



Domestic Abuse Policy and Management Guidance

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Associated Documentation:

Assessment Conveyance and Referral of Patients Policy
 Being Open (Duty of Candour) Policy
 Chaperone Policy
 Code of Conduct Policy
 Criminal Incidents Policy
 Data Flag Policy & SOPS
 Dignity Civility & Respect at Work Policy & Procedure.
 Disciplinary Policy, Procedure, and Guidance
 Domestic Abuse Disclosure Form
 Employee Wellbeing: Supporting staff involved in an incident, complaint or claim policy
 Female Genital Mutilation (FGM) Management Guidance
 Management of Deceased Policy
 Managing Safeguarding Allegations Against Staff Policy
 Maternity Care Policy
 Patient Consent Policy
 Prevent Policy
 Records Management Policy
 Relationships at Work Guidance
 Safeguarding Policy (Children Young People and Adults at Risk)
 Sexual Safety Charter
 Social Media Policy
 Special Leave Policy & Employee & Management Guidance
 Violence Prevention and Reduction Plan
 Violence Prevention and Reduction Policy

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Staff Summary

If you believe there is an immediate risk of harm to persons or property or, a crime has been committed, then the police should be contacted on 999 without delay. Consent of the individual(s) involved does not need to be obtained.
Domestic Abuse is a serious crime that has a major impact on the victim-survivor and on members of their family. It has long lasting effects on the mental, psychological and physical health of all victim-survivors including children and adults at risk who reside in households where domestic abuse occurs. Domestic abuse is unacceptable and responsibility for domestic abuse lies solely with the abuser.
<p>This Policy provides advice, guidance, and information required for Yorkshire Ambulance Service staff and volunteers to act upon domestic abuse concerns, ensuring that children, young people, and adults at risk have access to the services that can support them and reduce the risk of future harm.</p> <p>The children, young people and adults at risk could be a patient, member of staff, volunteer, apprentice or the wider public.</p>
Domestic abuse and/or safeguarding referrals can be completed via the ePR in the notifications and referral section or via the clinical health desk on 0300 330 0274
All patient/staff information shared must be in line with Information sharing advice for safeguarding practitioners, General Data Protection Regulations (GDPR)/Data Protection Act 2018 /Caldicott Principles and Human Rights legislation.
Domestic Abuse advice, support and case focused supervision can be provided on request for YAS staff by contacting the YAS Safeguarding Team Email: yas.safeguard@nhs.net
The target audience for this policy is all YAS Staff and volunteers and works alongside their mandatory training.

1.0 Introduction

- 1.1 Yorkshire Ambulance Service NHS Trust recognises its responsibility to take all reasonable steps to protect and safeguard the welfare of adults, young people, and children at risk of domestic abuse.
- 1.2 The Trust has a statutory duty under legislation, including, but not limited to, the Domestic Abuse Act (2021), the Children Act (1989) (2004) and the Care Act (2014) to ensure processes are in place to support this.
- 1.3 The Safeguarding Team at YAS provide assurance to the YAS Trust board, commissioners and partner agencies, that the trust is meeting its statutory duties in line with relevant policies, practice guidance and legislation.
- 1.4 The Trust has a duty of care to look after the physical and psychological well-being of staff who have been exposed to traumatic, distressing, or challenging incidents. It is recognised that this may include incidents where domestic abuse is a factor. Please refer to the Employee Wellbeing: Supporting staff involved in an incident, complaint or claim policy.

- 1.5 Domestic Abuse advice, support and case focused supervision can be provided for trust staff by the YAS Safeguarding Team, during office hours on 01924 584375 or YAS.safeguard@nhs.net . Immediate safeguarding advice is available from the clinicians in the clinical hub on 0300 330 0274 or via your line manager.

2.0 Purpose/Scope

- 2.1 To outline the collective and individual requirements of all Trust staff and volunteers to follow domestic abuse and safeguarding legislation.
- 2.2 To provide staff and volunteers with the information needed to take appropriate action when domestic abuse is suspected, overheard or disclosed; therefore, ensuring that adults, children and young people at risk, have access to the services that can support them and reduce the risk of future harm.
- 2.3 This policy applies to all Yorkshire Ambulance Service NHS Trust staff, including employees, students, volunteers, sub-contractors (including private providers), and agency workers (hereafter referred to as Trust staff).
- 2.4 This Policy should be read in conjunction with policies and guidance listed in associated documents found on page two.
- 2.5 This policy will outline all Trust staff responsibilities when patients are suspected or experiencing domestic abuse.
- 2.6 This policy will also outline all Trust staff responsibilities when patients are suspected of causing harm within the context of domestic abuse.
- 2.7 This policy will reinforce the Trust response to staff experiencing domestic abuse and what support staff members can expect to receive when a disclosure is made.
- 2.8 This policy will outline the receptibilities the Trust, staff and volunteers when managing allegations of Trust staff causing harm through domestic abuse.

3.0 Domestic Abuse

3.1 Introduction

- 3.1.1 Domestic Abuse is a serious crime that has a major impact on the victim-survivor and on members of their family. It has long lasting effects on the mental, psychological and physical health of all victim-survivors, including children and adults at risk who reside in households where domestic abuse occurs. Domestic abuse is **unacceptable** and **responsibility** for domestic abuse lies solely with the **abuser**.
- 3.1.2 The Domestic Abuse Act 2021 defines domestic abuse as: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality*. This can encompass but it not limited to the following types of abuse:
- Psychological
 - Physical
 - Sexual
 - Economic (financial)

- 3.1.3 Domestic abuse costs the health services £2,333 million every year and every practitioner in the health system will already be treating patients who are experiencing abuse.
- 3.1.4 On average a victim-survivor will experience abuse for three years before getting effective help and will visit their GP and have contact with Health Care Professionals (HCPs) on average 4.3 times during this time.
- 3.1.5 Domestic Abuse enquiry within a health setting is vitally important as it allows an HCP to recognise domestic abuse and ask about a patients experience of this.
- 3.1.6 HCPs are trusted professionals which can lead to an increase in domestic abuse disclosures and an opportunity to provide more effective care and support for their patients. This results in a patient accessing domestic abuse support in a timelier manner at an earlier opportunity. (Pathfinder Key Findings Report June 2020).
- 3.1.7 Domestic abuse occurs in all areas of society regardless of, age, wealth, social status, gender, sexual orientation and ethnicity. (all statistics from SafeLives online 2024)

3.2 Sex

- 3.2.1 Domestic Abuse affects 1 in 4 women and 1 in 6 men will experience some form of domestic abuse within their lifetime.
- 3.2.2 Women in households with an income of less than £10,000 were 3.5 times more at risk than those in households with an income of over £20,000.
- 3.2.3 Around 1 in 3 women are affected by domestic abuse when they are pregnant. This may happen for the first time in pregnancy or existing abuse may get worse during pregnancy and after birth.

3.3 Disability

- 3.3.1 Disabled people experience higher rates of domestic abuse than non-disabled people. Disabled women are twice as likely to experience abuse than non-disabled women, and disabled people are more likely to experience abuse from an adult family member compared to non-disabled people (14% vs 6%). Studies have shown that disabled women are twice as likely to experience domestic abuse and twice as likely to suffer assault and rape.

3.4 Age

- 3.4.1 Young people experience the highest rates of domestic abuse of any age group. They may experience domestic abuse in their own intimate partner relationships, or they may demonstrate harmful behaviour towards a family member.
- 3.4.2 On average, older victims experience abuse for twice as long before seeking help as those aged under 61. And nearly half have a disability. Yet older victim-survivors are hugely underrepresented among domestic abuse services. Research found older victim-survivors are less likely to leave in the year before accessing help and are more likely to be living with the perpetrator after getting support.

3.5 Race

- 3.5.1 Black, Asian and racially minoritised victims of domestic abuse have historically been considered part of a 'hidden' group, meaning a group which is less well served by the

response available in the UK. There is therefore a need to focus on their experiences and additional barriers they can face when identified as victims (or perpetrators) and provide them with safe and appropriate services.

3.6 Sexual Orientation and Gender Identity

- 3.6.1 Evidence suggests LGBT+ people experience equal or even higher prevalence of domestic abuse, compared to heterosexual women. Studies found between 25% to 40% of LGB people report at least one incident of domestic abuse from a partner, a family member or someone close to them in their lifetimes. Trans individuals may be even at a higher risk; research suggests between 28% to 80% of trans people had at least one experience of domestic abuse from a partner or a family member. A victim-survivors gender identity or sexual orientation can sometimes be targeted as part of the abuse

3.7 Honour Based Abuse

- 3.7.1 Honour Base Abuse is a form of domestic abuse. Although there is no statutory definition of honour based abuse the National Police Chief's Council define this as: An incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse), which has or may have been committed to protect or defend the honour of an individual, family and or community for alleged or perceived breaches of the family and/or community's code of behaviour"

3.8 Coercive and controlling behaviour

- 3.8.1 Domestic abuse is not always physical. Coercive control is an act or a pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim (Women's Aid).
- 3.8.2 Section 76 Serious Crime Act 2015 created a criminal offence of controlling and coercive behaviour in an intimate or family relation.

3.9 Language

- 3.9.1 Throughout this policy the term 'domestic abuse' is used, **NOT** 'domestic violence', to encompass all aspects of the abuse, including the crime of coercion and control.
- 3.9.2 Throughout this policy the term **victim-survivor** will be used for anyone who is being subjected to or has experienced domestic abuse.
- 3.9.3 The term **abuser** is used for any current or former intimate partner or family member that inflicts abuse/causes harm.

3.10 Children

- 3.10.1 The Domestic Abuse Act 2021 now recognises children and young people (under the age of 18 years) as victim-survivors of domestic abuse in their own right; as a result of
- Seeing,
 - hearing or
 - otherwise experiencing domestic abuse

between two people, where the child is related to at least one of them, whether that be the victim-survivor or the person causing the harm.

3.11 Non-Fatal Strangulation

- 3.11.1 Non-fatal strangulation (NFS) became a criminal offence in its own right in June 2022 following its introduction as part of the Domestic Abuse Act 2021.
- 3.11.2 Strangulation can be defined as obstruction or compression of blood vessels and / or airways by external pressure to the neck impeding normal breathing or circulation of the blood. Non-fatal Strangulation is where such strangulation has not directly caused the death of the victim (Institute for Addressing Strangulation: IFAS).
- 3.11.3 Strangulation is serious and there is no safe way to be strangled. There is a risk to life every time it is done. Fatal strangulation is where death ensues.
- 3.11.4 Victim-survivors are seven times more likely to be murdered by their abusive partner if there has been non-fatal strangulation beforehand.
- 3.11.5 Suffocation is different to strangulation. Suffocation is to deprive a person of air which affects their normal breathing. Suffocation is sometimes referred to as asphyxiation or smothering (IFAS).
- 3.11.6 It is important YAS clinicians and staff are familiar with the signs and symptoms of non-fatal strangulation to ensure a robust health response is provided alongside adequate safeguarding. This should be consistent with the guidance and recommendations from the Institute for Addressing Strangulation (IFAS)

4.0 Process

4.1 Introduction

- 4.1.1 It is important that all Trust staff remain aware that it is their duty to make safeguarding referrals where safeguarding child or adult concerns have been identified. Trust staff **MUST NOT** leave this to other agencies: including the Police who may be present on scene or hospital staff who may take over the care of the patient. **Please refer to your areas Standard Operating Procedures and follow the Safeguarding Policy.**
- 4.1.2 Immediate safeguarding advice is available from the clinicians in the clinical hub on 0300 330 0274 or via your line manager.
- 4.1.3 The Safeguarding Team are available during office hours on 01924 584375 or YAS.safeguard@nhs.net

4.2 Patients Experiencing Domestic Abuse

- 4.2.1 If an adult (a person aged 18yr and above) is a victim-survivor of domestic abuse they do not automatically require a safeguarding adult's referral. With their consent, they can be signposted to their local domestic abuse service.
- 4.2.2 The local domestic abuse service can work directly with them to assess risk and provide appropriate support.
- 4.2.3 If an adult (a person aged 18yr and above) is a victim-survivor of domestic abuse **AND** they have care and support needs (even if those needs are not being met) a safeguarding adult's referral can be made. You can ask for their consent to make the referral, if it is safe to do so, however if consent is denied or the adult does not have capacity to consent you can submit a safeguarding referral in the person's best interest. With their consent, they can be signposted to their local domestic abuse service who can work directly with them to assess risk and provide appropriate support.

- 4.2.4 If a young person (aged 16-17yrs) is a victim-survivor of domestic abuse, a safeguarding children's referral must be made. You can ask the young person for their consent if it is safe to do so, but lack of consent would not prevent a safeguarding children's referral being made. With their consent, they can be signposted to their local domestic abuse service who can work directly with them to assess risk and provide appropriate support.
- 4.2.5 If a child is living in a household where domestic abuse is a factor (even if they aren't present), a referral to children's social care must be made. You can ask the child's parent/carer for their consent if it is safe to do so, but lack of consent would not prevent a safeguarding children's referral being made.

4.3 Patients who Cause Harm Within the Context of Domestic Abuse

- 4.3.1 In this policy YAS will use the term person causing harm within the context of domestic abuse as opposed to perpetrator. This is to ensure a person is not stigmatized and can be challenged in a non-confrontational way to ensure the greatest opportunity to allow a Health Care Professional (HCP) to discuss and sign post to relevant support services.
- 4.3.2 HCPs are in a unique position as they encounter people causing harm and perpetrating domestic abuse as well as victim-survivors.
- 4.3.3 HCPs should be able to recognise the signs that harmful behaviour is happening and what to do about this.
- 4.3.4 HCPs have a duty to challenge this behaviour, when it is safe to do so, as domestic abuse is not tolerated in any form.
- 4.3.5 All Trust staff have a duty to safeguard any victim-survivors of domestic abuse, including children, even if they are not a YAS patient.

4.4 Employees who Experience Domestic Abuse

- 4.4.1 The Trust is a large employer, and some staff will currently be or will have experienced domestic abuse within their lifetime.
- 4.4.2 The workplace can be a lifeline for survivors of domestic abuse as it offers an opportunity to seek help.
- 4.4.3 The Trust understands it can be difficult for an employee to make a disclosure of domestic abuse, and that internal support is important. Employees can expect support in a sensitive, non-judgement, practical, and discrete method with a robust safety plan in line with the Department of Health & SafeLives: Response to Colleagues experiencing domestic abuse guidance and the Domestic Abuse Act (2021).
- 4.4.5 Being in a supportive workplace provides physical, psychological and mental health benefits. Supporting employees who are affected by abuse to remain in work can therefore sustain their wellbeing over the long term.
- 4.4.6 It is imperative that Trust staff members who receive disclosures of domestic abuse also consider that the victim-survivor may also have children, care for children or be considered an adult at risk. Therefore, safeguarding referrals may be required, and the staff member should be made aware if it is safe to do so.

4.5 Team Leaders & Managers Roles & Responsibilities in relation to YAS staff being victim-survivors of Domestic Abuse

- 4.5.1 Team Leaders & Managers have a role to play in enabling employees experiencing domestic abuse to seek help and support. The role of Team Leaders & Managers is to identify indicators of domestic abuse, ask and make a domestic abuse enquiry, respond to the disclosure, and record the disclosure.
- 4.5.2 When an employee makes a domestic abuse disclosure to a Team Leader / Manager it is vital to respond appropriately. It would be expected the Team Leader / Manager obtains further information about the current situation. The Team Leader / Manager should discuss measures to prioritise safety at work and ensure that the health and safety of all employees is protected.
- 4.5.3 The Trust have a duty to record discussions and actions taken to support the staff member experiencing domestic abuse. This will include: the current situation & risks, safeguarding actions, any agreed workplace adjustments. This will be held outside of official employee records. Team Leaders & Managers have access to a Domestic Abuse Disclosure Form to assist recording with this, which is available on the [Safeguarding Documents](#), PULSE page.

4.6 Domestic Abuse & Hybrid Working

- 4.6.1 The COVID-19 pandemic impacted many working practices, and for some, the boundaries between work and home are now less clear.
- 4.6.2 Home is not always a safe place for everyone and for some people, working from home means being isolated with their abuser.
- 4.6.3 For those experiencing domestic abuse working from home can mean removal of work as a safe space and escape from their abuser. The increase in hybrid working means the role of the employer in tackling abuse has never been so crucial.
- 4.6.4 The Trust recognises the need to respond accordingly by considering how they keep in touch with their staff, how staff have access to named manager and meet their duty of care remotely (EIDA domestic abuse toolkit for employers)

4.7 Allegations in relation to YAS Staff who cause harm through Domestic Abuse

- 4.7.1 Domestic abuse is unacceptable and the responsibility for domestic abuse lies solely with the person causing harm.
- 4.7.2 Causing harm within the context of domestic abuse does not reflect Trust Values and allegations will be taken seriously.
- 4.7.3 Once an allegation of domestic abuse by a Trust member of staff is known, it will be dealt with in line with the Managing Allegations Process and procedure. This policy should be read in conjunction with Managing Safeguarding Allegations against Staff Guidance.
- 4.7.4 Any allegations of domestic abuse that the Trust becomes aware of will be dealt with in an appropriate manner and in a way that will not increase the risk to the Victim-Survivor.
- 4.7.5 This policy should be read in conjunction with the Relationships at Work Guidance.

4.8 PREVENT & Domestic Abuse

- 4.8.1 When a person is identified as vulnerable to radicalisation in line with the Prevent Policy consideration should be given to the link with Domestic Abuse. Project starlight published in November 2021 demonstrated a striking prevalence of domestic abuse in the lives of those referred to PREVENT as being vulnerable to radicalisation. Out of a sample of 3045 individuals, just over a third (1076) had a link to a domestic abuse incident, either as an offender, victim, witness or a combination of all three ([Prevalence of domestic abuse related incidences within Prevent referrals \(counterterrorism.police.uk\)](https://counterterrorism.police.uk/prevalence-of-domestic-abuse-related-incidences-within-prevent-referrals))

5.0 Information sharing

- 5.1 It is important that all service users remain confident that their personal information is kept secure and safe. Timely and effective information sharing is a key factor in keeping patients safe. All Trust staff should share key information in line with the Information Sharing Policy. [Information sharing advice for safeguarding practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/information-sharing-advice-for-safeguarding-practitioners)
- 5.2 All Trust staff should ensure they are familiar with the Data Protection Act 2018, General Data Processing Regulations 2018, and their responsibilities through statutory and mandatory Information Governance training.
- 5.3 Any information shared with external agencies must be recorded in the patients records and any relevant referral forms.
- 5.4 Disclosure can be permitted if it is required by law or is permitted by a statutory process that sets aside the duty of confidentiality.
- 5.5 If Trust staff are not sure about information sharing or consent issues, they should seek advice from their Safeguarding Lead, Caldicott Guardian or Information Governance Team.

6.0 Training expectations for staff

- 6.1 Training is delivered as specified within the Trust Training Needs Analysis (TNA). All patient facing staff or those with line management responsibility are required to complete the Domestic Abuse E-Learning Package which is available on ESR.
- 6.2 Additional resources, information & training materials are available on the domestic abuse pulse intranet page.
- 6.3 In line with the Domestic Abuse Act 2021 statutory guidance YAS clinicians are trained to respond to disclosure (Level 1) and how to ask about domestic abuse (Level 2) is essential for safe enquiry about experiences of domestic abuse and a consistent and appropriate response.
- 6.4 Staff should understand the epidemiology of domestic violence and abuse, how it affects people's lives and their own role, and that of other professionals, in intervening safely.
- 6.5 Staff should be adequately trained in recognising domestic abuse and how to respond in practice. They should also be updated on local policy, protocols for identifying and assessing risk, information sharing, and pathways to and from specialist domestic abuse services.

7.0 Implementation Plan

- 7.1 The latest approved version of this Policy will be posted on the Trust Intranet site for all members of staff to view. New members of staff will be signposted to how to find and access this guidance during Trust Induction.
- 7.2 The policy will be circulated in Trust wide communications.
- 7.3 Reference to this policy will be made during Statutory and Mandatory training, safeguarding advice, support, and supervision.

8.0 Monitoring compliance and Effectiveness

- 8.1 The Trust's Safeguarding Team has a responsibility to undertake regular audits to monitor compliance and effectiveness of this policy.
- 8.2 Monitoring will also be achieved through the Trust Annual Safeguarding audit plan and Domestic Abuse work plan.
- 8.3 Themes, trends or lessons learned will be communicated to staff through a variety of means including Pulse Intranet Page, Safety Alert Bulletin, Operational Updates and communicated through updated training products and training delivery.
- 8.4 The Safeguarding team will review, monitor, evaluate and record feedback from partner agencies regarding YAS domestic abuse and safeguarding referrals and respond as necessary.

9.0 Appendices

- 9.1 This document includes the following appendices:

Appendix A – Roles & Responsibilities
Appendix B – Legislation and Domestic Abuse guidance
Appendix C – Definitions
Appendix D – Domestic Abuse Management Guidance

Appendix A – Roles & Responsibilities

Chief Executive

The Chief Executive is the executive member of the Trust Board with overall accountability in relation to Domestic Abuse, ensuring that the Trust has policies and procedures in place and complies with its legal and regulatory obligations.

Domestic Abuse & Sexual Violence (DASV) Lead

The Deputy Director of Quality & Nursing is the appointed DASV lead for the Trust in line with the NHS England Operating Framework. They work as an advocate both internally and externally to prioritise the work around DASV; to share and promote best practice and work as part of a leadership group with other NHS partners including ICB's.

Executive Director of Quality and Chief Paramedic

As the executive Safeguarding Lead, the Executive Director of Quality and Chief Paramedic will ensure that the organisation discharges its statutory Domestic Abuse responsibilities.

The Executive Director of Quality and Chief Paramedic is also the nominated director responsible for consent for treatment and ensuring that all attending personnel deliver care in accordance with best practice.

Head of Safeguarding

The Head of Safeguarding has strategic responsibility for the development and implementation of systems and processes for Domestic Abuse, working with partner agencies in line with local and national standards and legislation. This includes overall responsibility for policy development, education content guidance, and safeguarding supervision. The Head of Safeguarding oversees the Safeguarding Team.

Safeguarding Team

The Safeguarding Team provide operational provision of YAS safeguarding service. The team includes Named Professionals for Safeguarding who are responsible for safeguarding practice, support, peer review, supervision and ensuring compliance with training.

The Safeguarding Team also have a Specialist Domestic Abuse Practitioner (SDAP) who is the Subject Matter Expert (SME) in relation to Domestic Abuse. Along with the Named Professionals, the SDAP can provide expert opinion for safeguarding adults, children, and young people in relation to domestic abuse. The SDAP is also the YAS representative for Yorkshire & Humber.

The Safeguarding Team also represent YAS at statutory reviews involving Domestic Abuse Related Deaths.

All Staff

All Trust staff including volunteers and apprentices, have duties and responsibilities in relation to Domestic Abuse, as continued in the policy above.

These duties and responsibilities include familiarising themselves with this policy and adhere to its process.

If a Domestic Abuse concern is identified, they have the responsibility to take the necessary actions and follow agreed processes.

Staff, volunteers, and apprentices are required to always act to safeguard the health and well-being of their patients and members of the public. They have a duty to access appropriate Domestic Abuse and safeguarding statutory and mandatory training, to support their understanding of their role and responsibilities.

Appendix B – Legislation and Domestic Abuse guidance

- Barriers to accessing services for LGBT Domestic Abuse Victims and survivors [Barriers to services for LGBT+ victims and survivors - SafeLives](#)
- Care Act (2014) <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- Children Act (1989) <https://www.legislation.gov.uk/ukpga/1989/41/contents>
- Children Act (2004) <https://www.legislation.gov.uk/ukpga/2004/31/contents>
- Coercive Control [Coercive control - Women's Aid](#)
- Coercive Control CPS Guidance: [Controlling or Coercive Behaviour in an Intimate or Family Relationship | The Crown Prosecution Service](#)
- Convention on the Rights of Persons with Disabilities (2006) [Convention on the Rights of Persons with Disabilities – Articles | United Nations Enable](#)
- Data Protection Act (2018) <https://www.gov.uk/data-protection>
- Domestic Abuse Act (2021) <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>
- Domestic Abuse Disclosure Form: [YAS DA Disclosure Form pilot.docx \(sharepoint.com\)](#)
- Domestic Abuse Pulse Page: [Domestic Abuse \(sharepoint.com\)](#)
- European Convention on Human Rights (2021) [European Convention on Human Rights \(coe.int\)](#)
- Information Sharing; Advice for practitioners providing safeguarding services to children, young people, parents, and carers. (2024) <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- Institute for Address Strangulation (IFAS) Guidelines for clinical management of non-fatal strangulation: [Guidelines for clinical management of non-fatal strangulation in acute and emergency care services - Institute for Addressing Strangulation \(ifas.org.uk\)](#)
- Managing Safeguarding Allegations against Staff in a position of Trust Procedure: [Managing Safeguarding Allegations against Staff in a position of Trust Procedure \(sharepoint.com\)](#)
- National Police chief's Council [All publications \(npcc.police.uk\)](#)
- [New advice to help employers deal with domestic abuse and stigma - GOV.UK \(www.gov.uk\)](#)
- Pathfinder Key Findings Report June 2020. Available at [Pathfinder Key Findings Report Final.pdf \(safelives.org.uk\)](#)
- Project Starlight Findings November 2021: Prevalence of domestic abuse related incidences within Prevent referrals: [Prevalence of domestic abuse related incidences within Prevent referrals \(counterterrorism.police.uk\)](#)
- Safeguarding children, young people, and adults at risk in the NHS: Safeguarding accountability and assurance framework (2022) [B0818 Safeguarding-children-young-people-and-adults-at-risk-in-the-NHS-Safeguarding-accountability-and-assuran.pdf \(england.nhs.uk\)](#)

Appendix C – Definitions

Allegation against staff includes sub-contractor, volunteer, agency workers and apprentices.	<p>An “allegation” is defined as and may relate to a person who works with children who has:</p> <ul style="list-style-type: none"> Behaved in a way that has harmed, or may have harmed, a child Possibly committed a criminal offence against or related to a child Behave towards a child or children in a way that indicates they may pose a risk of harm to children <i>(Working Together to Safeguard Children – July 2018)</i>
An Adult at Risk	Is described by the Care Act 2014 as being aged 18 years or over, has care and support needs (whether they are being met or not), is at risk of or experiencing harm or abuse and because of the care and support needs is unable to protect themselves from harm or abuse.
Child or young person	<p>A child is anyone who has not yet reached their 18th birthday.</p> <p>A young person is 16 years old or 17 years old but remain a child and subject to Child Protection law as is under 18 years of age.</p>
Clinical Hub	Clinical Advisors (Nurse or Paramedic trained) based within the Emergency Operations Centre at YAS.
Designated Nurse/Professional	Works within an ICB and provides safeguarding expertise and leadership throughout health and multi-agency partnerships.
Domestic Abuse	<p>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, economical, emotional.’ Domestic abuse affects all people regardless of sex, gender, sexuality, class, wealth, etc - however, it is accepted that this is a gender-based crime which disproportionately is experienced by women. (The Domestic Abuse Act 2021)</p> <p>Domestic and sexual abuse is more prevalent among trans and non-binary people than their LGBT+ peers.</p>
Domestic Abuse Related Death (previously known as Domestic Homicide Review)	A multi-agency review of circumstances whereby a person aged 16 or over has, or appears to have, died as a result of abuse, neglect and/or violence by a person related to them or with who they were or had been in an intimate relationship with.
Female Genital Mutilation	A procedure in which female genitals are deliberately injured, changed, cut, or removed without medical reason. Usually carried out on young girls before puberty.
Health Desk	Administrative staff available in the Clinical hub, to contact by telephone who complete referral documents including for safeguarding and social care assessment.
Honour Based Abuse	An incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse), which has or may have been committed to protect or defend the honour of an individual, family and or community for alleged or perceived breaches of the family and/or community's code of behaviour"

Making Safeguarding Personal	<p>Is fundamental to adult safeguarding; it means keeping a person at the centre of all safeguarding decisions that are made about them.</p> <p>The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then checking at the end of the safeguarding process how far their expectations have been met.</p>
Multi-Agency Risk Assessment Conference (MARAC)	<p>A MARAC is a meeting where information on high-risk domestic abuse cases is shared between representatives of local partner agencies, including police, health, social care, housing partners, Independent Domestic Violence Advisors (IDVAs) from local domestic abuse services, probation, and other specialists from the statutory and voluntary sectors, to reduce the risk of ongoing harm.</p>
Named Professional	<p>has a key role in promoting skilled professional practice within their organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, and ensuring safeguarding supervision and training is in place. They work closely with their organisation's safeguarding lead, Designated Professionals in the Integrated Care Board (ICB) and the local safeguarding children's partnership and safeguarding adult boards</p>
PREVENT	<p>Prevent – part of the Home Office Counter-Terrorism strategy to prevent people from being drawn into terrorism.</p> <p>WRAP – Workshop to Raise the Awareness of Prevent</p> <p>Radicalisation – the process or action of causing someone to adopt radical positions on political or social issues.</p> <p>Radicalisation applies equally to all extreme political and social views, including extreme right-wing activities.</p>
Safeguarding Supervision	<p>is an accountable process to support, assure and provide critical reflection regarding safeguarding cases, to develop the knowledge, skills, and values of a staff member.</p> <p>Safeguarding supervision is specified for competency at Level 3 within the Intercollegiate Documents for Adults and Children.</p>
YAS Staff	<p>All Trust staff, sub-contractors, students, agency, and volunteers.</p>



Domestic Abuse Management Guidance

Author: Specialist Domestic Abuse Practitioner

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1.0 Patients Experiencing Domestic Abuse

- 1.1 All staff are expected to recognise indicators of domestic abuse when assessing patients and to enquire about domestic abuse. This is called 'triggered enquiry.'

Indicators of domestic abuse include:

- History of missed health appointments.
- The patient is a high intensity user/caller to the service with vague or differing complaints.
- The patient presents with injury inconsistent with explanation.
- The patient conceals or minimises injury.
- The patient appears frightened & anxious.
- Changes in the patient's behavior
- The patient is always accompanied and appears unable to speak for themselves.
- The patient presents in mental health crisis/ history of suicide attempts / self-harm.
- A person presenting under the influence of alcohol or substances.

- 1.2 When indicators of domestic abuse are identified staff should enquire and ask about domestic abuse (triggered enquiry).
- 1.3 A triggered enquiry is where an HCP identifies indicators of domestic abuse and asks the patient directly if they are experiencing domestic abuse.
- 1.4 A triggered enquiry should be performed on all patients over 16 years of age, where indicators are present and should be done regardless of the patient's sex, gender, or sexuality.
- 1.5 Triggered enquiries should only be made when safe to do so and would not put the patient or member of staff at increased risk. It is important to make sure that the patient is alone and safe before speaking with them about abuse. This is particularly the case when supporting them over the phone or online.
- 1.6 Certain roles within YAS mean staff members only have telephone contact with patients (e.g., EOC, PTS, IUC call centers) this may mean staff could overhear concerns or incidents of domestic abuse. In this situation it may not be safe to make a domestic abuse enquiry with the caller if the potential abuser is present. When this situation occurs staff should follow actions as outlined at 1.12 to ensure patient safety.
- 1.7 The question asked will depend on the situation and the indicators staff have observed. It is important staff do not ask leading questions. Some sample questions HCPs could ask patients include:
- Are you in a relationship with someone who hurts or threatens you?
 - Did someone cause those injuries to you?
 - Are you afraid or frightened of someone's behaviour?
 - We know that domestic violence and abuse affects many people, are you experiencing this with your partner or family members?
 - Does someone prevent you from doing certain activities?
 - Does your partner intimidate you?
 - Are you safe?
- 1.8 When domestic abuse indicators are identified this should be recorded by staff

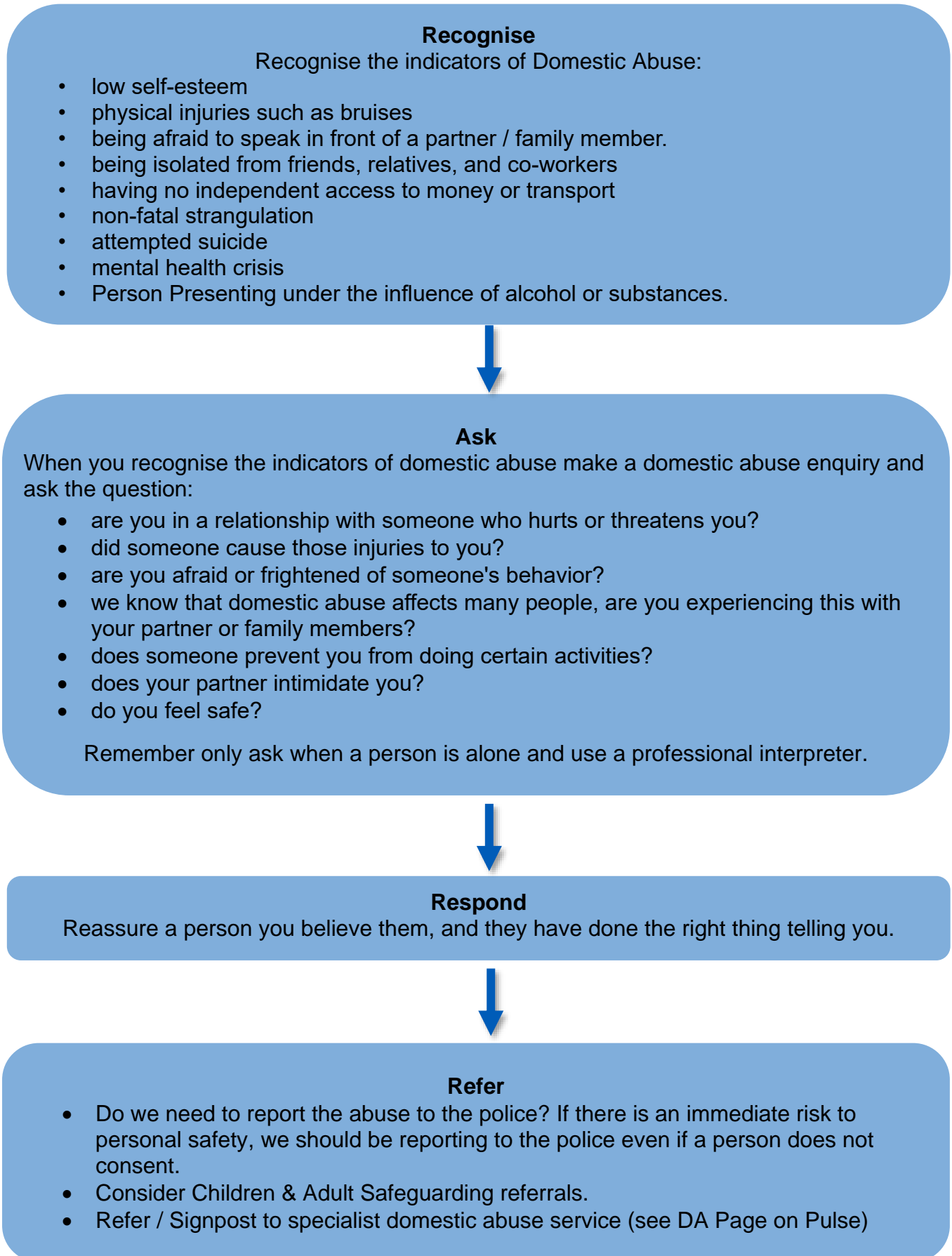
members in the patients' record.

- 1.9 If it was not safe to make a triggered enquiry, the rationale for this must be recorded.
- 1.10 If the triggered enquiry is conducted, and no disclosure is made it should be recorded that the enquiry was made resulting in no disclosure.
- 1.11 The enquiry and the patient's response, along with details of any disclosure should be recorded in the patients' records.
- 1.12 When domestic abuse is suspected or identified, staff members should respond appropriately following their Safeguarding Standard Operating Procedures.
 - If the patient is in immediate danger contact the police.
 - If the patient is pregnant: refer unborn to Children's Social Care Service via your areas safeguarding standard operating procedure and signpost patients to domestic abuse services (see Appendix B).
 - If the patient is 16 or 17 years old. The patient is a child in their own right and falls within the definition of a victim-survivor of domestic abuse. Refer the patient to Children's Social Care Service via the Health Desk and signpost patients to domestic abuse services (see Appendix B).
 - Patient has a child under 18 years of age: Obtain details of the children and refer them to Children's Social Care Services via The Health Desk and signpost patients to domestic abuse services (see Appendix B).
 - Patient has identified care and support needs. Make an Adult Safeguarding Referral and signpost patients to domestic abuse services (see Appendix B).
 - Patient is over eighteen with no care and support needs. Signpost patients to domestic abuse services (see Appendix B).
 - Where female genital mutilation (FGM) is disclosed, or suspect staff should consider the mandatory reporting requirements on HCPs and consult Female Genital Mutilation Management Guidance which is available on Pulse.
 - Physical Assaults, non-fatal strangulation, harassment & Stalking, coercive & controlling behavior are all criminal offences. Trust staff should discuss this with the patient who discloses the information and report the offence(s) to the police. This should be done with the consent of the patient. However, where the patient does not consent and is at high risk of serious harm or murder from domestic abuse or there is a substantial risk of children witnessing or being harmed by the abuse, Trust staff should inform the Police.
- 1.13 It is important that the Trust staff members signpost directly to domestic abuse services as well as making safeguarding referrals as referrals can be rejected by Children's Social Care Service and Adult Social Care Services without contacting the patient. This may be because thresholds have not been met or the adult patient has no identified care and support needs. If the safeguarding referral is rejected by Social Care with no action being taken and no signposting having taken place by Trust staff, people experiencing domestic abuse will not receive intervention and support.

- 1.14 Appendix B is available for staff to access a list of local domestic abuse services to sign post patients to. In addition to this the Bright Sky app is available on all Trust devices. This app is a safe, easy to use app that provides practical support and information on how to respond to domestic abuse including details of local support services.
- 1.15 When a domestic abuse disclosure is made a DASH (Domestic Abuse Stalking Harassment) Risk Assessment should be completed. The local domestic abuse service is best placed to undertake this.
- 1.16 Domestic Abuse advice, support and case focused supervision can be provided on request for YAS staff by contacting the YAS Safeguarding Team Email: yas.safeguard@nhs.net
- 1.17 Further information is available on the Domestic Abuse PULSE Page: [Domestic Abuse \(sharepoint.com\)](#)

2.0 Domestic Abuse Flow Chart

2.1 The following flow chart summarises part 1 of this guidance in how Trust Staff should respond to patients when domestic abuse is suspected or identified.

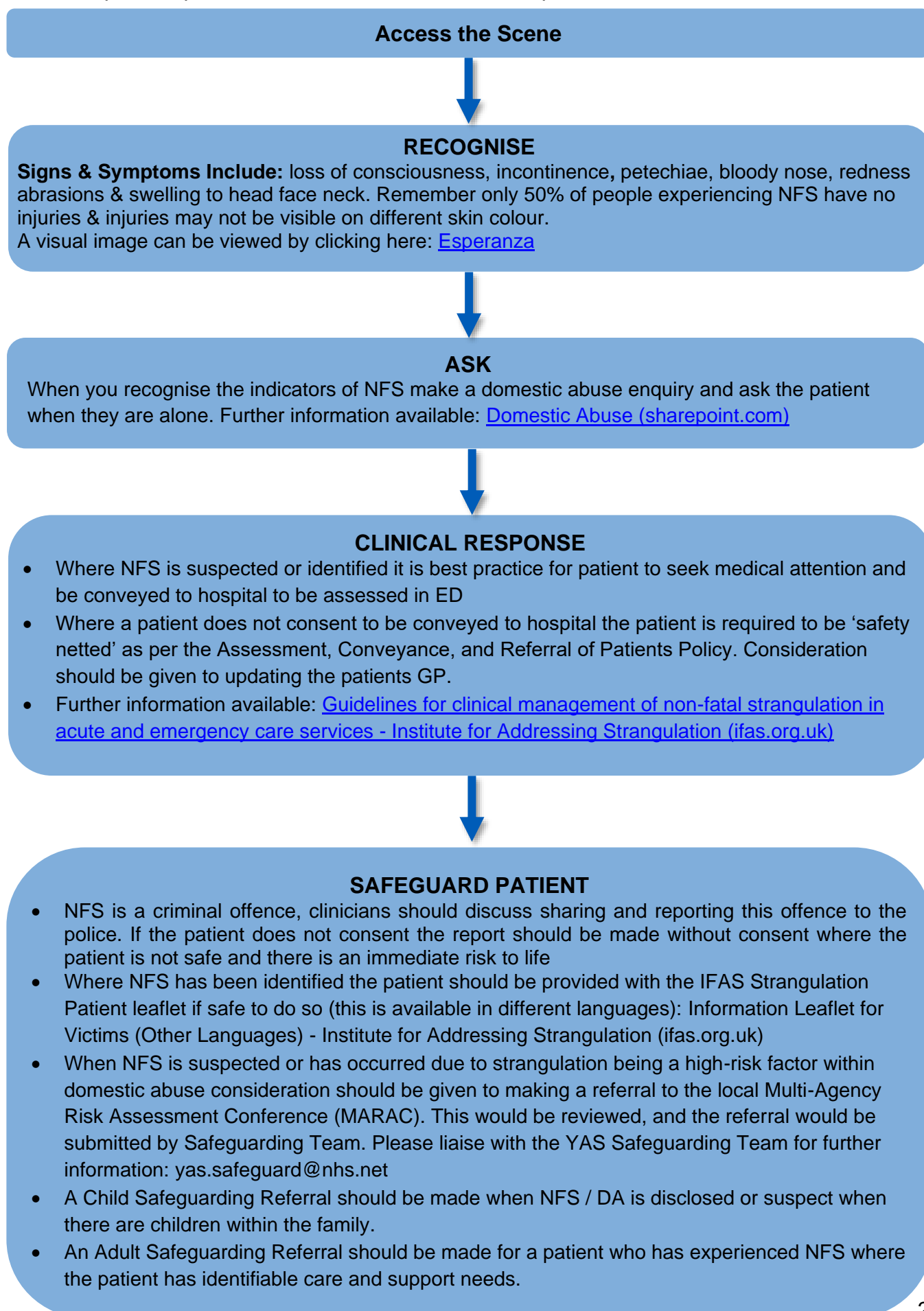


3.0 Non-Fatal Strangulation

- 3.1 It is important YAS clinicians and staff are familiar with the signs and symptoms of non-fatal strangulation to ensure a robust health response is provided alongside adequate safeguarding. Please refer to Appendix C.
- 3.2 If clinicians identify signs and symptoms of non-fatal strangulation a domestic abuse enquiry must be carried out as outlined in section 1.0. However, it is vitally important clinicians acknowledge that patients may not recall or know they have experienced non-fatal strangulation.
- 3.3 Where non-fatal strangulation is suspected or identified it is best practice for patient to seek medical attention at Hospital Accident & Emergency. Further information is available in the Institute for Address Strangulation (IFAS) Guidelines for clinical management of non-fatal strangulation: [Guidelines AcuteEmergency Feb24-1.pdf \(ifas.org.uk\)](https://ifas.org.uk/Guidelines_AcuteEmergency_Feb24-1.pdf)
- 3.4 Where a patient does not consent to be conveyed to hospital or seek medical attention it is vitally important the patient is 'safety netted' as per the Assessment, Conveyance, and Referral of Patients Policy.
- 3.5 When the patient has experienced non-fatal strangulation, best practice would include notifying the patients GP so follow up care can be provided as per the above IFAS Clinical Guidance.
- 3.6 When Non-Fatal Strangulation has been identified or suspected the patient will need to be safeguarded due to this being a high-risk factor within domestic abuse. This can be done as outlined at point 1.12.
- 3.7 If a patient does not consent to safeguarding referrals, it is important clinicians consider making a referral without their consent, whilst also considering their capacity, confusion, fear or whether coercive control is a factor effecting patients' ability to consent.
- 3.8 When Non-Fatal strangulation (NFS) is suspected or has occurred due to strangulation being a high-risk factor within domestic abuse consideration should be given to making a referral to the local Multi-Agency Risk Assessment Conference (MARAC).
- 3.9 The Safeguarding Team can review any attendance for disclosed or suspected NFS and will submit the MARAC referral when made aware of this. The Safeguarding Team can also write to the patients GP to highlight NFS and share the safeguarding concerns as outlined at point 3.5. For further advice and support in relation to this please contact the YAS Safeguarding Team: yas.safeguard@nhs.net .
- 3.10 Non-Fatal Strangulation is a criminal offence, so it is vitally important clinicians discuss sharing this information to the police and reporting it where necessary and appropriate to do so as outlined at point 1.12.
- 3.11 Where non-fatal strangulation has been identified the patient should be provided with the IFAS Strangulation Patient leaflet (this is available in different languages): [Information Leaflet for Victims \(Other Languages\) - Institute for Addressing Strangulation \(ifas.org.uk\)](https://ifas.org.uk/InformationLeafletforVictimsOtherLanguages)

4.0 Non-Fatal Strangulation Flow Chart

4.1 The following flow chart summarises part 3 of this guidance in how Trust Staff should respond to patients when domestic abuse is suspected or identified.



5.0 Patients who cause harm within the context of Domestic Abuse

- 5.1 HCPs are in a unique position as they encounter people causing harm and perpetrating domestic abuse as well as people experiencing this.
- 5.2 HCP's have a duty to challenge this behaviour as domestic abuse should not be tolerated in any form.
- 5.3 Where any Trust employee recognises a person who is causing harmful behaviour within the context of domestic abuse, they should discuss this with the patient, providing it is safe to do so and would not increase the risk to the member of staff or the person they are causing harm to, and sign post a person to support services. See appendix D.
- 5.4 When attending a patient an HCP may become aware that the patient has been causing harm within the context of domestic abuse. An example of this could be the police informing the HCP the patient has been arrested and subject to bail conditions for a domestic related incident. It is important to remember that the HCP has a duty to safeguard victim-survivors of domestic abuse, including children even if they are not a YAS patient.
- 5.5 HCPs should also be aware that abusers experiencing mental health crisis, alcohol & substance puts their victim-survivor at higher risk of serious harm or homicide. When it is known the patient is an alleged abuser as outlined at 5.4 and they are not conveyed to hospital robust safety netting should take place in line with the Conveyance and Referral of Patient Policy ensuring any risks to their victim-survivor and / or children are considered. This may include liaising with the patients GP and/or utilising referral pathways in relation to mental health, alcohol & substance misuse.

6.0 Employees who experience Domestic Abuse

- 6.1 The Trust understands it can be difficult for employees to make a disclosure of domestic abuse, and that support from the Trust is important. Employees can expect the Trust to:
 - Be sensitive/non-judgmental/ practical/supportive/discrete.
 - Prioritise safety over work efficiency.
 - Allocate some private time and space to listen.
 - Make reasonable workplace adjustments to allow you to remain in work with a safety plan in place.
 - Not seek proof of abuse
- 6.2 If the employee is uncomfortable discussing the situation with their line manager, they can contact a member of staff from Human Resources (HR), Wellbeing Team, Safeguarding Team, the Freedom to Speak Up Guardians, their Trade Union Representative or Staff Networks for further advice & support. Staff members can also access the Employee Assist Programme.
- 6.3 Where an employee has discussions with their Line Manager, an HR contact, the Wellbeing Team, the Safeguarding Team, the Freedom to Speak Up Guardians, Trade Union Representative or Staff Networks that they are experiencing domestic abuse, confidentiality will be maintained as far as possible.
- 6.4 There are, however, some circumstances in which confidentiality cannot be assured. These circumstances occur when there are concerns about children or an adult at risk, where high risk to safety has been identified, or where we need to act to protect the safety of members of the public, including other colleagues.

- 6.5 Where an individual or family member is in genuine danger this may be reported to the police. In this situation the employee would be made aware of this if it is reasonably practicable and safe to do so in line with the Trust Safeguarding Policy and information sharing guidelines.
- 6.6 Staff members disclosing domestic abuse should be reassured that any breach of confidentiality will not be tolerated and will be dealt with robustly by the Trust in line with the Dignity Civility & Respect at Work Policy & Procedure.
- 6.7 Employees can find further information and support via the Domestic Abuse page on the PULSE Safeguarding Team Page, the Health and Wellbeing Team page & Violence Prevention and Reduction Pulse Page.
- 6.8 If the employee's abuser is also an employee within the Trust the employee will be reassured the disclosure of domestic abuse will be treated with sensitivity and in a way that would not increase their risk.
- 6.9 Any disclosures of abuse where the person causing harm is a Trust employee will be dealt with as outlined at part 10.0 in this guidance document.

7.0 Team Leaders and Managers Roles & Responsibilities in relation to Domestic Abuse

- 7.1 Team Leaders and Managers have a role to play in enabling employees experiencing domestic abuse to seek help and support. The role of the Line Manager is to identify indicators of domestic abuse, ask and make a domestic abuse enquiry, respond to the disclosure, and record the disclosure.
- 7.2 Signs that an employee might be experiencing domestic abuse may include:
- Unexplained injuries.
 - Decreased productivity.
 - Frequent lateness or absence.
 - Changes in behavior.
- 7.3 Team Leaders and Managers can refer to Appendix E for further information / guidance on identifying the signs an employee maybe experiencing domestic abuse.
- 7.4 Team Leaders and Managers should be aware that staff within HR processes may be victim-survivors of domestic abuse and appropriate questioning, and support should be offered.
- 7.5 Where a Team Leader identifies indicators of domestic abuse with an employee they should ask and make a domestic abuse enquiry. This should be done when the person is alone and appropriate time has been made available. The Team Leader should create a 'safe place' for the employee to speak freely and make a disclosure if they are experiencing domestic abuse, if they choose to.
- 7.6 A 'safe place' should be somewhere private where confidentiality can be maintained.
- 7.7 Listed are some examples of questions a Team Leader could use to make the domestic abuse enquiry. The questions asked will be dependent on the indicators identified:
- Are you in a relationship with someone who hurts or threatens you?

- Did someone cause those injuries to you?
 - Are you afraid or frightened of someone's behaviour?
 - We know that domestic abuse affects many people, are you experiencing this with your partner or family members?
 - Does someone prevent you from doing certain activities?
 - Does your partner intimidate you?
 - Do you feel safe?
- 7.8 When an employee makes a domestic abuse disclosure to a Team Leader it is vital to respond appropriately. It would be expected the Team Leader obtains further information about the current situation. The Team Leader should discuss measures to prioritise safety at work and ensure that the health and safety of all employees is protected.
- 7.9 Team Leaders and Managers need to consider and implement any reasonable workplace adjustments to mitigate the risk and implement a safety plan at work. Managers can refer to Appendix F – Workplace Safety / Adjustments Guidance for further information.
- 7.10 The recommended option for anyone experiencing domestic abuse, should be a referral to a local domestic abuse service with practitioners who are trained to assess risk and advise on safety. Refer or signpost the employee to a domestic abuse helpline, web resource or external specialist domestic abuse service. (See Appendix B signposting document)
- 7.11 The Trust have a duty to record discussions and actions taken to support the staff member experiencing domestic abuse. This will include: the current situation & risks, safeguarding actions, any agreed workplace adjustments. This will be held outside of official employee records and stored. Team Leaders have access to a Domestic Abuse Disclosure Form to assist with this which is available on the Safeguarding Domestic Abuse PULSE page: [YAS DA Disclosure Form pilot.docx \(sharepoint.com\)](#)
- 7.12 All staff have a duty to maintain confidentiality and reassure the staff member confidentiality will be maintained with the exception as outline at 7.13. Any breach of confidentiality will not be tolerated and will be dealt with robustly by the Trust in line with the Dignity Civility & Respect at Work Policy & Procedure.
- 7.13 Victim-Survivors safety risk in domestic abuse situations is dynamic and can change very quickly. In a small number of cases, staff members may be at high risk of serious harm or murder from domestic abuse. In this situation named disclosure without consent may be made by the Trust in exceptional circumstances which includes either:
- If it is believed the employee and /or colleagues are at high risk of serious injury or death
 - If it is believed that there is a substantial risk of harm to any children involved in, or witnessing violence / abuse.
- 7.14 Where a Team Leader or Manager receives a disclosure of Domestic Abuse, and the alleged abuser is a Trust employee they must refer to part 10.0 within this guidance.
- 7.15 The Trust encourages all Team Leaders / Managers / HR to embrace compassionate leadership when they suspect or receive a disclosure of Domestic Abuse. For further advice and support in relation to Compassionate Leadership: [Compassionate and Inclusive Conversations \(sharepoint.com\)](#)

- 7.16 The YAS Safeguarding Team are available to support all Team Leaders / Managers / HR on how to manage sensitive disclosures and proceed safely. The Trust would advise any Team Leader who receive a disclosure of domestic abuse, to consult with the Safeguarding Team for advice and support.
- 7.17 Further information and resources to support staff, team leaders and managers in relation to Domestic Abuse can be found on the Domestic Abuse page on PULSE via the Safeguarding Team Page: [Domestic Abuse \(sharepoint.com\)](#)

8.0 Domestic Abuse & Hybrid Working

- 8.1 It is strongly advised that all Team Leaders and Managers who are responsible for managing staff members that conduct a hybrid working pattern need to respond accordingly, as described in part 7.0 above, and consider agreed methods of keeping in touch with their staff members, without placing them in danger. Support in relation to this is available via the EIDA domestic abuse toolkit for employers page 16: [bitc-wellbeing-toolkit-domesticabuseforemployers-june2021_0.pdf \(eida.org.uk\)](#)

9.0 Domestic Abuse Disclosure from a colleague

- 9.1 When suspicions regarding a colleague experiencing domestic abuse arise and if you feel able and safe to allow the colleague to talk to you and discuss this further, ensure that this is done in private as outlined at 7.5 and 7.6.
- 9.2 Where a colleague discloses domestic abuse to you, you can encourage them to access support and disclose this to their team leader / manager or as outlined at 6.2.
- 9.3. You can encourage your colleague to access support and advice via the Domestic Abuse Pulse Page.
- 9.4 If a crime has been committed encourage them to report this to the police. Physical assaults, strangulation, sexual assaults, coercive and controlling behaviour, stalking and harassment including threats to disclose images are all criminal offences.
- 9.5 Consider your colleagues safety and safeguarding following the disclosure and whether sharing information without consent is required. Please refer to 7.13.
- 9.6 Further advice and support is available by speaking with the Freedom to Speak Up Guardian or by contacting a domestic abuse service helpline. See Appendix B – Domestic Abuse Signposting Information
- 9.7 Following receiving the disclosure if you are aware the abuser is a Trust employee, please refer to section 10.0 Allegations in relation to Staff perpetrating Domestic Abuse below.

10.0 Allegations in relation to Staff perpetrating Domestic Abuse

- 10.1 The Trust may become aware of an allegation of domestic abuse with the suspect being a staff member in several ways:
- Staff have a duty to inform their employer where there is an allegation of abuse or neglect made against them (Code of Conduct)

- Staff have an obligation to inform their employee when they have been arrested (Code of Conduct)
 - Staff have an obligation to inform their employees when they become aware of an allegation of abuse or neglect, e.g., involving another colleague.
 - The staff member who alleges Domestic Abuse and their abuser is also a YAS employee.
 - Safeguarding / HR notified if staff member arrested, and it is a notifiable offence
 - Notification from Local Authority Designated Officer (LADO).
 - Notification via the Local Community Safety Partnership Boards such as Multi-Agency Risk Assessment Conference (MARAC)
- 10.2 Once an allegation of domestic abuse is known to the Trust it will be dealt with in line with the Managing Allegations Process and procedure.
- 10.3 All allegations of domestic abuse that the Trust become aware of will be dealt with in an appropriate manner and in a way that would not increase the safety risk to the Victim-Survivor.
- 10.4 Any staff member who is involved in or subject to the management of allegations process will be offered appropriate support via this process.
- 10.5 Further information about this process is available on PULSE: [Management of safeguarding allegations \(sharepoint.com\)](#)

11.0 Appendices

- 11.1 This guidance includes the following appendices:

Appendix A – Legislation and Domestic Abuse Guidance
 Appendix B – Domestic Abuse Signposting Information
 Appendix C – Signs & Symptoms of Non-Fatal Strangulation
 Appendix D – Domestic Abuse Services for People Causing Harm
 Appendix E – Signs a person may be experiencing Domestic Abuse within the Workplace
 Appendix F – Workplace Safety / Adjustments Guidance

Appendix A – Legislation and Domestic Abuse Guidance

- Bright Sky app: [Bright Sky app | Hestia](#)
- Department of Health & SafeLives: Response to Colleagues experiencing domestic abuse. Available at:
 - <https://safelives.org.uk/sites/default/files/resources/DV%20Employer%27s%20guidance%20FINAL%20Update%203%20-%20SafeLives%20rebranded.pdf>
- EIDA domestic abuse toolkit for employers: [bitc-wellbeing-toolkit-domesticabuseforemployers-june2021_0.pdf \(eida.org.uk\)](#)
- Institute for Address Strangulation (IFAS) Guidelines for clinical management of non-fatal strangulation: [Guidelines for clinical management of non-fatal strangulation in acute and emergency care services - Institute for Addressing Strangulation \(ifas.org.uk\)](#)
- Institute for Addressing Strangulation Patient Leaflet: [Information Leaflets for Victims - Institute for Addressing Strangulation \(ifas.org.uk\)](#)
- YAS Domestic Abuse Disclosure Form: [YAS DA Disclosure Form pilot.docx \(sharepoint.com\)](#)
- Domestic Abuse Pulse Page: [Domestic Abuse \(sharepoint.com\)](#)
- Managing Safeguarding Allegations against Staff in a position of Trust Procedure: [Detailed corporate document and cover template \(external reports, core Trust policies and procedures\) \(sharepoint.com\)](#)
- [Violence Prevention and Reduction \(sharepoint.com\)](#)
- YAS information on Criminal Investigations: [Criminal Investigations \(sharepoint.com\)](#)

Appendix B: Domestic Abuse Signposting Information

National services

24 hour helpline number: 0808 2000 247: [Home | Refuge National Domestic Abuse Helpline \(nationaldahelpline.org.uk\)](https://nationaldahelpline.org.uk) A service for women experiencing domestic violence, their family, friends, colleagues and others calling on their behalf. It is run in partnership between Women's Aid and Refuge. Callers may first hear an answerphone message before speaking to a person. BSL Interpretation Service also available – see website for details.

Suzy Lamplugh Trust: Personal safety charity & leading stalking authority. National stalking helpline 0808 802 0300 [Suzy Lamplugh Trust](https://www.suzytrust.org.uk)

Paladin: Nation Stalking Charity: Paladin is a service to assist high risk victims of stalking in England and Wales. Independent stalking Advocacy Case workers (ISAC's) ensure that high risk victims of stalking are supported and that a coordinated community response is developed locally to keep victims and their children safe. [Paladin – National Stalking Advocacy Service \(paladinservice.co.uk\)](https://paladinservice.co.uk)

Men's Advice Line: Freephone. A confidential helpline for all men experiencing domestic violence by a current or ex-partner. Caters for all men: whether in heterosexual or same-sex relationships. Offers emotional support, practical advice and information on a wide range of services for further help and support. 0808 801 0327 Days and times of phone support vary. www.mensadvice.org.uk

Respect Phoneline: Freephone. A confidential helpline for people who are abusive and/or violent towards their current or ex-partner. Offers information and advice to support perpetrators to stop their violence and change their abusive behaviours. The focus is to increase the safety of those experiencing domestic violence. 0808 802 4040 Days and times of phone support vary. www.respectphoneline.org.uk

GALOP: National Charity supporting LGBT+ people who have experienced abuse and violence. [Galop - the LGBT+ anti-abuse charity](https://galop.org.uk)

Karma Nirvana: Helpline: supports victims and survivors of forced marriage and honour-based abuse 0800 599 9247 www.karmanirvana.org.uk/

Man Kind Initiative: The Man Kind Initiative is a national charity that provides help and support for male victims of domestic abuse. www.mankind.org.uk

Southall Black Sisters: Southall Black Sisters provide advice and information on domestic abuse, racial harassment, welfare and immigration, primarily for Asian, African and African-Caribbean. [Home - Southall Black Sisters](https://southallblack.org.uk)

The Traveller Movement: Domestic Abuse Helpline number for women from the travelling community. Helpline Number 07541637795. [Domestic Abuse and Sexual Violence | The Traveller Movement](https://www.thetraveller.org.uk)

Opoko: Domestic Abuse Helpline for Polish women experience domestic abuse in the UK. Helpline Number 0300 365 1700. www.opoka.org.uk

SignHealth: Charity providing domestic abuse support to deaf people who use BSL. Contact via text email or video. Text: 07800003421 [Domestic Abuse Information and Service Details - SignHealth](https://www.signhealth.org.uk)

Local services

West Yorkshire

- **Leeds:** Leeds Domestic Violence Service (LDVS) [Home - LDVS](#)
- **Bradford:** [I need help and advice - Bradford DASV \(bradford-dasv.co.uk\)](#) Survive & Thrive (Commissioned Service for Bradford District)
- **Calderdale:** Calderdale Staying Safe Domestic Abuse Support: [Calderdale Staying Safe Domestic Abuse Support - Home Page](#)
- **Kirklees:** Pennine Domestic Abuse Service: [Welcome to Pennine Domestic Abuse Partnership - PDAP](#)
- **Wakefield:** Wakefield Domestic Abuse Service (WDAS): [Wakefield District Domestic Abuse Service - Wakefield Council](#)

North Yorkshire

- IDAS is the local domestic abuse service which covers the whole of North Yorkshire including Harrogate, York, Scarborough: [IDAS](#)

South Yorkshire

- **Sheffield:** [IDAS](#)
- **Barnsley:** [IDAS](#): DA Abuse Service for Barnsley
- **Rotherham:** Rotherham Rise: [Welcome - Rotherham Rise](#)
- **Doncaster:** **Doncaster Domestic Abuse Hub:** [Domestic abuse - Support for victims - City of Doncaster Council](#)

East Yorkshire

- East Ridings: Local DA Service: East Riding Domestic Abuse Services (humberside-pcc.gov.uk) Client Confidential Helpline: 01482 396330
- Hull: Hull Domestic Abuse Partnership: Hull DAP - Domestic Abuse Partnership Tel 01482 318 75

Appendix C – Signs & Symptoms of Non-Fatal Strangulation

Signs & Symptoms of Non-Fatal Strangulation:

- **Head:** pinpoint red spots (petechiae) on scalp, hair pulled, bump(s), skull fracture, concussion
- **Face:** Red or flushed, petechiae, scratch marks
- **Eyes & eyelids:** Petechiae to the left or right eyeball, bloodshot eyes
- **Ear:** Petechiae (external and/or ear canal), bleeding from ear canal
- **Nose:** Bloody nose, broken nose, petechiae
- **Mouth:** Bruising, swollen tongue, swollen lips, cuts / abrasions
- **Under the chin:** redness, scratch marks, bruises(s), abrasions, swelling, ligature marks
- **Neck:** Redness, scratch marks, fingernail impressions, bruise(s), abrasions, swelling, ligature marks
- **Chest Shoulders:** redness, scratch marks, bruise(s), abrasions,
- **Voice:** raspy and / or hoarse voice, coughing, unable to speak, complete loss of voice
- **Swallowing:** Trouble swallowing, painful swallowing, neck pain, nausea / vomiting
- **Breathing:** difficulty breathing, hyperventilation, unable to breathe
- **Behaviour:** restlessness or combativeness, problems concentrating, amnesia, agitation, post-traumatic stress disorder, hallucinations
- **Vision:** complete loss or black and white vision, seeing 'stars', blurry, darkness, fuzzy around the eyes
- **Hearing:** complete loss of hearing, gurgling, ringing, buzzing (tinnitus) popping, pressure, tunnel-like hearing
- Others include memory loss, unconsciousness, incontinence, loss of strength, going limp.

A visual image can be viewed by clicking here: [Esperanza \(familyjusticecenter.org\)](https://familyjusticecenter.org) & [Asha v2.26.19](#)

Remember only half of people who experience strangulation lack visible external injuries. Some signs and symptoms may not show until several days later e.g. raspy voice.

Even when there are injuries, please remember that these may not be as visible on different skin colour.

Appendix D – Domestic Abuse Services for People Causing Harm

Are you concerned about your behaviour and harmful impact on your loved ones and family members? Are concerned about a patient causing harm to their partner or family member? If so further advice and support is available.

National Services:

Respect Phone Line: 0808 8024040 Monday – Friday 10am – 5pm. Talk in confidence about your violence and abuse with an advisor who will listen without judgement and give you honest advice. Further information can be found on their website: [Help for Domestic Violence Perpetrators | Respect Phonenumber UK](#)

If you require information about support services for people causing harm you can contact the Respect phone line above. They can sign post you to local services and inform you if they are respect accredited: [Respect Accredited Services | Respect](#)

Local Services are available in most areas across Yorkshire. Most domestic abuse causing harm programmes are available generally to men only due to the gendered nature of domestic abuse. Please check each organisations specific referral criteria for further details.

West Yorkshire:

- **Bradford:** Survive & Thrive: [I have been abusive and need help to change - Bradford DASV \(bradford-dasv.co.uk\)](#)
- **Wakefield:** [How We Can Help - Rosalie Ryrie \(rosalieryriefoundation.org.uk\)](#)
- **West Yorkshire Wide:** [Domestic Abuse Prevention Programme - Yorkshire Children's Centre \(yorkshirechildrenscentre.org.uk\)](#)

South Yorkshire:

- [Inspire to Change, South Yorkshire - Cranstoun](#)

North Yorkshire

- [+Choices - Domestic Abuse Perpetrator Programme - Foundation \(foundationuk.org\)](#)

East Yorkshire:

- **Hull:** [Strength to Change \(hullstrengthtochange.org\)](#)
- **East Riding:** [Prevention of domestic abuse service \(PODAS\) \(eastriding.gov.uk\)](#)

Appendix E: Signs a person may be experiencing Domestic Abuse within the Workplace

Signs that someone might be experiencing domestic abuse (some of these signs may reflect a range of sensitive issues):

Work productivity signs:

- Change in the person's working patterns: for example, frequent absence, lateness or needing to leave work early.
- Reduced quality and quantity of work: missing deadlines, a drop in usual performance standards.
- Change in the use of the phone/email: for example, a large number of personal calls/texts, avoiding calls or a strong reaction to calls/texts/emails.
- Spending an increased number of hours at work for no reason.

Changes in behaviour or demeanour

- Conduct out of character with previous employment history.
- Changes in behaviour: for example, becoming very quiet, anxious, frightened, tearful, aggressive, distracted, depressed etc
- Isolating themselves from colleagues.
- Obsession with timekeeping.
- Secretive regarding home life.
- Worried about leaving children at home with abuser.

Physical signs

- Visible bruising or single or repeated injury with unlikely explanations.
- Change in the pattern or amount of make-up used.
- Change in the manner of dress: for example, clothes that do not suit the climate which may be used to hide injuries.
- Substance use/misuse.
- Fatigue/sleep disorders.

Other signs

- Partner or ex-partner stalking employee in or around the workplace.
- Partner or ex-partner exerting unusual amount of control or demands over work schedule.
- Flowers/gifts sent to employee for no apparent reason.
- Isolation from family/friend

Appendix F: Workplace Safety / Adjustments Guidance

Questions for you to consider in relation to workplace safety and examples of workplace adjustments:

Questions for the employee:

- Does the alleged abuser know where the employee works?
- Have they ever been followed on their way to/from work?
- Is the employee frightened of anything specific that might take place at work or to and from work?
- Does the abuser have their work email address and/or work telephone number?
- What information can be shared with the wider team or relevant staff to ensure any changes are implemented and they can deliver an appropriate response?

Contact arrangements:

- Retain both a work contact and an emergency contact at home (not the abuser).
- Arrange in advance when and who to contact if an employee doesn't come into work (family member/police/neighbour etc.).
- Maintain communication with the individual during any absence, while keeping their whereabouts confidential from the abuser and other agreed persons

Safety to and from work:

- Change the route to and from work (e.g. different bus or train time).
- Change the location of where they work or consider a transfer.
- Change the start and finish time of work hours.
- Provide a security escort to and from a car / transport links.
- Consider the use of body worn cameras, as long as the use is permitted within the training provided.

Safety while at work:

- Change the locks/codes to enter the workplace.
- Consider a personal or workstation alarm.
- Consider an alternative entrance to or exit from the workplace.
- Consider screening access to the workplace. If possible and required, enable reception/security to identify the abuser (photo, car registration), and advise them on what to do if the abuser arrives at the workplace.

Communication safety:

- Review the security of all employee records and personal information.
- Change email addresses/work phone number or divert incoming phone calls and emails.
- Issue instructions to all staff NOT to reveal the employee's personal details or their whereabouts to anyone, including family members.

Managing responsibilities at work:

- Consider flexible working or changing work patterns or shift patterns.
- Adjust workload (extend deadlines, reassign responsibilities).
- Consider additional support /supervision/debriefing sessions.
- Provide special leave or time off during the day to attend appointments or court.