

Addressograph/ Patient's details



Cardiff & Vale UHB "Ask and Act" Domestic Abuse Assessment

This assessment form is to be used to identify victims of domestic and sexual violence (DSV). Complete each section fully and ensure that consent is obtained to share information with partner agencies (please see consent box on reverse).

If a disclosure of abuse is made or there are indicators of domestic abuse **AND IT IS SAFE FOR THE PATIENT TO DO SO**, ask the following questions to determine whether further assistance is required. **Please complete with client on their own.**

	Yes	No
Do you ever feel frightened or anxious of your partner/ex-partner or family members?		
Do you feel things are getting worse or out of control?		
Do you feel isolated from family and friends?		
Would it help if you were able to talk this through with someone? If Yes, explain you will pass this information on to the Health Independent Domestic Violence Advisor (IDVA)		

Additional Information - Details of presentation e.g. injuries/ and disclosure made
Date of attendance: _____ Time of attendance: _____

Is the patient pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Weeks gestation: _____
Has the midwife been informed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If the patient is pregnant the Safeguarding Nurse Advisor, Midwifery will be notified via Safeguarding administration team.

Dependants - Please list all children and any adults at risk (vulnerable adults)

Name	Address	DOB	Present at time? Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No

Perpetrator Personal Details - please list if there are multiple perpetrators

Name	Address	DOB	Gender	Relationship to victim

If patient wants to be contacted by the Health IDVA please ask them to supply safe contact details:

Safe contact number: (If this is not the patient's number please detail who's number this is)	
Safe time to call:	
Is it safe to leave a message?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Language/communication issues:	

Consent for disclosure of information
<p>I consent to the appropriate sharing of information with all relevant partner agencies, to include public and third sector agencies involved in safeguarding and domestic abuse.</p> <p>Information will be disclosed proportionally to my current situation, necessary to manage risk. This will include development of a safety plan for victims and children.</p> <p>Information can be shared with third parties without consent in the following circumstances:</p> <ul style="list-style-type: none"> • Child protection always overrides the public interest in maintaining confidentiality or obtaining consent from families. A child's safety is the paramount consideration in weighing these interests. • If the victim is pregnant • If it is felt that the victim lacks mental capacity or is a vulnerable adult and are unable to protect themselves.
<p>Signed Date</p>

Information can be shared without victims consent if any of the following apply		
<u>Concern:</u> Danger to client	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Legal Authority to share:</u> Prevention and detection of crime	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Balancing Considerations –</u> Risk of not disclosing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to any of the above – discuss with safeguarding team		

Ensure this section is completed to ensure correct signposting for partner agencies

Referral made	Yes	No
Are police involved? If Yes please list incident number if known:		
Health Visitor/School Health Nurse/Midwife?		
Children's Services?		
Seen by Health IDVA at point of referral		
Referral made to OOH service: Cardiff Women's Aid - t.02920460566 Live Fear Free Helpline - t.0808 8010 800		
Information / Leaflet given		
No further action required by patient		

Name and designation of staff member completing this form

Signed.....**Date**.....

Print name.....**Job Title**.....

Ward/Department.....**Phone Number**.....

UHB Safeguarding Team –Tel. 029 21832001 Email Safeguarding.Referrals@wales.nhs.uk