

Policy for the Management of Domestic Abuse

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Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
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Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
[REDACTED]	Safeguarding Adults services	May 17
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[REDACTED]	Deputy Named Midwife	May 2017
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Policy Summary Sheet

Policy for the Management of Domestic Abuse

This summary is a quick aide memoire and does not replace the requirement for staff to fully read the Trust Policies

Health services as both an employer and service provider have a crucial role to play in responding to domestic abuse. This policy is written in accordance with the East Sussex Safer Communities Partnership Domestic Abuse Strategy, it should also be read in conjunction with the Clinical Commissioning Group Domestic Violence Procedure and Toolkit which gives guidance on employer responsibilities.

As employers, the organisations will inevitably employ individuals who are affected by domestic abuse- as a result East Sussex Healthcare Trust (ESHT) needs to ensure that they make all reasonable efforts to provide staff with the support they need and want.

This policy outlines the definition of what constitutes domestic abuse and includes other harmful practices such as forced marriage, honour based violence and female genital mutilation. It is important to note that the terms domestic abuse and domestic violence are used interchangeably.

This policy outlines roles and responsibilities within East Sussex Healthcare Trust from the Chief Executive Officer, Human Resources and line managers.

1. Introduction

Throughout this policy the term 'domestic violence' and 'domestic abuse' are used interchangeably.

Domestic violence is a crime. It does not respect race, geography, social background or other similar factors. It is a volume crime, affecting one in four women and one in six men in their lifetimes, with women suffering higher rates of repeat victimisation and serious injury; it accounts for 14% of violent crime, covering offences ranging from common assault to rape and murder; and it has a massive impact on victims, their children and the wider community.

Research highlights the importance of the impact that domestic violence has on society. It is estimated to cost society around £25bn annually in England and Wales, with £3.1bn falling to public services. Indeed the cost to the National Health Service (NHS) of dealing with physical injuries alone caused by domestic violence was estimated as £1.2bn, but there is an important element of mental health care, estimated at an additional £194 million (Office for National Statistics 2004).

Health services as both an employer and service provider have a crucial role to play in responding to domestic violence – health professionals are frequently on the frontline in their work dealing with both the physical and emotional consequences of domestic violence on victims and children; they are also ideally placed to raise the issue of domestic violence with service users and routinely provide information or refer to specialist support agencies.

As an employer, NHS organisations will inevitably employ individuals who are affected by domestic violence – as a result organisations need to ensure they make all reasonable efforts to provide staff with the support they need and want.

This policy is written in accordance with the East Sussex Safer Communities Partnership Domestic Abuse Strategy:

<http://www.safeineastsussex.org.uk/content/files/file/Domestic%20Abuse%20Strategy%202014-19.pdf>

2. Purpose

2.1. Rationale

ESHT is committed to improving the health and wellbeing of their patients and staff and, as such, recognises that domestic abuse is a crime, which adversely affects the health of individuals, families and communities.

ESHT recognises the negative impact of domestic abuse on the physical and emotional health of those exposed to domestic abuse, the majority whom are women and children. The organisation is therefore committed to ensuring that domestic abuse is recognised, and that both patients and staff are provided with information and support to minimise risk.

2.2. Principles

The National Institute for Clinical Excellence (NICE) guidance *'Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively'* was issued in February 2014. The guidance aims to help identify, prevent and reduce domestic violence. This procedure refers to the victim/survivor as female and the perpetrator as male as this reflects the majority of cases, particularly where there are child protection concerns. However this guidance should be applied to all situations of domestic abuse as domestic abuse can be perpetrated by women against men, within same sex relationships, to or by a child/ young person or to a vulnerable adult by their carer.

The *'Operating Framework for the NHS in England 2010/11'* (Department of Health 2009) states that Primary Care Trust's (PCT's) need to consider how recommendations of the *Violence against Women and Children Health Taskforce* findings could help deliver the outcomes agreed with their partners and deliver its obligations on gender equality. Those responsibilities have now transferred to the East Sussex CCGs.

'Responding to violence against women and children 'the role of the NHS' (March 2010) lists 23 recommendations for NHS organisations and includes the need for organisations to have clear policies and pathways for victims of domestic and sexual violence, including both service users and employees. This policy acknowledges the recommendations, but aims to incorporate reference to all forms of domestic violence, that go beyond that which solely affects women and girls. This policy incorporates those areas defined in Section 3 of this document.

The Care Act 2014 makes provision about safeguarding adults from abuse or neglect, Domestic Violence now sits under section 42 of the Act.

2.3. Scope

This policy provides the framework through which ESHT aim to ensure there is a cohesive and co-coordinated approach to those experiencing domestic abuse and as a result patients/clients and staff who have suffered or who are experiencing domestic abuse will receive the recognition, information and support they require and want.

3. Definitions

Domestic abuse

From March 2013 the new cross-government definition of domestic abuse has been adopted. This is defined 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
- 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, 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.”

In this policy the terms ‘abuse’ and ‘violence’ are used interchangeably but there is no difference in meaning between them. Where the term ‘adult’ is used this includes people who are 16 and 17 years old, as well as people aged 18 and over, in line with the above definition.

Forced Marriage

Forced marriage is a form of domestic violence. Where one or both of the parties is under 18 years, it is a form of child violence and **must** be referred to Children’s Social Care.

For further guidance refer to the Pan-Sussex Child Protection and Safeguarding procedures: www.proceduresonline.com/pansussex/scb

Where the marriage involves a vulnerable adult, it is also deemed as adult violence and **must** be managed under local safeguarding adult procedures accessed at: <http://pansussexadultssafeguarding.proceduresonline.com/index.htm>

ESHT aim is to create an open and supportive environment where forced marriage can be discussed openly and where women know that they will be listened to and their concerns treated seriously.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/35532/fmu-right-to-choose.pdf

Female Genital Mutilation

WHO (2000) defines Female Genital Mutilation (FGM) as ‘procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons’

For further information on the practice of FGM refer to:

http://www.nhs.uk/NHSEngland/AboutNHSservices/sexual-health-services/Documents/FGM_Report.pdf

FGM is against the law in the UK, and the cultural context in which it takes place is complex. It is vital that practitioners who come into contact with women, children and their families from communities that practise FGM have adequate knowledge and understanding of the issues to be able to respond appropriately and meet their needs, and also to act within contemporary law and policy.

Anyone knowing or suspecting that a girl is to be, or has been, subjected to Female Genital Mutilation should make a referral to Children's Social Care. Please refer to the Pan-Sussex Child Protection procedures for the management of individual cases.

In addition to this from September 2014, all acute trusts must report data regarding identification of FGM to the Department of Health on a monthly basis.

Honour based violence

The terms “honour crime” or “honour based violence” or “*izzat*” embraces a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour, the person shows they have not been properly controlled to conform by their family and this is to the “shame” or “dishonour” of the family (HM Government 2009).

4. Accountabilities and Responsibilities

4.1. Chief Executive Officer

- To ensure that ESHT build on their commitments to tackling domestic violence through its contribution to the East Sussex Safer Communities Partnership Domestic Abuse Strategy
- To identify a lead person with overall responsibility for safeguarding children, protecting vulnerable adults or victims of domestic abuse – the same person should lead on forced marriage. The lead person for ESHT is the Assistant Director Of Nursing (Safeguarding)

4.2. Human Resources

To offer support and guidance to managers and staff in managing workers experiencing domestic violence.

4.3. Line Managers

- To ensure staff are aware of this policy and associated procedures
- To ensure that staff attend mandatory safeguarding training which includes reference to domestic abuse
- To support and assist staff asking for help in addressing domestic violence

4.4. Front Line Practitioners

- To understand their individual roles and responsibilities in protecting adults and children who may be experiencing or who have experienced domestic violence
- To access training according to individual roles and responsibilities and in line with training needs identified as part of the individual review process.

5. Procedures and Actions to Follow

5.1. Domestic Abuse and Children

Domestic violence is a significant safeguarding and child protection issue. The issue of children living with domestic violence is now recognised as a matter of concern in its own right by both Government and key children's services and agencies. Nearly three quarters of children with a child protection plan nationally, live in households where domestic violence occurs. The impact of domestic violence on an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances, as well as a range of factors in respect of the violence.

The three key imperatives of any intervention for children living with domestic violence are:

- To protect the Children
- To empower the victim to protect himself/herself and his/her children
- To hold the abusive partner accountable for their violence and provide them with the opportunities to change.

Where it is known that a child is living with domestic violence, it is important to assess the risk of harm to the victim and children.

NB: Where there are concerns that a child may be at risk of significant harm a referral must be made to Children's Social Care in line with local procedures. Please see [Appendix A](#) - ESH procedure for reporting when Domestic abuse/violence is suspected.

5.2. Staff Experiencing Domestic Abuse

Due to the high prevalence of domestic abuse across society, it is inevitable that some of the workforce will suffer abuse at the hands of someone close to them. ESH therefore aim to create a working environment that will support staff experiencing domestic abuse. Please refer to Domestic Violence Procedure and Toolkit.

<http://www.eastbournehailshamandseafordccg.nhs.uk/intranet/resources/?assetdet8751607=407448&categoryesctl9476144=12448>

5.3. Maternity

More than 30% of domestic abuse occurs for the first time during pregnancy. 40-60% of victims experiencing domestic abuse are abused during pregnancy. More than 14% of maternal deaths occur in women who have told their health professional they are in an abusive relationship (CMACH 2007). Domestic abuse includes female genital mutilation, stalking, forced marriage, child marriage and honour killings.

When parents are victims of domestic violence, their children also suffer. A study of 139 serious case reviews in England 2009-2011 found that in 63% of the cases, domestic abuse was a risk factor (Brandon et al 2012). The DOH (2017), RCOG (Ramsay et al 2002) and RCM (1999) all recommend the routine enquiry for domestic abuse for all women in pregnancy.

Standard

All pregnant women presenting for maternity care should be asked routine screening questions about domestic abuse as part of their booking history and/or at another appropriate point during their maternity care. Midwives have a professional responsibility to report their concerns to protect those at risk. Midwives must have knowledge of referral and care pathways in order to provide appropriate sensitive support to women experiencing domestic abuse.

Screening and Identifying

When possible, all women booked for maternity care should be seen alone at least twice during the antenatal period to support disclosure of domestic abuse. A private environment should be provided where the client can speak confidentially without her partner or family member present.

If a partner persistently attends midwifery checks, try to arrange a time where the woman can be seen alone without arousing suspicion. Arrange for an interpreter to translate if required. Do not rely on a family member.

Know and recognise the risk factors, signs, presenting problems or conditions, including the patterns of coercive or controlling behaviour associated with domestic abuse. Ask direct questions sensitively.

Multiagency input is vital. A victim of domestic violence will only be able to tell you about the things they are aware of. Other services such as the MARAC, police, probation, youth justice, substance misuse, mental health and other health services may have additional information about the perpetrator.

On disclosure of domestic violence

Respond constructively. Listen to the victims concerns.

When there is evidence or suspicion of harm to a child or unborn child, be honest to the person about your professional obligations towards child protection. There are strong associations between domestic abuse and child abuse (DOH 2017)

Follow safeguarding procedures for all children aged 0-18 years who are at risk of neglect and/or abuse.

Provide information for specialist services.

Permission does not need to be obtained to record a disclosure of domestic abuse or the findings of an examination. Inform the victim that health care professionals have a duty to keep a record of disclosures and injuries as a duty of care. Inform the victim of the benefits of abuse being documented as evidence. Do not record disclosure in the hand held notes.

Inform the Named Midwife for Safeguarding and / or Deputy Named Midwife for Safeguarding.

Create an Additional Support Form and update the document as more information is obtained with a clear plan. A copy of all Additional Support Forms and Maternity Action Plans should be forwarded to the health visitor and GP by the community midwife.

Support and Follow Up

Provide open access to the maternity service for women to seek support. Provide enhanced antenatal and postnatal care if needed.

Where possible, provide continuity of care to the victim of violence.

Follow up all missed appointments.

Seek safeguarding supervision to discuss high risk cases. Discuss completing a DASH and referral to MARAC (see Appendix).

Refer to ESHT Child Safeguarding Policy and Procedures

Midwives should be aware of their own safety, avoid environments where professional safety is threatened.

5.4. Asking about and responding to Domestic Violence

Domestic violence is an isolating crime. Many victims feel unable to talk about their experiences – even with the people closest to them. So the idea of asking health professionals can be daunting.

What research tells us is that victims want an opportunity to let somebody know what is happening so that they can get the help they need. For health services to function as a vital lifeline for parents and children, talking about domestic violence needs to become part of the daily work of front line practitioners. Health professionals responsible for the individual care of victims and families will take a proactive approach to the identification of domestic violence through routine and selective enquiry.

Please see [Appendix A](#) - ESHT procedure for reporting when Domestic abuse/violence is suspected.

5.5. Confidentiality and Information Sharing

5.5.1. Confidentiality

Breaching confidentiality could have serious consequences for the person experiencing domestic violence. It is important therefore, not to underestimate the danger or assume that the fear is exaggerated. Staff should not approach family, friends or members of the community without the expressed permission of the individual.

Where there are concerns about forced or honour based violence, some of the underlying principles and themes within existing guidance may inadvertently place young people and vulnerable adults at greater risk of harm.

It is important that staff do not actively facilitate family counselling, mediation, arbitration or reconciliation as there have been cases of individuals being murdered by their families during mediation.

5.5.2. Information Sharing

The only acceptable reason for sharing information without consent is to increase victim's safety and that of his/her children. It is important that all staff understand when, why and how they should share information so that they can do so confidentiality and appropriately. If in doubt, especially where the doubt relates to a concern about possible significant harm to a child or serious harm to others advice must be sought from your line manager, a member of the ESHT Safeguarding team or the police Adult Protection Team on 101.

Where a decision is taken to share information, that information must be accurate and up-to-date, necessary for the purpose for which it is being shared, shared only with those who need to see it, and shared securely. A

record of the decision, including reasons for that decision, must be made - whether it is to share information or not.

For further detailed guidance access *Information sharing: Guidance for practitioners and managers* (HM Government 2008).

6. Equality and Human Rights Statement

An Equality and Human Rights Analysis Form has been completed for this document. See Appendix A.

7. Training

East Sussex's Safeguarding Children Board offer a variety of courses which cover basic awareness of domestic abuse through to working with perpetrators ranging from one day to 2 day courses.

Course details are available on the East Sussex Safeguarding Children Board website.

http://www.eastsussexlscb.org.uk/home_training.html

8. Monitoring Compliance with the Document

This policy is mandatory. Where it is not possible to comply with the policy or a decision is taken to depart from it, this must be notified to the Chief Officer so that the level of risk in non-compliance can be assessed and where deemed appropriate an action plan can be formulated.

Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Effectiveness of policy	Safeguarding Adults Lead	Audit	Annually	Safeguarding Operational/Strategic meeting	Assistant Director of Nursing (Safeguarding)/Director of Nursing	Assistant Director of Nursing (Safeguarding)

9. References

Department of Health (2009) *Operating Framework for the NHS in England 2010/11*

Department of Health (2006) *Responding to domestic abuse: A handbook for health professionals*, DH Publications: London

Department of Health (2004) *National Service Framework for Children Young People and Maternity Services*

DCSF HM Government (2009) *Multi-agency practice guidelines: handling cases of Forced marriage*, Forced marriage Unit

HM Government (2008) *Information Sharing: Guidance for Practitioners*

HM Government (2008) *The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage*, Forced marriage Unit

HM Government (2009) *Together we can end violence against women and girls: a strategy*

HM Government (2013) *Working Together to Safeguard Children*

NICE- Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively. February 2014

Task force on the health aspects of violence against women and children (2010) *responding to violence against women and children – the role of the NHS*

Walby, S (2004) *The cost of domestic violence, September 2004* (National Statistics, Women and Equality Unit), funded by DTI.

Domestic Violence - Working with Perpetrators: A Guide for Healthcare Professionals (Barking and Dagenham NHS, October 2008)

http://www.domesticviolencelondon.nhs.uk/uploads/downloads/DV-Working_with_perpetrators.pdf

Appendix A –EHRA Form

Due Regard, Equality & Human Rights Analysis

Title of document:
<i>Policy For Domestic Abuse within ESHT.</i>
Who will be affected by this work? The policy for DA will apply to all staff employed or cared by East Sussex Healthcare NHS Trust (ESHT). Furthermore, staff will access regular safeguarding supervision to support them with their decision making and to manage the emotional demands of their safeguarding work.
Please include a brief summary of intended outcome: <i>Staff will receive the following:</i> <ul style="list-style-type: none"> • Have management oversight of staff welfare and safeguarding caseloads. • Ensure that all practitioners understand the national, local and ESHT safeguarding policies and procedures. This includes taking into consideration risk factors in the parent/carer of any child or young person. • Identify the training and development needs of practitioners, enabling staff to develop the skills to provide an effective safeguarding service. • Inform service development through audit and evaluation. • Ensures ESHT staff working with adults, children, young people and families are clear about their roles and responsibilities in relation to safeguarding children:

		Yes/No	Comments, Evidence & Link to main content
1.	Does the work affect one group less or more favourably than another on the basis of: (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number)		
	• Age	No	
	• Disability (including carers)	No	
	• Race	No	
	• Religion & Belief	No	
	• Gender	Yes	Please note that policy section regarding Female Genital Mutilation (page 7) and Domestic Abuse during Pregnancy (page 9) sections are only relevant to female gender.
	• Sexual Orientation (LGBT)	No	
	• Pregnancy & Maternity	No	
	• Marriage & Civil Partnership	No	
	• Gender Reassignment	No	
	• Other Identified Groups	No	
2.	Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?	Yes	Although DA affects all genders research shows that women suffer higher rates than men (page 5).

Policy for the Management of Domestic Abuse

3.	What are the impacts and alternatives of implementing / not implementing the work / policy?	<p><i>The Policy for the Management of domestic abuse will provide support to staff working with patients who are suffering DA.</i></p> <p><i>The policy enables ESHT to ensure that all practitioners understand, identify and respond to DA as well as reporting effectively. This includes taking into consideration risk factors in the patient in order to offer early intervention and support to minimise risks.</i></p> <p><i>The policy also signposts to the East Sussex Safeguarding Children's Board for further training.</i></p>
4.	Please evidence how this work / policy seeks to “eliminate unlawful discrimination, harassment and victimisation” as per the Equality Act 2010?	<i>The policy ensures ESHT staff are clear about their roles and responsibilities in relation to DA.</i>
5.	Please evidence how this work / policy seeks to “advance equality of opportunity between people sharing a protected characteristic and those who do not” as per the Equality Act 2010?	<i>The policy ensures ESHT staff are clear about their roles and responsibilities in relation to DA.</i>
6.	Please evidence how this work / policy will “Foster good relations between people sharing a protected characteristic and those who do not” as per the Equality Act 2010?	<i>The policy ensures ESHT staff are clear about their roles and responsibilities in relation to DA.</i>
7.	Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)	<p>Yes.</p> <p><i>The policy ensures ESHT staff are clear about their roles and responsibilities in relation to DA.</i></p>
8.	Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?	<i>This policy has been written in accordance with the East Sussex Safer Communities Partnership domestic Abuse Strategy</i>
9.	Have you have identified any negative impacts or inequalities on any protected characteristic and others? (Please attach evidence and plan of action ensure this negative impact / inequality is being monitored and addressed).	None

Appendix B – ESHT Procedure for reporting domestic violence/abuse

ESHT PROCEDURE FOR REPORTING DOMESTIC VIOLENCE / ABUSE

Domestic Violence / Abuse suspected or disclosed. Refer to DASH Tool for key questions: <http://nww.esht.nhs.uk/wp-content/uploads/2014/12/East-Sussex-CAADA-DASH-Risk-Identification-Checklist-RIC-for-MARAC-agencies.doc>
Or Maternity Domestic Abuse Guidelines <http://eshealthcare/guideline/422.pdf>
Where a disclosure is made, complete DASH Tool and refer to MARAC where indicated.

Ask Victim what help is required / preferred

Inform Police if required

Establish who is at risk. Are there any children in the household? If children are involved, refer to child protection procedures / LSCB guidelines [found here](#)

Refer immediately to Safeguarding Adults'/Children's' Lead / Named Nurses as appropriate. Please note, in some cases both Leads would have to be notified depending on who is at risk.

Establish safest mode to maintain contact with the victim.
<http://nww.esht.nhs.uk/wp-content/uploads/2014/12/East-Sussex-CAADA-DASH-Risk-Identification-Checklist-RIC-for-MARAC-agencies.doc>

If victim is a member of ESHT Staff; inform HR, Occupational Health and staff members Line Manager.

Contact Numbers for Advice:

01323 419340 - IDVA Service (Independent Domestic Violence Advocate)
07747472687 – Safeguarding Adult Lead
07769934777 - Named Nurse Safeguarding Children (Acute)
07920251817 – Named Nurse Safeguarding Children (Community)
07788415328 – Named Midwife
ESHT Safeguarding Adults: <http://nww.esht.nhs.uk/clinical/safeguarding-adults/>
ESHT Safeguarding Children: <http://nww.esht.nhs.uk/clinical/safeguarding-children/>
ESHT Domestic Abuse Policy: