

## Domestic Violence and Abuse Policy (Patients and Staff)

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DOMESTIC VIOLENCE AND ABUSE POLICY (PATIENTS AND STAFF)**

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**EXECUTIVE SUMMARY**

The Domestic Abuse Act 2021

<https://www.legislation.gov.uk/ukpga/2021/17/introduction/enacted> raises awareness and understanding about the devastating impact of domestic abuse on victims and their families. Further improve the effectiveness of the justice system in providing protection for victims of domestic abuse and bringing perpetrators to justice. Strengthen the support for victims of abuse by statutory agencies.

The definition of domestic violence and abuse is:

any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

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.

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. \*

\*This definition includes so called 'honor' based violence, female genital mutilation (see Trust FGM Policy) and forced marriage.

Domestic abuse happens in all communities, regardless of gender, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership and pregnancy and there is a need to address domestic abuse consistently, regardless of who may be making the allegations.

This policy provides guidance and information for all Trust staff on the process and procedure for reporting and managing situations of possible or actual domestic violence and abuse for patients, visitors, and members of staff.

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# JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

## DOMESTIC VIOLENCE AND ABUSE POLICY (PATIENTS AND STAFF)

### 1.0 INTRODUCTION

Domestic violence and abuse are a priority across government. The Trust 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 woman 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.

### 1.1 Background

The Domestic Abuse Act 2021

<https://www.legislation.gov.uk/ukpga/2021/17/introduction/enacted> raises awareness and understanding about the devastating impact of domestic abuse on victims and their families. Further improve the effectiveness of the justice system in providing protection for victims of domestic abuse and bringing perpetrators to justice. Strengthen the support for victims of abuse by statutory agencies.

The Governments [\*Ending Violence Against Women and Girls Strategy 2016-2020\*](#) (HM Government, 2016) makes clear that the health sector, as both an employer and service provider, has a crucial role to play in responding to domestic abuse. Raise awareness and understanding about the devastating impact of domestic abuse on victims and their families.

Under the Health and Safety at Work Act (1974) and the Management of Health and Safety at Work Regulations (1992), the Trust recognises its legal responsibilities in promoting the welfare and safety of all staff. Therefore, this policy applies to staff across all sites as well as agency and contract staff (and elected members).

### 1.2 Scope

The policy sets out how the Trust ensures there is a consistent approach to any reported allegations of domestic violence and abuse, reported or witnessed against patients, staff or visitors. The 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 2023) and the Trust's values. The policy also enables the Trust to: Meet statutory requirements of the Care Act 2014, Section 11 of

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the Children's Act 2004, Working Together to Safeguard Children 2015.

The Trust has signed the HEAR Pledge to help employees who might be suffering domestic abuse. The HEAR campaign calls on employers to break the silence around domestic abuse and HEAR, help and provide support to their staff on this important issue.

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, role 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.
- Provide access to specialist support for all employees.
- To ensure staff get the right training, so they know how to help colleagues.
- Not tolerate domestic abuse in any form.
- To make sure The Trust is supportive for colleagues who experience domestic abuse.

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.
- Meet the safeguarding requirements of the Local Safeguarding Children's and Adults Boards and the local NHS Safeguarding commission 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 related 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 identified that a patient lacks capacity to make decisions or is vulnerable in any other way.

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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 Adult Emergency Department, Maternity Services and Gynaecology Services.

### **1.3 Responsibilities**

#### **Chief Executive**

The Trust Chief Executive as Accountable Officer has overall responsibility for ensuring the aims of this Policy and Procedure are met.

#### **Chief Nurse/ Deputy Chief Nurse**

Will provide a lead for all clinical staff in maintaining a focus and direction on the management of domestic violence and abuse incidents and ensure provision of a quality service to all.

#### **Safeguarding Team: Head of Safeguarding, Named Nurse for Safeguarding Adults and Children, Health Independent Domestic Violence Advisor (IDVA)**

Act as a contact for Trust staff if they have any concerns regarding actual or suspected domestic violence and abuse. Can support the patient or member of staff and assist in making referrals to relevant agencies/departments.

Act as a contact point for agencies involved in monitoring domestic abuse.

Support staff and Domestic Abuse Champions who report domestic violence and abuse by patients, other workers, relatives, and visitors.

To develop and lead on all Domestic Abuse training for all Trust staff and Domestic Abuse Champions.

#### **Named Midwife for Safeguarding/Eden Team**

Assess the need for referral to partnership agencies.

Deliver a teaching session covering mental health, domestic violence and abuse and substance abuse to midwives and Neonatal Intensive Care Unit (NICU) staff as part of their annual training. Be a point of access for staff, patients or visitors wishing to report domestic violence and abuse or seeking advice and information. Visit clients in the community to offer support and welfare checks.

#### **Domestic Abuse Champions**

Act as a conduit for information about Domestic Violence and Abuse to their teams and patients as required. Liaise with Health IDVA and support staff.

#### **Clinical Staff**

Due to the nature of their roles in providing direct patient care, nurses, midwives, medical staff and allied health professionals are key to recognising and so highlighting domestic violence and abuse in whatever form it presents itself. Health professionals must be aware of their individual professional body's advice and expectations of the practitioner-client relationship.

#### **All Employees**

All those working in the Trust must be clear that it is not possible to keep information about suspected or actual domestic violence and abuse a secret, and staff have a responsibility to report suspected or actual domestic violence and abuse to Health IDVA, Safeguarding team or line-manager, even if the patient or colleague declines to give their consent (in high-risk situations, this is when the victim is at imminent risk of serious physical harm or death) The Domestic Abuse, Stalking and Honour Based

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Violence (DASH 2009-2023) Risk Identification (DASH) will be completed to assess the level of abuse and to enable safety plans to be put into place, staff need to be DASH trained to complete this. 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.

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**If children (under 18 years of age) are involved in domestic abuse incidents, it is mandatory to report to MASH/CADS and inform Safeguarding team.**

#### **1.4 Monitoring and Review**

Three Yearly review of policy. -Safeguarding Leads, Health IDVA

#### **1.5 Related Documents**

- Safeguarding Policy
- Safeguarding Adults Policy
- Domestic Abuse Act 2021
- NHS England and NHS improvement – Staff Domestic Abuse Policy
- FGM Policy
- Disciplinary Policy and Procedure Responding to domestic abuse: a resource for health professionals, March 2017 NICE Domestic Violence and abuse Quality Standard Feb 2016
- NICE Domestic Violence and Abuse Overview, August 2017
- Special Leave
- Flexible Working
- Serious Violence Act

#### **1.6 Reader Panel**

The following formed the Reader Panel that reviewed this document:

##### **Post Title**

Safeguarding Committee
Staff Side
Workforce

#### **1.7 Trust Values**

This Policy conforms to the Trust's values of putting patients first, aiming to get it right, recognising that everybody counts and doing everything openly and honestly. The Policy incorporates these values throughout and an Equality Impact Assessment is completed to ensure this has occurred.

#### **1.8 Glossary**

The following terms and abbreviations have been used within this Policy:

Term	Definition
FGM	Female Genital Mutilation
DA Champions	Domestic Abuse Champions
MASH	Multi-Agency Safeguarding Hub
CADS	Children's Advice and Duty Service

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**1.9 Distribution Control**

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

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## **2.0 STATEMENT OF POLICY**

The Trust recognises that domestic violence and abuse occurs across the whole of society regardless of race, ethnicity, religion, disability, age, class, income, gender and sexuality. All staff involved in health may experience presentations of domestic violence and abuse. Staff should comply with the local safeguarding children and adult procedures where relevant.

### **2.1 Policy Objectives**

The objective of the Policy is to:

Ensure Trust staff are informed about their responsibilities when domestic violence and abuse is disclosed by patients, colleagues, or visitors.

### **2.2 Definition**

Domestic Violence is defined as 'Any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional
- Stalking

#### 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.

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

#### Honor-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 honor. Such violence can occur when perpetrators perceive that a relative has "shamed" the family and/or the community by breaking their honor code. It is a violation of human rights and may be a form of domestic and/or sexual violence.

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### Stalking

Stalking is a pattern of persistent and unwanted attention that makes you feel pestered, scared, anxious or harassed. Some examples of stalking are:

- Regularly giving unwanted gifts
- Making unwanted communication
- Damaging property
- Repeatedly following you or spying on you
- Threats

### Domestic Abuse and the Care Act 2014

The Statutory Guidance issued under the Care Act 2014 states that adult safeguarding means 'protecting and 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 a local 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 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 Safeguarding Adults Policies and procedures.

This applies to all types of Domestic Abuse and Violence, including psychological, physical, sexual, financial abuse and honor-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 recognised that historically the emphasis has been on partner violence and that more focus needs to be given to family and intergenerational abuse, for example if the perpetrator is the victim's (adult) child, sibling, or grandchild.

Domestic abuse happens in all communities, regardless of gender, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership and pregnancy and there is a need to address domestic abuse consistently, regardless of who may be making the allegations.

Serious Violence Duty Preventing and reducing serious violence Statutory Guidance for responsible authorities England and Wales December 2022

<https://www.gov.uk/government/publications/serious-violence-duty>

The Serious Violence Duty makes councils and local services work together to share information and target interventions to prevent and reduce serious violence.

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Following public consultation in July 2019, the Government announced that it would bring forward legislation introducing a new Serious Violence Duty ("the Duty") on a range of specified authorities. This will ensure relevant services work together to share information and allow them to target their interventions, where possible through existing partnership structures, collaborate and plan to prevent and reduce serious violence within their local communities.

Serious violence has a devastating impact on the lives of victims and families and instils fear within communities and is extremely costly to society. Incidents of serious violence have increased in England and Wales since 2014. For example, offences involving knives or sharp instruments increased by 84 percent between the year to June 2014 and the year to June 2020

The Duty is a key part of the Government's programme of work to collaborate and plan to prevent and reduce serious violence: taking a multi-agency approach to understand the causes and consequences of serious violence, focusing on prevention and early intervention, and informed by evidence.

In addition to tough law enforcement, we need to understand and address the factors that cause someone to commit violent crime in the first place, this includes where coercion is a factor regarding vulnerable children and adults. The Duty aims to ensure that agencies are focused on their activity to prevent and reduce serious violence whilst also providing sufficient flexibility so that the relevant organisations will engage and work together in the most effective local partnership for any given area.

### **Children are classed as domestic abuse victims under new guidance**

Children affected by domestic abuse will be automatically treated as victims regardless of whether they were present during violent incidents. In line with new domestic abuse legislation which mean young people will get automatic access to support like mental health and safeguarding services, we've updated our guidance, asking prosecutors to consider the powers available to them regarding Special Measures.

Updated legal guidance released by the Crown Prosecution Service today specifically asks prosecutors to consider the impact domestic abuse has on young people when making a charging decision. This includes speaking to schools or Child Services to support evidence of long-standing abuse.

Section 3 of the Domestic Abuse Act 2021 came into force on 31 January 2022 and specifically provides that a child (under 18 years old) who sees, hears, or experiences the effects of domestic abuse and is related to the victim or the suspect is also to be regarded as a victim.

### **Recognition and Indicators of Domestic Violence and Abuse**

There are several indicators that a person may be a victim of DVA, none of these are absolute evidence that abuse has occurred. But all health professionals need to know that recognised physical, emotional, and behavioural indicators of DVA....is there a part of this bit missing?

Health Professionals must make appropriate assessments of everyone attending 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.

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Possible signs and Symptoms that may be displayed by an Adult experiencing Domestic Abuse	
<ul style="list-style-type: none"> <li>• Injuries inconsistent with the explanation</li> <li>• A person reluctant to speak in front of a partner / family member.</li> <li>• Partner / family member always speaks on behalf of the person.</li> <li>• A person appears fearful of their partner/family member.</li> <li>• Person is belittled/humiliated by Partner/family member.</li> <li>• Low self-esteem / Depression / Mental Health issues</li> <li>• Substance Misuse – Drugs / Alcohol</li> <li>• Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent appointments for vague symptoms</li> <li>• Avoidance tactics – missed appointments, difficult to engage.</li> <li>• A person received frequent, harassing phone calls from their partner/family member.</li> <li>• A person is isolated from family or friends.</li> <li>• Bruises and injuries in 'hidden' areas / hides or minimise injuries.</li> <li>• Have limited access to money, transport, mobile phone/restrictions on use of money</li> </ul>
Possible signs and Symptoms that may be displayed by a child experiencing Domestic Abuse	
<ul style="list-style-type: none"> <li>• <b><u>For young children this can include:</u></b></li> <li>• bed-wetting</li> <li>• increased sensitivity and crying</li> <li>• difficulty sleeping or falling asleep</li> <li>• separation anxiety</li> <li>• <b><u>For school aged children this can include:</u></b></li> <li>• a loss of drive to participate in activities and school</li> <li>• lower grades in school</li> <li>• feeling guilty and to blame for the abuse happening to them</li> <li>• getting into trouble more often</li> <li>• physical signs such as headaches and stomach aches</li> </ul>	<ul style="list-style-type: none"> <li>• <b><u>For teenagers this can include:</u></b></li> <li>• acting out in negative ways such as missing school or fighting with family members</li> <li>• having low self-esteem</li> <li>• finding it difficult to make friends</li> <li>• engaging in risky behaviours such as using alcohol and other drugs</li> </ul>

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- **Long-term effects of domestic abuse on children:**
- mental health problems, such as becoming anxious or depressed. Low mental health can also lead to big impacts on physical health, including self-harm or developing an eating disorder
- having a lowered sense of self-worth
- using alcohol and other drugs as unhealthy coping mechanisms
- repeating behaviours seen in their domestic setting
- Since the Domestic Abuse Act 2021, children that have been exposed to domestic abuse are now recognised as victims of domestic abuse in their own right, rather than just witnesses

## **2.3 The Provision of a Quiet and Private Environment**

Whenever DVA is either suspected or known an opportunity must be provided for discussions about individual circumstances 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.

## **2.4 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-judgmental, 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 interpreting interviews. Information on translating and interpreting is available on connect via the following link:

<http://connect/governanceandquality/patientexperience/tandi/Pages/default.aspx>

## **2.5 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 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. The Domestic Abuse (DA) Act recognises the devastating impact that DA can have on children. Section 3 DA Act came into force on 31 January 2022 and specifically

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provides that a child, (under 18 years old), who sees, hears, or experiences the effects of DA and is related to the victim or the suspect is also to be regarded as a victim of DA. This will help to ensure that locally commissioned services consider and address the needs of children affected by DA.

- 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. Staff can support the victim with short term safety plan and the Health IDVA will follow up with long term support.

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.

Patients, visitors, and staff may disclose domestic violence and abuse unprompted, or after clinical enquiry as required on admission or booking.

Employees experiencing domestic violence and abuse may choose to disclose, report to, or seek support from a union representative, a line manager, or colleague. Line managers and union representatives will not counsel victims, but offer information, workplace support, and signpost other organisations. Information and support are available from Health IDVA, Safeguarding Leads, and DA Champions.

The Safeguarding Team will be nominated as an additional confidential contact for employees. They will also provide guidance for DVA Champions, line managers and union representatives who are approached by employees who are being abused.

Midwifery staff are required to ask the woman (where possible) on their first booking appointment and again at subsequent appointments/visits if they are experiencing domestic violence and abuse. This question and response are documented in patients GP or hospital medical records. The EDEN team should be informed, and

DASH assessment completed where possible.

In all instances, where DVA has been disclosed, the Norfolk or Suffolk Domestic Abuse Stalking and Honor based violence assessment DASH (this assessment tool is a risk checklist for victims of domestic abuse, stalking, harassment and honor-based abuse) which can be found on the Trust intranet and should be considered if the adult patient is able to consent. If appropriate, this tool should be completed with the Victim and shared with the Safeguarding Team, who will take appropriate action. To complete the DASH assessment, you will need to be DASH trained, all Domestic Abuse Champions are trained. When a disclosure has been made then the Health IDVA will need to inform so that they can come and give advice and complete referrals (if needed), they can also signpost the victim to support groups and outside agencies. If out of hours the site management team can be contacted to complete a referral and provide advice and support for the victim. All A&E staff have been trained to complete a DASH risk assessment and who to contact for advice.

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## **2.6 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 the DV webpage under safeguarding children.

## **2.7 The role of the Trust Health Independent Domestic Violence Advisor (IDVA)**

The Health Independent Domestic Violence Advisor (IDVA) is based in the Safeguarding team of James Paget University Hospital and provides 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 Health IDVA 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.

### **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 Health IDVA or the Trust Safeguarding Team Ext: 2861

Other sources of support:

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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.

### **2.8 Confidentiality and Right to Privacy**

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

In circumstances where the Trust has to breach confidentiality it will seek specialist advice, from the Safeguarding Leads for the Trust, before doing so. Safeguarding Leads will advise line managers if formal Safeguarding referrals are needed. If the Trust decides to proceed with breaching confidentiality after having taken advice, it will discuss with the employee why it is doing so and will seek the employee's agreement where possible.

There are, however, some circumstances in which confidentiality cannot be assured. These occur when there are concerns about children or vulnerable adults or where the Trust needs to act to protect the safety of employees.

As far as possible, information will only be shared on a need-to-know basis and recording will be held in the Safeguarding Team office.

All records concerning domestic violence and abuse will be kept strictly confidential. No local records will be kept of absences related to domestic violence and abuse and there will be no adverse impact on the employment records of victims. Improper disclosure of information, i.e., breaches of confidentiality by any member of staff will be taken seriously and may be subject to disciplinary action.

Where domestic violence and abuse in a same sex relationship is disclosed, due regard will be paid to the double disclosure of confidential information particularly where the staff member may not have disclosed their sexuality to colleagues.

### **2.9 Support for Individuals**

The Trust recognises that developing a life free from abuse is a process not an event and the Trust will provide ongoing support for employees who disclose abuse. The Trust and trade union representatives will work together cooperatively to help staff experiencing domestic violence and abuse.

The Trust will respond empathetically, confidentially, and effectively to any member of staff who discloses that they are experiencing domestic violence and abuse.

### **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.

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## **DOMESTIC VIOLENCE AND ABUSE POLICY (PATIENTS AND STAFF)**

### 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.

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.

Special paid leave for relevant appointments, including with support agencies, solicitors, to rearrange housing or childcare, and for court appointments.

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 of 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 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.

### 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

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Health IDVA and/or Safeguarding team.

Foster an open management culture that enables team members to disclose sensitive issues.

- 2.9.1 Provide support in the first instance but also recognise the limitations of his/her role (managers are not professional counsellors or experts)

Protect confidentiality in all instances except where to do so would leave children or vulnerable adults at risk of significant harm/danger.

- 2.9.2 Enable the affected employee to remain at work during a difficult period in his/her domestic life.
- 2.9.3 Temporary or permanent changes to working times and patterns, If staff have joint bank account and are fleeing DVA then they are able to change their bank details on Electronic Staff Record (ESR) themselves or provide new bank account details direct to payroll. Staff can sign up for Wagestream if they need to access a portion of their earned income earlier than payday.
- 2.9.4 Changes to specific duties, for example to avoid potential contact with an abuser in a customer facing role.
- 2.9.5 Redeployment or relocation
- 2.9.6 Take measures to ensure a safe working environment, for example changing the telephone number to avoid harassing phone calls.
- 2.9.7 Take measures to ensure a safe working environment for staff in the surrounding team/department as the individual is being targeted.
- 2.9.8 Support other staff or colleagues impacted by the situation (either patient or staff).
- 2.9.9 Using other existing policies, including flexible working
- 2.9.10 Access to counselling/support services (e.g., Occupational Health) in paid time
- 2.9.11 The Health IDVA/Safeguarding team will, where necessary arrange for the member of staff who is the victim of Domestic abuse to park their vehicle in a safe place which has been agreed with executive team and head of car parking. Security and portering will escort victims to and from their car at the beginning and end of shift if this is required.
- 2.9.12 Advise staff of free confidential support service available through Insight [www.insightwellbeingatwork.org/employee-portal](http://www.insightwellbeingatwork.org/employee-portal) Tel: 03001312080
- 2.9.13 Support the role of DA Champions in their area. All champions are aware that should they need supervision they can ask for this. However, the Health IDVA and/or Safeguarding team will complete a debrief on the case with the individual who was disclosed to.

Line managers can access support and advice from Health IDVA and/or Safeguarding Leads throughout.

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**2.10 Role of Domestic Abuse Champions**

- 2.10.1 Any Trust staff who have completed the Domestic Abuse Champions two-day course can undertake the role of DA Champion.
- 2.10.2 Act as a conduit for information about Domestic Abuse to their teams and patients as required,
- 2.10.3 Attend Trust Domestic Abuse and Safeguarding Forums
- 2.10.4 To support staff, patients, relatives, visitors who identify DVA concerns.

**2.11 Perpetrators of Domestic Violence and Abuse**

Domestic violence and abuse perpetrated by employees will not be condoned under any circumstances nor will it be treated as a purely private matter. The Trust recognises that it has a role in encouraging and supporting employees to address violent and abusive behaviour of all kinds. If a member of staff is being investigated there is a contractual obligation to inform the Trust.

The Trust will treat any allegation, disclosure or conviction of domestic violence and abuse related offence on a case-by-case basis with the aim of reducing risk and supporting change.

The Trust is committed to ensuring that:

- 2.11.1 Allegations will be dealt with fairly and in a way that provides support for the person who is the subject of the allegation or disclosure.
- 2.11.2 All employees will receive guidance and support.
- 2.11.3 Confidentiality will be maintained, and information restricted only to those who have a need-to-know.
- 2.11.4 Investigations will be thorough and independent.
- 2.11.5 All cases will be dealt with quickly avoiding unnecessary delays.
- 2.11.6 All efforts will be made to resolve the matter within 4-6 weeks, although some cases will take longer because of their nature or complexity.

The alleged perpetrator will be:

- 2.11.7 Treated fairly and honestly.
- 2.11.8 Helped to understand the concerns expressed and processes involved.
- 2.11.9 Kept informed of the progress and outcome of any investigation and the implications for any disciplinary process.
- 2.11.10 Advised to contact their union or professional organisation.

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**2.12 If the Victim and the Perpetrator Work in the Trust**

In cases where both the victim and the perpetrator of domestic violence and abuse work for the Trust, the Trust will take appropriate action as already outlined.

In addition to considering disciplinary action against the employee who is perpetrating the abuse, action may need to be taken to ensure that the victim and perpetrator do not come into contact in the workplace.

Action may also need to be taken to minimise the potential for the perpetrator to use their position or work resources to find out details about the whereabouts of the victim. This may include a change of duties for one or both employees or withdrawing the perpetrator's access to certain computer programmes or offices.

However, it is also recognised that in certain circumstances, those experiencing and perpetrating domestic violence and abuse in a relationship may choose to seek solutions jointly, and in such situations appropriate support should be given.

A Local Authority Designated Officer (LADO) referral may have to be made if it is alleged that a person who works with children has: Behaved in a way that has harmed, or may have harmed, a child. Possibly committed a criminal offence against, or related to, a child.

**2.13 Role of Colleagues**

All staff have a responsibility to report if they suspect a colleague is experiencing or perpetrating violence and abuse. Employees should speak to their line manager about their concerns in confidence. In dealing with a disclosure from a colleague, line managers and others should ensure that the employee with concerns is made aware of the existence of this policy and the availability of DA Champions.

**2.14 Actions**

If there are disclosures of or it is suspected that domestic violence and abuse are occurring, Trust staff should use the Referral Flowchart (Appendix 3). This gives clear guidance around referring to relevant agencies, considering that some patients have the right to refuse support or referrals.

Trust staff must ensure they have thoroughly assessed whether there are any children or vulnerable adults within the environment where domestic violence and abuse are taking place. If there are child/ren in the environment a referral to MASH/CADS **must** be made (See Appendix 3). If there are vulnerable adult/s at risk of abuse in the environment or if the patient themselves is a vulnerable adult a referral to MASH/CADS **must** be made (See Safeguarding Adults Policy). All staff must complete mandatory training and Domestic abuse is covered.

If the patient's situation does not meet the criteria as outlined above but they agree to Police involvement this can be done by calling local Police on 101 or contacting either Norfolk or Suffolk MASH/CADS. (See Appendix 3) If the patient consents, a DASH risk assessment **must** be completed by either a DASH trained member of staff (available through Health IDVA and/or Safeguarding team) or a registered professional. Offer to complete GP referral form and send to GP, for information sharing.

The patient may not consent to Police involvement but may agree to a referral to Leeway or NIDAS, an independent charity providing support to adults, young people

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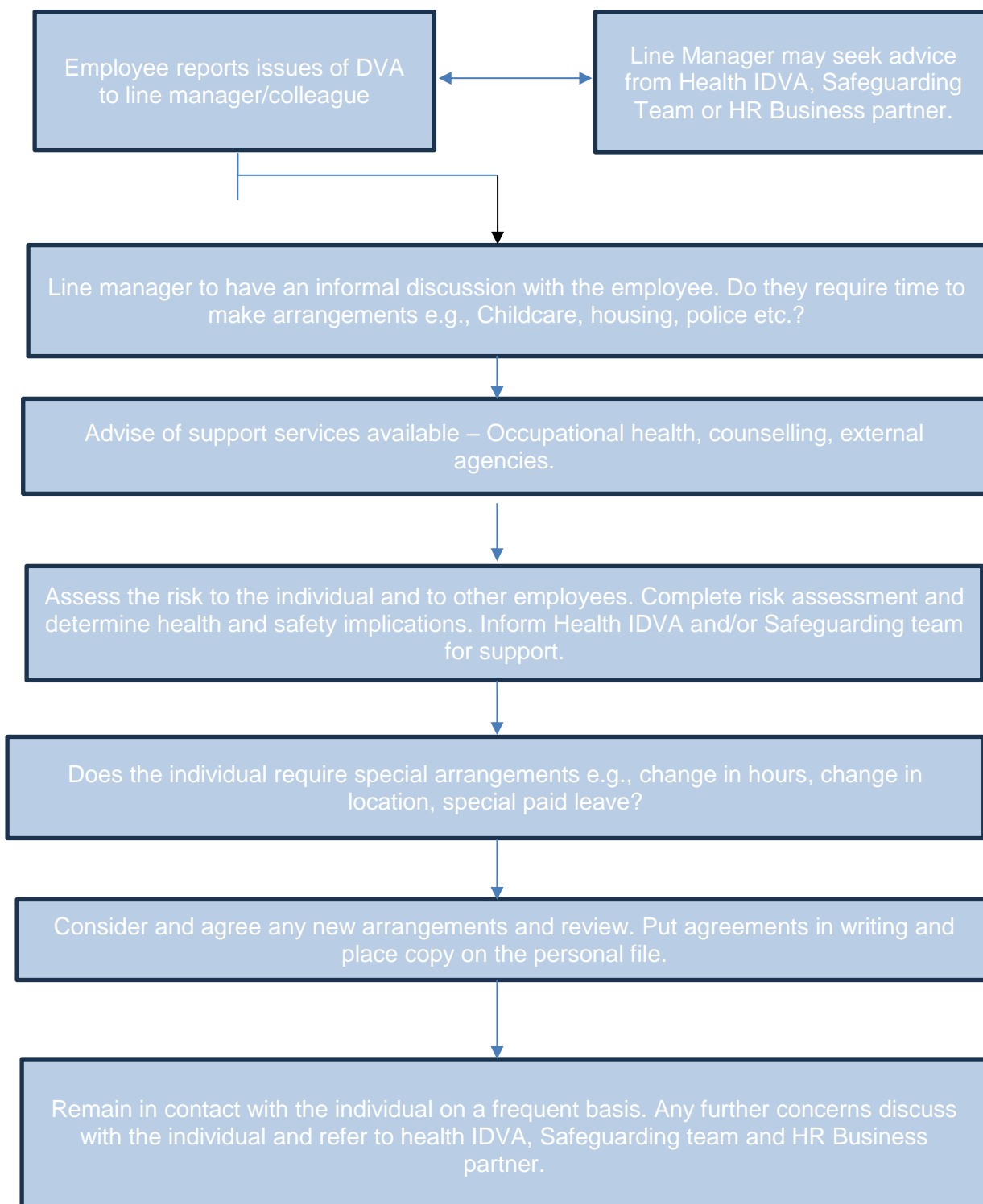
and children who are experiencing domestic abuse in Norfolk and Suffolk. (See Appendix 3).

Trust staff and patients can seek guidance and advice from the Health IDVA and/or Safeguarding Team, DA Champions or (out of hours) the Site Management Team around disclosures of domestic violence and abuse. Staff experiencing domestic abuse may choose to disclose, report to or seek support from a union representative, a line manager, or colleague. If a disclosure is made to a colleague, then the colleague should advise the victim to come and talk to the Health IDVA and/or Safeguarding team. Line managers and union representatives will not counsel

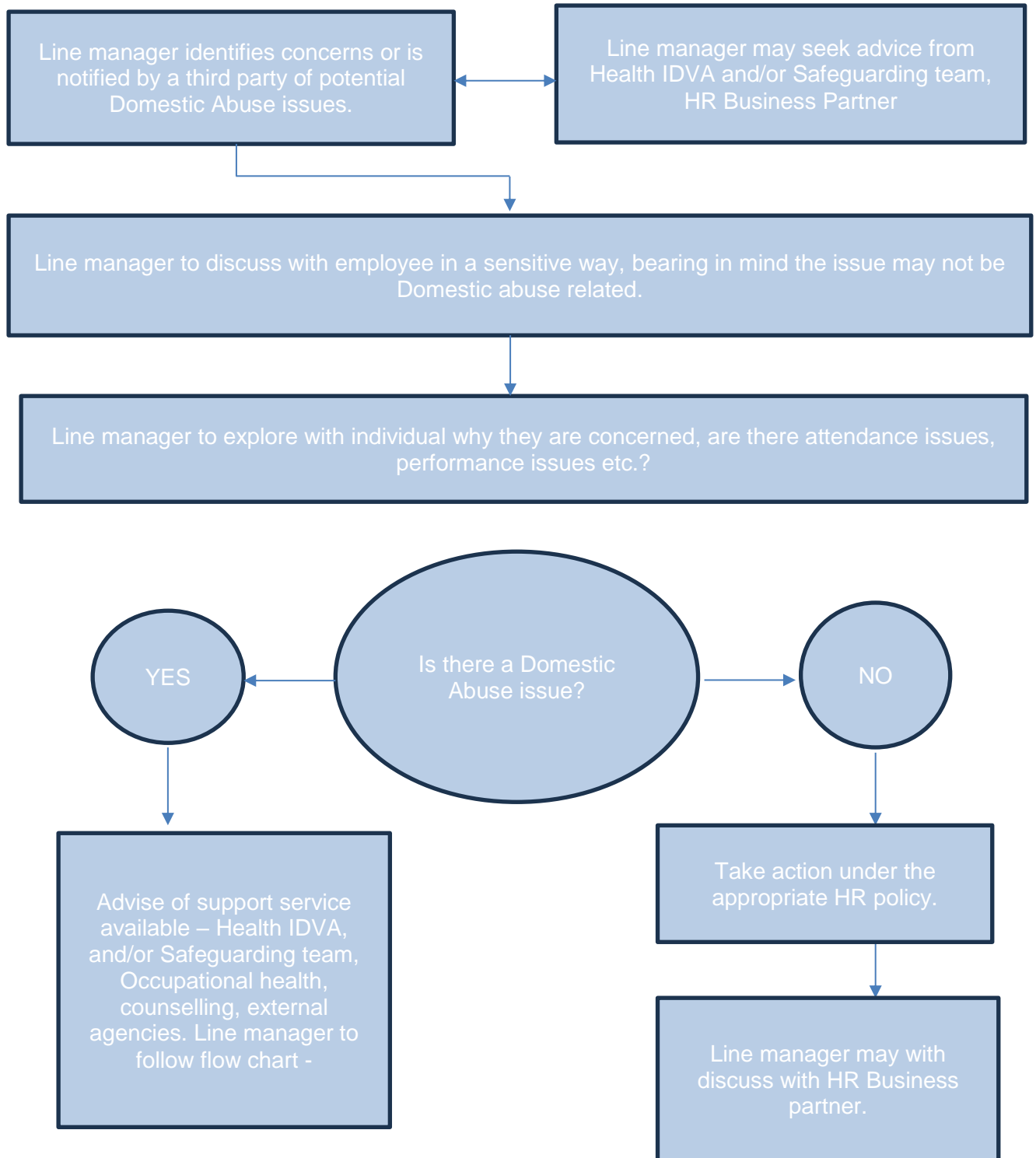
victims, but offer information, workplace support, and signposts to other organisations.

## Appendix 1 – Referral Flowchart

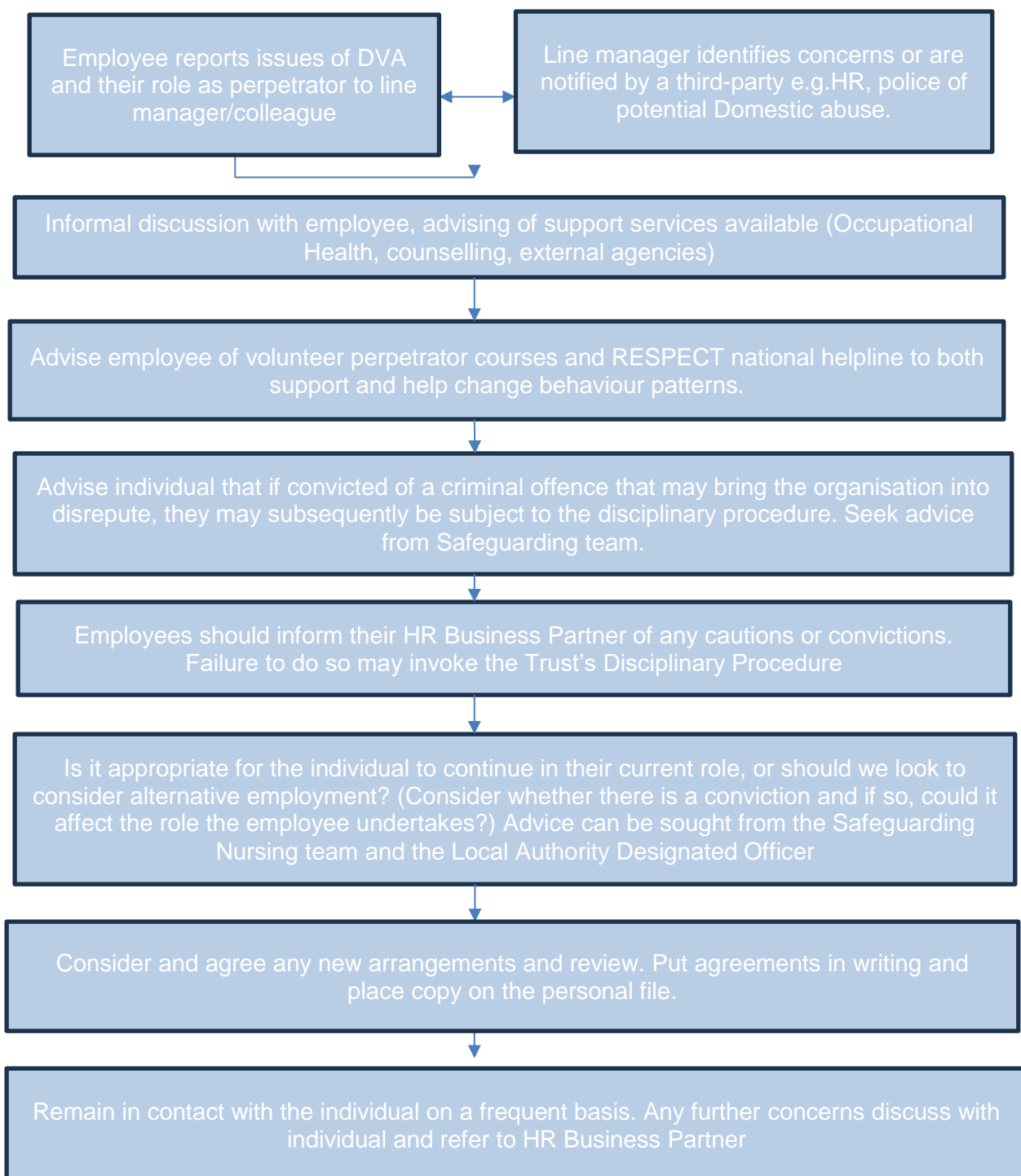
### Guidance for Managers – Victims of Domestic Abuse.



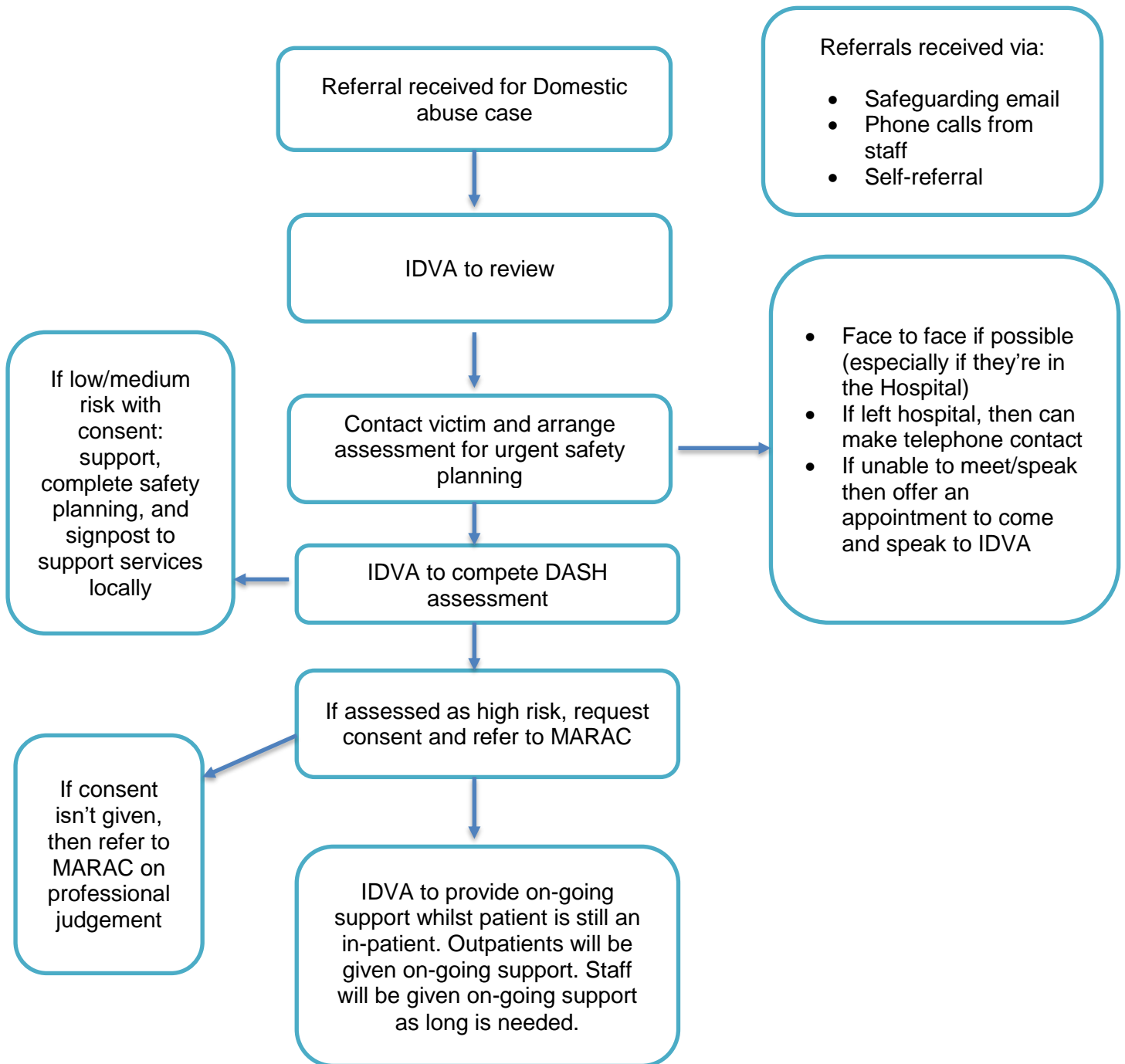
## Guidance for Managers – Potential victims of Domestic Abuse



## Guidance for Managers – Perpetrators of Domestic Abuse



# IDVA referral process



### Appendix 3 – Equality Impact Assessment

**Policy or function being assessed:** Domestic Violence and Abuse Policy (Patients and Staff)

**Assessment completed by:** Jane Oldman

**Department/Service:** Corporate

**Date of assessment:** December 2023

1.	Describe the aim, objective and purpose of this policy or function.	To ensure there is awareness to identify domestic violence and abuse and that Trust staff respond appropriately in accordance with both Norfolk and Suffolk arrangements.		
2i.	Who is intended to benefit from the policy or function?	<b>Staff x          Patients x          Public x          Organisation x</b>		
2ii	How are they likely to benefit?	Identification and support for patients who are victims of domestic violence and abuse.		
2iii	What outcomes are wanted from this policy or function?	Improved outcomes for patients, staff and the organisation.		
<b>For Questions 3-11 below, please specify whether the policy/function does or could have an impact in relation to each of the nine equality strand headings:</b>				
3.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their <b>race/ethnicity</b> ?		<b>N</b>	If yes, what evidence do you have of this? E.g., Complaints/Feedback/Research/Data
4.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their <b>gender</b> ?		<b>N</b>	If yes, what evidence do you have of this? E.g., Complaints/Feedback/Research/Data
5.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their <b>disability</b> ? Consider Physical, Mental and Social disabilities (e.g., Learning Disability or Autism).		<b>N</b>	If yes, what evidence do you have of this? E.g., Complaints/Feedback/Research/Data
6.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their <b>sexual orientation</b> ?		<b>N</b>	If yes, what evidence do you have of this? E.g., Complaints/Feedback/Research/Data
7.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their <b>pregnancy or maternity</b> ?		<b>N</b>	If yes, what evidence do you have of this? E.g., Complaints/Feedback/Research/Data

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8.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their <b>religion/belief</b> ?		<b>N</b>	If yes, what evidence do you have of this? E.g., Complaints/Feedback/Research/Data
9.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their <b>transgender</b> ?		<b>N</b>	If yes, what evidence do you have of this? E.g., Complaints/Feedback/Research/Data
10.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their <b>age</b> ?		<b>N</b>	If yes, what evidence do you have of this? E.g., Complaints/Feedback/Research/Data
11.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their marriage or <b>civil partnership</b> ?		<b>N</b>	If yes, what evidence do you have of this? E.g., Complaints/Feedback/Research/Data
12.	Could the impact identified in Q.3-11 above, amount to there being the potential for a disadvantage and/or detrimental impact in this policy/function?		<b>N</b>	Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.
13.	Can this detrimental impact on one or more of the above groups be justified on the grounds of promoting equality of opportunity for another group? Or for any other reason? E.g., providing specific training to a particular group.		<b>N</b>	Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.
14.	<b>Specific Issues Identified</b>			
	Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment		Page/paragraph/section of policy/function that the issue relates to	
	1. <b>N/A</b>		1.	
	2. <b>N/A</b>		2	
	3. <b>N/A</b>		3	
15.	<b>Proposals</b>			
	How could the identified detrimental impact be minimized or eradicated?	<b>N/A</b>		
	If such changes were made, would this have repercussions/negative effects on other groups as		<b>N</b>	

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	detailed in Q. 3-11?		
16.	Given this Equality Impact Assessment, does the policy/function need to be reconsidered/redrafted?		N
17.	<b>Policy/Function Implementation</b>		
	<p>Upon consideration of the information gathered within the equality impact assessment, the Director/Head of Service agrees that the policy/function should be adopted by the Trust.</p> <p>Please print:</p> <p><b>Name of Director/Head of Service:</b> Paul Morris                      <b>Title:</b> Chief Nurse</p> <p><b>Date:</b> September 2021</p> <p><b>Name of Policy/function Authors:</b> Safeguarding Team    <b>Title:</b> Safeguarding Team</p> <p><b>Date:</b> September 2021</p> <p>(A paper copy of the EIA which has been signed is available on request).</p>		
18.	<b>Proposed Date for Policy/Function Review</b>		
	Please detail the date for policy/function review (3 yearly): September 2024		
19.	<b>Explain how you plan to publish the result of the assessment?</b> (Completed E.I. A's must be published on the Equality pages of the Trust's website).		
	Standard Trust process		

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<b>20.</b>	<b>The Trust Values</b>
	<p>In addition to the Equality and Diversity considerations detailed above, I can confirm that the four core Trust Values are embedded in all policies and procedures.</p> <p>They are that all staff intend to do their best by:</p> <p>Putting patients first, and they will:     Provide the best possible care in a safe clean and friendly environment,     Treat everybody with courtesy and respect,     Act appropriately with everyone.</p> <p>Aiming to get it right, and they will:     Commit to their own personal development,     Understand theirs and other roles and responsibilities,     Contribute to the development of services.</p> <p>Recognising that everyone counts, and they will:     Value the contribution and skills of others,     Treat everyone fairly,     Support the development of colleagues.</p> <p>Doing everything openly and honestly, and they will:     Be clear about what they are trying to achieve,     Share information appropriately and effectively,     Admit to and learn from mistakes.</p> <p>I confirm that this policy/function does not conflict with these values. <input checked="" type="checkbox"/></p>