



London Ambulance Service **NHS**  
NHS Trust

**Domestic Abuse Policy and Procedure**

## DOCUMENT PROFILE and CONTROL.

**Purpose of the document:** is to ensure all LAS staff are aware of and can recognise domestic abuse and know what action to take to protect children and adults in need of care as well as supporting all patients experiencing domestic abuse including staff.

**Sponsor Department:** Quality & Assurance Directorate

**Author/Reviewer:** Head of Safeguarding and Prevent.

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**Document Status: Final 0.1**

<b>Amendment History</b>			
Date	*Version	Author/Contributor	Amendment Details
11/10/19	3	Safeguarding Lead Adults	Minor amendments to legal documents
11/12/18	2.1	Head of Safeguarding & Safeguarding Specialist Adults	Minor amendments
16/05/16	2.0	Head of Safeguarding	Minor changes and clarification. Improved flowcharts and formatting.
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**\*Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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The Pulse		Governance Administrator	G&A
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<b>Links to Related documents or references providing additional information</b>		
<b>Ref. No.</b>	<b>Title</b>	<b>Version</b>
	Care Act 2014	
	No Secrets: Guidance on Developing and Implementing Multi Agency Policies and Procedures to Protect Vulnerable Adults from Abuse; DH, 2000	
	Safeguarding Adults: The role of Health Service Managers and their Boards; DH 14.03.2011	
	Protecting adults at risk: London multi agency policy and procedures to safeguard adults from abuse	
	Safeguarding Adults: The role of Health Service Practitioners; DH, 2011	
	Mental Capacity Act (2005)	
	Public Interest Disclosure Act 1998	
	Crime & Victims Act 2004	
	Children Act 2004	
	Serious Crime Act 2015: Section 76 Controlling or coercive behaviour in an intimate or family relationship	
OP/31	Policy and Procedure for Consent to Examination or Treatment	
TP/009	Policy for Access to Health Records, Disclosure of Patient Information: Protection and use of Patient Information	
HR/003	Freedom to speak up: raising concerns (whistleblowing) policy	
HR/021	Disciplinary Procedure	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled or substantive.

## **Part One Policy**

### **1. Introduction**

- 1.1 Domestic Abuse is a serious crime that has a major impact on the victim as well as on members of the family. It has long lasting effects on the mental and physical health of all victims including children and vulnerable adults who reside in households where domestic abuse occurs.
- 1.2 Domestic abuse is unacceptable and responsibility for domestic abuse lies with the perpetrator. It is important to note that domestic abuse is prevalent in children aged 16 and 17 and should not be mistaken for play fighting. The most common age range for domestic abuse is 16-24 years.
- 1.3 Working Together to Safeguard Children (2015) and The Care Act (2014) provide the legal requirements in relation to domestic abuse. The Care Act (2014) and Domestic Violence, Crime and Victims Act (2004), recognises domestic abuse as a type of abuse for adults at risk and places a duty on professionals to report domestic abuse as a crime as well as safeguarding the adult at risk.
- 1.4 Domestic abuse occurs in all areas of society regardless of, age, wealth, social status, gender and ethnicity
- 1.5 Many victims of domestic abuse will not be considered in need of care and support as defined by the Care Act 2014 and therefore will not be supported under safeguarding. This policy offers advice on how to offer support to these adults as well as those who need safeguarding.
- 1.6 This policy and procedure reinforces the accountabilities of clinical staff to safeguard victims of domestic abuse and should be read in conjunction with the Safeguarding Adults at Risk Policy and Procedures. It is important that staff remain aware that it is their duty to make safeguarding referrals where appropriate and they **MUST NOT** leave this to other agencies including the Police who may also be present on scene or at the hospital staff who take over the care of the patient.
- 1.7 This policy also provides advice and guidance on managing issues of domestic abuse involving LAS staff.

### **2. Scope**

- 2.1 This policy applies to all staff, contractors, voluntary agencies and volunteers who work for, in conjunction with, or on behalf of the Trust, including those staff, observers and visitors who may not come into direct contact with patients. It concerns not only adults who are victims of domestic abuse and how to manage them and any children involved, but also staff involved in domestic abuse and any children in the household.

- 2.2 Domestic abuse legislation covers not only adults but children 16 years and older. Children under 16yrs who are the subject of abuse and or violence are dealt with under the safeguarding policy and procedures.

### **3. Objectives**

- 3.1 To ensure that all Trust employees, contractors and volunteers are aware of their responsibilities to uphold the rights of children and adults at risk, and to take action to prevent them from experiencing domestic abuse and ensure their safety.
- 3.2 To enable clinical staff to provide advice and guidance to adults who are experiencing domestic abuse.
- 3.3 To provide guidance to managers supporting staff who are experiencing domestic abuse.
- 3.4 To ensure that all Trust employees, contractors and volunteers can recognise the signs of suspected domestic abuse and treat patients with sensitivity irrespective of their personal circumstances or protected characteristics<sup>1</sup> as defined in the Equality Act (2010).

### **4. Responsibilities**

- 4.1 The Trust has a responsibility to take domestic abuse seriously providing support and guidance and report, where appropriate, cases to professionals and other agencies that can help.
- 4.2 Managers have a duty to support staff both experiencing domestic abuse and who are alleged perpetrators of domestic abuse.
- 4.3 Managers should apply both the “Managing Safeguarding Allegations against Staff” and the Disciplinary Policies as required when managing allegations of domestic abuse.
- 4.4 Most forms of domestic abuse are crimes that should never be tolerated in any form or context. Under the domestic Violence, Crime and Victims Act (2004), charges can now be brought against a perpetrator without an abused person’s permission. Staff should consider reporting domestic abuse to the police immediately so evidence and patients can be protected, this is vital in serious and life threatening cases.

### **5. Definitions of Domestic Abuse**

- 5.1 The Home Office (2013) defines domestic abuse as;  
Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality.

This can encompass but is not limited to the following types of abuse: Psychological, Physical, Sexual, Financial, and Emotional. Domestic abuse includes controlling and coercive behaviour.

Coercion, control or undue influence may prevent an adult from making use of their capacity to make their own decisions.

- 5.1 Domestic abuse is by no means experienced only by adults in need; children will be affected by the violence and abuse by adults in their home either directly or indirectly.

## 6. Purpose

- 6.1 The purpose is to ensure the Trust has effective Policy and procedures to protect children, adults and staff from domestic abuse and know what to do if it occurs.
- 6.2 The NHS has a particular contribution to make because it is the one service that almost all victims of domestic abuse will come into contact with, at some point in their lives.
- 6.3 Working Together to Safeguard Children (DCSF, 2010) states:
- “Everyone working with women and children should be alert to the frequent inter-relationship between domestic abuse and the abuse and neglect of children”.*
- 6.4 The Taskforce on the Health Aspects of Violence Against Women and Children (DH, 2010) recommend that all NHS staff should be made aware of their role in addressing violence and abuse.
- 6.5 It is imperative that all staff make a safeguarding children referral, via Emergency Bed Service (EBS), in all circumstances where
- A child(ren) is present when the abuse took place
  - Where the child(ren) may reside at the property but is/are absent at the time of the incident
- As per the Trusts Safeguarding Children Policy.
- 6.6 Domestic abuse where there are no children in the family are assessed on an individual basis regarding raising a safeguarding concern and / or a police referral should be considered if the abuse is assessed as serious and/or a crime has been committed (e.g. physical or sexual abuse).

## 7. Recommendations

- 7.1 Currently there are recommendations for NHS organisations to implement guidance from the Report of the Taskforce on the Health Aspects of Violence Against Women & Children (2010). The LAS are addressing these recommendations within this policy, and procedure for the Management of Domestic Abuse and all safeguarding training resources.

- All NHS staff should be made aware of their role in addressing violence & abuse against women, men & children
- All NHS staff should have a clear understanding of the risk factors for violence & abuse
- NHS Trusts should work together with other agencies to ensure appropriate services are available to all victims / survivors of abuse and violence
- Every NHS Organisation should have a single designated person to advise on services, pathways and referrals for victims of domestic abuse. For the LAS this is the Head of Safeguarding
- NHS organisations should have a policy for staff who are victims of domestic abuse
- NHS organisations should ensure that information relating to violence and abuse is treated confidentially and shared appropriately
- NHS Trusts should fully participate in multi-agency fora, such as Multi-Agency Risk Assessment Conferences (MARAC's)

## 8. One Chance Rule- Forced marriage and honour based violence

- 8.1 All practitioners working with victims of forced marriage and honour based violence need to be aware of the **'one chance' rule**. That is, they may only have **one chance** to speak to a potential victim and may only have **one chance** to save a life. This means that all practitioners working within statutory agencies need to be aware of their responsibilities and obligations when they become aware of potential forced marriage cases. The one chance rule could also apply to all serious cases of domestic abuse where there may be a risk of death.
- 8.2 The primary concern is for the safety of the victim. The nature of forced marriage is such that agencies may have only one chance to respond to the needs of the victim. Ultimately to fail to do so may result in injury or death. Forced marriage is a marriage conducted without the valid consent of one or both parties, where some element of duress is a factor. Forced marriage is viewed to be a form of abuse, and a breach of human rights. It is, therefore, important to safeguard any child, young person or adult subjected to a forced marriage.
- 8.3 The LAS needs to ensure staff are aware of the signs of abuse and that they have a responsibility to report immediately safeguarding concerns via, Emergency Bed Service (EBS) as well as reporting serious cases to the police directly.

## 9. Monitoring effectiveness

- 9.1 All referrals to social services in relation to domestic abuse will be handled through EBS.

- 9.2 In addition EBS will process referrals to the National Domestic Abuse Helpline for those adults who are not in need of care and support and consent but are unable to contact them directly themselves.
- 9.3 EBS will maintain records of all referrals and produce reports in line with safeguarding requirements.
- 9.4 Women's Aid will provide the LAS with a report every six months of referrals received via the LAS either directly or indirectly where staff have sign posted the adult to the helpline.
- 9.5 Domestic abuse referrals will be subject to the same audit as other safeguarding referrals to ensure quality and consistency.
- 9.6 When staff call the police to report the incident this should be recorded on the Patient Report Form.



## Part Two

### 10. PROCEDURE AND GUIDANCE FOR DEALING WITH DOMESTIC ABUSE

The procedure will focus on domestic abuse in relation to

- a. Children involved in/ living in a domestic abuse household (including unborn child).
- b. “Adults at risk” who are experiencing domestic abuse.
- c. Adults experiencing domestic abuse.
- d. Staff who are experiencing domestic abuse.
- e. Staff who are perpetrators of domestic abuse.

#### 10.1 Indicators of Domestic Abuse

There are a number of signs staff might identify that could lead to them believe someone is being, or is at risk of being abused, these may include the following;

- Seeming afraid or anxious to please their partner.
- Going along with everything their partner says and does.
- ‘Check in’ often with their partner to report where they are and what they are doing.
- Talk about their partner’s temper/jealousy/possessiveness.
- Have frequent injuries, with the excuse of “accidents.”
- Dress in clothing designed to hide bruises or scars (e.g. wearing long sleeves in the summer or sunglasses indoors).
- Rarely go out in public without their partner.
- Have limited access to money, credit cards or the car.
- Have low self-esteem, even if they used to be confident.
- Be depressed, anxious or suicidal.

#### 10.2 Good Practice Guidelines:

It may be helpful to consider is the injury compatible with the history given when working with victims of domestic abuse

- Make a note of any inconsistencies, changing histories or delay in seeking help.
- Give a factual account of injuries and circumstances leading up to the injuries.
- Older children may corroborate a false history.
- Check child’s reaction when approached by parents/ adult.
- Consider if there are children seen at incidents you attend? Is there anything in the environment to suggest children live here? Are they in bed? Are they affected by parenting issues?

10.3 If Trust staff attend an incident where they are aware of or concerned that domestic violence or abuse is a contributing factor, it is imperative that the presenting clinical condition is assessed and treated and the patient is transported to the appropriate medical facility if clinically indicated. All concerns and actions must be fully recorded on the Patient Report Form (PRF) and handed over to the receiving clinician or professional.

10.4 The flow chart in appendix one shows the process following a disclosure of domestic abuse. The flow chart in appendix two shows the process of managing an allegation of domestic abuse involving staff.

## **11. Children involved in/ living in a domestic abuse household.**

11.1 A safeguarding referral **must** be made for any children that live in the household whether present at the time of the incident or not. The fact we are attending the address means it is unlikely to be the first time domestic abuse has occurred. Evidence states that children are affected by living in a household where domestic abuse occurs whether or not it is directed towards them.

11.2 A safeguarding referral **must** also be made for any unborn child where the female is known to be pregnant and has experienced domestic abuse.

11.3 Staff must also take into account any information which is disclosed by children. Very young children can tell and describe what has happened. It is very important to record what children have said about the incident on the Patient Report Form and within the child safeguarding referral. Accounts given by adults and children may conflict and it is important to listen to, hear and believe what children say.

11.4 **Staff should not leave children with an alleged perpetrator if transporting the victim to hospital. If there is no other choice the Police must be notified immediately to conduct a welfare check on the children as soon as possible.**

11.5 It is important staff refer to the Safeguarding Policy and Procedure which can be found on the Trust intranet The Safeguarding team can also provide advice and support and can be contacted on [safeguarding.las@nhs.uk](mailto:safeguarding.las@nhs.uk).

## **12. “Adults at risk” who are experiencing domestic abuse.**

12.1 An adult at risk is anyone over 18 years old who has needs for care and support (whether or not the local authority is meeting any of those needs) AND is experiencing, or at risk of, abuse or neglect AND as a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. By care and support it is meant assistance with activities of daily living.

12.2 Staff have a duty to protect adults at risk from abuse and **must** report via EBS all cases of domestic abuse involving an adult at risk, preferably with their consent. However consent should not be a barrier to reporting where they are risk of significant harm or maybe coerced into a decision.

12.3 Staff should listen to any disclosure and carefully document this. If possible talk to the patient away from the alleged perpetrator if they are still on scene. No pressure should be placed on the victim of domestic abuse to disclose and care should be taken not to press for detail if the alleged perpetrator may overhear. A verbal hand-over of concerns should also be given to staff at the receiving hospital if the victim is conveyed. This would include information regarding known or suspected domestic abuse and information about safeguarding referral that are being made. It is the crew's responsibility to raise a safeguarding concern.

12.4 If the patient is not transported, consideration must be given to the level of risk (to the patient) and if this is significant, or if a crime has been committed, the Police must be called.

### **13. Adults experiencing domestic abuse.**

13.1 If the patient does not have care and support needs, raising a safeguarding concern is inappropriate and staff should, *if safe* discuss domestic abuse issues with the patient.

13.2 If safe staff can give information on support available and provide them with the National Domestic Abuse 24hr Helpline number. (See Appendix One for procedure)

13.3 If the adult is unable to call the helpline but consents for you to make contact on their behalf, staff can do this via EBS by calling the safeguarding referral line.

13.4 Staff should be clear to inform EBS that this is a referral to the national domestic abuse helpline.

13.5 The LAS can only contact the helpline with the adult's informed consent and they must provide details of a secure phone number and a timescale that it is safe to call the adult on in the next 24hrs.

13.6 Informed consent should be documented on the PRF.

### **14. When staff are a victim of domestic abuse.**

14.1 The trust recognises that employees experiencing domestic abuse normally have the right to complete confidentiality. However, in circumstances where children are involved the child protection services need to be informed and complete confidentiality cannot be guaranteed in these situations.

14.2 The LAS will not discriminate against anyone who has been subjected to domestic abuse, in terms of his or her existing employment or career development.

14.3 The Trust will provide support through managers, Human Resources (HR), Occupational Health and Trust Counselling Services (See appendix two). These resources will:

- be available and approachable to employees experiencing domestic abuse

- listen, reassure and support individuals
- keep information confidential (subject to the requirements of child and adult protection)
- respond in a sensitive and non-judgemental manner
- discuss the specific steps that can be taken to help this person stay safe in the workplace
- ensure the employee is aware of the options available to them
- encourage the member of staff to seek the advice of other relevant agencies by calling 0808 200 0247, the Freephone National Domestic abuse Helpline, run in partnership between *Women's Aid* and *Refuge*.

## **15. Staff who are perpetrators of domestic abuse**

- 15.1 When an allegation is made about a member of staff the Trust should follow the Allegations Against Staff Policy (HR039) and investigate it under the Trust Disciplinary Procedure in conjunction with the Trust Safeguarding Adults in Need Policy (TP019) and Pan London Safeguarding Adults Policy and Procedures.
- 15.2 The LAS recognises that perpetrators of domestic abuse may wish to seek help and support voluntarily. They will have access, to help and support in accordance with this guidance.
- 15.3 The manager who has been alerted to the allegation against a member of staff has responsibility to ensure that the appropriate course of action is taken without delay and notify the Executive lead for safeguarding or Head of Safeguarding, who will refer the concern to the local authority Safeguarding Adult Manager (SAM).
- 15.4 The Trust recognises that an allegation of this nature can have a profound effect on the member of staff. As such, the Trust will provide support to staff whom allegations have been made against, in accordance with advice from the relevant social services department and the Metropolitan Police Service so as not to jeopardise the investigation.
- 15.5 The member of staff will be treated with respect, honesty in all matters and confidentiality will be maintained on a need to know basis.

## **16. Freedom to speak up**

- 16.1 Employees who have concerns about a colleague's conduct in their personal life or their professional practice, in the context of domestic abuse or safeguarding, should report this to a line manager immediately this will be managed under the Whistle-blowing Policy HR003.

## **17. Access to support**

Staff can access advice and support in a number of ways.

- Via local safeguarding lead and Specialists
- Clinical Hub 24/7
- Emergency Bed Service 24/7

In addition staff can email the safeguarding team on [safeguarding.las@nhs.net](mailto:safeguarding.las@nhs.net) for expert advice or information on policy and procedures.

## 18. Links to additional information

18.1 The Men's Advice Line can refer men to local places that can help, such as health services and voluntary organisations. For help and support, call the Men's Advice Line free on 0808 801 0327 10am-1pm and 2-5pm, Mon-Fri, or email: [info@mensadvice.org.uk](mailto:info@mensadvice.org.uk)

18.2 For more information on same-sex domestic abuse, see Stonewall health briefing: [www.healthyives.stonewall.org.uk/lgb-health/briefings/domestic-abuse.aspx](http://www.healthyives.stonewall.org.uk/lgb-health/briefings/domestic-abuse.aspx)  
[www.brokenrainbow.org.uk](http://www.brokenrainbow.org.uk)  
**0300 999 5428**

18.3 <http://www.homeoffice.gov.uk/crime/violence-against-women-girls/domestic-violence/>  
(Updated 13<sup>th</sup> July 2015)

Freephone 24-hour National Domestic Violence Helpline run in partnership by Women's Aid and Refuge-  
**0808 2000 247**



[www.refuge.org.uk](http://www.refuge.org.uk)

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



<http://www.karmanirvana.org.uk> -Freephone- 0800 5999 247

Forced Marriage Unit (+44 (0) 20 7008 0151  
[fmf@fco.gov.uk](mailto:fmf@fco.gov.uk) <http://www.fco.gov.uk/forcedmarriage>



<http://www.nspcc.org.uk> [www.brokenrainbow.org.uk](http://www.brokenrainbow.org.uk) 0300 999 5428

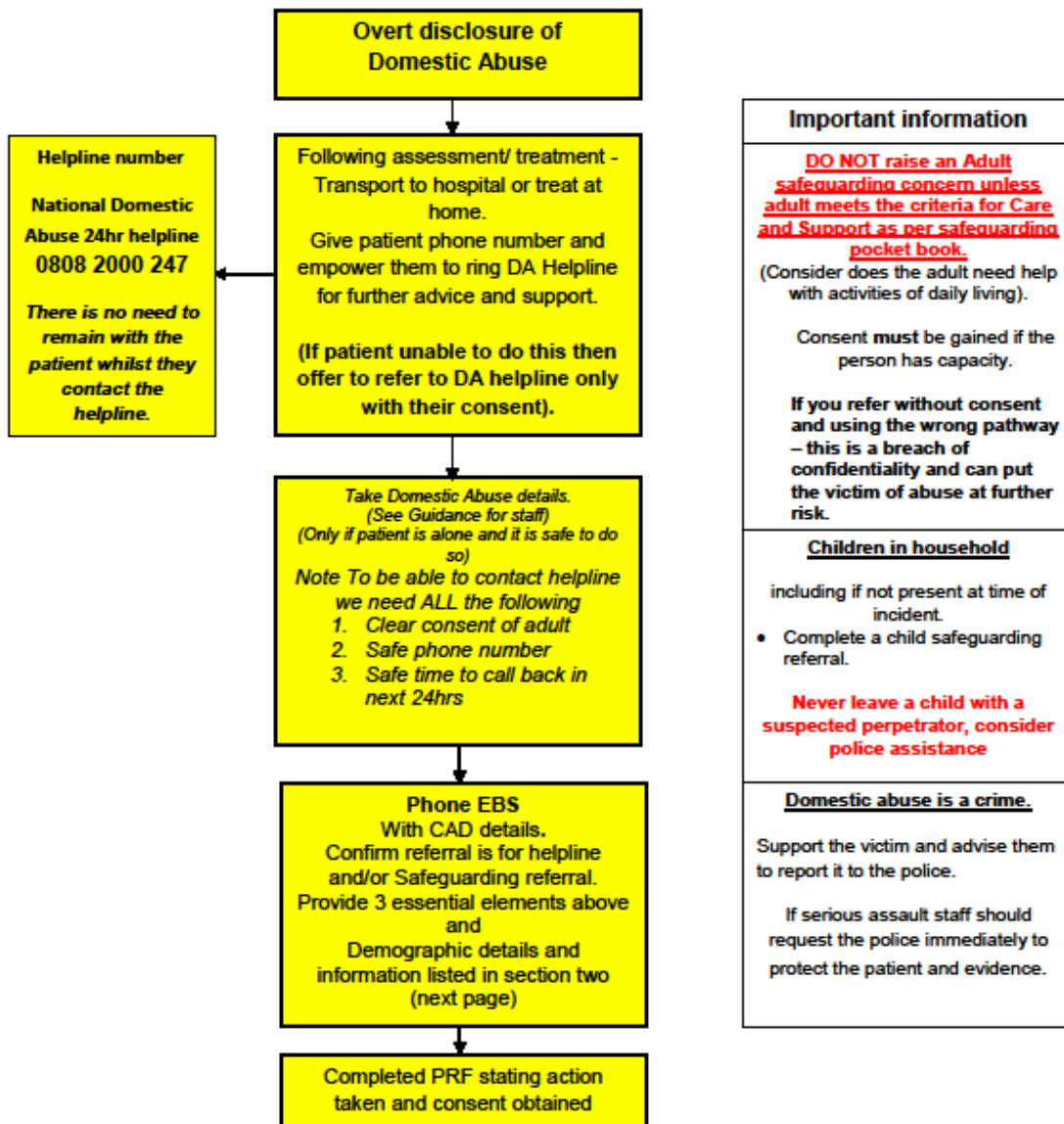
IMPLEMENTATION PLAN	
Intended Audience	All staff in the LAS
Dissemination	LAS RIB, Pulse

<b>Communications</b>	<i>Article in RIB and included in 2016 Safeguarding Training</i>			
<b>Training</b>	<i>Clinical staff to receive training via Safeguarding training on CSR 2016</i>			
<b>Monitoring:</b>				
<b>Aspect to be monitored</b>	<b>Frequency of monitoring AND Tool used</b>	<b>Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported</b>	<b>Committee/ group responsible for monitoring outcomes/ recommendations</b>	<b>How learning will take place</b>
<i>List aspects/ Key elements of the policy/ procedure that will be monitored,</i>  Referrals will be monitored by EBS and Women's Aid	<i>How often will this take place and What tool will be used,</i>  Referrals are reviewed by safeguarding committee. Also Women's Aid will report figures on referrals from LAS 6 monthly.	<i>Who is responsible for carrying this out? Title of individual/team that will do this, and Name of Group/committee where the results will be reported,</i>  EBS Manager and Head of Safeguarding to present findings to Safeguarding Committee	<i>Who monitors outcomes/ recommendations? Name of Higher level group/committee that will monitor outcomes/ recommendations,</i>  Safeguarding Committee to review and agree recommendations which will be added to Safeguarding action plan.	<i>Describe how learning will take place for relevant areas,</i>

**Appendix One**



## Pathway for Domestic Abuse



LAS Safeguarding July 2016 V2

## GUIDANCE FOR STAFF ON DOMESTIC ABUSE REFERRALS.



The 24hr free phone National **Domestic Violence Helpline** can be called on **0808 2000 247**. The Helpline is a source of information and a signposting service, to help and guide people with experience of domestic abuse, who are in need of support or access to local support services. Callers are able to speak personally to a professionally trained Helpline staff member.

### **Process for LAS**

Following an overt disclosure staff must:

**Empower victim where possible to phone the Domestic Abuse Helpline themselves, this should always be first option.**

If the victim requests help to make a referral to the helpline:

- Ensure that the victim gives their informed consent
- Ensure that a safe telephone number is provided
- Agree a “safe call back time” within the next 24hrs with the victim

**Note: If any of these actions are not completed – Then LAS cannot make a referral to the National Domestic Abuse Helpline.**

**Referrals from the LAS must only be made via EBS**

EBS will also need to know the following:

- Is the adult also in need of care and support? Why? ( therefore Safeguarding concern should also be raised)
- Is the perpetrator living at the same address
- Name, address, post code, Date of birth, Sex, type of abuse,
- Is the patient pregnant? (If Yes child referral required also)
- Are there any language issues that need to be considered?
- Number of children in household? Names if possible? (child referral required)
- Protected characteristics information.
- Any other relevant information.

Ensure only details of the abuse are reported to the helpline – DO NOT disclose any medical details.

**Note:**

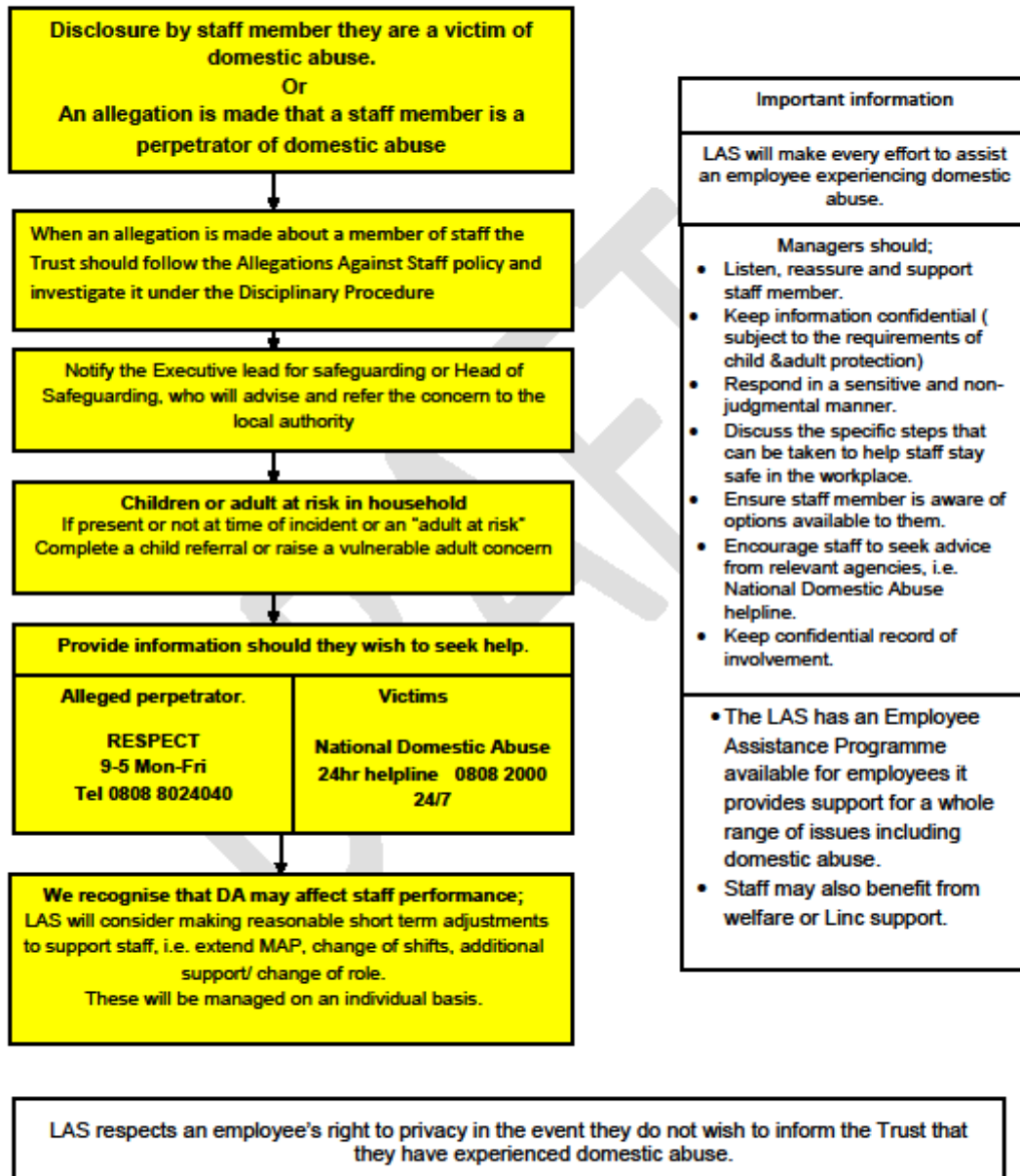
Remind the victim that calls are free from UK mobiles and the Helpline is a free phone number from any landline or public telephone. The Helpline number will not show up on BT landline phone bills.

It’s also important to remind the victim the ring back from the helpline will be from a withheld number as they appreciate that some callers might not answer withheld numbers. For safety reasons the helpline will attempt to contact the victim no more than 4 times. The helpline offers advice and information in over 150 languages via Language Line.

### **Appendix Two**



## Managing Staff Domestic Abuse Issues



LAS Safeguarding May 2016 V3