Domestic abuse in pregnancy guidelines (GL828)

Approval and Authorisation

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<th>Approved by</th>
<th>Job Title or Chair of Committee</th>
<th>Date</th>
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<tr>
<td>Maternity &amp; Children's Services</td>
<td>Chair, Maternity Clinical Governance Committee</td>
<td>6th December 2019</td>
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<td>Clinical Governance Committee</td>
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Change History

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<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Reason</th>
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<tr>
<td>5.0</td>
<td>June 2015</td>
<td>Catherine Hiskett (Named Midwife for Child Protection)</td>
<td>Reviewed – changes to CAADA-DASH form only</td>
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<tr>
<td>6.0</td>
<td>July 2017</td>
<td>A Shearer (Named MW for CP)</td>
<td>Reviewed</td>
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<tr>
<td>7.0</td>
<td>Sept 2019</td>
<td>A Shearer (Named MW for CP)</td>
<td>Reviewed, minor changes &amp; forms updated at end</td>
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This document should also be read in conjunction with:

- Trust Domestic Abuse Policy CG525
- Child Protection Protocol CG074
- Safeguarding Children and Child Protection Policy CG054
- Domestic Abuse in Pregnancy Policy CG480
- Female Genital Mutilation Guideline GL837
- Green Dot Process Flow Map GL829
Overview: 30% of domestic abuse starts in pregnancy CMACH (2002). Domestic abuse has been identified as a prime cause of miscarriage and stillbirth and of maternal death. A study of 139 serious case reviews in England 2009-2011 63% were found to have domestic violence as a risk factor (Brandon et al 2012). The DoH (2005), RCOG (1997), RCM (1999) 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).

Health professionals have a duty to record anything which may have an impact on the health of their patients and this includes domestic violence. It is recommended that all health professionals be alert to the identification of Domestic Abuse to enable the provision of appropriate support (CEMD, 2001). 45% of women have experienced some form of domestic abuse, sexual assault or stalking. (Walby and Allen 2004).

1.0 Definition:

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. The abuse can encompass, but is not limited to:

Psychological, physical, sexual, financial, emotional. (Home Office. Domestic violence and abuse: new definition (2013). This includes honour-based violence and forced marriage.

2.0 Standard:

All pregnant women should be routinely asked about domestic abuse as part of their social history at booking and/ or at another opportune point in the antenatal period (usually 34 weeks).

All staff must undergo mandatory training before undertaking routine enquiry for domestic abuse.

3.0 Screening and identifying:

- Where possible, all women should be seen alone at least twice during the antenatal period to enable disclosure of domestic abuse more easily if they wish (CEMACH 2002).
- Routine questioning in an appropriate and sensitive manner using language that is clearly understood, in a private environment where confidentiality can be assured without the partner or family member being present (CEMD, 2001). Consider the language used as many women may not identify with being a victim of abuse therefore consider questions like:
  - Do you feel safe in your home
  - Does anyone you live with make you feel frightened
- Can you make your own decisions
- Where a partner is constantly present try to arrange a time where the woman can be seen on her own tactfully and carefully without arousing suspicion.
- Where the woman is deaf or unable to speak English arrange for an interpreter to attend who is not a family member.
- If a learning disability or cognitive problems has been identified consider the best method of communicating with them, but never through friends or relatives. Consider Books beyond words that provide a range of visual resources.
- The green dot scheme has been implemented in the hospital environment and enables a woman to discreetly request to see a midwife in private by placing a green dot on her urine sample.
- Be alert to physical, emotional and behavioural symptoms, question directly but sensitively.
- Record in the notes that the question has been asked within the social history section
- Pass on information about support agencies e.g. BWA to all women whether or not a woman discloses abuse.

3.1 On disclosure of any abuse from the woman:
- Respond constructively: believe her, listen carefully and appreciate how difficult it is for her to disclose this information.
- Inform her that the conversation is confidential, but that this cannot be maintained when there is evidence or suspicion of harm to a child. This has to be reported therefore be honest about your professional obligations towards child protection as there are strong associations between domestic abuse and child abuse (DOH, 2000). Under the Adoption and Children Act 2002, living with or witnessing domestic abuse is identified as a source of ‘significant harm’ for children (cited by the Department of Health 2005).
- It is for the woman to decide an appropriate course of action, therefore provide information of specialist services for where she can access help e.g. BWA, A2 Dominion, Thames Valley Domestic Abuse Unit, cultural specialist services.
- Permission does not need to be obtained to record a disclosure of domestic abuse or the findings of an examination. The woman needs to be informed that Health care professionals have a duty to keep a record of disclosures and injuries as a duty of care. (Department of Health 2005)
- Inform the woman of the importance and future benefits of abuse being documented – e.g. Evidence for any legal case (HO & CO, 1999)
- Refer to the Royal Berkshire NHS Foundation Trust Maternity Services Domestic Abuse Documentation and Procedural Framework.
• Inform the Named Midwife for child protection of any disclosures.
• Following disclosure of domestic abuse a communication sheet should be completed and filed in the buff notes. **Do not write any disclosure in the hand held notes.** A copy should also be sent to Named Midwife for Child protection.
• Discuss sharing information with GP, Health Visitor and own named midwife. Always seek a woman’s consent to share information; however it is permissible to pass information to another agency, including the relevant local Children’s services in situations where there is significant risk of harm to the woman, her children or somebody else if information isn’t passed on (Department of Health 2005).

4.0 Support and follow up:

• Make it clear that the woman can return for further advice/assistance in the future, encourage her to contact the specific areas specialist services i.e. BWA
• Try to ensure continuity of care to maximise confidentiality and prevent the woman having to reiterate her case
• Arrange regular follow up appointments to support and advise
• Follow up all non-attendees at clinics and no access visits (CEMD, 2001)
• **BE SAFE** as a midwife you have the right to withdraw from an environment where your safety is threatened, until you have sought advice or assistance

For any queries or help contact the on call co-ordinator for maternity services/Named midwife for Child Protection. **The following proforma can be found under Stationery / Safeguarding – CAADA-DASH form Appendix 1** and Honour based violence form **Appendix 2**
5.0 References:


5.5 Department of Health (2005) Responding to domestic abuse: a handbook for Health professionals London: Department of Health

5.6 Department of Health (2017) Responding to domestic abuse: A resource for Health professionals London: Department of Health

5.7 HO & CO (1999) Living without Fear: An integrated approach to tackling violence against women Home Office and Cabinet Office


5.10 RCM (1999) Domestic Abuse in Pregnancy, position paper 19a London: Royal College of Midwives

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

Appendix 1 – CAADA-DASH form

SafeLives Dash risk checklist for use by law and other non-police agencies for identification of risks when domestic abuse, ‘honour’-based violence and/or stalking are disclosed

Please explain the purpose of asking these questions is for the safety and protection of the individual concerned.

Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.

1. Has the current incident resulted in injury?
   Please state what and whether this is the final injury.

2. Are you ever frightened?
   Comment:

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:

4. Do you feel isolated from family/friends?
   Is, does [name of abuser(s)] try to stop you from seeing family/friends/doctor or others?
   Comment:

5. Are you feeling depressed or having suicidal thoughts?

6. Have you separated or tried to separate from [name of abuser(s)] within the past year?

7. Is there conflict over child contact?

8. Does [name of abuser(s)] 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.

9. Are you pregnant or have you recently had a baby (within the last 12 months)?

10. Is the abuse getting worse?

11. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?
   For example: in terms of relationships, who you see; being ‘isolated’ at home; telling you what to wear. Consider ‘honour’-based violence (HBDV) and specify behaviour.

12. Has [name of abuser(s)] ever used weapons or objects to hurt you?

13. Has [name of abuser(s)] ever threatened to kill you or someone else and/or threatened them?
   If yes, tick who
   You
   Other (please specify)


Once completed, this form should be sent via secure means to the relevant police. Please do not send it to an unsafe address in case it could be seen by the police or the abuser(s).

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If the current incident resulted in injury, please state what and whether this is the final injury.

Note: This checklist is compliant with the ACPO endorsed risk assessment model: CAADA 2006 for the police service.

Date: December 2019
Review Date: December 2021
Version: V7.0 ratified 6/12/19
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<th>Name of victim:</th>
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<th>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>STATE SOURCE OF INFO</th>
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For consideration by professional

Is there any other relevant information (from victims or professionals) which may increase risk levels? Consider victim’s situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, ‘mosaic’ based systems, geographic isolation and minimisation.

Are they willing to engage with your service? Describe.

Consider abuser’s occupation / interests. Could this give them unique access to weapons? Describe.

What are the victim’s greatest priorities to address their safety?

**Do you believe that there are reasonable grounds for referring this case to the Police?**

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<th>YES</th>
<th>NO</th>
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**Signed**

Date

**Do you believe that there are risks facing the children in the family?**

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**Signed**

Date referral made

**Name:**

**Practitioner’s notes:**

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This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Alison Stakes with renamed Daw's Dad and Victoria Furlong Family with Children of the Sunderland Family for their input and feedback.

This document is valid only on date last printed
Appendix 2 – Honour based violence form

DASH (2009) Additional HBV Risk Questions

Q20. 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)

Practice Point: If the victim is subject to HBV and answers ‘yes’ to this question, ask the following questions:

✓ Truanting – if under 18 years old is the victim truanting?
✓ Self-harm – is there evidence of self-harm?
✓ House arrest and being ‘policied at home’ – is the victim being kept at home or their behaviour activity being policed(describe the behaviours)?
✓ Fear of being forced into an engagement/marriage – is the victim worried they will be forced to marry against their will?
✓ Pressure to go abroad – is the victim fearful of being taken abroad?
✓ Isolation – is the victim very isolated?
✓ A pre-marital relationship or extra marital affairs – is the victim believed to be in a relationship that is not approved of?
✓ Attempts to separate or divorce (child contact issues) – is the victim attempting to leave the relationship?
✓ Threats that they will never see the children again – are there threats that the child(ren) will be taken away?
✓ Threats to hurt/kill – are there threats to hurt or kill the victim?

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