



Aneurin Bevan University Health Board

Routine Enquiry into Domestic Abuse in the Antenatal Period

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

Contents:

1 EXECUTIVE SUMMARY	3
1.1 Possible Indicators of Domestic Abuse.....	3
2 Aims	3
3 PROCEDURE	4
4 RESPONSIBILITIES.....	5
5 TRAINING	6
6 AUDIT	6
7 FURTHER INFORMATION.....	6
7.1 Useful Numbers.....	6
8 BIBLIOGRAPHY.....	8
9 APPENDICES	9
Appendix 1 - All Wales Pathway – Antenatal Routine Enquiry into Domestic Abuse Minimum Standards 1 - 10	
Appendix 2 - DA1 questions	
Appendix 3 - DA2	

1 Executive Summary

One in four women will experience domestic abuse at some time during their life.

Domestic abuse often starts or intensifies in pregnancy.

Two women are murdered each week in the UK by a partner or ex partner.

Every woman should be asked about domestic abuse during her pregnancy, if she is alone. Disclosures of domestic abuse require privacy, confidentiality and sensitive questioning by non-judgemental staff. Women may not disclose unless asked directly.

1.1 Possible Indicators of Domestic Abuse

- Late booking/Non attendance at clinic appointments
- Repeated attendance at Antenatal clinics, A&E Departments /GP surgery with minor injuries or trivial/non existent complaints
- Unexplained repeated hospital admissions
- Non compliance with treatment regimens / early or self discharge from hospital
- Poor obstetric history
- Recurrent sexually transmitted diseases
- Minimalisation of signs of violence on the body
- Repeat presentation with depression, anxiety, self harm, psychosomatic symptoms
- Constant presence of partner at examinations who may answer questions for her and be unwilling to leave the room
- A woman who is evasive or reluctant to speak in front of or disagree with her partner

2 Aims

The main aim is to promote safety for women and their families.

This guideline highlights the procedure for every midwife to undertake routine enquiry into domestic abuse in the antenatal period. The aim is to give women the opportunity to disclose abuse and to be supported, helped and guided to seek further help and safety.

3 Procedure

- NEVER ask about Domestic Abuse unless the woman is **alone**.
- Access appropriate interpreters (if needed), never use family members.
- Inform the woman:
 - ***"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."***
- Tell the woman that you respect her need for confidentiality. However, anything she tells you may be shared with other agencies if you feel that either she or the baby / child(ren) are at risk. Reassure her that Social Services work to support women and families where there is domestic abuse, children are not automatically removed.
- Ask for her consent to share information, but if there are child protection concerns, consent is not essential. If you are concerned about the welfare of a child - seek appropriate guidance and support.
- **Validate and acknowledge the woman's feelings, reinforce that abuse is wrong and is not her fault.**
- Continue by asking the RE1 question.
- If there is no disclosure, document in the All Wales Maternity antenatal records on page 17.
- ❖ If there is a disclosure on any of these questions:
- ❖ Complete Pathway form DA2, using **all** questions in order to highlight severity of risk. See appendix 3
- ❖ Act on the risk immediately by informing appropriate agencies, or seek help as highlighted below. It is **your** responsibility to ensure that DA2 is filed in the maternal records, and to share appropriate and pertinent information. Inform the Health Visitor.
- ❖ Remember that leaving a partner is a PROCESS, she may not feel ready to leave, so encourage the woman to assess her own safety needs. Leaving a relationship is the most risky time for a woman.
- ❖ Sign-post to appropriate agencies. Support and advice is always available.
- **NEVER DOCUMENT ANY DETAILED INFORMATION IN THE ALL WALES RECORDS - THIS COULD BE DETRIMENTAL TO A WOMAN'S SAFETY:**

How do we know if question has been asked?

Look in All Wales Maternity Records on page 17 under heading of Routine Enquiry and:

If nothing is written, then the question **has not been asked.** If you are unable to see the woman on her own through the pregnancy, this information must be shared with the Health Visitor, who will pursue the matter in the postnatal period.

If the question has been asked but **no disclosures made: sign and date routine enquiry One in the All Wales Maternity Records**

Try to ask the question again at an opportune time through the pregnancy, as many women will not disclose on first enquiry. Record the same if there is no disclosure at the second enquiry.

If the question has been asked and **disclosures are made: sign and date routine enquiry Two**

This will alert other professionals to look elsewhere for information.

It is important to document in this way because Routine Enquiry 1 or 2 can be explained to a partner as "routine enquiry as to whether all blood tests have been completed", and "routine enquiry for fetal movements".

If you feel unsafe don't ask: do not place yourself or colleagues at risk in a potentially violent situation when supporting someone else.

4 Responsibilities

All Midwives are responsible for asking the question about Domestic Abuse in the antenatal period, when the woman is alone. Each Midwife is responsible for the appropriate actions and documentation / communication following a disclosure of domestic abuse.

If you wish to discuss any difficult cases, and to be supported in this sensitive area, please contact your Midwifery Manager.

The following are available for specific advice:

Carol Bennett Lead Midwife Safeguarding 07854 932695
Linda Brown, Named Nurse Safeguarding 01633 623861
ABUHB Safeguarding team 01633 623624

5 Training

Every midwife must receive training prior to asking the question. An update will be included in the midwifery mandatory training days. Individual training can be organised by negotiation with the Lead midwife for safeguarding if required.

6 Audit

The adherence to the guideline for routine enquiry into domestic abuse in the antenatal period is audited on an annual basis and the audit figures will be presented within the Health Board. Action plans will be formulated on the audit results.

7 Further Information

Here are local contact phone numbers for the Police Domestic Violence Officers who will be able to advise you, as well as local agencies: (A full directory is available on the Health Board intranet, along with the Domestic Abuse Policy.)

7.1 Useful Numbers

**The All Wales Domestic Abuse and Sexual Violence helpline
(24hrs) 0808 80 10 800**

Local service providers:

Torfaen: Womens Aid: 01495 742052
Hafan Cymru: 01495 742121

Caerphilly: Llamau: 02920 860255

Blaenau Gwent: BGDAS: 01495 291202

Monmouthshire: Waimon: 01873 859011
Llamau: 01873 733590

Newport: Womens Aid: 01633 840258
Llamau: 01633 244134

Bawso: (Black and Asian Women Step Out) 01633 213213

IN AN EMERGENCY ALWAYS DIAL 999

Victim Support:

Single number 0845 6121900 Wales 08.00 -20.00
Supportline 0845 3030900 National
Regional office 02920 464585

Gwent Police DACT office: (Staff information)

Torfaen/Monmouthshire 01495 745357

Blaenau Gwent 01495 745337

Newport 01495 768407
01495 745497
01495 745414

Caerphilly 01495 745361
01495 768403
01495 745395

8 Bibliography

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7. P. Kingston & B. Penhale (EDS) (1993) 'Family Violence & The Caring Professionals.' London McMillan
8. Domestic Violence: A Resource Manual for Health Care Professionals in Wales (2002)
9. Hidden Tears Listening Ears An All Wales Approach to Antenatal Routine Enquiry into Domestic Abuse (2006)
10. Right to be Safe Annual Report (2013 /2014 WG)
11. Knight M, Kenyon S, Brocklehurst P, Neilson J, Shakespeare J, Kurinczuk JJ, editors on behalf of MBRRACE-UK Saving Lives, improving mothers' care – lessons learned to improve future maternity care from the UK and Ireland confidential enquiries into maternal deaths and morbidity 2009-12. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2014.

9 Appendices

Appendix 1 - All Wales Pathway – Antenatal Routine Enquiry into Domestic Abuse Minimum Standards 1 - 10



All Wales Pathway

Antenatal Routine Enquiry into Domestic Abuse

Minimum Standards

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Page 1 of 1

STANDARD ONE - CONFIDENTIALITY

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Professionals need to be aware of the need for confidentiality – and its limitations</p>	<ul style="list-style-type: none"> • All health professionals recognise the duty to respect the woman's confidentiality but must be aware of its limitations in the wider public interest. • The law recognises significant exceptions to the duty of confidentiality. <p>If the woman withholds consent, or if consent cannot be obtained, disclosures may be made where:</p> <ul style="list-style-type: none"> • They can be justified in the public interest • They are required by law or by order of a court • Where there are potential child protection issues – there is a need to act in accordance with national and local policies. • The professional is justified and has a duty to share information with social services, police or other agencies, where there is an increased risk of abuse / child protection concerns <p><i>Extreme care should be taken to protect the safety of victims of abuse. Information should not be disclosed to any third party who may breach their safety.</i></p>	<ul style="list-style-type: none"> • NMC (2002)Code of Professional Conduct • ACPC (2002) All Wales Child Protection Procedures • Data Protection Act 1998 • Human Rights Act 1998 • Robinson A (2004) www.cf.ac.uk/socsi/whoswho/robinson.html • Home Office (2004)Safety and Justice: Sharing Personal Information in the Context of Domestic Violence – An Overview Home Office Development and Practice Report Communication Development Unit, Home Office, London, England www.homeoffice.gov.uk/rds • WAG (2000) Working Together to Safeguard Children • WAG (2001) Framework for the Assessment of Children in Need and Their Families www.wales.gov.uk/childrenfirst 	<ul style="list-style-type: none"> • Time • A safe, quiet environment • Support and supervision for staff. • Staff Educational Training

STANDARD TWO – ROUTINE ENQUIRY

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>All women will be routinely asked about domestic abuse in the antenatal period</p>	<ul style="list-style-type: none"> • Women should be alone when asked about domestic abuse • Information cards to be given to women when beginning Routine Enquiry • Ensure lone contact with the woman at least once in pregnancy • If unable to see the woman alone, highlight this as a priority for follow up and seek advice accordingly • Routine enquiry should not be a one off event. It should be at opportunistic intervals throughout the pregnancy • Ensure the provision of a safe, supportive environment • Ensure effective communication takes place between midwife / health visitor e.g. "handover" exchange of information 	<ul style="list-style-type: none"> • RCOG (2004) Confidential Enquiries into Maternal Deaths – Why Mothers Die 2000 - 2002 RCOG Press, London, England • (NICE 2003) Antenatal care – Clinical Guideline 6 • DOH (2004) National Service Framework for Children Standard 11 – Maternity Services • WAG (2001) Domestic violence: A Resource Manual for Health Care Professionals in Wales. • Mann C (2003) Domestic Violence Good Practice Guidelines -Mansfield District and Ashfield Primary Care Trust 	<ul style="list-style-type: none"> • All Wales information cards • Education & Training • Safe and private environment • Time • Access to appropriate interpreters

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 Page 3 of 3

STANDARD THREE : DISCLOSURE

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Women who disclose will be given appropriate support and information.</p> <p>They will be offered referral to appropriate agencies</p>	<ul style="list-style-type: none"> • Provide time for the woman • Validate that what she is disclosing is wrong and reinforce that the abuse is not her fault • All staff to complete the All Wales Pathway in order to highlight the severity of risk and make appropriate referrals to support agencies • Respect her need for confidentiality, but staff must adhere to ACPC Procedures • Give accurate up to date information of relevant agencies. • Ask the woman for her consent for referral to other agencies. • If you are concerned about the welfare of a child / children then refer to Child Protection nurse / Midwife in accordance with All Wales Child Protection Procedures / Local Guidelines <p><i>Consent is not essential where there are potential child protection concerns / imminent threats to her safety</i></p> <ul style="list-style-type: none"> • Provide an interpreter <u>N.B. This must not be a family member</u> 	<ul style="list-style-type: none"> • Trusts guidelines/policies consent • Trust policies on confidentiality • Data Protection Act (1998) • WAG (2001) Domestic violence: A Resource Manual for Health Care Professionals in Wales. • ACPC (2002) All Wales Child Protection Procedures • WAG (2001) Framework for the Assessment of Children in Need and Their Families www.wales.gov.uk/childrenfirst • Home Office (2004) Safety and Justice: Sharing Personal Information in the Context of Domestic Violence – An Overview Home Office Development and Practice Report Communication Development Unit, Home Office, London, England www.homeoffice.gov.uk/rds • NMC (2002) Code of Professional Conduct 	<ul style="list-style-type: none"> • Interpreters • Provision of a quiet environment • Time • All Wales Pathway • Appropriate contact numbers for support agencies

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 Page 4 of 4

STANDARD FOUR - DOCUMENTATION

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>All information disclosed will be recorded clearly stating:- * Date * Time * Persons present .</p>	<ul style="list-style-type: none"> • LHBs / Trusts will ensure their staff are clear regarding the documentation process • Record events using the woman's own words • Document whether children were present at the time of the abuse • Liaise with A&E Staff / Police as the following may be required:- Provide a diagram of the body with a written description of any injuries Clothing may be saved for the police investigation Polaroid photographs may be taken and regarded as evidence • Arrange interpreter:- <ul style="list-style-type: none"> o Same gender o Language o Sign o Advocate for learning disabilities 	<ul style="list-style-type: none"> • WAG (2001) Domestic violence: A Resource Manual for Health Care Professionals in Wales. • Local Trust policies - consent and confidentiality • NMC (2002) Code of Conduct • WHO (1997) Violence against women information pack • NMC (2004) Guidelines for Records and Record Keeping • Home Office (2004) Safety and Justice: Sharing Personal Information in the Context of Domestic Violence – An Overview Home Office Development and Practice Report Communication Development Unit, Home Office, London, England www.homeoffice.gov.uk/rds 	<ul style="list-style-type: none"> • Training • Time • Clinical supervision • Camera equipment • Suitable room for examination and investigation • Interpreter • Data collection – Consider use of All Wales Pathway for Routine Enquiry

STANDARD FIVE - RISK ASSESSMENT

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Undertake a risk assessment for the woman, unborn baby, or any other children in the household.</p> <p>A risk assessment to ensure staff safety should also be completed.</p>	<ul style="list-style-type: none"> The practitioner should be familiar with the Domestic Abuse Resource Manual for Health Care Professionals in Wales Assess level of risk using the All Wales Pathway for Routine Enquiry. <p><i>(This system is intended as a guide only and reflects a particular moment in time. Please remember that the situation may change quickly.)</i></p> <p>Consider not only the high risk situation but also any <i>strange or unusual</i> behaviour reported by the woman.</p> <p>N.B. Scores 7 or above must be referred to the MARAC system (or its equivalent) as this indicates a VERY HIGH Risk situation</p>	<ul style="list-style-type: none"> LHB / Local Trust Lone Worker Policy Robinson A (2004) www.cf.ac.uk/socsci/whoswh/o/robinson.html South Wales Police Public Protection Unit – FSU 9 Trust Health and Safety Policy Trust Violence and Aggression Policy South Wales Adult Protection Forum (2002) Protection of Vulnerable Adults – Implementing the In Safe Hands Guidelines for the Protection of Vulnerable Adults in Wales. Inter Agency Policy and Procedures for Responding to Alleged Abuse and Inappropriate Care of Vulnerable Adults in South Wales www.dppl.gov.uk WAG (2001) Domestic violence: A Resource Manual for Health Care Professionals in Wales. 	<ul style="list-style-type: none"> Time Training Privacy/Safe environment All Wales Pathway for Routine Enquiry

MARAC = Multi Agency Risk Assessment Conference

STANDARD SIX – CHILD PROTECTION

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Where actual or the likelihood of significant harm is identified, a referral under the Child Protection Procedures must be made</p> <p>The welfare of any child is paramount <i>including the unborn child</i></p> <p>Consider also the implications for the pregnant teenager <18 yrs</p>	<ul style="list-style-type: none"> • Establish whether children are present within the home when abuse is taking place. • Assess level of danger • Consider other situations which may impact on the health and wellbeing of the child and take appropriate action • Named Nurse or Midwife for Child Protection must be informed of any concerns for the welfare of a child • Involve Multi Agency Partnerships • Seek guidance and support from Education / Education Welfare Officers where the 'child' herself may be pregnant. <p>Ask the woman for her (verbal) consent for referral to other agencies</p> <ul style="list-style-type: none"> • If you are concerned about the welfare of a child / children then seek guidance from / refer to Child Protection Nurse / Midwife / Specialist in accordance with All Wales Child Protection Procedures / Local Guidelines / Framework for Assessment of Children in Need and Their Families <p><i>Consent is not essential where there are potential child protection concerns / imminent threats to her safety</i></p>	<ul style="list-style-type: none"> • All Wales Child Protection Procedures (2002). • WAG (2001) Framework for the Assessment of Children in Need and Their Families www.wales.gov.uk/childrenfirst • WAG (2000) Working together to safeguard children. • Hughes H (1992) Impact of Spouse Abuse on Children of Battered Women Abuse Update • NCH (1994) Action for Children the Hidden Victims- Children and Domestic Abuse. NCH Action for Children London England Reynolds J ed (2001) • Not In Front Of The Children One Plus One, London England • DOH (2003) What To Do If You're Worried A Child is Being Abused Department of Health Publications, London England www.doh.gov.uk/safeguardingchildren 	<ul style="list-style-type: none"> • All Wales Child Protection Procedures (2002). • Trust Child Protection Procedures, Named Nurse / Midwife • Clinical Supervision • Education and Training • Links with advocacy services for children • Links with Education / Education Welfare Officers

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 Page 7 of 7

STANDARD SEVEN - SAFETY PLANNING FOR STAFF AND VICTIM

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>To ensure women are equipped with accurate and appropriate advice to stay safe</p> <p>To ensure health professionals are not placed in situations of threat or danger</p>	<p>Process of safety planning. Support the woman:-</p> <ul style="list-style-type: none"> • Build a trusting, non judgemental relationship • Encourage the woman to assess her safety needs • Review current risk – to her own life and to her children • Offer appropriate, accurate information regarding support agencies • Be an advocate for the woman with other agencies (with consent) • Undertake a risk assessment of your environment e.g. when visiting a woman in her home - Consider:- geographical location, can you get out safely. <p><i>N.B. Ensure that you do not place yourself or your colleague at risk in a potentially violent situation when supporting someone else</i></p>	<ul style="list-style-type: none"> • Welsh Assembly Government (2001) Domestic Violence resource manual for health care professionals • Home Office (1999) Domestic Violence – Break the Chain. Multi Agency Guidance for Addressing Domestic Violence • LHB/Trust Lone Worker Policy • All Wales Information Card 	<ul style="list-style-type: none"> • Time • Suitable room • Counselling service • Training and education • Access to appropriate agencies • All Wales Pathway for Routine Enquiry • Trust Policy for staff experiencing Domestic Abuse • Safety policies as per Trust:- <ul style="list-style-type: none"> o Mobile phones o Rape alarms o Room alarms o Lone Worker Policies o Violence and Aggression Training

STANDARD EIGHT - PROVISION OF INFORMATION & REFERRAL

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Provide woman with accurate information i.e. Resources, help and agencies available.</p> <p>Ensure multi-agency working.</p>	<ul style="list-style-type: none"> • Adopt a calm, open approach • Give All Wales Information Card • Give information that is non judgemental and accurate. Be courteous and empathetic to her needs • Provide written information should the woman want it • Display information within the Trust • Ensure information (especially telephone numbers) are current, if not this could endanger the woman 	<ul style="list-style-type: none"> • Protection from Harassment Act (1997) • Domestic Violence, Crime and Victims Bill (2004) • Perinatal Institute (2004) Perinatal Review – Domestic Violence Detection/ Important Agencies www.perinatal.org.uk • Criminal Justice Act (1998) • Welsh Assembly Government (2001) Domestic Violence resource manual for health care professionals • Offences against the Person Act (1861) (ABH, GBH) • Police and Criminal Evidence Act (1984) • Public Order Act (1986) • Criminal Justice and Public Order (1994) 	<ul style="list-style-type: none"> • Time • Training • Display boards • Literature - Information and description of other agencies roles • Information in a range of different languages • Information as to where to seek help for the perpetrator as well as the victim • Access to Women's Aid / DAUs, Family Support Units etc • Posters - Contact information may include telephone numbers of local agencies e.g. • Legal Services – consider those who specialize in Domestic Abuse • Hot lines / Helpline numbers

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 Page 9 of 9

STANDARD NINE – SUPPORT & SUPERVISION OF STAFF

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCES REQUIRED
<p>To provide adequate support to staff who are dealing with domestic abuse issues</p>	<ul style="list-style-type: none"> • Safety and disclosure of information should be discussed with line manager/ named nurse for child protection • Access to clinical supervision / midwifery supervision to be provided in order to allow staff to debrief, seek further advice from line manager or other relevant personnel • Explore own issues which may influence practice and seek advice accordingly • Adherence to minimum standards and principles • Develop skills and identify training needs • Consider advice and support from local domestic abuse units 	<ul style="list-style-type: none"> • Mann C (2003) Domestic Violence Good Practice Guidelines –Mansfield District and Ashfield Primary Care Trust • Local Domestic Abuse Guidelines for Staff • NMC (2004) Midwives Rules and Standards 	<ul style="list-style-type: none"> • Human Resource Policies in place for staff • Education and training • Staff Counselling Service via Local Occupational Health Departments

STANDARD TEN – EDUCATION AND TRAINING

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCES REQUIRED
<p>Staff will be confident and competent to deal with issues involving domestic abuse</p> <p>Staff should be aware of basic legislation to help and reassure the woman.</p>	<ul style="list-style-type: none"> Awareness of physical and general indicators Midwives and Health Visitors to use routine enquiry as part of antenatal care All Trusts / LHBs to adopt the All Wales Pathway for Domestic Abuse as Good Practice Domestic abuse to be placed on Trust and Local Health Board agenda <p>All Trusts / LHBs to adopt the All Wales Pathway for Domestic Abuse as Good Practice</p>	<ul style="list-style-type: none"> Mann C (2003) Domestic Violence Good Practice Guidelines -Mansfield District and Ashfield Primary Care Trust Zachary et al (2002) Multifaceted System of care to improve recognition and management of pregnant women experiencing domestic violence (Womens Health Issues Vol 12, No 1 Jan / Feb p5 - 15) (NICE 2003) Antenatal care – Clinical Guideline 8 (WAG 2001) Domestic Violence: A Resource Manual for Healthcare Professionals in Wales Home Office (2004) Safety and Justice: Sharing Personal Information in the Context of Domestic Violence – An Overview Home Office Development and Practice Report Communication Development Unit, Home Office, London, England www.homeoffice.gov.uk/rds 	<ul style="list-style-type: none"> Induction days for new staff to include awareness on issues relating to domestic abuse Mandatory in-service training days for all health professionals Study leave for staff in order to attend training sessions Inclusion of Domestic Abuse on pre and post registration education curriculum

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 Page 11 of 11

Appendix 2 DA1 questions ALL WALES PATHWAY ROUTINE ENQUIRY (RE) DA1

Date	Code	Possible Indirect Questions: -	Yes	No (Variance)
	RE1	Is everything all right at home?		
	RE2	Is your partner supportive?		
	RE3	Are you being looked after properly, is your partner taking care of you?		

Disclosures of abuse require privacy, confidentiality and sensitive questioning by non-judgemental staff. Women may not disclose unless asked directly

Date	Code	Possible Direct Questions: -	No	Yes (Variance)
	RE4	Do you ever feel frightened of your partner or other people at home?		
	RE5	Have you ever been in a relationship where you have been hit or hurt in some way?		
	RE6	Are you currently in a relationship where this is happening to you?		

Routine Enquiry – DA1 Variance Tracking (VT)

<i>Date</i>	Code	10 Variance	Risk
	RE1		
	RE2		
	RE3		
	RE4		
	RE5		
	RE6		

Re -ve

Sign and Date the Pathway where stated. End the pathway at this stage. Continue opportunistic routine enquiry throughout the antenatal period when the woman is alone and it is safe to do so

Re +ve

Continue with DA 2 i.e. where indicators of abuse have been identified

Date Commenced	Name	Signature	Status	Location of Enquiry	VT	Weeks Gestation	RE carried out? – If not please State reasons why.
					VT1	Initial Enquiry (Booking)	
					VT2	Subsequent Enquiry	
					VT3		

					VT4		
					VT5		

Source = All Wales Networking Group - Routine Enquiry into Domestic Abuse.
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Appendix 3 DA2

Hosp No		NHS No	
Surname		Miss / Ms / Mrs	
Forename			
Address			
Post Code		D.O.B	E.D.D

All Wales Domestic Abuse Pathway

DA2 - Pathway to be completed when there is a disclosure of abuse

Safe Contact Number:-	Safe time to call:-
Perpetrator's name:-	Perpetrator's Address:-
D.O.B:-	
Names & Ages of Children:	
<i>Please state whether living at home</i>	
<i>Name of School/s</i>	

SIGNATURE SHEET - RECORD ALL ENTRIES IN BLACK INK

10.1.1 Health Professional	10.1.2 Signature	<u>Profession / Base</u>	10.1.3 Contact No

Safety Numbers:

All Wales Domestic Abuse	08088 010800
Samaritans	08457 909090
Black Association of Women Step Out	02920 343 154
Teulu Partnership Team (Merthyr Tydfil)	01685 388444
Pontypridd Safety Unit (RCT)	01443 494194

Name

Date:

Date of Birth

Time:

Restricted when completed

CAADA - DASH Risk Identification Checklist for use by Independent Domestic Violence Advisors (IDVA) and other non-police agencies' for MARAC case identification when domestic abuse, 'honour' – based violence and / or stalking are disclosed.

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present <input checked="" type="checkbox"/>. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column.</p> <p><u>Please note questions in BOLD indicate higher risk.</u></p>	Yes (tick)	No	Don't know	State source of info if not the victim e.g. police officer
<p>1. Has the current incident resulted in injury? (Please state what and whether this is the first injury)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Are you very frightened? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children) Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. Do you feel isolated from family / friends i.e does (name of abuser(s).....) try to stop you from seeing friends / family / doctor or others? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5. Are you feeling depressed or having suicidal thoughts?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. Is there conflict over child contact?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Source: CAADA MARAC Implementation Guide – September 08

Name:

Date:

Date of Birth:

Time:

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer	Yes (Tick)	No	Don't Know	State source of info if not the victim e.g. police officer
8. Does (.....) constantly text, call, contact. Follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does (.....) try to control everything you do and / or are they excessively jealous? (In terms of relationships', who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence (HBV) and specify behaviour).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has (.....) ever threatened to kill you or someone else and you believed them? (if yes, tick who). You Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (if someone else, specify who).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? (if yes, please specify who and why. Consider extended family if HBV).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV). Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Source: CAADA MARAC Implementation Guide – September 08

Name:
Date of Birth:

Date:
Time:

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer	Yes (Tick)	No	Don't Know	State source of info if not the victim e.g. police officer
19. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Has (.....) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant). Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify). DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total yes responses				

NAME:
DESIGNATION:

MARAC THRESHHOLD = 14 ticks or more in the yes box - (Please consider local variations)
Please note questions in BOLD indicate higher risk and MARAC referral may be made with fewer ticks if it includes the high risk questions, please seek advice.

In all cases take victims perception of their risk very seriously and use professional judgement if a client appears to be high or very high risk even if they do not meet the criteria outlined above.

Consider victims situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, honour based systems and minimisation. Are they willing to engage with your service?

Consider abusers occupation/interest – could this give them unique access to weapons.

RESTRICTED SECTION 1 - DOMESTIC VIOLENCE MULTI AGENCY RISK ASSESSMENT CONFERENCE

(ONE RECORD PER CASE) – Record Victim(s), Perpetrator(s) & Child(ren). Submit the Referral to – marac@gwent.pnn.police.uk

FOR COMPLETION BY REFERRING AGENCY		FOR COMPLETION BY MARAC ADMINISTRATOR		
LOCAL AUTHORITY AREA (Insert Below)	REFERRING AGENCY (Insert Below)	MARAC LOCATION	MARAC DATE	TIME
		MAMHILAD		
REFERRED BY	Referral Based on Professional Judgement or CAADA Checklist (Insert Below)	INITIAL / REPEAT	IF REPEAT, DATE OF PREVIOUS MARACS	
DATE OF REFERRAL		DATE RECEIVED		

	<i>Name</i>	<i>Victim Y/N</i>	<i>Perpetrator Y/N</i>	<i>Child Y/N</i>	<i>DOB</i>	<i>Gender M/F</i>	<i>Relationship to Victim</i>	<i>Address</i>	<i>Ethnicity</i>	<i>Disability Y/N/NK</i>	<i>LGBT</i>
1											
2											
3											
4											
5											
6											
7											

FOR COMPLETION BY REFERING AGENCY – Referring Agency’s Summary to include background to the case, including detail of current safety planning in place)

SAFE CONTACT NUMBER FOR VICTIM:

Status: Issue 2 For Police Use Only Approved by Maternity Services	Bulletin Y/N Services	OE Marker Y/N Bobby Review Y/N	Issue date: 26 November 2015 Review date: 26 November 2018	Alarm Y/N Visit Completed Y/N	Guardian Referral No
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<u>For completion by Police</u>		
PNC	Bail / Custody	Summary – Previous Incidents

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Those persons present were reminded that this meeting and related documents are strictly confidential. Discussions should not be shared outside of the meeting. Similarly, copies of the minutes should not be photographed or shared without the agreement of the Agencies concerned. All agencies should ensure that they develop procedures to ensure that the minutes are retained in a confidential and appropriately restricted manner. These minutes will aim to reflect that all individuals who are discussed at these meetings should be treated fairly, with respect and without improper discrimination. All work undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to race, gender, sexuality and disability. All meetings are recorded for future reference.

Section 2 - Minute of Discussion- - For Completion By Administrator

Agency	Summary of Information Shared	Start Time	End Time
Probation			
SSD (Adult Services)			
SSD (Child Services)			
Education			
Police			
Health			
Women's Aid			
IDVA			
Housing			

Section 3 - Risk Management Plan - For Completion By Administrator

No	Agency	Action	Allocated To	To Be Completed By	Completed On
1	Probation				
2	SSD (Adult Services)				
3	SSD (Child Services)				
4	Education				
5	Police				
6	Health				
7	Women's Aid				
8	IDVA				
9	Housing				
10					
11					
12					
13					
14					

15					