NHS
Cornwall and
Isles of Scilly

Domestic Abuse policy

Date approved: 22 October 2025

NHS Cornwall and Isles of Scilly Integrated Care Board

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Document control

Title of document: Domestic Abuse Policy
Lead directorate: Nursing and quality
Lead team: Safeguarding
Document type: Policy
Subject category: Safeguarding
Author(s) name: Charlotte Baker, head of nursing; Cerian Margetts, lead nurse for adult safeguarding
Date ratified: 22 October 2025
Ratified by: Executive Team
Review frequency: 3 years (standard, unless otherwise indicated)
To be reviewed by date: 22 October 2028
Target audience: All staff
Can this policy be released under FOI? Yes
Give reasons for exemption if no: Click here to enter text.

Version control

Version number	Revision date	Revision by	Nature of revisions
0.1	5 August 2025	Charlotte Baker, head of nursing	First draft
0.2	18 September 2025	Cerian Margetts, lead nurse for adult safeguarding	Safety planning detail
0.3	10 October 2025	Charlotte Baker, head of nursing	Review of governance
0.4	22 October 2025	Executive Team	Ratified by the Executive Team

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1. Introduction

This policy addresses the risk of harm from domestic abuse. Everyone has the right to live their lives free from abuse and neglect. Some people, because of their circumstances, may not be able to exercise this right and are unable to protect themselves from abuse and neglect.

Domestic abuse is so prevalent in our society that NHS Cornwall and Isles of Scilly Integrated Care Board (the ICB) and other NHS provider staff will, knowingly and unknowingly, be in contact with adult and child victims, survivors, and people causing domestic abuse (perpetrators) across the full range of commissioned health services.

NHS services are often the first point of contact for people who have experienced physical or psychological harm because of domestic abuse. Therefore, all NHS staff need to be able to identify the signs of abuse and provide an appropriate response in accordance with their roles and responsibilities.

The Domestic Abuse Act 2021 which will be referred to in this policy as 'the Act', has created the first statutory definition of domestic abuse which includes not only physical violence but that of emotional, coercive and controlling behaviour and economic abuse. Children now have statutory recognition as "victims" rather than "witnesses" if they see, hear, or experience domestic abuse.

The NHS spends a lot of time responding to the impact of violence against women and children, more, than almost any other agency. The NHS is committed to ending domestic abuse and sexual violence. This includes violence against women and girls.

We aim to do this by working with others to:

- strengthen prevention and early intervention
- enabling effective pathways to break down barriers that prevent people accessing services
- enabling an effective NHS response to people in our area who experience domestic abuse

NHS England guidance requires ICBs to include information about safeguarding and domestic abuse in their joint forward plans. This means that ICBs must clearly set out the steps they are taking to reduce the harm from domestic abuse for their population. The guidance also states that the ICB must give due regard to the provisions of the Domestic Abuse Act 2021.

Tackling domestic abuse aligns with the aims and objectives of all ICBs. These are to improve outcomes in population health and healthcare and tackle inequalities in outcomes, experience and access.

Domestic abuse can result in lasting trauma for victims and their extended families, especially children and young people who may not see or directly experience the abuse but may be aware of it or hear it occurring. By enabling people to live free

from abuse and control, we reduce suffering, improve people's wellbeing; and enable them to overcome the physical and mental health problems that they experience.

2. Purpose

This policy outlines the procedure that staff must take if they come across a person experiencing the signs of domestic abuse. It provides guidance on recognising the signs and how to ask about domestic abuse safely in accordance with their role and responsibility.

The policy also sets out how we work with others to end domestic abuse across Cornwall and the Isles of Scilly and how we deliver our commissioning responsibilities in relation to people who experience domestic abuse.

It also describes how we meet our commitments by working in partnership with agencies across Cornwall and the Isles of Scilly through safeguarding boards and partnerships.

This policy includes all people affected by domestic abuse across all ages, babies, children, young people and adults. If a baby or child under the age of 18, including an unborn child, experiences domestic abuse or lives in a household where domestic abuse is happening, then the child protection policy and procedure must be followed. If the adult has care and support needs, then the adult safeguarding policy should be followed.

Some people may be at greater risk from abuse and exploitation, and this policy aims to advance equality of opportunity between people who share a protected characteristic and those who do not.

The policy also recognises that some ICB staff are likely to be affected by domestic abuse and provides colleagues with information about how to recognise the signs and where to go for support. ICB staff will also need support from their line manager, along with the people and organisational development team.

3. Definition of domestic abuse

Domestic abuse

The definition of domestic abuse includes stalking. so called 'honour' based abuse, female genital mutilation and forced marriage.

Often, when people hear the term 'domestic abuse' they picture acts of physical violence, but there is also a more subtle form of behaviour that is equally harmful, called coercive and controlling behaviour. Section 76 of the Serious Crime Act 2015 created the offence of controlling or coercive behaviour in an intimate or family relationship. When we use the term 'domestic abuse' we include coercive and controlling behaviour. Controlling or coercive behaviour is a high-risk factor of future violence towards the victim and a known risk factor in domestic homicides and suicides.

The Domestic Abuse Act 2021, provides the following statutory definition of domestic abuse:

Behaviour of a person ("a") towards another person ("b") is "domestic abuse" if both the following apply:

- a and b are each aged 16 or over and are personally connected to each other
- the behaviour is abusive

Behaviour is "abusive" if it consists of any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- economic abuse
- psychological, emotional or other abuse
- acquire, use or maintain money or other property or obtain goods or services

It does not matter whether the behaviour consists of a single incident or a course of conduct. A's behaviour towards B will still be abusive even if it is directed at a third party (for example B's child).

The Act describes "economic abuse" as any behaviour that has a substantial adverse effect on B's ability to acquire, use or maintain money or other property; or obtain goods or services.

Two people are "personally connected" to each other if any of the following applies:

- they are or have been married to each other
- they are or have been civil partners of each other
- they have agreed to marry one another (whether or not the agreement has been terminated)
- they are, or have been in an intimate personal relationship with each other
- they have, or there has been a time when they each have had a parental relationship in relation to the same child
- they are relatives (as per the meaning given in the Family Law Act 1996)

Domestic abuse and children - the Domestic Abuse Act 2021 recognises children as victims of domestic abuse in their own right. The term 'victims' means someone who has experienced domestic abuse. This includes children who have seen, heard, or experienced the effects of domestic abuse, and are related to either the person of the abusive behaviour, or the perpetrator.

For any child that meets the definition, the child protection policy and procedure must be applied.

4. Other definitions

Adult at risk - the Care Act 2014 defines an adult at risk as a person over the age of 18 years and who:

- has a need for care and support
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Child - anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in secure estate, does not change their status or entitlements to services or protection.

Coercive and controlling behaviour - the Serious Crime Act 2015 recognises that non-violent coercive behaviour, over a long period is often at the core of domestic abuse. The Serious Crime Act 2015 explicitly criminalises patterns of coercive or controlling behaviour where they are directed towards an intimate partner or family member.

While this abuse takes many forms, it typically involves manipulation, humiliation, intimidation, and isolation to control and instil fear in people who are harmed, leaving lasting effects

Female genital mutilation - the World Health Organisation defined 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 nontherapeutic reasons”. FGM is a criminal offence in the UK, and it is also illegal to take a female abroad for FGM.

Forced marriage - is where one or both people do not (or cannot) consent to the marriage and pressure, or abuse is used to get them married. Forced marriage has become a criminal act in the UK. The Anti–Social Behaviour, Crime and Policing Act 2014 made it a criminal offence to force someone to marry.

This includes taking someone overseas to force them to marry (whether or not the marriage takes place), marrying someone who lacks mental capacity or breaching a Forced Marriage Protection Order.

Harmful practices - an umbrella term for many practices that take place as a result of belief systems. There are many different practices worldwide, examples include child marriage, forced marriage, female genital mutilation, breast flattening, child abuse linked to faith or belief and so-called ‘honour’-based abuse.

‘Honour’-based abuse - there is currently no statutory definition of so-called ‘honour’-based abuse in England and Wales, but a common definition has been adopted across government and criminal justice agencies: ‘A crime or incident which has, or may have been, committed to protect or defend the honour of the family and / or community’.

Multi-Agency Risk Assessment Conference (MARAC) - the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and ‘honour’-based violence. MARAC meetings take place in each local authority, usually chaired by the police, where statutory and voluntary sector partners work together.

Non-fatal strangulation and suffocation - can be part of domestic abuse and sexual violence and is one of the high-risk indictors. Non-fatal strangulation was made a specific offence as part of the Domestic Abuse Act 2021.

Sexual violence - means that someone forces or manipulates someone else into unwanted sexual activity without their consent. Reasons someone might not consent include fear, age, illness, disability, and/or influence of alcohol or other drugs. Sexual abuse can take place online, and technology can be used to facilitate offline abuse.

Anyone can experience sexual violence including children, teens, adults, and older people. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. Sexual abuse can occur to people of all ages within the home environment.

Serious violence duty - places a duty on Specified Authorities to work together to prevent and reduce serious violence (set out in the Police, Crime, Sentencing and Courts Act 2022 and accompanying statutory guidance). The definition of 'serious violence' is for local determination and now includes domestic abuse and sexual offences.

Staff - this definition applies broadly to all individuals working for or on behalf of the ICB, including:

- Permanent employees
- Bank, agency or locums
- Student placements and trainees
- Mandated GPs and clinical leads
- Contractors and third-party service providers
- Volunteers or individuals supporting ICB operations

Stalking - patterns of repeated and persistent unwanted behaviour that is intrusive, creates fear of violence or engenders alarm and distress in the victim/survivor, it is when one person becomes fixated or obsessed with another, and the attention is unwanted. Stalking can consist of any type of behaviour such as regularly sending flowers or gifts, making unwanted or malicious communication, damaging property and physical or sexual assault.

Violence against women and girls (VAWG) - as set out by the United Nations (1993), is any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. VAWG includes but is not limited to harassment, stalking, rape, sexual assault, murder, 'honour'-based abuse and coercive control.

5. Responsibilities

The ICB is accountable to NHS England. The ICB has a clear line of accountability in relation to the delivery of its safeguarding duties. These are set out below.

Staff responsibilities

All staff

All ICB staff across all service lines, both clinical and non-clinical have a responsibility to play a part in the prevention, detection and reporting of neglect and abuse, whether this is through contact with patients, members of the public or colleagues.

Each member of staff has responsibilities to:

- follow the principles and expectations set out in the NHS England sexual safety in healthcare charter 2023 in ensuring that they conduct themselves in a way that allows others to be safe at work
- follow this policy and procedure
- recognise the signs of domestic abuse and know where to seek advice
- participate in safeguarding training in line with their job role
- understand the principles of confidentiality and information sharing in line with local and government guidance
- discuss any safeguarding concerns for an adult at risk with their line manager, senior colleague or a member of the ICB safeguarding team.
- understand that some people may not be able to make decisions for themselves and that under these circumstances they should apply the principles of the Mental Capacity Act or seek further advice in accordance with their role.

Staff and line managers of clinical staff providing face to face contact with people who receive ICB funded packages of care and their families

Each member of staff from this group should also be able to:

- recognise the clinical signs of domestic abuse in accordance with their roles as per the domestic violence and abuse guidelines provided by the National Institute for Health and Care Excellence (NICE)
- undertake appropriate enquiry into domestic abuse, asking sensitively and in a non-judgemental way about domestic abuse
- be able to record the clinical signs and or disclosure of domestic abuse
- recognise and respond to indictors of high-risk domestic abuse situations.
- be able to refer and signpost to local domestic abuse services or to seek advice from the ICB safeguarding team
- recognise the impact of domestic abuse across the wider family network and provide any additional safeguarding actions, such as child and adult safeguarding responses
- recognise the work of safeguarding children and adults at risk can be stressful and emotionally demanding. It is essential that professionals undertake safeguarding supervision to support safe practice. The ICB safeguarding supervision policy is under development.

Managers

Each manager has responsibilities to:

- provide a safe environment and an approachable atmosphere, so staff can raise and discuss concerns
- seek support from the ICB safeguarding and or people and development teams regarding any disclosures of domestic abuse
- ensure employees are aware of this policy including referring new employees to the policy as part of their induction process
- ensure that all their own staff members have adequate and appropriate training for their roles and responsibilities
- ensure that staff who have direct contact with patients have access to supervision and understand their role in relation to identification of the types of abuse and the need to refer to domestic abuse services

People and organisational development team

The people and organisational development (POD) team have a particular role in relation to safer recruitment and responding to concerns about a person's suitability to work in a position of trust, for any staff member engaging in abusive behaviours. This is addressed through the applicable POD policies.

The POD team will support the provision of advice and or support to staff who have experienced domestic abuse or staff who are reported to be using abusive behaviours. These may include Occupational Health, disciplinary procedure, access to confidential counselling and other wellbeing services.

They can also provide support to ICB managers to ensure that staff are suitably trained to conduct any function in relation to domestic abuse in accordance with their roles. The POD team can also to provide advice and guidance to all staff in relation to this policy.

Commissioning managers

Safeguarding is a fundamental part of the commissioning strategy ensuring systems and processes are in place in all parts of the commissioning cycle; commissioners must make sure contracts are clear and detailed in respect of the service specification and provider duties in respect of domestic abuse.

They will liaise with the head of nursing in the ICB who enable the provision of safeguarding information for contracts and service specifications of all health providers from whom services are commissioned. This will enable clear service standards for domestic abuse to be included in all contracts and be considered in all commissioning and procurement activity. The contract standards will then be robustly managed through the ICB's contract monitoring processes.

Contract managers will ensure that the ICB safeguarding team are invited to participate in contract monitoring processes.

The commissioning managers will ensure that all new pathways, commissioning cases, and schemes are impact assessed using the ICB's quality impact assessment process to ensure all consideration is given to safeguarding requirements.

Providers

All providers have a duty of care to the people for whom services are provided. The duty includes having relevant policies and practices to prevent abuse occurring. If abuse does occur, staff must record information, and a referral must be made to respective local authority social services.

Health professionals will need to be appropriately trained to be able to recognise the possible signs and risks of all forms of domestic abuse in order to identify it effectively and signpost to appropriate help and support.

The NICE guidelines on domestic violence and abuse, recommendation five, clearly states that: "…health services should create an environment for disclosing domestic violence and abuse. This should include information about the support on offer for those suspected of or affected by domestic violence and abuse and be clearly displayed in waiting areas and other suitable places."

The ICB needs to have assurance that the services it commissions have policies and practice in place in compliance to the Act.

ICB designated and lead professionals for safeguarding

The ICB designated and lead professionals for safeguarding report to the head of nursing and are accountable to the chief nursing officer.

They are a vital source of safeguarding advice and expertise for all relevant agencies, including health commissioners in ICB's, the local authority and NHS England, other health professionals in provider organisations, system quality groups, regulators, safeguarding adult boards and the health and wellbeing board.

All designated and lead professionals for safeguarding are required to:

- provide advice and support to ICB colleagues to enable a response to domestic abuse, including supporting with the provision of risk assessments, safety plans and referrals to domestic abuse services and the multi-agency risk assessment conference (MARAC).
- ensure that any situation involving domestic abuse has been assessed to determine if any actions are needed for other family members, including children.
- work across the local health and wider system, to support all agencies on aspects of domestic abuse that are applicable to their areas of responsibility such as adult safeguarding, children in care, safeguarding children and the Mental Capacity Act.

The ICB head of nursing and the lead nurse for adult safeguarding both provide the ICB with the expertise in relation to domestic abuse, they:

- need to be able to access to the ICB executive (board level) lead, to ensure that there is the right level of influence of safeguarding on the commissioning process
- to work across the local health system to support professionals in their agencies on all aspects of safeguarding and prevent
- for single and multiagency learning reviews provide a health perspective and be responsible for quality assuring the health content and disseminating the lessons learnt
- attend reflective or restorative supervision meetings regularly
- ensure that domestic abuse is an integral part of the ICB clinical and quality governance framework
- provide expertise to the wider system in Cornwall and the Isles of Scilly on the NHS response to domestic abuse
- work with partners to develop and deliver the Safer Cornwall domestic abuse, sexual violence and violence against women and girls' strategies
- represents the ICB on the Cornwall and Isles of Scilly Domestic Abuse and Sexual Violence partnership board
- provide the information for the ICB joint forward plan which sets out how the ICB intends to address the needs of people experiencing domestic abuse and that these align with the strategic objectives of our safeguarding boards and partnerships

Safeguarding ICB head of nursing

The ICB head of nursing reports to the director of nursing and is accountable to the chief nursing officer. The head of nursing is the lead designated professional and is responsible for leading and overseeing programmes of work in relation to domestic abuse to ensure the effective implementation of this policy. The role is responsible for preparing submissions on a regular basis to the relevant ICB committees and preparing the safeguarding submission for the ICB joint forward plan.

The head of nursing represents the ICB at Safer Cornwall, the community safety partnership for Cornwall

Director of nursing

The director of nursing reports and is accountable to the chief nursing officer.

They support the chief nursing officer to deliver the responsibilities, providing the ICB with the capacity to meet all the statutory duties in relation to this policy, including providing representation at Safer Cornwall, when required. They provide advice to the chief nursing officer, chief executive officer, directors and members of the ICB board about domestic abuse.
The role ensures the connection between other areas of ICB business, such as quality and patient safety and is responsible for the ICB contribution to the system quality group.

Chief nursing officer

The chief nursing officer is accountable to and reports to the chief executive officer.

The chief nursing officer acts as the executive lead for safeguarding including domestic abuse, providing professional advice to the ICB board and the quality, equity and pathways of care committee.

This includes all statutory and commissioning matters related to safeguarding supported by the director of nursing, the head of nursing and the designated, named and lead professionals for safeguarding.

The responsibilities of the chief nursing officer are to:

- lead on supporting the chief executive and board for safeguarding people of all ages
- promote a positive culture of how the NHS responds to domestic abuse in Cornwall and the Isles of Scilly.
- ensure that domestic abuse is positioned as core business in strategic operating plans and structure.
- is accountable for ensuring that the joint forward plan sets out how the ICB responds to the needs of persons with experience of domestic abuse.
- Ensures that all safeguarding functions are performed effectively and that there are effective assurance mechanisms in place
- Leading the relationship with key safeguarding partners, and working with those partners to improve outcomes

Chief executive officer

The chief executive officer;

- is accountable to the ICB chair and board for delivery of strategies against the agreed financial plan. This includes the strategic plans of safeguarding boards and partnership
- leads a positive culture of how the NHS responds to domestic abuse in Cornwall and the Isles of Scilly
- assures themselves that their local arrangements are effective and keep children and adults safe. This includes systems of assurance for delivery against contracts

Governance

National governance

The chief nurse for NHS England has ultimate accountability for all safeguarding in the NHS, supported by a national head of safeguarding. NHS England provide oversight and assurance of ICB's safeguarding arrangements and support ICB's in meeting their responsibilities.

NHS England is responsible for empowering local systems to hold partners to account, ensuring that there are safe systems in place to meet their safeguarding needs. Within each NHS England region, the regional chief nurse has the lead

responsibility for safeguarding for both children and adults, with a regional safeguarding lead heading the portfolio of work.

ICB governance

Governance of the safeguarding process is defined in the NHS England Safeguarding Accountability and Assurance Framework 2024.

The reporting and recommendations to the relevant ICB committee responsible for quality (as the committee with delegated authority for quality) are prepared through the ICB safeguarding assurance meeting. The ICB is accountable for all duties and responsibilities through its board and joint peninsula committee, to which the finance, performance and quality committee reports.
Governance of all aspects of safeguarding including domestic abuse is set out below.

The ICB will ensure that safeguarding is integral to quality and audit arrangements within the organisation. The ICB safeguarding team ensure that the ICB is kept informed of national and local initiatives for safeguarding and oversee the implementation of learning from reviews and audits that are aimed at driving improvements.

6. Domestic abuse in the workplace

ICB staff are always expected to conduct themselves in a way that will not adversely reflect on the ICB and its reputation.

Domestic abuse caused by employees will not be condoned under any circumstances, nor will it be treated as a purely private matter. Employees who are alleged to be causing domestic abuse must also be aware that conduct outside of work could lead to disciplinary action being taken against them under the ICB disciplinary procedures, however each case will be considered individually and professional opinions and advice sought where required.

Depending on the individual circumstances, the conduct could be considered to be gross misconduct. Employees accused of any issue related to domestic abuse and / or sexual violence should raise this in confidence with their line manager or people and organisational development team.

The ICB will take into account the circumstances and the actions of the employee in raising the issue and seeking help in any disciplinary proceedings which might follow as a result. Support for these staff will also be available through local support and signposting of services.

7. Home working and domestic abuse

For people experiencing domestic abuse, working from home may be particularly difficult and they may require support from their employer.

These colleagues may have previously found their place of work outside the family home to be a place of safety, and there would be opportunities to make a disclosure, or for colleagues to recognise potential signs such as bruising or a colleague becoming fearful, agitated or withdrawn, especially towards the end of the day when a victim will soon return to a less safe environment.

It is important that colleagues remain vigilant when conducting meetings remotely so they can spot subtle signs which might prompt them to ask about domestic abuse.

8. Recognising possible signs of domestic abuse

Domestic abuse can cause or worsen a range of physical and psychological symptoms. The NICE domestic violence and abuse guidelines identify that the following symptoms or conditions are indicators of possible domestic violence or abuse:

- symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders
- suicidal tendencies or self-harming
- alcohol or other substance misuse
- unexplained chronic gastrointestinal symptoms
- unexplained gynaecological symptoms, including pelvic pain and sexual dysfunction
- adverse reproductive outcomes, including multiple unintended pregnancies or terminations
- delayed pregnancy care, miscarriage, premature labour and stillbirth
- genitourinary symptoms, including frequent bladder or kidney infections
- vaginal bleeding or sexually transmitted infections
- chronic unexplained pain
- traumatic injury, particularly if repeated and with vague or implausible explanations
- problems with the central nervous system – headaches, cognitive problems, hearing loss
- repeated health consultations with no clear diagnosis
- intrusive 'other person' in consultations, including partner or spouse, parent, grandparent or an adult child

These symptoms may have causes or triggers unrelated to domestic abuse, but above factors indicate to frontline practitioners that there may be possible domestic abuse.

Healthcare professionals working with people funded by the ICB need to be aware that the above factors may be signs of domestic abuse and that professionals should consider individual circumstances of the person and if the person should be asked privately and sensitively about domestic abuse, as recommended by the NICE guidelines.

If staff work consistently with a person for whom it is not possible to have a private conversation, consideration should be given to sharing information with front line staff, such as general practice so the conversation can take place in a private space.

An example of when this might happen is when a worker visits a person in their own home and other family members are always within hearing range.

9. How to ask about domestic abuse

Research shows that survivors of domestic abuse do want to be asked. Simple, sensitive, but direct questions can enable disclosures. There is strong evidence to support the policy of asking about domestic abuse within general practice.

People should be asked both:

- whether they are currently experiencing domestic abuse
- whether they experienced domestic abuse in the past.

There are many ways in which to enquire, and the most appropriate wording will depend on the patient and the circumstances.

Examples include:

- Does anyone at home make you feel scared?
- It's not uncommon for patients with these symptoms to be experiencing abuse from someone, is everything okay at home?
- Because domestic abuse is common, I like to ask my patients if that's something that's happened to them…
- Sometimes patients who have these injuries have been hurt by someone, has that happened to you?
- Has anyone hurt you or threatened to?
- Do you feel controlled or isolated?
- Is anyone controlling or belittling you?
- Are there times when sex is unpleasant or painful?
- Has your partner ever forced or pressured you into doing things that you weren't comfortable with? What were they?
- Do you ever feel you have to have sex when you don't want to?
- Have any of these things happened to you previously?

10. Safety planning and risk assessment

Your role in responding to domestic abuse should be to:

- focus on the person's safety and that of any children (unborn to 18yrs)
- give the person information and refer them to relevant agencies
- make it easy for an individual to talk about their experiences
- support and reassure the person
- be non-judgemental.

All disclosures

All people disclosing domestic abuse should be offered safety planning advice.

Safety planning should involve discussing with the person the options available to them to increase their immediate safety, and, where applicable, that of their child or children.

- encourage the person to call 999 if they are threatened or feel in danger, tell the person about 'silent 999' call function and or registering for 999 text message service
- discuss storing domestic abuse helpline numbers on their phone discreetly under a false name
- ask whether they feel safe to return home or whether they can stay somewhere else
- discuss whether they have access to a mobile phone with good signal and battery
- ask if there are times when the abuse or violence is more severe, for example when their abuser has been drinking. Explore what options they have to avoid being alone with that person at that time
- check that they know how to delete their browser history and phone messages if they are concerned that their abuser may be checking their devices
- ask if there are trusted family/friends/neighbours they could tell about the abuse and could go to in an emergency?
- ask if they are considering leaving. This is a high-risk time. Stress to the patient that it's important to get the support of a domestic abuse professional who can help them make a plan to leave safely
- ask if it would be useful to have additional appointments or calls with the GP practice so that they have contact with someone until longer term support is put in place.

The procedure for handling a disclosure or concern about domestic abuse and or violence

1. Use this document to aid your conversation with the person.
2. Take the person to a confidential place or office and ensure you advise a colleague of where you are going.
3. Obtain safe contact details.
4. Establish (if over the phone) whether they are injured. Do they need the police?
5. Once in a confidential area it is important to try and put the individual at ease and give clear and simple messages such as:
    - They are not to blame or responsible for what has happened.
    - Violence and abuse in relationships is very common.
    - Help is available; you can put them in touch with specialist support services if they want this.
    - You are concerned about their wellbeing and safety.
    - Telling someone about what is happening is an important step in helping them (and any children) to get support and be safe.
6. Explain that you are able to sign post them to a specialist domestic violence service.
7. Consider contacting the safeguarding team to advise them of the disclosure and the action you have taken.
8. Record the incident.

9. Keep the individual's information secure.

High-risk indictors of domestic abuse

These are some indictors of high-risk domestic abuse, these are designed to support the risk assessment process.

It is important to try and establish the person's perception of risk. Your assessment and judgement of the level of risk is also important.

If you are concerned that the person is in a high-risk situation do not delay seeking advice and support, and or calling 999.

Separation

Is the person planning to leave the relationship or have they recently left?
Are there any issues or conflict over child contact?
Are there any court orders relating to the person causing domestic abuse that have been breached?

Pregnancy

Is the person pregnant or have they recently given birth?
Has the person causing domestic abuse ever been violent whilst the person was pregnant?

Escalation
Has the level and frequency of the abuse, coercion and control escalated?
Has the person causing domestic abuse caused injuries to the person previously?
Has the person causing domestic abuse used or do they have access to weapons?
Has the person causing domestic abuse ever tried to strangle or smother the person?

Cultural isolation

Has the person causing domestic abuse been controlling or coercive, for example prevented the other person from seeing family, friends or going to work?
Does the person face barriers in accessing help for example, language or isolation?
Does the person live in an isolated rural area or are they isolated from family and friends?
Does the person have a disability?
Does the person or the perpetrator have any complex needs such as mental ill health or substance misuse issues?

Stalking and harassment

Does the person causing domestic abuse harass the person, for example, constant calling, texting, following them or on social media?

Sexual assault

Has the person causing domestic abuse said or done things of a sexual nature which hurt the person or made them feel bad?
Has the person causing domestic abuse ever committed or threatened to commit a sexual offence against the person or anyone else?

Suicide

Has the person causing domestic abuse ever threatened to or attempted to kill themselves?

11. Quality assurance and monitoring

The ICB has systems in place for quality assuring the safeguarding governance systems within provider organisations from which they directly commission services and this is set out in the ICB safeguarding accountability and assurance framework.

Contract leads and providers should raise concerns if they are concerned about compliance.

12. Implementation plans and monitoring effectiveness

All staff will be informed of the approval of the policy via the ICB staff update which will provide a link to the document on the ICB document library.

New starters will be informed of safeguarding policies, including training requirements as part of their induction process.

13. Update and review

The policy will be routinely reviewed 3-yearly by the ICB head of nursing, or sooner if changes are required in response to policy or guidance changes.

Where review is necessary due to legislative change, this will happen as soon as practicably possible.

14. Policies, guidance and legislation referred to in this document

- ICB adult safeguarding policy
- ICB child protection policy and procedure
- ICB safeguarding accountability and assurance framework
- ICB mental capacity act and deprivation of liberty safeguards policy
- The Anti–Social Behaviour, Crime and Policing Act 2014
- Care Act 2014
- Department for Business & Trade and Department for Business, Energy & Industry Strategy 2021 Workplace support for victims of domestic abuse: review report
- Domestic Abuse Act 2021
- Equality Act 2010
- Family Law Act 1996
- Home Office, Department for Education and Department for Health and Social Care 2020 Multiagency statutory guidance on female genital mutilation
- Home Office 2022 Serious Violence Duty
- Human Rights Act 1998

- Mental Capacity Act 2005
- NICE 2016 Domestic violence and abuse guidelines
- NICE 2014 Domestic violence and abuse: multi-agency working
- NHS England 2022 Safeguarding children, young people and adult at risk in the NHS, Safeguarding children, young people and adult at risk in the NHS, Safeguarding accountability and assurance framework
- NHS England 2023 Guidance on developing the joint forward plan
- NHS England 2023 Sexual safety in healthcare – organisational charter
- NHS England 2024 NHS Safeguarding domestic abuse, sexual violence and serious violence duties protocol with integrated care boards - January 2025 [accessed via FutureNHS safeguarding platform, 2 September 2025]
- NHS England 2024 Safeguarding children, young people and adults at risk in the NHS. Safeguarding accountability and assurance framework
- Office of Public Guardian 2020 Mental Capacity Act Code of Practice
- Serious Crime Act 2015
- UK General Data Protection Regulation (GDPR) and Data Protection Act 2018
- Working together to safeguard children 2023 A guide to multi-agency working
- to help, protect and promote the welfare of children
- World Health Organisation 2018 Care of girls and women living with female genital mutilation

15. Consultation on this policy

This policy has been produced in collaboration with the ICB quality, people and organisational development teams, safeguarding lead and designated professionals and equality and diversity lead.

Appendix 1: Equality impact assessment

Name of policy or service to be assessed: Domestic abuse policy
Department or section: Nursing and quality
Date of assessment: 18 August 2025
Person(s) responsible for the assessment: Cerian Margetts, lead nurse for adult safeguarding and Prevent
Is this a new or existing policy? New

Aims, objectives and purpose of the policy

Describe the aims, objectives, and purpose of the policy.
For all staff employed by NHS Cornwall and Isles of Scilly (ICB) to be aware of their statutory, corporate, roles and responsibilities with regard to domestic abuse.

To enable ICB staff to ensure commissioned organisations are aware of why there is the need to make safeguarding core business throughout all commissioned work streams.

Who is intended to benefit from this policy, and in what way?
This policy will benefit all ICB staff by enhancing their knowledge and by providing a robust structure with regards to domestic abuse.

As a strategic commissioner the ICB needs to assure itself that the organisations from which they commission have effective safeguarding arrangements in place. It will also benefit all people in receipt of our care, including employees who require safeguarding.

What outcomes are wanted from this policy?
To protect all staff, public and providers from domestic abuse.
ICB staff understanding their corporate and individual responsibilities for domestic abuse as a strategic commissioner of NHS care services.

What factors or forces could contribute or detract from the outcomes?
- local and national changes in legislation, procedures and guidance, including outcomes of any serious inquiries.
- organisational resource to support safeguarding throughout the commissioning and contract review process
- national and local service pressures

Who are the main stakeholders in relation to the policy?
All staff and safeguarding partners.

Who implements the policy, and who is responsible for the policy?
All staff working in the ICB will implement the policy. The executive lead for safeguarding is responsible for the effective implementation of the policy. The ICB safeguarding team is responsible for cascading the revised policy, and subsequent changes 3-yearly or sooner, in response to legislative or other practice guidance changes.

Differential impacts

Does this have a positive or negative impact on people from an ethnic minority background? How will any negative impact be mitigated?

We are fully committed to equity and diversity equality both as an employer and for the services we commission. The policy has inclusive definitions and scope. The policy explicitly includes harmful practices such as female genital mutilation, forced marriage, and 'honour'-based abuse, which may disproportionately affect some ethnic minority communities. This recognition is a positive step toward culturally competent safeguarding. The policy commits to specialist training that is sensitive to religion and belief, which can intersect with ethnicity and cultural identity. In its role as a statutory safeguarding partner the ICB monitors the prevalence of domestic abuse and impact of commissioned services through the Safer Cornwall Partnership.

Potential negative impacts:
Cultural barriers to disclosure: People from ethnic minority backgrounds may face additional barriers to disclosing abuse due to stigma, language barriers, or fear of community reprisal.
Limited data use: If cases are not recorded, this limits the ability to tailor interventions or monitor disparities.

Does this have a positive or negative impact on people who identify as male, female or intersex? How will any negative impact be mitigated?

Positive impact expected to support reduction in misogyny and support gender equality. We are fully committed to equity and diversity equality both as an employer and for the services we commission. The policy aligns with the broader safeguarding agenda, which includes protecting individuals from gender-based abuse, exploitation, and radicalisation. The policy is embedded within broader safeguarding policies that address sexual violence, prevent strategies, and gender-based exploitation. The policy acknowledges that anyone can experience domestic abuse. It avoids gendered assumptions and includes examples of abuse that can affect all sexes. The policy includes reference to a universal safeguarding approach, where all staff are trained to recognise signs of abuse regardless of sex, and the policy applies to all people affected by domestic abuse. It also references a non-judgemental enquiry, where staff are encouraged to ask sensitively and directly about abuse, using neutral questions.

What is the positive or negative differential impact on people from the perspective of disability? How will any negative impact be mitigated?
Positive impact due to the additional support through recognising increased risks of people with disabilities experiencing domestic abuse. The policy explicitly acknowledges that people with disabilities may be at greater risk of domestic abuse, including coercive control, isolation, and barriers to accessing help. It aligns with the Care Act 2014 definition of an "adult at risk," which includes people with disabilities who may be unable to protect themselves due to care and support needs. The safety planning section includes prompts to consider accessibility of communication, safe contact methods, and support networks, which are particularly relevant for individuals with a disability.

Potential negative impacts:
Access barriers: People with disabilities may face physical, communication, or cognitive barriers to disclosing abuse or accessing support services.
Risk of under-identification: Without specific examples or guidance, staff may overlook signs of abuse in disabled individuals, especially where symptoms may be misattributed to their condition.
Limited detail on reasonable adjustments: The policy does not explicitly outline reasonable adjustments or accessibility standards for safeguarding responses, which could limit its effectiveness.

Mitigation measures:
- Safeguarding frameworks: The policy integrates adult safeguarding procedures, which require tailored responses for people with disabilities.
- Training: Staff are trained to recognise increased risks and respond appropriately, including applying the Mental Capacity Act where relevant.
- Support and signposting: The policy encourages referrals to specialist services, which can include disability-specific support organisations.

Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual or asexual? How will any negative impact be mitigated?
No impact bias expected. We are fully committed to equity and diversity equality both as an employer and for the services we commission. The policy applies to all people affected by domestic abuse, regardless of sexual orientation. It avoids heteronormative assumptions and includes definitions and examples that are applicable across relationship types. The policy acknowledges that domestic abuse can occur in any intimate relationship, including same-sex and non-heterosexual partnerships. This is important for visibility and validation of experiences.

Potential negative impacts:
Lack of specific examples or case studies: The policy does not include examples of domestic abuse in LGB relationships, which may limit staff understanding of unique dynamics such as outing as a form of control, internalised stigma, or community isolation.
Risk of underreporting: LGB individuals may be less likely to disclose abuse due to fear of discrimination, lack of trust in services, or previous negative experiences with healthcare providers.
Limited visibility of LGB support services: The policy does not explicitly reference LGB domestic abuse support organisations, which could hinder effective signposting.

What is the positive or negative differential impact on people from the perspective of age? How will any negative impact be mitigated?
Positive impact due to the additional recognition of duties to support people, of all ages experiencing domestic abuse. The policy explicitly includes babies, children, young people, and adults in its scope. It recognises that domestic abuse affects people across the lifespan and outlines appropriate safeguarding responses for each age group. In line with the Domestic Abuse Act 2021, children are recognised as victims in their own right if they see, hear, or experience domestic abuse. The policy links to both the child protection policy and the adult safeguarding policy, ensuring

tailored responses based on age and vulnerability. The policy includes older people within its definition of “adult at risk” and acknowledges that domestic abuse can occur in later life, including in caregiving relationships.

Potential negative impacts:
Risk of age bias in disclosure: Young people and older adults may face unique barriers to disclosure, such as dependency on caregivers, fear of not being believed, or lack of awareness about what constitutes abuse.
Digital access and literacy: Safety planning advice, such as deleting browser history, or using mobile apps, may not be accessible to all age groups, particularly older adults or very young people.

Mitigation measures:
- Safeguarding pathways: Clear referral routes for both children and adults ensure age-appropriate responses.
- Training: Staff are trained to recognise age-specific signs of abuse and respond accordingly.
- Policy integration: The policy is embedded within frameworks that protect people across all age groups, including the Care Act, Children Act, and Domestic Abuse Act.

What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impact be mitigated?
Any negative impacted will be mitigated by specialist training and input, which will be sensitive to the needs of different religions or beliefs. The policy explicitly includes harmful practices such as female genital mutilation, forced marriage, and ‘honour’-based abuse, under the umbrella of domestic abuse. These practices may be linked to cultural or religious beliefs and may disproportionately affect some faith communities. Their inclusion demonstrates awareness and a commitment to safeguarding. The policy commits to specialist training that is sensitive to religion and belief, which can intersect with ethnicity and cultural identity.

Potential negative impacts:
Barriers to disclosure: People from some religious communities may face additional stigma or pressure not to disclose abuse, especially if it involves family honour or community reputation.
Limited visibility of faith-based support services: The policy does not explicitly reference faith-based domestic abuse support organisations, which could limit effective signposting.

What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impact be mitigated?
No impact bias expected. We are fully committed to equity and diversity equality both as an employer and for the services we commission.

Does this have a positive or negative impact on people who identify as trans or transgender, non-binary, or gender fluid? How will any negative impact be mitigated?

No impact bias expected. The policy uses inclusive language and definitions that cover married couples, civil partners, and intimate relationships, ensuring that safeguarding applies regardless of legal relationship status. The policy acknowledges that domestic abuse can occur within marriages and civil partnerships, including coercive control, economic abuse, and sexual violence, ensuring these relationships are not overlooked. The policy includes provisions for supporting staff affected by domestic abuse, including those in abusive marriages or partnerships. This includes access to confidential support, signposting, and potential disciplinary action for perpetrators.

Does this have a positive or negative impact on people who are pregnant, people who are breast feeding, or those on maternity leave? How will any negative impact be mitigated?
No impact bias expected. The policy recognises pregnancy as a high-risk factor. The policy explicitly identifies pregnancy and recent birth as high-risk indicators for domestic abuse. It asks staff to consider whether abuse has occurred during pregnancy and highlights the increased vulnerability during this time. The policy includes unborn children in its safeguarding scope, directing staff to follow the child protection policy when domestic abuse affects pregnant individuals. Safety planning guidance includes tailored questions for pregnant individuals, such as whether abuse has escalated during pregnancy and whether they feel safe returning home.

Are there any other identified groups? How will any negative impact be mitigated?
Positive impact due to the additional support signposting for domestic abuse support provides. Safeguarding processes recognise the additional risks to people with mental health difficulties, neurodiversity conditions and disabilities and seeks to mitigate these risks. For people living in rural or isolated areas, the policy identifies rural isolation as a risk factor and encourages consideration of barriers to accessing help, such as lack of privacy or transport.

Human rights values

How have the core human rights values of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy?
This policy is embedded from the Human Rights Act, Equality Act, Mental capacity Act, and child and adult safeguarding core legislation, including the Domestic Abuse Act 2021.

Which of the human rights articles does this document impact?

☒ To life
☒ Not to be tortured or treated in an inhuman or degrading way
☒ To liberty and security
☒ To a fair trial
☒ To respect for home and family life, and correspondence
☒ To freedom of thought, conscience, and religion
☒ To freedom of expression

☒ To freedom of assembly and association
☒ To marry and found a family
☒ Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
☒ To peaceful enjoyment of possessions

Which of the UN Convention on the Rights of the Child does this document impact?

Every child has the right to:

☒ Relax and play (Article 31)
☒ Freedom of expression (Article 13)
☒ Be safe from violence (Article 19)
☒ An education (Article 28)
☒ Protection of identity (Article 8)
☒ Sufficient standard of living (Article 27)
☒ Know their rights (Article 42)
☒ Health and health services (Article 24)

What existing evidence (either presumed or otherwise) do you have for this?
This policy is embedded from the Human Rights Act, Equality Act and takes into account the Mental Capacity Act. It embeds the Domestic Abuse Act 2021 requirements to recognise children as victims of domestic abuse in their own right and that without these trauma informed principles by ICB staff all their rights above may be impacted.

How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?
Yes, this is embedded in this policy, and they will have received appropriate training to their role.

Public Sector Value Act 2012

NHS Cornwall and Isles of Scilly is committed and obliged to fulfil the requirements of the Public Sector Social Value Act 2012. This Act requires the organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area.

Please describe how this will support and contribute to the local system, wider system, and community.
This policy will support the organisation when commissioning or providing services, with particular respect to safeguarding individuals experiencing domestic abuse.

Local system contribution

- **Safeguarding integration**: The policy ensures that domestic abuse is treated as core business across all commissioned services, embedding safeguarding into everyday practice.

- **Multi-agency collaboration**: It aligns with local safeguarding boards and partnerships, including Safer Cornwall, to deliver coordinated responses to domestic abuse.
- **Workforce support**: Recognising that ICB staff may be affected by domestic abuse, the policy provides internal pathways for support, contributing to a safer and more resilient local workforce.
- **Community safety**: By fulfilling the Serious Violence Duty, the ICB contributes to local strategic needs assessments and violence reduction strategies.

Wider system contribution
- **Commissioning standards**: The policy sets expectations for providers to have robust safeguarding arrangements, influencing quality and safety across the wider health system.
- **Data sharing and strategy development**: It supports the sharing of health data to inform regional strategies and problem profiles, enhancing system-wide understanding of domestic abuse.
- **Governance and assurance**: The policy is embedded in national frameworks (e.g. NHS England's Safeguarding Accountability and Assurance Framework), ensuring consistency and accountability across the NHS.

Community contribution
- **Equity and inclusion**: The policy promotes equality and diversity, aiming to eliminate discrimination and advance opportunity for all, especially those with protected characteristics.
- **Trauma-informed practice**: It recognises the lasting impact of domestic abuse and supports trauma-informed approaches that improve wellbeing and recovery.
- **Public health outcomes**: By enabling people to live free from abuse, the policy contributes to improved mental and physical health outcomes, reduced health inequalities, and enhanced quality of life.

Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.
This policy ensures the Equality Act 2010 and Human Rights Act 1998 is embedded throughout this organisation and any organisation which are commissioned. We are committed to promoting equality and diversity in all its activities to promote inclusive processes, practices and culture. We will strive to work to eliminate any unlawful or unfair discrimination including direct or indirect discrimination.

Embedding legal protections
- The policy is explicitly grounded in the Equality Act 2010 and the Human Rights Act, ensuring that all actions taken under the policy are aligned with legal duties to prevent discrimination and uphold dignity and respect.
- It applies these protections across both employment practices and commissioned services, ensuring consistency in safeguarding standards.

Inclusive and equitable approach
- The policy is designed to be inclusive of all protected characteristics.
- It recognises that some groups are at greater risk of domestic abuse and includes tailored safeguarding responses to mitigate these risks.

Commitment to equity and diversity

- The ICB commits to promoting inclusive processes, practices, and culture, and to eliminating unlawful or unfair discrimination, whether direct or indirect.
- The policy supports positive action by identifying and addressing health inequalities and barriers to accessing support.

Workplace safeguarding

- It includes provisions for supporting staff who are victims or alleged perpetrators of domestic abuse, ensuring that disclosures are handled sensitively and fairly.
- It outlines disciplinary procedures for staff who engage in abusive behaviour, reinforcing a zero-tolerance stance on harassment and victimisation.

Training and awareness

- Staff are required to undertake safeguarding training appropriate to their role, which includes recognising signs of abuse and understanding the impact of discrimination and bias.
- Specialist training is used to ensure responses are sensitive to cultural, religious, and individual needs.

Monitoring and assurance

- The policy is supported by governance structures that monitor safeguarding performance and ensure compliance with equality and human rights standards.
- Contractual arrangements with providers include safeguarding expectations, helping to eliminate discriminatory practices across the wider system.

Describe how the policy contributes towards advancing equality of opportunity.

This policy ensures the Equality Act 2010 and Human Rights Act 1998 is embedded throughout this organisation and any organisation which are commissioned. We are committed to promoting equality and diversity in all its activities to promote inclusive processes, practices and culture. We will strive to work to eliminate any unlawful or unfair discrimination including direct or indirect discrimination.

Targeted support for vulnerable groups

- The policy recognises that some individuals are at greater risk of domestic abuse due to protected characteristics such as disability, ethnicity, gender identity, age, and pregnancy.
- It includes tailored safeguarding responses and safety planning to address these risks, helping to level the playing field for those who face additional barriers to safety and support.

Inclusive commissioning and service delivery

- The ICB ensures that all commissioned services are required to have effective safeguarding arrangements that reflect the needs of diverse populations.
- This includes embedding domestic abuse standards into contracts and monitoring compliance, which helps ensure equitable access to safe and responsive care.

Workforce equity

- The policy acknowledges that ICB staff themselves may be affected by domestic abuse and provides guidance on how managers and people teams can support them.
- This includes access to confidential support, safeguarding advice, and fair treatment in disciplinary processes, promoting equality of opportunity within the workplace.

Training and awareness
- Staff are trained to recognise and respond to domestic abuse in a way that is sensitive to individual circumstances, including cultural, religious, and identity-based factors.
- This helps reduce unconscious bias and ensures that all individuals receive appropriate and respectful care.

Legal and ethical foundations
- The policy is embedded in the Equality Act 2010, Human Rights Act, and Domestic Abuse Act 2021, which collectively require public bodies to advance equality of opportunity and eliminate discrimination.

Describe how the policy contributes towards promoting good relations between people with protected characteristics.
This policy ensures the Equality Act 2010 and Human Rights Act 1998 is embedded throughout this organisation and any organisation which are commissioned. We are committed to promoting equality and diversity in all its activities to promote inclusive processes, practices and culture. The policy uses inclusive language and definitions that reflect the diversity of individuals affected by domestic abuse, including people of different sexes, sexual orientations, ethnic backgrounds, religions, ages, and abilities. We will strive to work to eliminate any unlawful or unfair discrimination including direct or indirect discrimination.

If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and or the working environment for that group of people.
It will ensure their rights are respected. We aim to promote equality by ensuring that health inequalities are addressed and are at the heart of our values. The policy outlines how to recognise and support people experiencing domestic abuse.

Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.
This is a new policy which aims to ensure that aims to promote equity, no mitigations have been required in the development of this policy.

If the negative impacts identified have been unable to be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following equality impact assessment action plan.
This new policy aims to promote equity and does not require any actions to be taken in response.

Equality impact assessment action plan

Issue to be addressed	Action required	Responsible person	Timescale for completion	Action taken
Nil	Not applicable	Not applicable	Not applicable	Not applicable

Comments on action plan:
Not applicable – no action plan required.

Signed (completing officer): Cerian Margetts, lead nurse for adult safeguarding and Prevent.

Date: 18 August 2025

Signed (head of department or section): Executive Team

Date: 22 October 2025

Please ensure that a signed copy of this form with the policy is sent to both the corporate governance team and equality and diversity lead.

Comments and reviews

Reviewed by	Date	Any comments not captured above
Jayna Chapman	01.10.2025	None.