Domestic Abuse documentation and procedural framework policy (CG480)

Approval

<table>
<thead>
<tr>
<th>Approval Group</th>
<th>Job Title, Chair of Committee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Approval Committee</td>
<td>Chair, Policy Approval Committee</td>
<td>24th October 2017</td>
</tr>
<tr>
<td>Maternity Clinical Governance Committee</td>
<td>Chair, Maternity Clinical Governance Committee</td>
<td>6th October 2017</td>
</tr>
</tbody>
</table>

Change History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author, job title</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>March 2007</td>
<td>Rachel Wheeler</td>
<td>Trust Requirement</td>
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<tr>
<td>2.0</td>
<td>March 2012</td>
<td>Fiona Morris</td>
<td>Review Due</td>
</tr>
<tr>
<td>3.0</td>
<td>July 2013</td>
<td>Fiona Morris</td>
<td>Change to CAADA-DASH checklist</td>
</tr>
<tr>
<td>3.1</td>
<td>January 2014</td>
<td>Donna Parris</td>
<td>Additional changes to CAADA-DASH checklist</td>
</tr>
<tr>
<td>4.0</td>
<td>June 2015</td>
<td>Catherine Hiskett, Safeguarding MW</td>
<td>Reviewed – Change to Safe Lives DASH Checklist</td>
</tr>
<tr>
<td>4.1</td>
<td>November 2015</td>
<td>Catherine Hiskett, Safeguarding MW</td>
<td>Reviewed, change made to new policy template and revised definition of Domestic Abuse</td>
</tr>
<tr>
<td>5.0</td>
<td>September 2017</td>
<td>Amanda Shearer, Named MW for Child Protection and Lead MW on Domestic Abuse</td>
<td>Reviewed – minor changes to remove reference to SoM &amp; update references</td>
</tr>
</tbody>
</table>
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This document must be read in conjunction with:

- Trust Domestic Abuse Policy CG525
- Trust Child Protection Protocol CG074
- Trust Safeguarding Children and Child Protection Policy CG054
- Domestic Abuse in Pregnancy Guideline GL828
- Female Genital Mutilation Guideline GL837
- Green Dot Process Flow Map GL829

Author: Amanda Shearer  Date: October 2017
Job Title: Named MW for Child Protection and Lead MW on Domestic Abuse  Review Date: October 2019
Policy Lead: Group Director Urgent Care  Version: V5.0 ratified 6/10/17 Mat CG mtg
Location: Policy hub/ Clinical/ Maternity / Antenatal/ CG481
1.0 Purpose

The purpose of this document is to provide guidance to enable health care professionals to respond consistently to domestic abuse and the completion of detailed records in the event of domestic abuse disclosure and domestic abuse incidents.

Domestic Abuse has been defined by the Home Office (2013) 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. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional"

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources 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 acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.” *

This definition, which is not a legal definition, includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Domestic abuse is more likely to begin or escalate during pregnancy (Department of Health 2005) with more than 30% of cases of domestic abuse starting during pregnancy (Lewis and Drife 2001).

The prevalence of domestic abuse in pregnant women is more frequent than:

- pregnancy induced hypertension/pre-eclampsia,
- placenta praevia,
- twins or
- gestational diabetes (Hunt and Martin 2001).

Domestic abuse in pregnancy is a major public health issue that has been shown to have profound consequences for the mother’s and infant’s health (Bacchus et al 2001). The DoH (2005), RCOG (1997), RCM (2012) all endorse the routine enquiry for domestic abuse in
pregnancy. Routine enquiry about domestic abuse increases detection rates, information giving and referrals (Ramsey et al 2002).

Domestic Abuse occurs across the whole of society regardless of race, ethnicity, religion, age, class, income or where people live (Department of Health 2005).

Domestic abuse is a child protection issue (Department of Health 2005). Safe-guarding children is paramount however where children are involved Child Protection Services should be used for advice and management, this would include any perceived risks to the unborn child.

2.0 Scope
This policy is intended to cover the ways domestic abuse may be identified within the maternity department. This is separate to Domestic Abuse Policy CG525 which applies to other areas of the hospital as well as maternity.

3.0 Roles and Responsibilities
This guidance applies to all staff working within the maternity unit, midwives, doctors, maternity care assistants, nurses and nursery nurses.

The role in responding to domestic abuse should be:

- Focusing on the woman’s safety and that of her children if she has any (this includes unborns).
- Giving her information and referring her to relevant agencies
- Supporting and reassuring her
- Being non-judgemental (Department of Health 2005)

“It is not your role to encourage her to leave her partner, or to take any other particular course of action. This could lead to problems, including increased danger for her and her children’ (Department of Health 2005)

3.1 Ask Direct Questions
Suggested openings:
‘About 1 in 4 women in the UK will experience domestic abuse at some point in their lives. We also know that domestic abuse sometimes starts for the first time in pregnancy. That is why we are asking all pregnant women about this. Is domestic abuse something that affects you?’
‘All women are now being asked if they have experienced any abuse or violence in their adult lives. This is a major women’s health issue, as we know that up to 1:4 suffer violence in their lifetime’.

‘As an adult have you ever been emotionally or physically abused by your partner or someone important to you’?

3.2 Confidentiality and Information Sharing

Always seek a woman’s permission to share information, but remember that you have a duty to inform the police if a crime has been committed.

It is permissible to pass information to another agency in situations where:

- the courts request information about a written case
- there is significant risk of harm to the woman, her children or somebody else if information isn’t passed on.

Ensure that the woman is aware of the limits of confidentiality.

NB: You don’t need a woman’s permission to record a disclosure of domestic abuse or the findings of an examination. Make clear to a woman that you have a duty to keep a record of her disclosure and injuries as a duty of care. (Department of Health 2005).

3.3 Management

Support can sought from the named midwife for child protection and or the senior midwife co-ordinating the unit. Issues around safety can also be discussed with your manager.

4.0 Definitions

- DoH – Department of Health
- RCM – Royal College of Midwives
- RCOG – Royal College of Obstetrics and Gynaecology
5.0 **Ways Domestic Abuse may be identified:**

- Routine enquiry
- Selective enquiry
- Self-disclosure

**MIDWIVES SHOULD ROUTINELY ENQUIRE ABOUT DOMESTIC ABUSE WITH ALL WOMEN AT LEAST TWICE DURING PREGNANCY. AN APPROPRIATE TIME MAY BE AT THE BOOKING APPOINTMENT WHEN A SOCIAL HISTORY IS BEING TAKEN.**

- Disclosures of abuse require privacy, confidentiality and sensitive questioning by non-judgemental staff. Women may not disclose unless asked directly.
- Consider the need for a trust recognised interpreter and/or signer.
- Documentation must be stored separately from women’s hand held notes.
- Never ask about domestic abuse when anybody else is present (the only exception to this is when a professional interpreter is present).
- Give every woman information on support services, regardless of the response to routine enquiry.
- Green Dot scheme within maternity unit. Please see guideline GL829 for further information.

6.0 **Possible Indicators of Domestic Abuse**

- Frequent appointments for vague symptoms
- Injuries inconsistent with explanation of cause
- Woman tries to hide injuries or minimise their extent
- Partner always attends unnecessarily
- History of repeated miscarriages, terminations, still births or pre-term labour
- Repeat presentation with depression, anxiety, self-harm.
- Frequent missed appointments
- Multiple injuries at different stages of healing
- Woman is submissive or afraid to speak in front of her partner
- Patient appears frightened, overly anxious or depressed
- Partner is aggressive or dominant, talks for a woman or refuses to leave the room.
- Poor or non-attendance at antenatal clinics
- Injuries to the breasts or abdomen
- Recurring sexually transmitted diseases or urinary tract infections
• Early self-discharge from hospital.

None of the above signs automatically indicates domestic abuse. But they should raise suspicion and prompt you to make every attempt to see the woman alone and in private to ask her if she is being abused.  *(Department of Health 2005)*

### 7.0 Consultation Undertaken

This policy will be presented to, discussed, amended where necessary and ratified by the Maternity Clinical Governance Committee and then submitted to the Policy Approval Group.

### 8.0 Dissemination/Circulation/Archiving

This policy will be available electronically, both internally via the Policy Hub/ Clinical/ Maternity/ Social issues & Public Health (http://sql0/sites/intranet/policies/default.aspx) and is available to community midwives and GPs externally via the Trust website (http://www.royalberkshire.nhs.uk/social-issues-and-public-health.htm). The Maternity Information Officer will be responsible for uploading new and archiving old versions of this document.

### 9.0 Implementation

In force since 2007.

### 10.0 Training

There is no mandatory training associated with this procedure. If staff have queries about its operation they should contact their line manager in the first instance. Domestic abuse is covered in mandatory safeguarding adults and children training for all staff.

### 11.0 Monitoring of Compliance

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Individual or dept. responsible for the monitoring</th>
<th>Frequency of the monitoring activity</th>
<th>Group/committee which will receive the findings/monitoring report</th>
<th>Committee/individual responsible for ensuring that the actions are completed</th>
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</thead>
</table>

The Trust reserves the right to amend its monitoring requirements in order to meet the changing needs of the organisation.

<table>
<thead>
<tr>
<th>Author:</th>
<th>Amanda Shearer</th>
</tr>
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<tbody>
<tr>
<td>Job Title:</td>
<td>Named MW for Child Protection and Lead MW on Domestic Abuse</td>
</tr>
<tr>
<td>Date:</td>
<td>October 2017</td>
</tr>
<tr>
<td>Review Date:</td>
<td>October 2019</td>
</tr>
<tr>
<td>Policy Lead:</td>
<td>Group Director Urgent Care</td>
</tr>
<tr>
<td>Version:</td>
<td>V5.0 ratified 6/10/17 Mat CG mtg</td>
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</tbody>
</table>
12.0 Supporting Documentation and References


7. Royal College Obstetricians and Gynaecologists (1997) Recommendations arising from the study group on Domestic Violence against women RCOG: London


13.0 Equality Impact Assessment

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Sex</th>
<th>Disability</th>
<th>Race</th>
<th>Gender Reassignment</th>
<th>Religion or Belief</th>
<th>Sexual Orientation</th>
<th>Marriage and Civil Partnership</th>
<th>Pregnancy and Maternity</th>
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<td>Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy/change proposal?</td>
<td>N</td>
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<td>Is there potential for or evidence that the proposed policy/change will not promote equality of opportunity for all and promote good relations between different groups?</td>
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<tr>
<td>Is there potential for or evidence that the proposed policy will affect different population groups differently (including unintended discrimination against certain groups)?</td>
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<tr>
<td>Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?</td>
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Author: Amanda Shearer
Job Title: Named MW for Child Protection and Lead MW on Domestic Abuse
Policy Lead: Group Director Urgent Care
Location: Policy hub/ Clinical/ Maternity / Antenatal/ CG481

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Name of Policy: Domestic Abuse policy (CG481)

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?

Yes some cultures may make it more challenging for women to disclose domestic abuse and this may require staff to be more aware and supportive for these women. This policy is clear that all clients affected by this policy should be treated equally regardless of race, gender, sexual orientation etc.

Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?

Appendices included specialised assessments for those who may require additional advice and support i.e. (HBV checklist)

Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)? N/A

Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)? N/A

Based on the information set out above I have decided that a full equality impact assessment is not necessary.

Name, Job title and signature:
Amanda Shearer, Named Midwife for Child Protection & Lead Midwife for Domestic Abuse
Department: Maternity
Date: 07/09/17
Appendix 1 - Process for disseminating or dealing with information from Thames Valley Police

Designated Nurse for child protection receives information from Thames Valley Police regarding pregnant women who have been abused.

Information given to Named Midwife for Child Protection within 5 working days.

Named Midwife checks hospital notes to see if there is any documentation regarding domestic abuse and to ascertain if family have a social worker.

Information given to Named Community Midwife within 5 working days including any risk assessment completed by Thames Valley Police. Discuss with Named Midwife for Child Protection.

Named community midwife phones appropriate referral and assessment team to discuss action to be taken. Agree who is to perform any ongoing assessment.

Community midwife to contact woman to make an appointment if not already scheduled. Discuss incident and any ongoing support requirements and undertake risk assessment.

For high risk women it may be required to arrange for a BWA worker to join the midwife and woman for an appointment at RBH. If unable to contact the woman by phone, a home visit should be made with another colleague e.g. MCA. If the woman is unwilling or unable to attend Crossing Bridges or RBH, arrange to see at next community ANC with woman on her own and offer information about BWA etc. A referral to Poppy team should be considered for high risk women or women not engaging with services.

Following risk assessment, refer to children and families referral and assessment team if appropriate and named midwife for child protection.

Inform Health Visitor and GP of the information received and action taken.

Document information and action taken in the hospital notes.

Police report to be kept centrally by Named midwife for child protection, filed by EDD. The report will be destroyed when the woman is discharged from midwifery care.

Named Midwife for Child Protection  (07768752529)
Appendix 2 - Routine Enquiry / Selective Enquiry / Self Disclosure flowchart

**Routine Enquiry / Selective Enquiry / Self Disclosure**

**Abuse suspected but no disclosure of Domestic Abuse**
- Record injuries/demeanor
- Support and treat as required
- Offer information on support/emergency services

**Discloses abuse**
- Discuss limits of confidentiality
  - Assess current risk.
  - Discuss options and offer information regarding support services/emergency contact numbers
  - Document information and action taken on the Disclosure of Domestic abuse form. Place in Hospital notes not hand held.
  - Discuss sharing information with GP and Health Visitor.

  **Inform Named Midwife**

**Child protection concerns**
- Follow child protection guidelines
  - Following risk assessment, refer to children and families referral and assessment team if appropriate and named midwife for Child Protection

**Home – declines support**
- Woman decides she wants no further help – offer return appointment.
- Discuss safety
- Offer support numbers.
- Inform community midwife / named midwife

**Wishes place of safety**
- Empower woman to contact BWA
- Continue to support.
- Contact number/referral.
- Inform on call co-ordinator community midwife / named midwife

**Home with support**
- Contact numbers/referral to appropriate agencies.
- Continuity of care.
- Arrange further contact
- Inform community midwife/named midwife

**Inform Named Midwife**
## Appendix 3 – What you can do: an overview (DoH 2005)

<table>
<thead>
<tr>
<th>Task</th>
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<tbody>
<tr>
<td>Be aware of support services that are available locally and keep supplies of information to pass on.</td>
</tr>
<tr>
<td>Help create an environment in which women feel comfortable talking about abuse.</td>
</tr>
<tr>
<td>Be aware of the signs that could indicate domestic abuse is taking place.</td>
</tr>
<tr>
<td>Know how to ask the right questions to let a woman know she can talk to you about abuse. Explain the limits of confidentiality.</td>
</tr>
<tr>
<td>Establish whether there are any children in the household – and how many. Make an assessment of their needs.</td>
</tr>
<tr>
<td>Validate and support women who do reveal abuse</td>
</tr>
<tr>
<td>Pass on information about relevant support agencies, whether or not a woman discloses abuse.</td>
</tr>
<tr>
<td>Keep detailed, accurate records about a woman’s injuries and what she reveals to you – but never in hand held notes.</td>
</tr>
<tr>
<td>Ensure confidentiality. If you need to share information with other agencies, follow guidelines</td>
</tr>
<tr>
<td>Attend to all the woman’s health needs</td>
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**Author:** Amanda Shearer  
**Date:** October 2017  
**Job Title:** Named MW for Child Protection and Lead MW on Domestic Abuse  
**Review Date:** October 2019  
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