

## **Aneurin Bevan University Health Board**

# Routine Enquiry into Domestic Abuse in the Perinatal 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 This is to avoid the risk of out-of-date printed versions of the document.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.

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## 1 **Executive Summary**

Every woman should be asked about domestic abuse during her pregnancy and post-natal period if she is **alone**. Routine enquiry should not be a one-off event. It should be at opportunistic intervals at every contact throughout the pregnancy and after the birth. Disclosures of domestic abuse require privacy, confidentiality, and sensitive questioning by non-judgemental staff. Women may not disclose unless asked directly.

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 expartner.

Domestic abuse is defined as:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality'.

## 1.1 **Possible Indicators of Domestic Abuse**

- Late booking/non-attendance at clinic appointments
- Repeated attendance at Antenatal clinics, A&E departments or GP surgery with minor injuries or trivial/non-existent complaints
- Unexplained repeated hospital admissions
- Non-compliance with treatment regimes, early or self-discharge from hospital
- Poor obstetric history
- Recurrent sexually transmitted diseases
- Minimisation 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
- Evasive or reluctance to speak in front of or disagree with 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. 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.** If you are unable to see the woman on her own throughout the pregnancy, this information must be shared with the Health Visitor, who will pursue the matter in the postnatal period.
- 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. Therefore, we ask all women about domestic abuse routinely throughout their pregnancy and the post-natal period."

 Continue by asking the Routine Enquiry (RE1) question, examples:

## *`Is everything alright at home?', 'Do you feel frightened of anyone in your life?', 'Do you have access to your own money?', 'Does your partner/family member get jealous of you seeing friends?*

- If you feel unsafe, do not ask, do not place yourself or colleagues at risk in a potentially violent situation when supporting someone else.
- 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/ children are at risk. Reassure her that Children's Services work to support women and families where there is domestic abuse.

- 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 from the Safeguarding Midwife or Safeguarding team.
- Validate and acknowledge the woman's feelings, reinforce that abuse is wrong and is not her fault.
- Ask the questions at every opportunity throughout the pregnancy, many women will not disclose on the first enquiry.

If there is **no** disclosure, document in the All-Wales Maternity antenatal records on pages 19- 26, RE 1 (**One**).

If there **is a disclosure**, document in the All-Wales Maternity antenatal records on pages 19- 26, RE 2 (**Two**).

• Complete Domestic Abuse, Stalking and Harassment Risk Identification Checklist (DASHRIC), found on Safeguarding Intranet page or below link.

Dash risk checklist with quick start guidance | Safelives

- Act on the risk immediately by informing appropriate agencies, or seek help as highlighted.
- It is your responsibility to ensure that DASHRIC is uploaded to Clinical Workstation (CWS) documents and to share appropriate and pertinent information with the Safeguarding Midwife and Health Visitor.
- Signpost to appropriate agencies. Support and advice are always available.
- Live Fear Free Helpline
  - Tel: 0808 80 10 800
  - Email: <u>info@livefearfreehelpline.wales</u>
  - Website: <u>www.livefearfree.gov.wales</u>

## **IN AN EMERGENCY ALWAYS DIAL 999**

- If a victim is identified as being at high risk of harm, then a referral to Multi-Agency Risk Assessment Conference (MARAC) is required, found on Safeguarding intranet page.
- If there are children in the family where domestic abuse has been disclosed, then consideration needs to be given to their welfare and a Duty to Report form completed and sent to Children's Services.

#### NEVER DOCUMENT ANY DETAILED INFORMATION IN THE ALL-WALES MATERNITY RECORDS - THIS COULD BE DETRIMENTAL TO A WOMAN'S SAFETY.

#### How do we know if the question has been asked?

Look in All Wales Maternity Antenatal Records on pages 19-26 under heading of Routine Enquiry (RE) and:

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

If the question has been asked but **<u>no disclosures made</u>**: Routine Enquiry (RE) **one** will be documented in the All-Wales Maternity Antenatal Records.

If the question has been asked and **disclosures are made:** Routine Enquiry (RE) **two** will be documented in the All-Wales Maternity Antenatal Records, 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" or "routine enquiry for fetal movements".

## 4 Responsibilities

All Midwives are responsible for asking the question about Domestic Abuse 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 Lead Midwife for Safeguarding, or the Safeguarding team.

## 5 Training

Every midwife must receive training prior to asking the question. An update will be included in the midwifery mandatory training days. All midwives must complete Violence and Aggression Group 1 Training via ESR.

There is an expectation from Welsh Government that all non-clinical and clinical staff who in their role have contact with patients/clients of all ages should attend Ask and Act Training (Group 2). Can be booked via safeguarding intranet page.

## 6 Audit

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

## 7 Further Information

A full directory is available on the Health Board Safeguarding intranet page.

<u>Safeguarding - Home (sharepoint.com)</u>

## 8 Appendices

## 8.1 Domestic Abuse Flowchart.pdf

#### 8.2 All Wales Minimum Standards Routine Enquiry into Domestic Abuse, Pregnancy and Early Years. Reviewed 2021 by the All-Wales Domestic Abuse Networking Group V0.05.

#### STANDARD ONE: CONFIDENTIALITY

| STANDARD   | PRACTICE GUIDELINES  | EVIDENCE BASE  | RESOURCE<br>REQUIRED |
|--|--|--|----------------------|
| STANDARD<br>All health professionals<br>must recognise the duty<br>to respect the woman's<br>confidentiality but must<br>be aware of its limitations<br>in the wider public<br>interest. | If the woman withholds<br>consent, or if consent cannot<br>be obtained, disclosures may<br>be made where:<br>They can be justified in the<br>public interest.<br>They are required by law or<br>by order of a court.<br>Where there are potential<br>child protection issues.<br>The professional is justified<br>and has a duty to share<br>information with social<br>services, police or other<br>agencies, where there is an<br>increased risk of abuse/child<br>protection concerns.<br>It is good practice for | NMC (2015) The Code – Professional Standards of<br>Practice and Behaviour for Nurses, Midwives and<br>Nursing Associates.<br>Wales Safeguarding Procedures 2019<br>https://www.safeguarding.wales<br>The Data Protection Act (2018) – UK's<br>implementation of the General Data Protection<br>Regulation (GDPR)<br>Social Services & Wellbeing (Wales) Act 2014<br>https://www.legislation.gov.uk/anaw/2014/4/content<br>S<br>Data Protection Act 1998<br>Human Rights Act 1998<br>https://www.legislation.gov.uk<br>Serious Crime Act (2015)<br>https://www.legislation.gov.uk |                      |
|  | professionals making a<br>referral to have a discussion<br>with the woman first.   | SCIE (2019) Safeguarding Adults: sharing<br>information<br>http://www.scie.org.uk/safeguarding/adults/practice/<br>sharing-information   |                      |
|  | Extreme care should be<br>taken to protect the safety<br>of victims of abuse.<br>Information should not be<br>disclosed to any third party<br>who may breach their<br>safety.  | H.M Government (2018) Working Together to<br>Safeguard Children<br>www.gov.uk/government/publications  |                      |

#### STANDARD TWO: ROUTINE ENQUIRY

| STANDARD   | PRACTICE GUIDELINES  | EVIDENCE BASE  | RESOURCE<br>REQUIRED  |
|--|--|--|---|
| All women will be<br>routinely asked about<br>domestic abuse <b>at every</b>                     | Women should be alone<br>when asked about domestic<br>abuse in a safe and  | MBRRACE –UK and Ireland Confidential Enquiries<br>into Maternal Death and Morbidity 2019   | All Wales and local information.                                  |
| opportunity during<br>Pregnancy and Early<br>Years, within Maternity,                            | supportive environment.  | NICE (2008) Antenatal care – Clinical Guideline 62<br>www.nice.org.uk/guidance/cg62  | Live Fear Free Helpline<br>0808 80 10 800                         |
| Neonatal Care and<br>Health Visiting Services.   | Be mindful of discussions<br>with children and other<br>family members present.  | DOH (2004) National Service Framework for Children<br>Standard 11 – Maternity Services   | Education & Training,<br>either face to face or                   |
| If women are unable to<br>be asked this then there<br>should be a clear<br>documented rationale. | Ensure lone contact with the woman <b>at least</b> once in pregnancy.  | WG (2001) Domestic Violence: A Resource Manual<br>for Health Care Professionals in Wales<br><u>http://www.wales.gov.uk/domesticviolence</u>  | virtually.<br>Safe and private<br>environment.                    |
|  | If unable to see the woman alone then clearly document   | DHSE (2017) Domestic Abuse: a resource for health professionals.<br>www.gov.uk/government/publications/domestic-   | Access to appropriate interpreters.                               |
|  | this and share this<br>information with other<br>professionals involved.   | abuse-a-resource-for-health-professionals<br>Pastor-Moreno et al (2020) Intimate Partner Violence  | Information/<br>Communication protocols.                          |
|  | When a disclosure is made<br>the information should be<br>shared between the   | during pregnancy and risk of fetal and neonatal death:<br>A Meta-analysis with socioeconomic context<br>indicators. American Journal of Obstetrics and<br>Gynaecology, Vol 222, Issue 2, pp123-133 | Workplace Domestic<br>Abuse Procedures for<br>staff.              |
|  | Midwife, Health Visitor and<br>GP. Any further disclosures<br>or a change in the risk or<br>circumstances should also                      | WG (2015) Violence against Women, Domestic<br>Abuse and Sexual Violence (Wales) Act 2015<br>www.legislation.gov.uk/anaw/2015/3/contents/enacted  | Annual Audits to<br>demonstrate compliance<br>with this standard. |
|  | be shared.   | RCN clinical resource page for domestic abuse can be found at  |   |
|  | Routine enquiry should <b>not</b><br>be a one off event. It should<br>be at opportunistic intervals  | rcn.org.uk/clinical-topics/domestic-violence-and-abuse<br>Serious Crime Act 2015 <u>https://legislation.gov.uk</u>   |   |
|  | at every contact throughout<br>the pregnancy within<br>maternity, neonatal and<br>health visiting services.                                |  |   |
|  | All Wales and local<br>information to be made<br>accessible and available.   |  |   |
|  | Ensure effective updated<br>communication takes place<br>between Midwife/Health<br>Visitor /GP e.g. "handover"<br>exchange of information. |  |   |
|  | Ensure access to an appropriate interpreter, if required.  |  |   |

#### STANDARD THREE: DISCLOSURE

| STANDARD   | PRACTICE GUIDELINES   | EVIDENCE BASE  | RESOURCE<br>REQUIRED   |
|--|---|--|--|
| Women who disclose will be given appropriate support and information.    | Provide time for the woman<br>in a quiet and supportive<br>environment.   | Health Boards/Trusts Guidelines/Policies on<br>Consent and Confidentiality.  | Access to appropriate<br>Interpreters.   |
| Women will be offered<br>referral to appropriate<br>specialist services. | All staff to complete Risk<br>Assessments in order to<br>highlight the severity of risk<br>and make appropriate<br>referrals to specialist<br>services or immediate<br>contact with the Police.<br>Respect the need for<br>confidentiality, but staff <b>must</b><br>adhere to the Wales<br>Safeguarding Procedures<br>2019.<br>Give accurate up to date<br>information of relevant<br>agencies and the Live Fear<br>Free Helpline.<br>Discuss consent with the<br>woman for referral to other<br>agencies.<br>If you are concerned about<br>the welfare of a child/children<br>then make a 'Child At Risk<br>Report' in accordance with<br>the Wales Safeguarding<br>Procedures 2019.<br><b>Consent is not essential<br/>where there are potential<br/>child protection concerns<br/>or imminent threats to her<br/>safety.</b><br>Ensure access to an<br>appropriate interpreter if<br>required. Preferably the<br>same gender. | The Data Protection Act (2018) – UK's<br>Implementation of the General Data Protection<br>Regulation (GDPR)<br>Department of Health and Social Care (2017)<br>Responding to Domestic Abuse A Resource for<br>Health Professionals.<br>Wales Safeguarding Procedures 2019<br>https://www.safeguarding.wales<br>NMC (2015) The Code – Professional Standards<br>of Practice and Behaviour for Nurses, Midwives<br>and Nursing Associates Human Rights Act 1998<br>https://www.legislation.gov.uk<br>Criminal Justice Act 2003 www.legislation.gov.uk | Provision of a quiet<br>environment.<br>All Wales and Local<br>Information.<br>Live Fear Free Helpline<br>0808 80 10 800<br>Education & Training, either<br>face to face or virtually.<br>Good record keeping updates. |

#### STANDARD FOUR: DOCUMENTATION

| STANDARD  | PRACTICE GUIDELINES  | EVIDENCE BASE   | RESOURCE<br>REQUIRED  |
|---|--|---|---|
| All discussions around<br>the Routine Enquiry<br>question and/or<br>disclosure of domestic<br>abuse will be recorded<br>clearly and<br>contemporaneously. | Health Boards must ensure<br>all staff working with<br>pregnant women and during<br>early years will be aware of<br>the documentation process<br>following Routine Enquiry<br>into Domestic Abuse.<br>Staff must <b>not</b> record any<br>disclosure of domestic<br>abuse in the Woman's<br>handheld notes.<br>Staff must ensure that digital<br>information regarding<br>Domestic Abuse/ Routine<br>Enquiry cannot be viewed or<br>accessed by third parties.<br>Health Visitors should record<br>the response in the family<br>section of the Childs notes<br>(electronic or paper notes)<br>using 'SOAP'.<br>Record sufficient, accurate<br>details regarding any abuse<br>using the woman's words in<br>quotation marks.<br>Record the relationship to<br>the perpetrator.<br>Record the presence of any<br>children or other adults in the<br>household.<br>Include information provided<br>on resources/services<br>available and/or referrals<br>made to statutory and/or<br>support services.<br>Record any contact with the<br>police and document the<br>police incident number. | <ul> <li>NMC (2015) The Code – Professional Standards of<br/>Practice and Behaviour for Nurses, Midwives and<br/>Nursing Associates.</li> <li>Responding to Domestic Abuse A resource for<br/>Health Professionals (2017) Department for Health<br/>and Social Care.</li> <li>The Data Protection Act (2018) – UK's<br/>Implementation of the General Data Protection<br/>Regulation (GDPR)</li> <li>Wales Safeguarding Procedures 2019<br/>https://www.safeguarding.wales</li> </ul> | New staff should be made<br>familiar with this standard<br>and record keeping policy as<br>part of their induction.<br>Ensure all staff aware of<br>policy and guidelines<br>through regular mandatory<br>training.<br>Regular Supervision and<br>access to Safeguarding<br>Teams for guidance and<br>advice in the event of<br>disclosure. |

#### STANDARD FIVE: RISK ASSESSMENT

| STANDARD   | PRACTICE GUIDELINES  | EVIDENCE BASE  | RESOURCE<br>REQUIRED  |
|--|--|--|---|
| Undertake a risk<br>assessment for the<br>woman, unborn baby,<br>and/or any other children<br>in the household.<br>Staff must consider the<br>safety of the woman,<br>themselves and others<br>within the location/<br>environment including<br>health settings and use<br>appropriate risk<br>assessment tools. | The practitioner should be<br>familiar with relevant risk<br>assessment procedures<br>for domestic abuse.<br>Assess level of risk using<br>Risk Assessment Tools or<br>Agreed Local Pathway<br>Framework.<br>Refer to Multi Agency Risk<br>Assessment Conference<br>(MARAC) for visible high<br>risk cases of domestic<br>abuse – 14 or more <b>yes</b><br>ticks on the SafeLives<br>DASH Risk Checklist.<br>Professional judgement<br>can be used for a MARAC<br>referral if deemed high risk.<br>Consider not only the high-<br>risk situation but also any<br><i>strange or unusual</i><br>behaviour reported by the<br>woman.<br>For cases of medium &<br>standard risk clear<br>communication with those<br>Health Professionals<br>involved in the care of the<br>woman and family should<br>take place, in agreement<br>with the woman. | WG (2015) Violence against Women, Domestic<br>Abuse and Sexual Violence (Wales) Act 2015<br>www.legislation.gov.uk/anaw/2015/3/contents/enacted<br>Resources for SafeLives<br>https://safelives.org.uk/practice<br>Wales Safeguarding Procedures 2019<br>https://www.safeguarding.wales<br>WG (2015) Violence Against Women, Domestic<br>Abuse and Sexual Violence (Wales) Act 2015<br>www.legislation.gov.uk/anaw/2015/3/contents/enacted<br>Social Services & Wellbeing (Wales) Act 2014<br>https://www.legislation.gov.uk/anaw/2014/4/contents<br>Domestic Abuse Act 2021 England & Wales | Education & Training,<br>either face to face or<br>virtually.<br>Privacy and Safe<br>environment.<br>Regular supervision and<br>access to Safeguarding<br>Team for guidance and<br>advice.<br>Health Boards/Trusts Lone<br>Working Policy.<br>Access to Health<br>Boards/Trusts Violence<br>and Aggression Officer.<br>Workplace Domestic<br>Abuse Procedures for<br>staff. |

#### STANDARD SIX: CHILD PROTECTION

| STANDARD   | PRACTICE GUIDELINES   | EVIDENCE BASE  | RESOURCE<br>REQUIRED  |
|--|---|--|---|
| Where actual or the<br>likelihood of harm is<br>identified, a child at risk<br>report (under the Wales<br>Safeguarding Procedures<br>2019) must be made.<br>The welfare of any child is<br>paramount <i>including the</i><br><i>unborn child</i> .<br>Consider also the<br>implications for the<br>pregnant teenager <18<br>years. | Establish whether children<br>are present within the<br>home when abuse is taking<br>place.<br>Assess level of risk.<br>Consider other situations<br>which may impact on the<br>health and wellbeing of the<br>child and take appropriate<br>action.<br>Seek support from the<br>Named Nurse/Midwife for<br>Safeguarding and/or<br>Corporate Safeguarding<br>Team.<br>Involve Multi Agency<br>Partnerships.<br>Ask the woman for her<br>(verbal) consent for referral<br>to other specialist services.<br><b>Consent is not essential<br/>where there are potential<br/>child protection<br/>concerns/imminent<br/>threats to her safety.</b> | Wales Safeguarding Procedures 2019<br>https://www.safeguarding.wales<br>All Wales Practice Guides – Safeguarding Children<br>Affected by Domestic Abuse<br>https://www.safeguarding.wales<br>Social Services & Wellbeing (Wales) Act 2014<br>https://www.legislation.gov.uk/anaw/2014/4/contents<br>Adverse Childhood Experiences (ACEs)<br>htttp://www.wales.nhs.uk/sitesplus/888/page/88524<br>UN Convention on the Rights of the Child<br>https://www.unicef.org.uk | Access to Named<br>Nurse/Midwife for<br>Safeguarding.<br>Regular Supervision and<br>access to Corporate<br>Safeguarding Team for<br>guidance and advice.<br>Education & Training, either<br>face to face or virtually.<br>Links with Advocacy<br>Services for Children. |

| STANDARD   | PRACTICE GUIDELINES  | EVIDENCE BASE  | RESOURCE<br>REQUIRED  |
|--|--|--|---|
| To ensure women,<br>staff and<br>practitioners are<br>equipped with<br>accurate and<br>appropriate advice<br>to stay safe. | <ul> <li>Process of safety planning.</li> <li>Support the woman:-</li> <li>Build a trusting, non-<br/>judgemental relationship.</li> <li>Encourage the woman to<br/>assess her safety needs.</li> <li>Review current risk - risk of<br/>harm to herself and/or her<br/>children/unborn child.</li> <li>Ensure health<br/>professionals are not<br/>placed in situations of<br/>threat and danger.</li> <li>Offer appropriate, accurate<br/>information regarding<br/>support agencies.</li> <li>Be an advocate for the<br/>woman with other<br/>agencies (with consent).</li> <li>Undertake a risk<br/>assessment of your<br/>environment e.g. when<br/>visiting a woman in her<br/>home – Consider<br/>geographical location, can<br/>you get out safely.</li> <li>N.B. Ensure that you do<br/>not place yourself or<br/>your colleague at risk in<br/>a potentially violent<br/>situation when<br/>supporting someone<br/>else.</li> </ul> | Resources for SafeLives https://safelives.org.uk<br>Include Specialist Support Services and Welsh<br>Women's Aid | Suitable room.         Counselling Service.         Education & Training, either         face to face or virtually.         All Wales and Local         Information.         Live Fear Free Helpline         0808 80 10 800         Black Association of         Women Step Out (BAWSO)         https://bawso.org.uk         Health Board/Trust Policy         for Staff Experiencing         Domestic Abuse.         Health Board/Trust Policy         for Service Users Who are         experiencing Domestic         Abuse.         Safety Policies as per         Health Boards.         Mobile Phones         Rape Alarms         Room Alarms         Lone Worker Policies         Violence and Aggression         Training. |

#### STANDARD SEVEN: SAFETY PLANNING FOR STAFF AND VICTIM

#### STANDARD EIGHT: PROVISION OF INFORMATION & REFERRAL

| STANDARD   | PRACTICE GUIDELINES  | EVIDENCE BASE  | RESOURCE<br>REQUIRED  |
|--|--|--|---|
| Provide<br>woman with<br>accurate<br>information<br>i.e.<br>resources,<br>help and<br>agencies<br>available.<br>Ensure<br>multi-<br>agency<br>working. | Adopt a calm, open and<br>non-judgemental<br>approach.<br>Give accurate and up to<br>date information of<br>relevant specialist<br>services and the Live Fear<br>Free Helpline.<br>Provide electronic<br>resources available<br>should the woman want.<br>Display relevant<br>information within the<br>Health Board/Trust.<br>Ensure information<br>(especially telephone<br>numbers and electronic<br>links) are current, if not<br>this could endanger the<br>woman.<br>Access to the UK<br>Maternity Portal<br>https://www.pregnotes.net | Social Services & Wellbeing (Wales) Act 2014<br>https://www.legislation.gov.uk/anaw/2014/4/contents<br>WG (2015) Violence against Women, Domestic<br>Abuse and Sexual Violence (Wales) Act 2015<br>www.legislation.gov.uk/anaw/2015/3/contents/enacted<br>Serious Crime Act 2015<br>https://www.legislation.gov.uk/ukpga/2015/9/contents<br>Resources for SafeLives<br>https://safelives.org.uk/practice<br>Welsh Assembly Government (2001) Domestic<br>Violence resource manual for Health Care<br>Professionals GBH<br>RCN Clinical Resource Page for Domestic Abuse can<br>be found at: rcn.org.uk/clinical-topics/domestic-<br>violence-and-abuse<br>Criminal Justice Act 2003 www.legislation.gov.uk | <ul> <li>Training.</li> <li>Display Boards.</li> <li>Literature - Information and description of other agencies roles.</li> <li>Information in a range of different languages.</li> <li>Information as to where to seek help for the perpetrator as well as the victim.</li> <li>Access to Women's Aid/DAUs, Family Support Units, etc.</li> <li>Posters - Contact information may include telephone numbers of local agencies e.g. Legal Services – consider those who specialise in Domestic Abuse.</li> <li>All Wales and Local Information.</li> <li>Live Fear Free Helpline 0808 80 10 800</li> <li>Access to Safeguarding Ambassadors/Champions.</li> </ul> |

#### STANDARD NINE: SUPPORT & SUPERVISION OF STAFF

| STANDARD   | PRACTICE<br>GUIDELINES  | EVIDENCE BASE  | RESOURCES<br>REQUIRED   |
|--|---|--|---|
| To provide support to<br>staff who are dealing<br>with domestic abuse<br>issues. | Safety and<br>disclosure of<br>information should<br>be discussed with<br>Line Manager and/or<br>Named Nurse/<br>Midwife for<br>Safeguarding.<br>Access to Clinical<br>Supervision to be<br>provided in order to<br>allow staff to debrief,<br>seek further advice<br>from Line Manager or<br>other relevant<br>personnel.<br>Explore own issues<br>which may influence<br>practice and seek<br>advice accordingly.<br>Provide support to<br>staff who are<br>experiencing,<br>managing domestic<br>abuse issues and<br>signpost to<br>resources.<br>Adherence to<br>Minimum Standards<br>and Principles.<br>Develop skills and<br>identify training<br>needs.<br>Consider advice and<br>support from Local<br>Specialist Services. | Resources for SafeLives<br>https://safelives.org.uk/practice<br>WG (2015) Violence against Women, Domestic<br>Abuse and Sexual Violence (Wales) Act 2015<br>www.legislation.gov.uk/anaw/2015/3/contents/enacted<br>Serious Crime Act 2015<br>https://www.legislation.gov.uk/ukpga/2015/9/contents<br>NMC (2015) The Code – Professional Standards of<br>Practice and Behaviour for Nurses, Midwives and<br>Nursing Associates. | Education and Training<br>Support/Supervision Training.<br>Local Clinical Supervision<br>Procedures.<br>Access to Peer Supervision.<br>Staff Counselling Service via<br>Local Occupational Health<br>Departments.<br>Workforce and Organisation<br>Development Polices.<br>For example, Flexible Working<br>Policy/Special Leave Policy.<br>Workplace Domestic Abuse<br>Procedures. |

#### STANDARD TEN: EDUCATION AND TRAINING

| STANDARD  | PRACTICE GUIDELINES   | EVIDENCE BASE  | RESOURCES<br>REQUIRED   |
|---|---|--|---|
| Staff will be confident<br>and competent to deal<br>with issues involving<br>domestic abuse.<br>Staff should be aware<br>of basic legislation to<br>help and reassure the<br>woman. | Awareness of physical<br>and general indicators.<br>Midwives and Health<br>Visitors to use Routine<br>Enquiry as part of<br>antenatal care.<br>All Health Boards &<br>Trusts to adopt the All<br>Wales Pathway for<br>Domestic Abuse as<br>good practice.<br>Domestic Abuse to be<br>placed on all Health<br>Boards & Trusts<br>Agenda. | NICE (2008) Antenatal Care – Clinical Guideline 62<br>www.nice.org.uk/guidance/cg62<br>WG (2015) Violence Against Women, Domestic<br>Abuse and Sexual Violence (Wales) Act 2015<br>www.legislation.gov.uk/anaw/2015/3/contents/enacted<br>The National Training Framework on VAWDASV:<br>statutory guidance under section 15 of VAWDASV<br>(Wales) Act 2015 and Section 60 of the Government<br>of Wales Act 2006<br>www.assembly.wales<br>Ask and Act<br>www.welshwomensaid.org.uk<br>RCN Clinical Resource Page for Domestic Abuse can<br>be found at rcn.org.uk/clinical-topics/domestic-<br>violence-and-abuse<br>Resources for SafeLives https://safelives.org.uk | Induction days for new staff<br>to include awareness on<br>issues relating to domestic<br>abuse. For example<br>VAWDASV Ask & Act<br>Group 1 Training<br>ELearning<br>Specific mandatory in-<br>service training days for all<br>Midwives and Health<br>Visitors, in relation to<br>Routine Enquiry into<br>Domestic Abuse – either<br>virtual or face to face.<br>Inclusion of Domestic<br>Abuse on Pre and Post<br>Registration Education<br>Curriculum.<br>Access to Champions,<br>Ambassadors, Leads in<br>VAWDASV.<br>NHS Wales Group 2 Ask &<br>Act Training and access<br>details.<br>Safeguarding Supervision<br>Training.<br>Multiagency Training both<br>Regionally and Nationally.<br>Include Audit Compliance<br>and disseminate learning<br>from findings. |

#### ABUHB/F&T/0504

Aneurin Bevan University Health Board Routine Enquiry into Domestic Abuse in the Antenatal Period Owner: Maternity Services