeguarding Children Policy
- Safeguarding Adults
- <u>Multi-agency safeguarding adults policies and procedures | Leeds Safeguarding Adults Board</u>

### 11 Training Needs

Domestic abuse, routine enquiry and Level 3 Safeguarding training are available to LCH staff. The dates are available on intranet and the training is bookable via ESR.

Leeds City Council Domestic Violence Team lead on the delivery of a variety of awareness raising and training courses. This training is open to LCH staff on request. Further details are available by contacting <a href="mailto:dvteam@leeds.gov.uk">dvteam@leeds.gov.uk</a> or <a href="mailto:lchsafeguardingteam@nhs.net">lchsafeguardingteam@nhs.net</a>

### 12 Monitoring Compliance and Effectiveness

Due to the confidential nature of the issues outlined in this document formal monitoring of compliance and effectiveness will not be possible. The Workforce Department will seek feedback on the application of the guidance from managers, trade union representatives, Domestic Violence Support Team members and affected employees.

#### 13 Approval and Ratification process

The policy has been approved by the appropriate body and ratified by the Senior Leadership Team on behalf of the Board.

### 14 Dissemination and Implementation

The Clinical Audit & Effectiveness Team will support the dissemination of this policy by ensuring it is sent to the Quality Leads via email, uploaded to the LCH Intranet and shared via the Trust's weekly newsletter or the Trust's approved briefing.

Implementation will require:

 Operational Directors/ Heads of Service/General Managers to ensure staff have access to this policy and understand their responsibilities for implementing it into practice.  The Quality and Professional Development and Workforce Department will provide appropriate support and advice to staff on the implementation of this policy.

### 15 Review arrangements

This policy will be reviewed in three years following ratification by the author or sooner if there is a local or national requirement.

#### 16 Associated documents

LCH Managing Concerns with Performance Policy

**LCH Wellbeing at Work Policy** 

LCH Flexible Working Policy

LCH Disciplinary Policy

**LCH Special Leave Policy** 

**LCH Lone Working Policy** 

LCH Responding to Allegations of Abuse SOP (LADO Procedure)

LCH Maintaining High Professional Standards Policy

Statement of Particulars (Contract of Employment)

Domestic Abuse Flowchart with access to DASH Risk Assessment and MARAC

#### 17 References

Department of Health (2017) Responding to domestic abuse: a resource for health professionals

Employers' Initiative on Domestic Abuse (2024) <u>Domestic Abuse Policy Template and Guidance: "Sharon's Policy"</u>

Equality & Human Rights Commission & Chartered Institute of Personnel Development (2020) Managing and Supporting Employees Experiencing Domestic Abuse

Leeds City Council (2021) <u>Information for practitioners working with Domestic</u> Violence & Abuse

National Police Chiefs Council (2024) <u>Scale of homicide and suicides by domestic</u> abuse victims revealed

Nursing and Midwifery Council (2018) <u>The Code. Professional standards of Practice and behaviour for nurses, midwives and nursing associates</u>

Office for National Statistics (2024) Crime Survey for England & Wales

Safe Lives (2017) Disabled People and Domestic Abuse Spotlight

Unite the Union (2024) Template for a Model Domestic Violence Policy

Women's Aid (2025) Coercive control - Women's Aid

### **Relevant legislation**

Children Act 1989

Domestic Abuse Act 2021

Health and Safety at Work etc Act 1974

The Management of Health and Safety at Work Regulations 1999

#### Relevant websites

<u>Leeds Safeguarding Adults Board - Leeds multi-agency safeguarding adults policy</u> and procedures

<u>Leeds Safeguarding Adults Board - People in a Position of Trust (PiPoT) Practice Guidance</u>

### Appendix 1 - Specialist Support

#### **Leeds Domestic Violence Service**

24-hour helpline - 0113 2460401

https://ldvs.uk/

LDVS supports anyone in Leeds affected by domestic violence and abuse. They work with people of all genders, including women, men and non-binary people, to understand their experiences and move forward in a way that works for them.

### **LCH Safeguarding Team**

0113 8430210

lcht.lchsafeguardingteam@nhs.net

### **Leeds City Council: Domestic Abuse Team**

Domestic violence and abuse

Signposting for victims and information for practitioners working with those impacted my domestic abuse.

### **National Domestic Abuse Helpline**

Freephone 24 hours - 0800 2000 247

Homepage - National Domestic Abuse Helpline

Provided by Refuge, for women and children. They will provide information and advice on discussing domestic violence with employees

#### **National Centre for Domestic Violence**

0800 970 2070

Domestic Violence & Abuse · Emergency Injunction Service

This service allows anyone who has recently experienced or been threatened with domestic abuse to apply for an emergency court injunction, including those who cannot access or afford legal aid funding.

### Respect Men's Advice Line

0808 8010327 Mon-Fri 10am-5pm

www.mensadviceline.org.uk

Offers practical advice, information and support to male victims of domestic abuse as well as concerned families and friends.

### **Surviving Economic Abuse**

Surviving Economic Abuse: Transforming responses to economic abuse

Financial Support line for advice and guidance call the freephone number 08081968845 between 9am–5pm Monday to Friday

The Financial Support Line for Victims of Domestic Abuse is run by Money Advice Plus and is part of partnership work with Surviving Economic Abuse (SEA). It offers specialist advice to anyone experiencing domestic abuse who is in financial difficulty.

#### Karma Nirvana

0800 5999 247

Karma Nirvana

Helpline for victims of so called Honour Based Abuse offering emotional and practical support. Available to both victims and professionals.

#### **Paladin**

020 3866 4107

Paladin – National Stalking Advocacy Service

Paladin provides a high level of advocacy to anyone at risk of serious harm or homicide from a stalker.

### Respect Phoneline (support for perpetrators)

0808 8024040

Charity to Help Domestic Abuse Perpetrators | Respect Phoneline UK

Support for perpetrators of domestic abuse to take steps towards behaviour change.

Additional specialist support for people from marginalised groups experiencing DV can be found on the links below:

### Asylum seekers/Refugees

https://www.womensaid.org.uk/

### **Black Association of Women Step Out (BAWSO)**

0800 7318147 (24 hours)

www.bawso.org.uk

Specialist agency providing culturally sensitive and appropriate information and services to black and minority ethnic groups.

#### LGBTQIA+

http://www.galop.org.uk/ 0800 999 5428

Galop has decades of experience in supporting LGBT+ people who are victims of domestic abuse, sexual violence, hate crime, so-called conversion therapies, honourbased abuse, forced marriage, and other forms of abuse.

https://www.ananiasfoundation.org/abuse-in-lgbtq-

relationships/?gclid=EAlalQobChMlkL2qpJKC7wlVjpftCh3sZwnbEAAYASAAEgKqRfD\_B wE

#### **Learning Disabilities**

https://www.anncrafttrust.org/research/domestic-abuse/

#### Autism

https://autism-society.org/wp-

<u>content/uploads/2014/04/Domestic Violence Sexual Assult Counselors.pdfSANS</u> Healthy Relationships (1080 x 1350 px)

### **Pregnancy**

Home - For Baby's Sake

Domestic abuse during and after pregnancy | Tommy's

Domestic abuse in pregnancy - NHS

#### **Armed Forces & Veterans**

MOD domestic abuse support services.pdf (a list of MOD support services) No defence for abuse: Domestic Abuse Action Plan 2024-2029

### Appendix 2 – Taking a trauma informed approach

### Penny Netherwood - Consultant Clinical Psychologist, Compassionate Leeds Programme Team

People who have experienced or are experiencing domestic abuse may find it very difficult to talk about what is happening to them with their manager or a colleague. They may expect a negative or judgemental response, they may not trust others to be supportive and may fear an even greater loss of control over what is happening in their life. If someone does tell you about experiencing domestic abuse, your compassionate, non-judgemental response is important. You may not know what to do in that moment, but you can thank them for their courage and honesty in telling you and assure them you are going to do your best to help.

A trauma informed approach is concerned with creating relationships and environments that promote safety, trust, choice, collaboration, empowerment, peer support and cultural humility in all parts of an organisation and for everybody. Taking a trauma informed approach when supporting a colleague who is experiencing domestic abuse is likely to make your support more accessible, trustworthy and effective. Both survivors and perpetrators of domestic abuse are likely to be carrying the impact of trauma, often without realising it. By taking a compassionate and trauma informed approach to how you respond, you can help create safety whilst also avoiding further harm.

Trauma informed approaches are based on a recognition and comprehensive understanding of the widespread impact of trauma. This leads to a fundamental shift in our thinking from: "What's wrong with you?" to considering "What happened to you?" Rather than being a specific service or set of rules, trauma-informed approaches are an ongoing process of individual and collective attention to creating environments, practices and relationships that promote recovery and prevent further harm.

#### Simple things can make a big difference:

- Create safety in the relationship between you e.g. through listening to understand, being open, transparent and predictable and taking concerns seriously.
- Offer choice when possible ego where and when to meet, how best to communicate between meetings; even when there is no choice over what happens, there may be choice over how it happens
- Build trust by explaining what you are going to do and why and by doing what you say you will when you say you will
- As much as possible, make decisions and plans together in a collaborative way
- Respect the strengths your colleague has shown in surviving all they have to this point and help them to recognise their own strengths and capabilities
- Consider how culture yours and your colleague's may be important in how you
  approach supporting your colleague. We all have cultural expectations,
  assumptions, blind spots and beliefs and these may be useful to think about
  together.

# **Policy Consultation Process**

Title of Document	Domestic Violence Policy and Guidance on Supporting Affected Employees
Author (s)	Helen Barwell Named Nurse Safeguarding Adults
New / Revised Document	Revised
	Lynne Chambers-Head of Service Children and Adult Safeguarding, Children Looked After & Care Leavers.
	Wendy Brown-Named Nurse Safeguarding Children
	Sharon Thomas-Safeguarding Advisor, Adults
Lists of persons involved in	Jeanette Lynch - Specialist Safeguarding Nurse, Children's
developing the policy	Rachel Watkins – Named Professional MCA, DOLS, Dementia
	Debbie Reilley – Senior Safeguarding Advisor, Adults
	Julie Wilson – Senior Safeguarding Nurse, Children
	Angela Dillon – Designated Nurse for Children Looked After
	Jenny Allen – Director of Workforce
	Laura Smith – Director of Workforce
	Lynsey Yeomans – Executive Director of Nursing & Allied Health Professionals
List of manages involved in	Sheila Sorby – Deputy Director of Nursing of Nursing & Quality
List of persons involved in the consultation process.	Hannah Beal – Deputy Director of Allied Health Professionals
	Ruth Burnett – Executive medical Director
	Caroline McNamara – Adult Business Unit Clinical Lead
	Victoria Storton – Operational Head of Portfolio (neighbourhood Services)
	Alison Ellis, Jill Walker, Paula Groves – 0-19 Service Managers

Claire Gray-Sharpe – CBU Clinical Lead

Mandy Young – Specialist Business Unit Clinical Lead

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