

Reference Number: Version Number: 5	Date of Next Review: Previous Trust/LHB Reference Number:
DOMESTIC ABUSE - IDENTIFICATION, ASSESSMENT AND RESPONSE IN PREGNANCY	
Introduction <p><i>Each year nearly 2 million people in the UK suffer some form of domestic abuse - 1.3 million female victims (8.2% of the population) and 600,000 male victims (4%), and sadly around 30% of domestic abuse begins during pregnancy.</i></p> <p><i>It was originally recommended in 1998 by the Confidential Enquiry for Maternal Deaths, after domestic abuse took over as the leading cause of fetal death at the time, that there is a need for 'routine questioning and sensitive enquiry about domestic violence during a pregnancy. NICE guidelines (2021) continue to recommend that all pregnant women should be routinely asked about domestic violence and women should always be given the opportunity to make disclosures in an environment in which they feel secure.</i></p>	
Aim and Objectives <ul style="list-style-type: none"> • To increase practitioners' knowledge of domestic abuse and its relation to pregnancy • Increase professional confidence in completing routine enquiry and responding to disclosures of domestic abuse • Improve identification and support for pregnant women living with domestic abuse 	
Scope This policy applies to all healthcare professionals in all maternity including those with honorary contracts	
Equality Health Impact Assessment	<i>An Equality Health Impact Assessment (EHIA) has not been completed.</i>
Documents to read alongside this Procedure	<i>Violence against Women Domestic Abuse and Sexual Violence (Wales) Act 2015</i> <i>Domestic Abuse Act 2021</i> <i>Adoption and Children's act 2002</i> <i>Children's Act 1989</i> <i>Social services and wellbeing act 2014</i> <i>Wales Safeguarding procedures 2019</i> <i>Safeguarding an unborn child: A guideline for practice (maternity guideline)</i>
Approved by	<i>Maternity Professional Forum</i>

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Disclaimer If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate .	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
2	March 2011	April 2011	
3	June 2014	June 2017	

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Definition of domestic abuse

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
- Financial
- Physical
- Emotional
- Sexual

Controlling behaviour: Is a range of acts designed to make a person subordinate and/or dependant by isolating them from source of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour: is an act or a pattern of assault, threats humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim

Possible indicators of domestic abuse

- Late booking/poor or non-attendance at clinic appointments
- Poor obstetric history
- Unexplained/repeated hospital admissions or repeated attendance at Accident and Emergency Departments
- Non compliance with treatment regimes/early or self-discharge from hospitals
- Recurrent sexually transmitted diseases
- Repeat presentation with depression, anxiety or self-harm/ psychosomatic symptoms
- Minimisation of signs of violence on the body
- Constant presence of the partner at examinations - he may answer questions for her and be unwilling to leave the room
- A women who is evasive or reluctant to speak in front of or disagree with her partner

How to ask

Only ask the routine enquiry if the patient is alone, fully assess the environment as the partner may be in the other room. If English is not their first language ensure interpretation services are used, either face to face or telephone but again ensure the interpreter is not known to the patient or the family. There have been suspicions raised by UKVI and the Salvation Army

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that some interpreters are being recruited by gangs to help groom clients in to potential human trafficking and further abuse, please be mindful of any inappropriate behaviour and report it to the interpretation service provider.

Strive to provide an impression that questioning is normal and embedded in practice and where possible and appropriate, start by framing the routine enquiry questions by explaining why you are asking. For example:

“Domestic abuse affects many women during their lifetime and often starts or becomes worse in pregnancy. This is why we are asking all women about domestic abuse routinely throughout their pregnancy.”

Or

“Because we care about your wellbeing, we also would like to find out if you have ever been hurt or frightened by your partner or a family member. We ask everyone this because we want everyone to be safe as possible. This will help us to provide the best support”

Followed by the routine enquiry questions:

- Do you ever feel frightened or anxious of your partner or other people at home/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?

These questions should be asked at least twice during a pregnancy to provide women the opportunity to disclose and to create an environment that encourages support. Survivors often want to be asked because they don't know how to start the conversation themselves. If you see possible visible signs of abuse during the pregnancy, for example bruising, always speak to the patient alone and ask what the cause was, ignoring the problem can give the impression this is acceptable.

If you are unable to see the woman alone throughout the pregnancy please consider writing a casenote on Euroking under the pencil icon to highlight to hospital staff to ask the routine enquiry if the opportunity presents. Creative opportunities in the community could also be considered, such as asking the partner to go book the next appointment at the reception desk or advising that you need to take a swab or complete an examination and ask him/her to take a seat in the waiting room.

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Documentation

The All Wales antenatal records contain a box marked RE (routine enquiry) in every antenatal check.

If nothing is written then the question **has not been asked**

If the question has been asked but no disclosures made, note “1” or “RE1” (if not in the specified box)

If the question has been asked and disclosures made, note “2” or “RE2” (if not in the specified box)

If RE2 is recorded this will alert other professional to look elsewhere for further information.

Detailed information regarding a disclosure should be recorded on either Euroking or a separate continuation sheet that does NOT get filed in the woman’s handheld record. Writing in the handheld record could be detrimental to the woman’s safety if read by the perpetrator of abuse and is an unnecessary risk.

Complete Cardiff and Vale ‘Ask and Act’ Referral form (appendix 1) in order to highlight concern and ensure all necessary staff are informed. Then use continuation sheets or Euroking following the domestic abuse referral form for documentation if required. Record any disclosures using the woman’s own words, do not lead her and if there are any injuries, document these as accurately as possible.

Remember your documentation is your evidence and these cases can be brought to court, therefore ensure all times, dates and locations of disclosures are documented contemporaneously.

Responding to the disclosure

As midwives we do not receive disclosures on a daily basis, so you may feel you do not know what to say in response, but the biggest thing you can do is believe the victim and provide that reassurance that there is specialised support out there who will help keep her and her child/children safe.

Simple phrases to consider saying are;

“Thank you for telling me” –disclosing experiences of abuse can be scary for the survivor and you may be the first person she has told.

“You are not to blame for the violence or abuse” – Hold the perpetrator accountable for his/her own behaviour. Challenge ‘justifications’ for the violence. No one deserves to be abused

“You have the right to be safe and get support and we can help with that”

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As already stated within the documentation section of this guideline, in response to a disclosure please complete the Cardiff and Vale Ask and Act Referral form (appendix 1). As well as ensuring good documentation this can be used as a prompt to ensure all relevant professionals are informed of the disclosure.

We as midwives are not expected to be experts in this field, so importantly IDVA (independent domestic violence advisor/advocate) or ISVA (independent sexual violence advisor/advocate) support should be offered. The worker will assess the current risk to that patient and put immediate protective measures in place if needed. A full, thorough risk assessment (using Safe Lives DASH risk assessment form) will either be completed via the telephone or an appointment arranged to complete this in person by the IDVA/ISVA. Support will look different for every victim but some possible options will be discussed later within this protocol. These can be useful to know when promoting engagement with an IDVA/ISVA.

If the victim is an inpatient in hospital or a UHB staff member, support can be offered via a Health IDVA, an advisor employed directly by the UHB. They can be contacted on 02920748748 for advice Monday-Friday 9-5pm and if an assessment is required the Cardiff and Vale Ask and Act Referral form should be completed and sent/given to the Health IDVA (appendix 1). Please refer to appendix 3 for a flowchart of the referral process if required.

If the patient disclosing abuse is in the community an IDVA or ISVA can be contacted via the telephone. Immediate safety advice can be gained via a duty worker from the relevant support agency. Within the Cardiff area the main IDVA support is through Cardiff RISE (Recovery, information, safety, empowerment) who are available 24 hours a day on 02920 460566. Whereas within the Vale area IDVA support is available via Vale DAS (domestic abuse services) who are also available 24 hours a day on 01446 744755. For any patients particularly affected by risks of forced marriage, honour-based abuse, modern slavery or FGM specialist support is available from BAWSO, who cover both Cardiff and the Vale, on 02920 644633. (See appendix 2. For further contact details for specialist IDVA services). If the patient has specifically disclosed sexual abuse/assault or rape, the SARC (sexual assault referral centre) can be contacted for immediate advice on 02920 335795.

If a disclosure of abuse has been received by the midwifery team it is best practice for this information to be shared with the allocated health visitor, the GP or any other involved professionals such as the perinatal team, to ensure the same support and advice can be offered by all services.

Following a disclosure of abuse, consideration should be given to an ELAN referral, however this may not always be the best option and should be discussed with the victim and informed consent gained. Things to take into

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account are that all ELAN appointments take place at the home address, which may reduce the ability to openly discuss the abuse if the perpetrator(s) or other people are present and may also raise questions to the perpetrator why the patient is receiving this extra support. Continuity of care with a named midwife increases trust and therefore likelihood of further disclosures. Transferring care following this significant disclosure, which may have taken a lot of courage, may be seen as a negative by the victim and they could feel dismissed, this is especially true late in a pregnancy or in the postnatal period. The most important support a victim can receive is from an IDVA and this should be encouraged.

PPNS/Daily discussions and MARAC

The first time a midwife becomes aware of domestic abuse impacting upon a patient's pregnancy, may not be from a direct disclosure but could be from receipt of a PPN or minutes from either the 'daily discussions' or MARAC.

A PPN is a 'public protection notification', a report issued by Police if they are informed of a domestic incident or a concern for a child. This report is shared with health if there are any children under the age of 5 (including unborn children) in the family. A PPN also acts as Police's referral to social services (rather than a MARF). Each PPN is risk assessed by police as either standard, medium or high risk (indicating the risk of harm to the victim).

Any high risk PPNs will then be discussed in the 'daily discussions'. The daily discussions are a multi-agency meeting between Police, Childrens services, Adult services, Probation, Education, the relevant IDVA service and Health, that take place on weekdays, for all agencies to share their relevant information and to put immediate safeguarding measures in place to reduce the risk to the victim and any involved children after a high risk incident. For any cases that are not felt to be effectively managed following this 'daily discussion' or there are ongoing or unknown risks, this case then be taken forward for further discussion at MARAC.

MARAC is a 'Multiagency risk assessment conference'. A MARAC meeting is held once a fortnight, and again involved Police, Children's services, Adult services, Probation, Education, the relevant IDVA service and health, as well as Housing providers and any involved and relevant third sector agencies. Again a further review of information held by all agencies is completed and further attempts made to reduce the risk to the victim, either through victim support or diverting the perpetrator.

As the named community midwife you may therefore receive notification via 'PARIS' if one of your patients has been involved in one of these discussions or a PPN has been submitted. If this is received it is best practice at the next visit to discuss this incident (if safe to do so). You can be direct in this discussion and inform the patient that as an involved professional you receive a copy of any police incidents, so reassure you are aware of the incident and that you are here for support. If a disclosure is then made, please follow this protocol as if you are receiving a positive disclosure of Domestic Abuse.

Any PPNs, daily discussions or MARAC discussions if received during a pregnancy should also be recorded on Euroking under the pencil icon and a

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'Domestic abuse' social risk marker added (this is completed by the safeguarding team). However this ensures hospital staff are aware of the incidents in pregnancy to and if not evident it has already been addressed by the Community teams, please could it be discussed (if safe to do so) whilst the patient is in hospital, and support offered for any positive disclosures.

Safeguarding

Tell the woman that you respect her need for confidentiality. However, anything she tells you may need to be shared with other agencies if you feel that either she or the baby/child(ren) are at risk. The Wales Safeguarding Procedures indicate that "Serious and/or persistent incidents of domestic abuse within the relationship which give cause for concern about a child's safety or wellbeing" require a referral to social services. It is best practice that this is done with consent however when there is a child protection concern this is not essential.

62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others. Research shows that children exposed to domestic abuse can be affected in every aspect of their functioning - safety, health, school attendance, educational achievement, economic well-being and emotional and social development. In the most extreme cases children are at risk of serious injury or death, this is also the case for an unborn child. Domestic abuse whether emotional, physical, psychological, sexual or financial, increases cortisol levels (stress hormones) within the victim's body, whilst pregnant the fetus is therefore exposed to high levels of cortisol which is a neurotoxic, so has damaging effects on the fetus' developing brain when elevated to excessive levels.

The UHB safeguarding team can be contacted for advice on 02921 832001 if you are unsure if a referral should be made. Please also refer to maternity guideline "*Safeguarding an unborn child: A guideline for practice*" for further information on how to make a referral.

What will happen next?

Following the initial phone call or face to face appointment with an IDVA or ISVA a risk assessment, designed by Safe Lives, will be completed to determine the level of risk to that victim of a potential domestic homicide. The outcome of this assessment will influence the plan going forward and will be personalised to fit each victim, however some possibilities include;

- Refuge – this can be within Cardiff at a secret refuge location (this may appear as C/O BAWSO or C/O RISE on hospital documentation) or could be out of area if the risk is deemed too great to stay local or there are no appropriate local spaces.

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- General safety advice – Including making sure important documents are kept in a safe place easy to retrieve, having a mobile phone charged and on at all times, how to report to the police, etc.
- Target hardening – Police, IDVA services or even housing associations can offer increased security for victims in their own homes, including CCTV, alarms or even changing the locks if the potential perpetrator is thought to have access.
- Markers – If police are aware of a high risk victim a marker (similar to an alert) can be placed on that address whether it be the home address or even place of work. This means that if the victim makes a phone call from that address the operator will be aware that they are a victim of domestic abuse and will consider any calls a high priority and send the appropriate response.
- Safety pack – Personal alarms can be issued and if the victim does not have access to a phone support agencies can help provide a cheap mobile phone or even a tecSOS alarm (a unique mobile phone issued by police that is a direct connection to police at a touch of one button).
- Counselling – Specialist counselling to discuss the traumas/past events can also be offered but may have a significant wait list.
- Reporting to the police – Some victims may not realise how much abuse they have endured until discussed in a risk assessment, as it may have been normalised, with support sometimes a victim may feel confident enough to report this as a crime.
- Court support – If any crimes have already been reported an IDVA will be there to support the victim through court and to make sure it is done in the best way possible, such as providing a victim impact statement, attending court but via a video link due to not wanting to see the perpetrator ,etc.
- Courses – Each IDVA agency will offer different courses but may include recognising domestic abuse and the effects, building healthy relationships, recovery after domestic abuse and even courses for the victim’s children who may have already been exposed and effected by the abuse.
- Daily discussion/MARAC (Multi-agency risk assessment conference) – As discussed above.
- Legal orders – This can include restraining orders or non-molestation orders (injunction) which place restrictions upon the perpetrator contacting directly or indirectly the victim and any other involved parties (i.e. children) or even restricts the perpetrator from entering specific addresses/areas the victim is likely to be. Breach of a restraining or non-molestation order is a criminal offence in itself and if proven will result in the perpetrators arrest.

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Appendix 1

<p><i>Addressograph</i></p>



GIG
CYMRU
NHS
WALES | Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

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 named community midwife been informed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Dependants - Please list all children and any adults at risk

Name	Address	DOB	Present at time? Yes/No

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			Yes/No
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Perpetrator Personal Details - please list if there are multiple perpetrators

Name	Address	DOB	Gender	Relationship to victim	
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. 					
Signed					
Date.....					
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 – Risk of not disclosing</u>		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes to any of the above – discuss with safeguarding team					
Referral made				Yes	No
Are police involved?					
If Yes please list incident number if known:					
Health Visitor/School Health Nurse/GP/Named Midwife contacted					
Consideration for Children's Services					
If inpatient in hospital contact health IDVA on 02920 748748					
Referral made to OOH service:					

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Cardiff RISE – 02920460566		
Vale DAS – 01446 744755		
Live Fear Free Helpline - 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

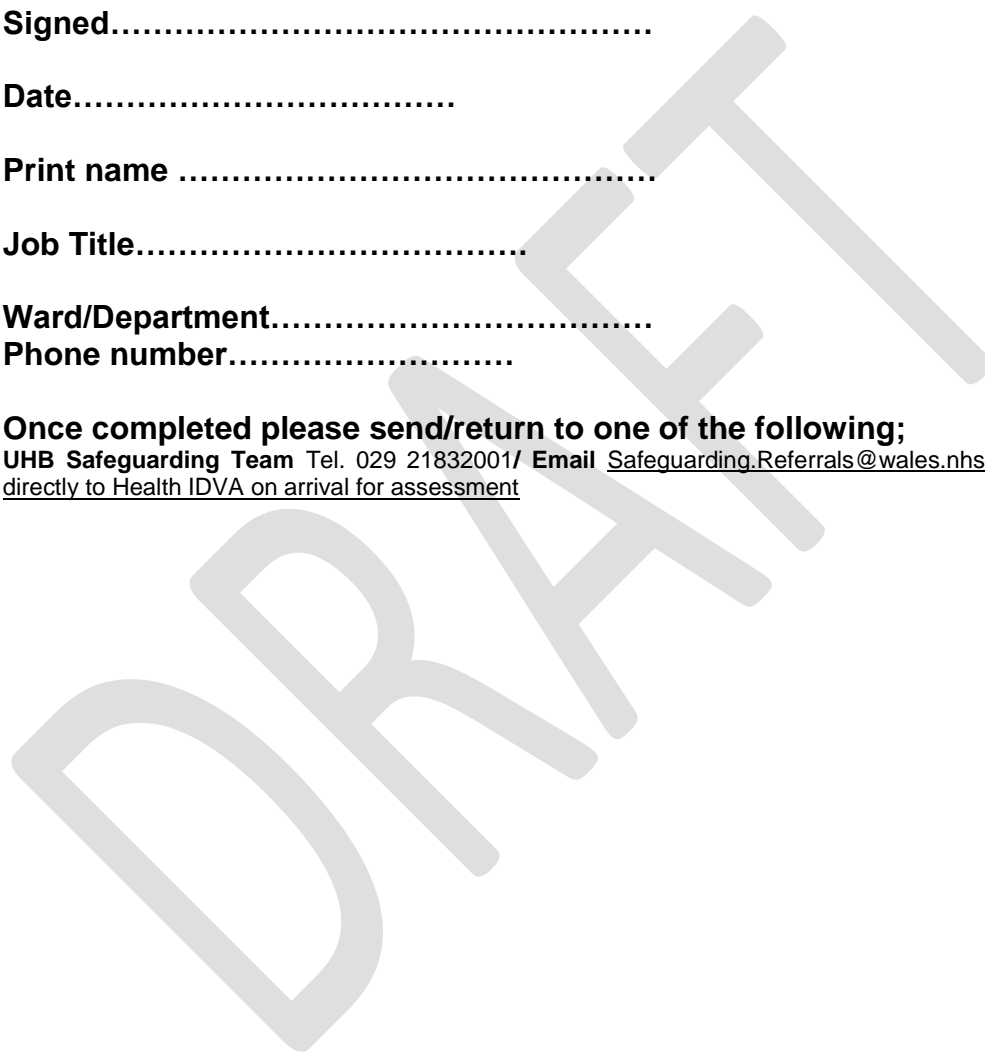
Job Title.....

Ward/Department.....

Phone number.....

Once completed please send/return to one of the following;

UHB Safeguarding Team Tel. 029 21832001/ Email Safeguarding.Referrals@wales.nhs.uk, or give directly to Health IDVA on arrival for assessment



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Appendix 2.

Domestic abuse support agency	Remit	Contact details
Vale DAS (Previously Atal Y Fro)	IDVA support in the Vale	01446 744755
RISE	IDVA support in Cardiff	02920 460566
BAWSO	Support for females or male victims relating to forced marriage, honour based abuse, modern slavery or FGM	02920 644633
Live Fear Free Helpline	24 hour telephone advice and access to refuge including out of area	0808 8010 800
Dyn Project	IDVA support for male victims across Wales	0808 8010 321
Rainbow Bridge	IDVA support for LGBT (lesbian, gay, bisexual, transgender) victims.	0300 303 1982
SARC (sexual assault referral centre)	Support for women / men/ children following a sexual assault	02920 335795
Victim support	Support for victims of any crime	0300 303 0161

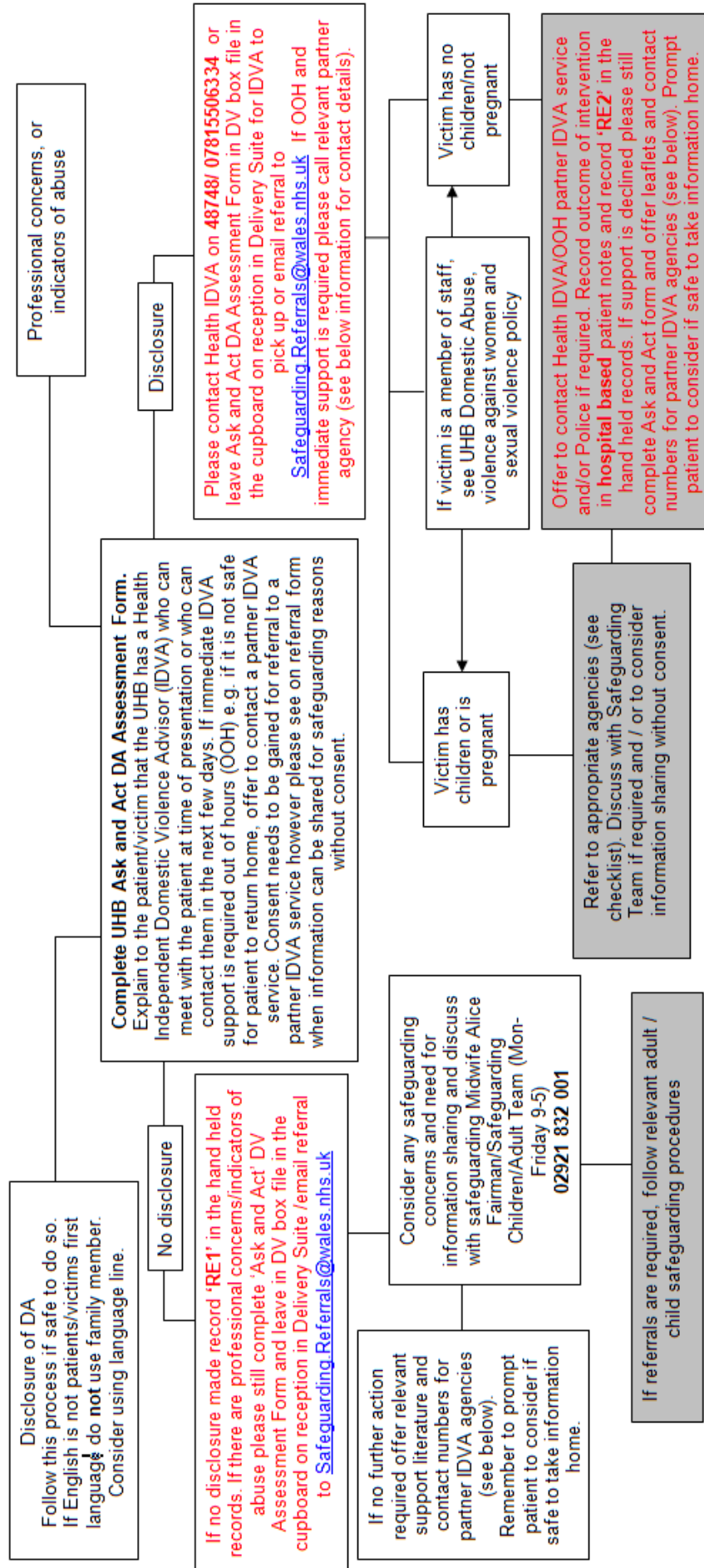
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Appendix 3.

Cardiff & Vale UHB “Ask and Act” Domestic Abuse Assessment Pathway – For use in Maternity



Domestic Abuse Partner Agency Information

Live Fear Free Helpline tel. 0808 8010800 (24 Hour)

- For female victims in the Cardiff area – Cardiff Women’s Aid tel: 029 20460566/ fax no: 029 20484097. This service is available 24/7 for any victim who attends C&V UHB service. Explain that you have someone who is experiencing DV who would like to talk to somebody on a 1:1 basis.
- For female/male victims in the Vale area - Atal Y Fro tel: 01446 744755 / fax no: 01446 746981. This service is available 24/7 for any victim who attends C&V UHB service. Explain that you have someone who is experiencing DV who would like to talk to somebody on a 1:1 basis. (OOH – this number will be diverted to the Live Fear Free Helpline)
- For male victims of domestic violence phone contact the Dyn Project on 0808 8010321. They may be able to offer appointments on hospital sites between the hours of 9-5 Monday – Friday. If assistance is required outside these hours a message can be left on their answer service on the number above.

Please contact the Health IDVA (Sarah Richards) on 48748/ 07815506334 in the first instance. Please contact these above partner agencies if OOH or if immediate IDVA support is required and Health IDVA is not available.