University Hospitals Bristol
NHS Foundation Trust

Domestic Violence and Abuse Policy

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Introduction

This policy is to be utilised by all Trust staff who are supporting patients aged 16 old years and above, who are victims of domestic violence and Trust managers who may be supporting staff who are victims or perpetrators of domestic violence. It outlines the way in which University Hospitals Bristol NHS Foundation Trust will work together to safeguard and promote the welfare of victims of Domestic Violence and Abuse (DVA) and their children.

Domestic violence abuse (DVA) has a damaging, and at times a life threatening, impact on the physical and emotional well-being of those being abused. Sometimes children or unborn child are also affected either physically or emotionally, and therefore deemed to be at risk.

This Policy supersedes the 2012 Domestic Violence and Abuse Trust Policy and is applicable to all staff employed by the Trust working with the Trust under a service level agreement as well as volunteers and services hosted by the Trust.

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision**	**Description of Revision**
April 2003	1	[redacted]		New Policy
Aug 2007	2.1	[redacted]	Minor	Update
Nov 2012	3	[redacted]	Minor	Update
1/1/2017	4	[redacted]	Minor	Update to include Care Act 2014 legislation
27/10/2017	4.1	[redacted]	Minor	Amalgamation of Policy with Staff DVA Policy

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Do I need to read this Policy?

All clinical staff and non-clinical line managers

Must read the whole policy

1. Introduction

University Hospitals Bristol NHS Foundation Trust (UH Bristol) is committed to promoting and safeguarding the welfare of adults at risk of harm, children and young people and unborn babies. Staff will work collaboratively with other agencies involved in the Domestic Violence and Abuse agenda and will follow national and local legislation and guidance.

Domestic violence abuse (DVA) has a damaging, and at times a life threatening, impact on the physical and emotional well-being of those being abused. The majority of abuse situations involve men abusing women, however it is recognised that women can and do abuse men, and that abuse occurs in same sex relationships.

Sometimes children or an unborn baby are also affected either physically or emotionally, and therefore deemed to be at risk. The most important factor in identifying DVA is an awareness of the fact that there is a high likelihood of occurrence amongst patients – 1 in 3 women and 1 in 6 men suffer DVA in their lifetimes.

Any person who makes a disclosure of abuse requires immediate support and accurate information on local resources. A victim's entry into healthcare systems presents an opportunity for the detection of DVA, whilst failure to enquire about abuse may increase the victim's sense of helplessness and entrapment in a violent relationship and deny them access to appropriate services.

2. Purpose and Scope

This policy outlines the way in which University Hospitals Bristol NHS Foundation Trust will work together with agencies such as Children's Social Care, the Police and Voluntary organisations to safeguard and promote the welfare of victims of Domestic Violence and Abuse (DVA) and their children. This is consistent with the Care Act 2014, 'Working Together to Safeguard Children' (Department of Health 2015) and the Trust's values.

This policy is designed to:

- Clarify how the Trust will support government policy for the NHS in terms of domestic violence and abuse and VAAWG (Violence and abuse against women and girls) to ensure implementation of a safe, consistent and high-quality approach to domestic violence and abuse.
- Clarify DVA processes, roles, responsibilities and accountability of Trust staff.
- Challenge and promote zero tolerance of the use of gender-based violence against women and girls or domestic/sexual violence against men in any circumstances.

The policy also enables the Trust to:

- Meet statutory requirements of the Care Act 2014, Section 11 of the Children's Act 2004, Working Together to Safeguard Children 2015 and the South West Child Protection Procedures.

- Meet the safeguarding requirements of the Local Safeguarding Children's and Adults Boards and the local NHS Safeguarding commissioning standards.

- Assist the Trust with evidence of compliance with the regulatory requirements of the Care Quality Commission and Monitor to register as a healthcare provider. This Policy primarily relates to **Fundamental Standard 13: Safeguarding service users from abuse**.

- Be proactive in relation to the priority placed on risk management and the mitigation of risks to protect patients, staff and the organisation.

This policy is applicable to all staff employed by the Trust, volunteers, those working within the Trust under a service level agreement, and independent contractors and services hosted by the Trust.

The Policy includes general information on Domestic Violence and Abuse (DVA) and should be read in conjunction with the Trust's Safeguarding Children and Young People's Safeguarding Policy. The Safeguarding Adults Policy, and the Mental Capacity Policy if it is identified that a patient lacks capacity to make decisions or is vulnerable in any other way.

There are specific operational guidelines for the areas where DVA is most commonly seen, informing staff of the actions required when DVA is suspected or recognised. These areas include the Adult Emergency Department, Maternity Services, Sexual Health Clinic and Gynaecology Services.

3. Definitions

3.1 Domestic violence

Domestic violence is defined as 'Any incident or pattern of incidents of controlling, coercive, threatening behavior, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional (Home Office – March 2013)

3.2 Controlling behaviour

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.

3.3 Coercive 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.

The Government definition, which is not a legal definition, includes so called 'honour'-based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

3.4 Forced Marriage

A forced marriage is where one or both people do not or cannot give their informed consent to the marriage. This can be due to a cognitive impairment such as significant learning disabilities or if consent is thought to have been obtained under duress. Forced marriage is recognized in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

3.5 Honour -based violence (HBV)

Can be described as a collection of practices which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has "shamed" the family and/or community by breaking their honour code. It is a violation of human rights and may be a form of domestic and/or sexual violence.

3.6 Domestic Abuse and the Care Act 2014

The Statutory Guidance issued under the Care Act 2014 states that adult safeguarding means 'protecting an adult's right to live in safety, free from abuse and neglect' (Section 14.7). Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the authority is meeting any of those needs)
- is experiencing, or is at risk of abuse or neglect,
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect (Section 14.2),

Domestic violence is one of the categories of abuse introduced as part of the Care Act 2014, highlighting that if the criteria detailed above are met, then the abusive situation should be jointly managed through the Domestic Abuse Policy in conjunction with the Safeguarding Adults Policies and procedures.

This applies to all types of Domestic Abuse and Violence, including psychological, physical, sexual, financial abuse and 'honour' based violence. Financial Abuse has been highlighted further, as the signs can present differently from other more physical signs of abuse and may need to be considered in the context of Domestic Abuse.

The Care Act recognises that historically the emphasis has been on partner violence and that more focus need to be given to family and intergenerational abuse, for example if the perpetrator is the victims (adult) child, sibling or grandchild.

4. Duties, Roles and Responsibilities

4.1 Trust Board

The Board is ultimately accountable for ensuring that adults, children and unborn babies are safeguarded within the Trust. The Board monitors this via the Safeguarding Steering Group and the Clinical Quality Group.

4.2 Executive Lead for Safeguarding

The Chief Nurse is the Executive Lead responsible for Safeguarding**.**

4.3 Strategic Lead Nurse for Safeguarding

(a) The post holder fulfils the role of corporate lead for Adult and Children Safeguarding. The post holder is responsible for promoting compliance with regulatory and commissioning standards, and ensuring that safeguarding policies, procedures are up to date and embedded within all clinical areas.

(b) The post holder will take the lead on specialist areas of safeguarding practice within the Trust including the PREVENT agenda, Domestic Abuse, Female Genital Mutilation and the Mental Capacity Act.

4.4 Safeguarding Nurses

The Safeguarding Nurses are responsible for co-ordinating the Trust's involvement with external agencies regarding individual safeguarding cases, and for assisting and supporting other Trust colleagues involved in the process.

4.5 Trust Independent Domestic and Sexual Violence Advisors (IDSVA'S)

The Independent and Sexual Violence Advisors (IDSVA'S) provide an independent advocacy service to victims of domestic abuse, primarily in the Emergency Department.

4.6 Trust Safeguarding Steering Group

The Trust Adult and Children's Safeguarding Steering Group meets every quarter. This group is responsible for assurance in relation to all safeguarding, including Domestic Violence and Abuse, in the Trust. The chair of this group is the executive lead of the Trust, the Chief Nurse, and includes senior representation from all Divisions.

4.7 Domestic Abuse Steering Group and Safeguarding Operational Groups

The Trust's Domestic Abuse Steering Group and the Adults and Children's Operational Group's will take the lead for the development and management of the agenda for Domestic Violence and Abuse within the organisation, reporting to the Safeguarding Steering Group.

The Groups will lead the development and implementation of policies and procedures, training design and delivery, work plans and audit in relation to Domestic Violence and Abuse. In addition they will monitor all Trust internal incidents and action plans resulting from Domestic homicide reviews.

4.8 Divisional Boards

Divisional Boards are responsible for ensuring that corporate requirements for safeguarding are met within their divisions.

4.9 Divisional Heads of Nursing

Divisional Heads of Nursing are responsible for the management of safeguarding within their division. They are also the named representative for the division on the Trust safeguarding steering group.

4.10 Line Managers

Line Managers must ensure that all staff members are aware of the Trust Domestic Violence and Abuse Policy, underpinned by the Safeguarding Policies and procedures, together with their individual responsibilities in safeguarding.

4.11 All Trust Staff

All staff employed by the Trust will be aware of their responsibilities in relation to safeguarding, including Domestic Violence and Abuse. They will be able to achieve this through full compliance with the Policy and Procedures and attendance at appropriate mandatory training. Not all employees will work on a regular basis with adults at risk (whether they be patients, their families or their visitors) however, most will at some time and each of these employees is responsible for safeguarding such people.

5. Policy Statement and Provisions

5.1 Recognition and indicators of Domestic Violence and Abuse

There are a number of indicators that a person may be a victim of DVA, none of these are absolute evidence that abuse has definitely occurred. But all health professionals need to know the recognised physical, emotional and behavioural indicators of DVA.

Health Professionals must make appropriate assessments of everyone attending for health care using the indicators described below as a framework. If staff suspect DVA they must investigate further and keep accurate records of their enquiry.

Possible Signs and Symptoms that may be displayed by an Adult experiencing Domestic Abuse	
▪ Injuries inconsistent with the explanation ▪ Person reluctant to speak in front of partner / family member ▪ Partner / family member always speaks on behalf of the person ▪ Person appears fearful of partner/family member ▪ Person is belittled/humiliated by Partner/family member ▪ Low self-esteem / Depression / Mental Health issues ▪ Substance Misuse – Drugs / Alcohol ▪ Pregnancy	▪ Frequent appointments for vague symptoms ▪ Avoidance tactics – missed appointments, difficult to engage ▪ Person received frequent, harassing phone calls from their partner/family member ▪ Person is isolated from family or friends ▪ Bruises and injuries in 'hidden' areas / hides or minimises injuries ▪ Have limited access to money, transport, mobile phone/restrictions on use of money

5.2 The Provision of a Quiet and Private Environment

Whenever DVA is either suspected or known an opportunity must be provided for discussions about individual circumstance in a quiet and private environment, and where the person can be seen alone. The presence of a partner or a relative may constrain discussion of DVA and could place the person in greater danger. The limitations of confidentiality must be clearly explained at the outset of the discussion.

5.3 Identification: Asking the Question

Victims/Survivors often find it difficult to disclose abuse even when they are asked about it and may deny that it is happening. Asking about abuse sends a clear message that abuse is wrong, and as a Trust we take the subject very seriously, giving a clear message that he/she can come back to the service when they feel ready to disclose. Practitioners may need to screen for DVA more than once, this should be a routine part of good clinical practice.

In asking questions it is important that practitioners remain non-judgemental are empathetic, to listen and to be aware of their reaction – it is not their place to come up with a solution.

Where the victim/survivor has a hearing impairment or English is not their first language, please engage the use of Trust approved interpreters. Family members and friends should not be used to interpret interviews. Information on translating and interpreting is available on connect via the following link: http://connect/governanceandquality/patientexperience/tandi/Pages/default.aspx

5.4 Responding to Domestic Violence and Abuse: 'The Victim's Safety'

If a victim/survivor discloses domestic abuse, you may need to consider taking immediate safety actions to reduce and manage the risk. Actions will depend on whether you are with the victim/survivor and they are safe in the immediate future, or whether they are still in a vulnerable location e.g. with the perpetrator. Actions may include:

- In an emergency always call the security / Police on 999.
- Is the person in need of immediate treatment for an injury?
- Are there children or vulnerable adults present? Consider if you need to make an onward safeguarding referral, contact the Trust Safeguarding Team for advice.
- Does the person have somewhere safe to stay tonight?
- Can they stay with friends or family?
- Do they need temporary accommodation?

A supportive action plan should be discussed and agreed with the victim/survivor. The practitioner will need to ensure that the risks to the victim/survivor and any children are not increased following disclosure and should discuss their immediate and longer-term safety and options available and appropriate for them.

The plan of follow-up and action should be documented to provide clarity around any actions to be taken. If an agreed action plan is not followed up the victim may feel that they have not been listened to. If the victim/survivor is unable to follow through with actions discussed this should be documented and further follow-up and support offered.

5.5 onducting a risk assessment

If domestic violence and abuse is suspected the Safelives risk assessment tool (previously known as the CAADA-DASH) should be completed to ensure a consistent and robust approach. The assessment can be used for all victims of domestic abuse, stalking and harassment and honour based violence. The risk assessment tool can be downloaded from:

http://www.safelives.org.uk/sites/default/files/resources/Dash%20without%20guidance%20FINAL.pdf. .

The checklist should be used for initial disclosure of domestic violence and abuse and is designed to be used for those suffering current rather than historic abuse. Risk in domestic violence and abuse situations is dynamic and can change very quickly. Depending on the risk assessment outcome, a referral to MARAC may be indicated.

5.6 Multi-Agency Risk Assessment Conferences (MARAC)

Multi-Agency Risk Assessment Conferences (MARACs) are regular multi-agency meetings where information is shared to inform an action plan to reduce harm to the highest risk victims of DVA. For further information refer to DV webpage under safeguarding children.

5.7 The role of the Trust Independent Domestic and Sexual Violence Advisor (IDSVA's)

The Independent Domestic & Sexual Violence Advisors (IDSVAs) are based in the Emergency Department of the Bristol Royal Infirmary and provide an independent advocacy service. They aim to provide support across the Trust to victims at risk of harm from DVA, to improve their safety and that of their children, serving as the victim's primary point of contact.

The IDSVA's will be pro-active in implementing a plan, which may include:

- addressing immediate safety with practical steps to protect the victims and their children,
- working towards longer term solutions
- referrals to and actions from Multi-Agency Risk Assessment Conference (MARAC)
- Consideration of other sanctions and remedies available through the criminal and civil courts, housing options and services available through other organisations.

Details on how to contact the IDSVA service can be found on the domestic violence web page on connect.

5.8 Information Sharing

Consent to share information, on a need to know basis, should always be sought, however a decision may be made to share information without consent if this is in the public interest as outlined in Section 115 of the Crime and Disorder Act (1998).

Relevant information can be shared when; it is necessary to prevent crime, protect health and/or safety of the victim and/or the rights and freedoms of those who are victims of violence and/or their children and it should be proportionate to the level of risk/harm to the individual. This may include sharing information to protect children or adults at risk of harm.

Further information relating to information sharing can be found in the Safeguarding Policies for Adults and Children.

For further help and support contact the trust IDSVA or the Trust Safeguarding Nursing Team Ext: 21696

5.9 Domestic Violence and Abuse Training

In addition to the Trust mandatory safeguarding adults and children's training, staff employed in 'high risk' areas are encouraged to undertake either the in-house DVA awareness training, or training provided by an external agency such as the Bristol Safeguarding Children Board - Domestic Abuse and Child Protection training day.

5.10 Other sources of support:

If a victim/survivor discloses and talks with the health professional about domestic violence and abuse, he/she should always be offered accurate information on local groups or agencies in a format that does not compromise their safety or that of her children.

There is a range of other sources of support available to support victims of DVA and their children available on the Domestic Abuse intranet page on connect.

6. Standards and Key Performance Indicators

Care Quality Commission Fundamental Standard 13: Safeguarding Service users from abuse.

Safeguarding Commissioning Standards

6.1 Measurement and Key Performance Indicators

Effective measurement of the effectiveness of this policy will be achieved through the Safeguarding Steering Group, the Domestic Abuse Steering group and the Adults and Children's Operational Safeguarding Groups

External review through Care Quality Commission, Local Safeguarding Adults and Children's Boards, local NHS Commissioning arrangements and complaints monitoring. Attendance records for mandatory training and the Trust Risk register.

7. References

Care Act (2014)

Crime and Disorder Act (1998)

Care Quality Commission. Fundamental Standard 13. Safeguarding Service Users from Abuse

Department of Health, (2008) Responding to domestic violence and abuse; A handbook for health professionals.

Domestic Violence, Crime and Victims Act, 2004.

Home office (2004) Tackling Domestic Violence; The role of the health professional (2nd Ed), HMSO, London.

Home Office (2005), Domestic violence; a national report

Home Office (2006), National Domestic Violence Delivery Plan; A progress report 2005-2006.

Home Office (2011), Multi-Agency Statutory Guidance on Conducting Domestic Homicide Reviews under the Domestic Violence, Crime and Victims Act 2004.

Home Office (2008), National Domestic Violence Delivery Plan; A progress report 2008-2009. HMSO, London.

Home Office (2009), Together We Can End Violence Against Women And Girls; A Strategy. HMSO, London.

Home Office (2013), Information for Local Areas on the changes to the Definition of Domestic Violence and Abuse.

Violent crime reduction act, 2006

Walby, S (2004), The Cost of Domestic Violence. England: Women and Equality Unit

Worms, J. (2004) Domestic Violence and Health; An audit of PCT practice in the Thames Valley. Thames Valley Partnership and children who experience violence or abuse: a guide for health

8. Associated Documentation

Policy to support staff who may be victims of DVA

Safeguarding Adults Policy and Procedures

Mental Capacity and Deprivation of Liberty Safeguarding Policy

Safeguarding Children, Young People and the unborn baby Policy

Female Genital Mutilation - Standard Operating Procedure.

Specialist clinical guidelines for high risk areas including;

- Maternity services
- Gynaecology services
- Adult Emergency Department
- Sexual Health services

9. Appendix A – Guidance for Managers

Statistically at least 10% of all employees are potential victims/survivors or perpetrators of domestic abuse. This appendix is dedicated to all employees to highlight the support available, increase awareness of the scale of the issue and identify common symptoms of domestic abuse.

Performance Issues

Managers should have an awareness of indicators that an individual may be experiencing domestic violence and abuse. The following can all be indicators of difficult domestic circumstances:

- Poor work performance
- Irregular attendance
- Lack of concentration
- Poor timekeeping
- Unexplained absence

Some individuals may find it difficult to disclose issues of domestic abuse to their manager. Should they inform a third party, they should be encouraged to inform their manager to ensure that their circumstances are understood and appropriate help and support can be provided. This may prevent further formal action taking place.

Standards

Employees who have disclosed that they are experiencing domestic abuse will be provided with every reasonable consideration, both personally and professionally. They will not be judged or ridiculed by any employee, but will be provided with a sympathetic, supportive response.

The Trust will support employees in making positive changes and in providing a safe and positive working environment.

Any formal action as a result of poor punctuality, attendance, work performance and productivity can be avoided through the guidance for managers.

Discussions between a manager and an employee who is experiencing domestic abuse will be treated in confidence. In some circumstances this confidence may need to be broken in order to protect children or vulnerable adults.

The Trust will provide a secure and safe working for its employees under the Health and Safety at Work Act 1974. Where appropriate, reasonable additional measures will be taken by managers to protect the safety of those experiencing domestic abuse while travelling between work and home, whilst at work or when carrying out Trust duties.

Managers will ensure that reasonable additional measures are taken to protect personal information regarding those who are known to be victims, survivors or perpetrators of domestic violence.

An employee who is cautioned or convicted of a criminal offence may be subject to the Trust's Disciplinary Procedure. University Hospitals NHS Trust reserves the right to consider use of the Disciplinary Procedure should an employee's activities outside of work have an impact on their ability to perform the role for which they are employed, or be considered to bring the organisation into disrepute.

The following guidelines are set out to advise a manager of actions in the following incidents:

- If they have concerns about a member of staff who they suspect might be experiencing problems at home
- If they are informed by a member of staff that they are a survivor/victim or a perpetrator of domestic abuse

Confidentiality and Security

Those experiencing domestic abuse may feel concerned about seeking the help of their manager or other colleagues. Individuals should feel assured that they can talk freely to a non-judgemental, sympathetic and understanding listener.

Discussions will be in confidence between the individual and their manager or colleague, although in some circumstances this confidence may need to be broken in order to protect the safety of an individual. E.g. If a risk assessment identifies the survivor/victim to be at very high risk, the individual's details will need to be referred to the Multi-agency Risk Assessment Conference (MARAC) process

http://connect/governanceandquality/Safeguarding/SafeguardingChildren/Pages/DomesticViolence.aspx

An individual may wish to be accompanied by a trade union representative or other friend or colleague during discussions.

It is clearly important to safeguard the location, phone numbers, email and home addresses of known survivors/victims by ensuring that these are not given out to anyone without the explicit consent of the survivor/victim.

Support members of staff and their families with safety at home, travelling to or from work, at work or when carrying out their duties as stalking and harassment are common features of domestic abuse. This is especially in the event of a victim / survivor attempting to leave an abusive relationship. It is imperative to note that a survivor/victim is at greatest risk of harm when leaving their abusive partner.

A perpetrator may make threats to a victim / survivor in the workplace, sending threatening emails, making abusive telephone calls, attempting to enter the area where they work or making regular and repeat contact to check up on the survivor/victim.

When a victim/survivor discloses they are experiencing this type of behaviour, their manager, the manager should;

- Document the nature of the threats/ behaviour of the perpetrator
- Undertake a risk assessment with the survivor/victim

- Ensure that the potential risk to both the survivor/victim and work colleagues is minimised. If deemed appropriate and the victim consents involve the hospital Security team

- Consider changing the victim's role or location temporarily if this reduces their vulnerability

Any incidents of domestic abuse which occur on workplace premises, or whilst a victim / survivor is carrying out their work duties, should be reported using the agreed procedure for incidents of violent or threatening behaviour in the workplace.

Support

Managers should take responsibility to enquire sensitively where concerned about personal home life. Following any absence, during a Welcome Back to Work meeting, managers may need to discuss whether the absence was associated with any work or domestic difficulties and agree any steps that can be taken to address and support with these.

Managers should give space for individuals to feel able to come forward now or at a later date and allow time and a degree of openness to enable people to come forward. They should listen, reassure and support individuals and respond in a sensitive and non-judgemental manner.

It is important to take the opportunity to provide awareness to employees and explain that this is a common situation and that there is help and support available within the Trust, for example:

- Ensure that telephone numbers / contact details of the survivor/victim are not advertised or inadvertently passed on by others

- Offer flexible working hours or temporary change in role

- Other policies including Supporting Attendance, Health and Safety

- Domestic violence and abuse contacts – Safeguarding Team / Employee Services

- Occupational Health

- Encourage the employee to seek the advice of other relevant agencies details are available on Safeguarding webpage

On receipt of a disclosure, managers should use the relevant flowcharts at appendix A, B or C and discuss with the survivor / victim / perpetrator. Document discussions and agree with the individual how to move forward and what additional support or considerations they may require.

Special Arrangements

To facilitate attendance at meetings e.g. with a solicitor, GP, police, housing agency or to arrange childcare, individuals should use annual leave and flexi time where available. Special leave can be considered by the manager where annual leave entitlement has been exhausted. All requests whilst not guaranteed will be treated sympathetically. For further information please contact Employee Services or the Divisional HR Business Partner.

Any special arrangements which are agreed with an individual, either temporary or permanent, should be recorded and the details of the arrangement maintained confidentially.

Perpetrators

Individuals who are the perpetrators of domestic abuse are encouraged to seek support and help from an appropriate source.

http://connect/governanceandquality/Safeguarding/SafeguardingChildren/Pages/DomesticViolence.aspx

An individual convicted of a criminal offence may bring the organisation in to disrepute and may subsequently be subject to the Trust's Disciplinary Procedure.

In some circumstances it may be deemed inappropriate for the individual to continue in their current role;

- Whilst an investigation is being completed by the Police
- The perpetrator is in receipt of a Police caution
- The perpetrator is convicted of domestic violence

This should be discussed with the Local Authority Designated Officer (LADO) who will provide additional advice. In these circumstances the possibility of redeployment in to an alternative role should be considered.

Advice on the above points should be discussed with Employee Services or the Divisional HR Business Partner.

If a survivor/victim of domestic abuse and their alleged abuser are both employed by University Hospitals Bristol NHS Trust and there are incidents at work, these will be dealt with in accordance with the Trust's Conduct, Disciplinary or Dignity at Work Policies as appropriate.

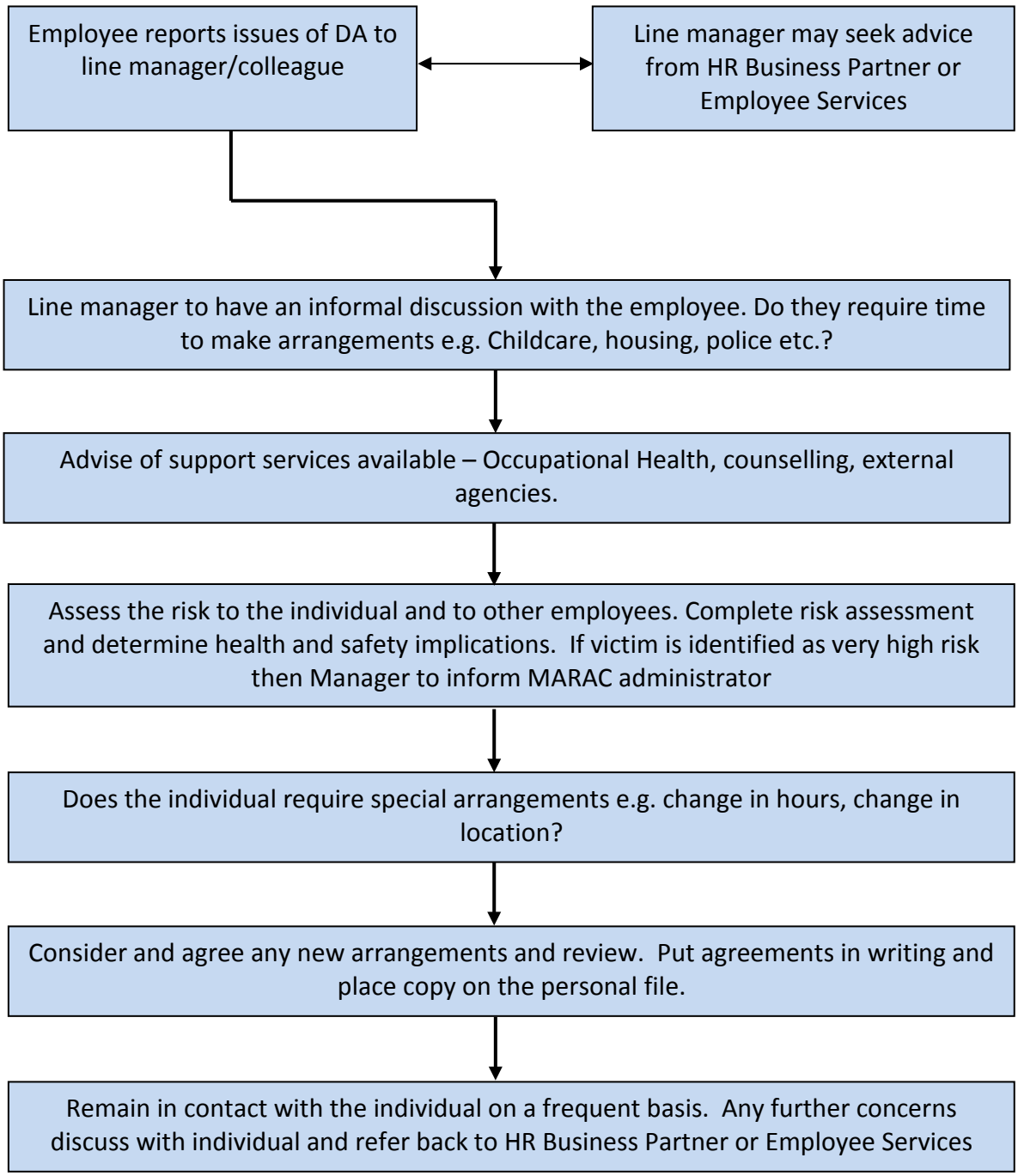
If necessary, and in consultation with both parties independently, work may be rearranged to ensure the safety of the person suffering abuse.

Protection of Children, Vulnerable Adults and Very High Risk Victims

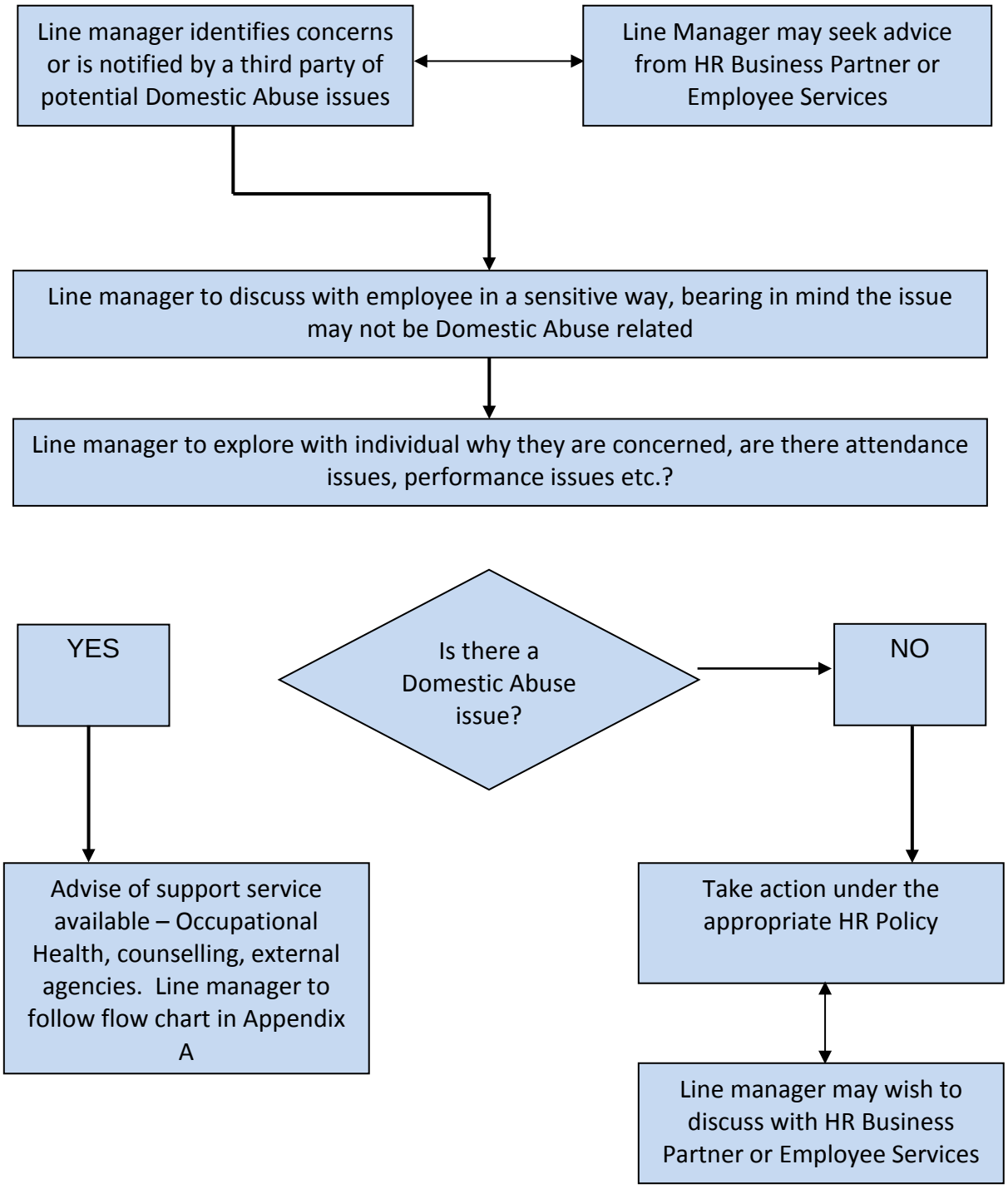
Should a manager become aware of potential domestic abuse where a child or vulnerable adult may be involved, or should there be concerns that either is within an environment surrounded by domestic violence and abuse, the manager should seek advice from the Safeguarding Nursing Team Website

http://connect/governanceandquality/Safeguarding/SafeguardingChildren/Pages/default.aspx

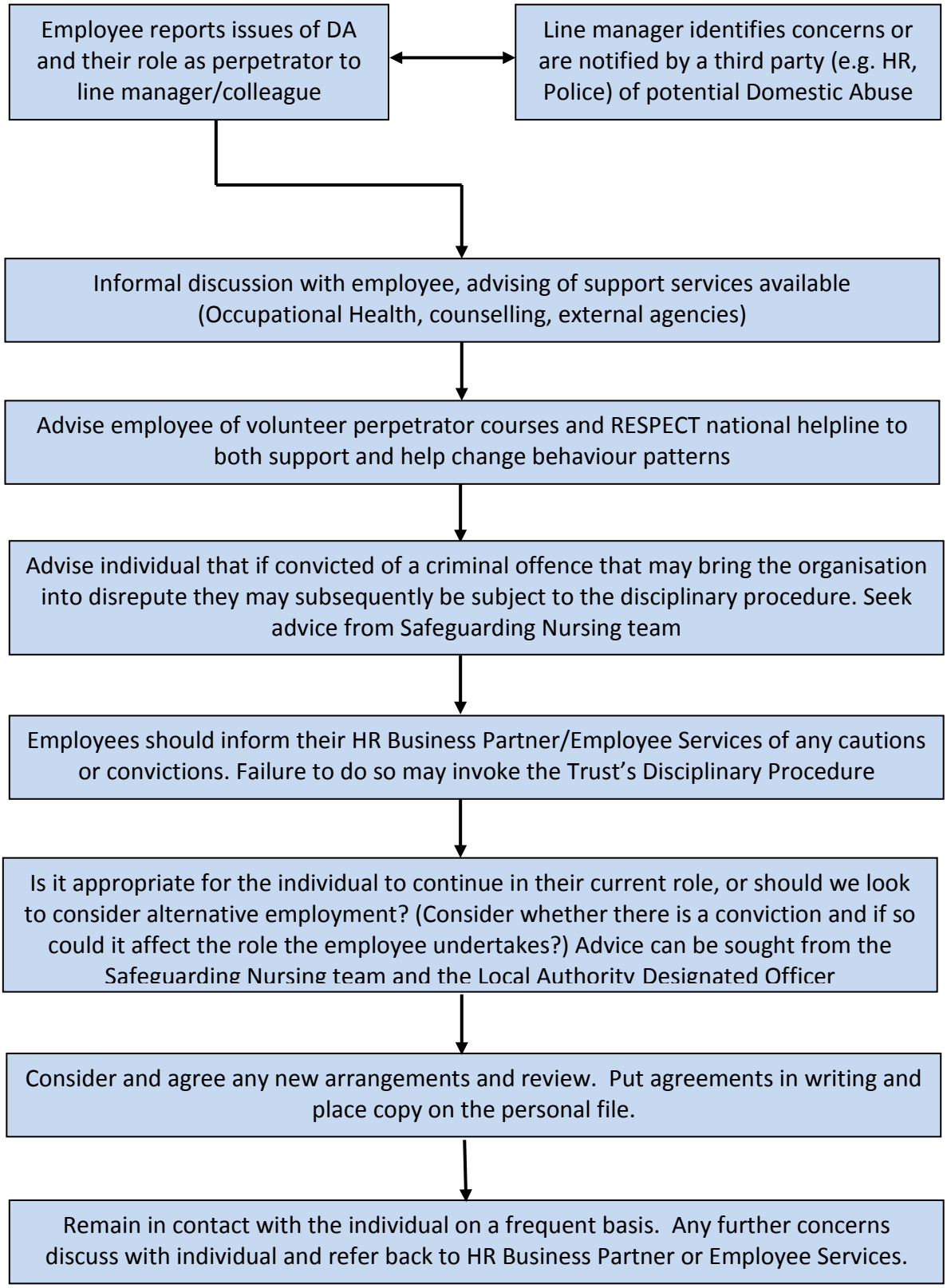
Guidance for Managers – Victims of Domestic Abuse



Guidance for Managers – Potential victims of Domestic Abuse



Guidance for Managers – Perpetrators of Domestic Abuse



10. Appendix B – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this Policy.

Method	Frequency	Responsible	Committee
Safeguarding Report	Annual	Strategic Safeguarding Lead Nurse	Safeguarding Steering Group
Safeguarding performance activity reports	Quarterly	Divisional Leads	Safeguarding Steering Group Adults & Children Operational Groups
IDSVA Report	Annual	Lead IDSVA	Safeguarding Steering Group Next Link
Safeguarding Commissioning Standards	Quarterly	Strategic Safeguarding Lead Nurse	Safeguarding Steering Group Local NHS Commissioners

11. Appendix C – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Strategic Lead Safeguarding Lead Nurse
This document replaces existing documentation:	Yes
Existing documentation will be replace by:	Will replace existing DVA policy
This document is to be disseminated to:	All trust staff
Method of dissemination:	Via Safeguarding Steering Group, Operational Safeguarding Groups, Divisional Leads, Safeguarding Link Professionals Group and Safeguarding training
Training is required:	No
The Training Lead is:	Strategic Safeguarding Lead Nurse

Additional Comments
[DITP - Additional Comments]

12. Appendix D - Equality Impact Assessment

Query	Response	
What is the aim of the document?	To provide guidance for the management of procedural documents within the organisation.	
Who is the target audience of the document (which staff groups)?	Authors of procedural documents and members of approval authorities. Add ☑ or ☒	
Who is it likely to impact on **and how**?	**Staff**	☒
	Patients	☒
	Visitors	☒
	Carers	☒
	Other	☒
Does the **document** affect one group more or less favourably than another based on the 'protected characteristics' in the Equality Act 2010**:**	**Age** (younger and older people)	☒
	Disability (includes physical and sensory impairments, learning disabilities, mental health)	☒
	Gender (men or women)	Yes (women more often than men)
	Pregnancy and maternity	☒
	Race (includes ethnicity as well as gypsy travelers)	☒
	Religion and belief (includes non-belief)	☒
	Sexual Orientation (lesbian, gay and bisexual people)	☒
	Transgender people	☒
	Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)	☒
	Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)	☒

End of Policy