Domestic Abuse: Guidance for Practice in Maternity

University Hospitals of Leicester NHS Trust

Trust ref: C107/2006

Contents

1. Introduction and Who Guideline applies to

The National Centre for Domestic Violence (2023) reported that in the year ending March 2022, an estimated 2.4 million adults aged 16 to 74 years experienced domestic abuse in the last year (1.7 million women and 699,000 men).

Many victims of domestic abuse do not report their concerns to the police; therefore, it is paramount that professionals are able to identify victims of domestic abuse and provide the right response (Home Office, 2022).

The Government's aim is to eliminate health inequalities and to improve the health of the population. Those who experience domestic abuse, the majority of whom are women and children, are at considerable health disadvantage, and may be at life threatening risk. The government introduced statutory guidance in July 2022, following the change in domestic abuse legislation the previous year. The guidance aims to increase awareness and inform the response to domestic abuse. This guidance will be used to support and shape our response to domestic abuse within maternity services at UHL.

The Domestic Abuse Act 2021 was brought in to raise further awareness and understanding of the impact that domestic abuse has on victims and families. The act further improves the effectiveness of the justice system response to provide protection to victims of domestic abuse and ensuring that perpetrators are brought to justice.
Further information about the changes in the domestic abuse legislation can be access below

https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet#:~:text=Domestic%20Abuse%20Act,11%20July%202022

Section 70 of the Domestic Abuse Act 2021 introduced 'non-fatal strangulation'. Non-fatal strangulation is when the strangulation does not cause death. Strangulation is common in interpersonal violence and up to 44% of victims report having been strangled (Insight IDVA datasets, 2021-2022).

The Government has published National Guidance for NHS staff to assist in management of cases of domestic abuse. The Domestic Abuse Statutory Guidance (Home Office July 2022 – p67) are designed to meet the needs of women, children, men and people, to offer a framework for supporting good practice for health professionals in recognising possible indications and challenging domestic abuse.

It is recognised that domestic abuse often starts or intensifies during pregnancy. Refuge (2023) reported that 20% of women and people in refuge services are pregnant or have recently given birth. The physical risks to pregnant women and people are significant, with 40% of pregnant women and people who had experienced abuse had head and neck injuries and 28% had broken bones or muscular injuries. 34% of victims had reported being choked, with victims reporting a noticeable change in the pattern of attack, which included a physical assault to the abdomen (Women's Aid, 2019).

Leicester city council (2023) produced a document which suggests that there should be more postnatal women and people, who have given birth in the last 12 months, accessing domestic abuse services for support, as the reported incidences shared by UHL in 2020-21, does not correlate with the number of victims who had accessed domestic abuse support.

This guidance will support UHL staff in supporting victims and perpetrators of domestic

abuse within maternity services. This document aims to support staff to help to support patients who are victims of domestic abuse and to also enable professionals to screen pregnant women and people for domestic abuse (DASH – Domestic Abuse, Stalking, Harassment and Honour-Based Violence Assessment risk assessment). It also provides information on the referral pathways and support services.
This guideline applies to all members of medical, midwifery and nursing staff within the Maternity Service.

1.1 Definitions

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 (see Appendix 1):

- 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.

Domestic abuse is a systematic pattern of behaviour on the part of the abuser to control and dominate another.

- A domestic abuse incident which results in the death of the victim is rarely a first attack and is likely to have been preceded by psychological and emotional abuse.

- Domestic abuse also includes forced marriage and honour based violence and female genital mutilation.

- Domestic abuse can be experienced by any individual, but women and their children are at particular risk. Some groups face additional barriers to disclosing domestic abuse, including those of Black and Minority Ethnicity (BAME) communities, those in same sex relationships, LGBTQIA (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and more) communities, older women, disabled individuals and men. This is compounded by discrimination or fear of discrimination. Domestic abuse features in a high proportion of child protection cases and cases involving adults and children (who are child-bearing), in need of safeguarding.

2. Guideline Standards and Procedures

2.1 Roles and Responsibilities

Action to be taken by all Staff and Midwives

We should be routinely asking and exploring domestic abuse with all patients when they are seen alone. It is essential to have a conversation with the woman or person alone in a quiet, private and safe environment wherever possible. The presence of a partner during a discussion of domestic abuse could place the person in greater danger (see Appendix 2 Flow Chart). If the pregnant / postnatal woman or person does not speak English as a first or preferred language, an interpreter must be used. **The individual interpreting should not be a family member or friend**.

Opportunities should be created to enable staff members to explore domestic abuse if the pregnant woman or person is escorted at each appointment/consultation. This can be taking them into another room to access resources, such as weighing scales or directing them to the toilet. We can routinely ask pregnant women and people if they suffer domestic abuse using the following dialogue-

- "We are sorry if you have been asked these questions before. According to recent research 1 in 4 women face violence in their home during their lifetime, so we are routinely asking every pregnant woman or person about domestic violence…"
- "Is someone hurting you?"
- "Do you feel safe at home?"
- "Do you feel like you are being controlled or isolated?"
- Some suggested questions (see also suggested questions in Appendix 3)
- "Are you safe at home?"
- "Have you ever been kicked/slapped/pinched or verbally abused?" "Have you been forced to do something sexual you didn't want to?"
- If the answer is "Yes" to any of these questions, then a referral must be completed and sent to Children's Social Care and the Maternity Safeguarding Team. The rationale for the decision must be recorded.
- Number must be given to the woman or person for United Against Violence and Abuse (UAVA - 0800 802 0028)
- Clare's Law should be discussed with the woman or person.
- Matron for Safeguarding/Specialist Midwife for Safeguarding/Safeguarding Link Midwife are able to provide advice and support to staff in relation to domestic abuse that places an unborn baby/child/vulnerable adult at risk. The named professionals will ensure that all safeguarding training includes a link between domestic abuse and safeguarding.

2.2 Domestic Abuse Enquiry in a virtual setting

Guidance for safe enquiry about domestic abuse in virtual health settings was developed by a number of agencies during the Covid-19 pandemic led by Safelives (2020).

Warning Signs of Domestic Abuse
Domestic abuse can take many forms therefore, it is important to look beyond signs of physical injuries. You may come across patients who will clearly say they are being abused and need help, but it is far more likely that you will encounter coded disclosures.
Some examples include:

- 'I don't feel safe right now'
- 'I don't feel safe at home'
- 'I'm scared/frightened of my (ex) partner/family member
- 'My (ex) partner/family member won't let me out of the house' (or any other controlling behaviour mentioned, pick-up prescriptions, do the shopping, go for a walk, see friends/family, go to work etc.)
- 'My (ex) partner/family member hurt(s) me'
- 'My (ex) partner/family member controls everything I do'
- 'My (ex) partner/family member is always putting me down/makes me feel worthless'

- Witnessing abusive behaviour (aggressive, controlling, yelling, demeaning and belittling, humiliating, bullying, verbal abuse)
- Noticing that the patient seems fearful of their partner/family member
- Noticing that the patient is unable to speak with you alone or in detail about their current circumstances
- Noticing that the patient's partner is always present
- Noticing evidence of physical abuse, including bruises and scratches

You may also be worried that someone you're in contact with is experiencing domestic abuse based on what you see and hear. Some examples include:

- Some physical and mental health issues, such as anxiety, depression, chronic pain, difficulty sleeping, facial or dental injuries, chronic fatigue and pregnancy and miscarriage have a strong link to being a victim/survivor of domestic abuse.
- Patients who present with such symptoms should always be asked about abuse. In addition, in heterosexual relationships abusive perpetrators often exert control over reproduction; health professionals should be alert to indicators such as urinary tract infections, unprotected sex, lesion of nipple, STIs, pregnancy and requests for a termination.

2.3 Guidance for safe enquiry about domestic abuse in all health settings

Advocates professionals to use 'The five R's of enquiry';

1) Recognise and Ask

- It's important to make sure that the patient you are in contact with is alone and safe before speaking with them about abuse. This is particularly the case when supporting them over the phone or online. Ask closed questions to establish this, allowing them to give 'yes' or 'no' answers. E.g. 'Are you alone?' 'Is it safe to ask you some questions about your relationship with __?'
- If someone other than the patient answers the phone, ask to speak with the patient and then once they are on the phone, ascertain that it is safe to proceed with the call by asking, "Are you alone?" and "Is it OK for us to continue with this call right now?" If not, suggest another time to call back again using closed questions such as, "I need to call back another time, is tomorrow morning at 10am OK?"
- If it is safe to talk to the patient, establish a code word or sentence, which they can say to indicate that it's no longer safe to talk and end the call (e.g. 'No I'm not interested, thank you.' In which case you should call back later).
- If it isn't a safe time, then ask for a suggested safe time to call back. Be aware that situations change quickly, and that risk is dynamic. It is important to always follow up and call back later or ask a colleague to call back if someone terminates a call abruptly. Following through is important in building trust with patient. Ask if the patient is alone to ensure that the perpetrator isn't in the same room. Be aware that the perpetrator of the abuse may be in the house or enter the house and ask the patient to terminate the call if the perpetrator of the abuse comes into the room.
- Ask if the patient feels safe and if there is any immediate danger. Always advise calling 999 if there is any immediate danger. If the patient is unable to do this, but wants to, you can offer to do this for them. Remind the patient that if they are in danger they can access healthcare services.
- If the patient does not speak English, ensure that an independent interpreter is available. Do not use family members or friends as translators.

2) Respond

- Validate the patient's experience with phrases like 'I believe you' or 'this is not your fault.'

- Ask about what support the patient has and what support they might need.
- Explain confidentiality and information sharing procedures and be clear about when you would need to share information and how you would do this. Frame your enquiry by explaining the prevalence of domestic abuse before asking a more direct question. For example: “We routinely ask about domestic abuse because it is so common, affecting approximately 1 in 4 people…” or: “Has anyone close to you (family members or sexual partners) ever made you feel afraid, controlled or isolated, or physically hurt you?”

3) Risk Assess

- Ask the patient if the abuse is getting worse.
- Ask if the patient feels unsafe to stay in the home/is in immediate danger.
- If the patient says yes, they feel unsafe to stay in the home/are in immediate danger offer to call the police on 999 and do so if they want you to.
- If children, including unborn or adults at risk are identified then a Safeguarding referral will be required.

4) Refer

- These cases can be challenging to manage – discuss with your concerns with the maternity safeguarding team on extension 16432 or email maternity.safeguarding@uhl-tr.nhs.uk.
- Share the details for domestic abuse services and with consent, complete a referral to local domestic abuse services. **If the patient consents to the referral, ensure there is a safe means to contact them**. Be aware that it is very common for perpetrators to check victims’ phones and laptops etc. which is why it is important to ascertain a safe way to contact the victim. Freeva (tel- 0808 802 0028), is the commissioned domestic abuse service for Leicester. On receipt of the information, a qualified Independent Domestic Violence Advisor can support and advise accordingly (between 8am-8pm, Monday-Friday and 10am-4pm on weekends and bank holidays). Outside of these hours staff and victims can call the 24-Hour National Domestic Abuse Helpline on 0808 2000 247.
- Consider whether you, or one of your colleagues, can call the patient again, to offer support and agree what timeframe for this is realistic and appropriate.

If someone is in immediate danger, call 999 and ask for the police. Advise the patient that silent calls will work if they do not feel safe to speak – to use the Silent Solution system; victims are advised to call 999 and then press 55 when prompted.

If the patient is not in immediate danger, the following numbers/ contacts might be helpful:
FREEVA (commissioned domestic abuse services across LLR)- 0808 802 0028 (open Monday- Friday from 8am-8pm, weekends and bank holidays 10am-4pm).
Freephone 24h National Domestic Abuse Helpline: 0808 2000 247
LGBT+ Domestic Abuse Helpline: 0800 999 5428 help@galop.org.uk
Men’s Advice Line (for male domestic abuse victims): 0808 8010327
info@mensadviceline.org.uk
Karma Nirvana, UK Helpline for ‘honour’-based abuse and forced marriage: 0800 5999 247
Victim Support National 24-hour Support line: 0808 1689 111
Respect phone line for perpetrators: Freephone 0808 8024040
https://respectphoneline.org.uk/
For online support for domestic abuse victims go to https://chat.womensaid.org.uk/

For Deaf victims: BSL Health Access is a new way to support communication in British Sign Language so that Deaf and hearing people can communicate more easily. www.BSLHealthAccess.co.uk enables you to connect to a qualified BSL interpreter online so

that you can place a phone call, or even use the interpreter to support in-person conversation.

5) Record

- Make sure you document all enquiries, disclosures and referrals on the patient's record but in a way to hide it, such as by using the safeguarding workflow on Medway. This is to safeguard the patient if they request printed medical records; details of domestic abuse must be redacted.
- Document any concerns that you have, even if the patient does not disclose domestic abuse.

IF NO DISCLOSURES ARE MADE BUT YOU SUSPECT DOMESTIC ABUSE, PLEASE FOLLOW SAFEGUARDING PROCEEDURES AND LIAISE WITH THE MATERNITY SAFEGUARDING TEAM FOR SUPERVISION AND SUPPORT.

2.4 Clare's Law Referrals

Clare's law should be discussed with anyone who we have evidence to suggest or inclinations that they may in an abusive relationship. This should include patients who are in a relationship with a perpetrator who has a known history of perpetrating abuse/offences against ex-partners.

Clare's Law enables police to disclose information to a victim or potential victim of domestic abuse about their partner's or ex-partner's previous abusive or violent offending. This process was implemented across all police forces in England and Wales in March 2014. Through Clare's Law, the police are able to share any relevant information with someone about a partner or ex-partner's history, which could impact on theirs or there children's safety. Through having the disclosure, it can enable the victim or potential victim to end the relationship, or putting additional safety measures in place to safeguard themselves on receipt of the information.

Clare's Law referrals can be made by professionals on behalf of a patient. The request for the dicsloure can be made by the victim/potential victim, family, friends or professionals and has to be requested through the police force where the victim/potential victim resides. In most circumstances, this would be through Leicestershire police and the referral form can be accessed by this link- Request information under Clare's Law: Make a Domestic Violence Disclosure Scheme (DVDS) application | Leicestershire Police (leics.police.uk)

2.5 Domestic Abuse- Safe space

It is essential that victims of domestic abuse are given access to a safe environment where they can access domestic abuse support. A safe space is a place that provides a physically and emotionally safe environment for a person or group of people, especially a place where people can freely express themselves without fear of prejudice, negative judgment, etc. Within UHL, we have a number of rooms/areas which can be utilised for this purpose and adapted accordingly. Safe spaces were developed to ensure victims are allowed to express themselves in private, giving the victims access to resources and information on how they can protect themselves as victims of domestic abuse.

As well as having access to resources, the victim should be given access to a phone to enable them to make contact with services for support, such as police, refuge or FREEVA (domestic abuse commissioned service within LLR). The victim may also want to make contact with friends or family. (see contacts & numbers page 5)

2.6 Confidentiality

- Extreme care should be taken to protect the safety of victims, and no information should be disclosed which might breach their safety, i.e. a third party trying to use the whereabouts of children to trace the mother.

- Staff need to make clear that there are limits to the extent of confidentiality, and that in cases where pregnant women and people and/or children are living in a domestically abusive household, information will be passed on to other agencies in line with the Safeguarding Children Policy. These policies are congruent with the legislation and identify that the welfare of the child is paramount (Children Act 2004).

- In the case of a serious assault, it would be best practice to have the person's consent to share information with other agencies. As with child protection and vulnerable adults, the welfare of the victim is paramount.

- If you reasonably believe that there is a risk to life or safety, then information may need to be disclosed, with or without consent.

- To ensure confidentiality, patient's addresses can be protected by producing labels with restricted data, contact medical records for assistance.

2.7 Information Sharing

If a practitioner has concerns regarding the welfare of an existing or unborn child a referral to the Children and Family Services must be made. If the practitioner has significant concern for the welfare of a child, then the local authority must be called immediately by the practitioner. The safeguarding midwifery team must be notified by phone (ext. 16432) and completion of an 'A Form'.

County Duty & Assessment Team	0116 305 0005
City Duty & Assessment Team	0116 454 1004
Rutland Social care	01572 722 577

2.8 Domestic Abuse in Pregnancy

Risk factors indicating there maybe domestic abuse in the context of Midwifery and Obstetric Practice

- Booking after 20 weeks gestation.
- Poor/non-attendance at antenatal clinics.
- Repeat attendance at antenatal clinics, GP's surgeries, Emergency Departments, Minor Injuries or Urgent Care for trivial or non-existent complaints.
- Repeat presentation with poor mental health and well-being, self-harm and psychosomatic symptoms.
- Minimalisation of signs of injury on the body.
- Poor obstetric history e.g. placental abruption, antepartum haemorrhage, abdominal pain.
- Unexplained or frequent/consistent admissions, e.g. following a weekend.
- Non-compliance with treatment regimens/ early self-discharge from the hospital.
- Constant presence of partner at examinations, who may answer all the questions and be unwilling to leave the room.

- The pregnant woman or person may appear evasive/reluctant to speak/disagree in front of her partner.
- Repeated self-discharge, particularly if there are other children.

2.9 Physical Manifestations of domestic abuse in the context of obstetric and midwifery practice.

Physical manifestations during pregnancy and postnatally include;

- Gynaecological problems may include but are not restricted to frequent urinary tract infections, dyspareunia and pelvic pain.
- Repeated self-referral to health professionals with vague complaints or symptoms without apparent physiological cause and recurring admissions for abdominal pain/reduced fetal movements, non-specific symptoms or ailments.
- Injuries/bruises that are untreated and of several different ages, especially to the neck, head, breasts, abdomen and genitals.
- Repetitive or chronic injuries.

There may also be a history of:

- Repeated miscarriage or terminations of pregnancy.
- Stillbirth or preterm labour.
- Prematurity, intrauterine growth restriction/ low birth weight.
- Unwanted or unplanned pregnancy.
- Repeated pregnancies within a short time frame.

2.10 Routine Questioning and Documentation

Pregnant women and people should be advised that asking about domestic abuse is a routine question in pregnancy because of the high incidence and to raise general awareness.

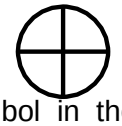
Aim to ask pregnant women and people if they are experiencing domestic abuse at the booking visit or later if the woman is not alone. At each contact with the pregnant woman or person (including admission to hospital) check that the question has been asked. If suspicious and an opportunity arises ask the question again.

Make sure you have an opportunity to see the pregnant woman or person alone at least once during antenatal period.

NEVER USE THE PARTNER, RELATIVE OR FRIEND TO INTERPRET AND WHEN ASKING THE QUESTION ENSURE THE PREGNANT WOMAN OR PERSON IS SEEN ON HER OWN.

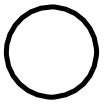
If abuse is suspected: ensure confidentiality, secure a quiet, private area, away from the alleged/suspected perpetrator.

If Domestic Abuse **is disclosed** then this is recorded as in the Maternity Hand Held Notes, by ticking the box and crossing the circle, dating and signing. Additional documentation can be completed (see Appendix 4) and can be scanned and added to E3.



Document details of the disclosure by using the appropriate symbol in the pregnant woman or persons hand- held notes. The aim of using this symbol is to provide front-line staff with a simple, clear and consistent way of recording disclosures of domestic

abuse.

If domestic abuse **is not disclosed** then this should also be recorded in the maternity hand held notes by ticking the box beside the circle, dating and signing. 

The pregnant woman or person should be informed of the referral, unless it is considered that it would be unsafe to do so. Decisions must be discussed with the individual and an explanation of the reason for sharing of information should be given. The unborn/child/children's interests are paramount and therefore confidentiality will not override the need to complete a child protection referral.

Concise records must be kept (see Appendix 4). Staff must ensure that care is taken to maintain confidentiality in order to protect the person from further abuse. Records of domestic abuse should be held separately from information which may be held or seen by the perpetrator e.g. hand-held notes, ward documentation/information on computer screens and any verbal conversations should be held in private.

Where the victim of domestic abuse is believed to be at risk of serious harm and it is in the best interests of any child/children, other disciplines of staff should be informed Health Visitor/School Nurse/General Practitioner so as to safeguard them.

Physical, emotional and behavioural indicators

There are five types of abuse: physical, psychological, sexual, financial or Neglect/omission of care. It is important to remember that each individual will respond differently to domestic abuse. A CAADA DASH (Appendix 5) checklist approach is appropriate and should be completed when domestic abuse is disclosed.
Some common presentations that suggest domestic abuse are shown in Appendix 5.

2.11 The Multi Agency Risk Assessment Conference (MARAC)

The MARAC is chaired by the Police Detective Inspector who has overall responsibility for Domestic Abuse, Safeguarding Adults, Honor Based Violence and Forced Marriage (DASH).
The police based MARAC support officer and the IDVAs (Independent domestic violence advisors) will be administering the referrals and reports. (For further information see Appendix 6)

If the cases involve pregnant women and people then a representative from the midwifery safeguarding team will attend the meeting and inform the community/specialist midwife of the MARAC information and safety plan (see Appendix 7).

Where very high levels of risk around domestic abuse are identified the Specialist Midwife for Safeguarding should be contacted and an assessment made to consider referral to the MARAC. It may be necessary to contact the police, security etc because of the immediate danger presented by the perpetrator(s) to the victim, other family members, especially children, staff and/or the public.
MARAC meetings take place each weekday and the cases are sent through to the maternity safeguarding team, to review and feedback to MARAC with any relevant information.

The maternity safeguarding team, will add an alert to the E3 maternity records system, which details the date in which the case was discussed at MARAC, alleged perpetrator and request for a safeguarding referral to be completed by the midwife at next consultation/booking

appointment.

Police Protection Notifications (PPN)
The maternity safeguarding team received Police Protection Notifications (PPN) on a regular basis from the Child Abuse investigation Unit (CAIU) within Leicestershire Police. The PPN's details an incident which has occurred, whereby a pregnant lady has been involved, either as a victim, witness or perpetrator. The PPN information is added to the E3 records of the patient, under the attachment tab. All staff caring for the patient are able to access this information and review accordingly. An alert is added to the E3 records by the safeguarding team, and the expectation is for this to be discussed further with the patient and a safeguarding is to be completed.

2.12 Honour Based Violence and Forced Marriage

Honour based violence is an umbrella term to encompass various offences covered by existing legislation. Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

Victims of HBV accessing support from domestic abuse services often experience the full range of abuse seen by other victims of domestic abuse. Often the perpetrators of HBV often extend beyond the circle of partners and family members who would be considered perpetrators of domestic abuse.

Forced marriage is a marriage conducted without the valid consent of one or both parties and where duress is a factor.

2.13 Safeguarding
Refer all cases to the maternity safeguarding team and any current risk of harm to children/unborn should be referred through to the relevant local authority safeguarding services. Remember the overlap between Domestic Abuse and child protection and where there are child protection concerns the safety of the baby and other children is paramount. If you are uncertain about the need to refer to Children and Young People Services discuss with the Named Midwife/Specialist Midwife for Safeguarding (see Appendix 8).

Determine if the pregnant woman or person fears for her life and /or serious injury to herself or her children. Establish if she feels able to continue to live in the family home.

Establish if any other child/children in the family have suffered direct injury as a consequence of the domestic abuse. If a child has suffered direct injury a referral to Children and Young People's Service (social services) **must be made immediately** and an investigation with the Police can be instigated by them. The mother's consent is **not** required for such referrals, but the woman should be informed of the referral unless you have reason to believe the child may be at further risk if you do so, please discuss the case with the Senior Midwife/Specialist Midwife for Safeguarding as liaison with the Health Visitor/Named Nurse for the City/County is essential. Contact details – Appendix 8).

In particular discuss risk issues if the woman has left the perpetrator as the risk of serious harm increases at the point of or just after leaving.

2.14 Planning on-going care

- Ensure you attend to the pregnant woman or persons on-going health needs.
- Don't try to make decisions for her.
- Advise her she is not alone.
- Provide the pregnant woman or person with information and signpost her to specialist agencies who support victims of domestic abuse. Phone numbers are given in the antenatal notes.
- Support the pregnant woman or person in her decisions.
- Give time for the pregnant woman or person to talk about options.
- **NEVER** act as a mediator between the pregnant woman or person and abuser.

2.15 Postnatal

The Community Midwife must ask about domestic abuse again, prior to completing the discharge to the Health Visitor. In cases where domestic abuse is not disclosed, detail should be recorded on the discharge summary for the Health Visitor. When domestic abuse is disclosed, record brief detail on the discharge summary for the woman's Health Visitor as long as it safe to do so. Also, discuss cases on an individual basis with the Health Visitor in person/by telephone.

If the postnatal woman or person is discharged out of area and domestic abuse is disclosed – communicate (by telephone) to midwifery team continuing care.

3. Education and training needs;

Awareness & training of CAADA DASH and completion of it – Referral to MARAC

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Compliance with completing referrals in line with guidance	Audit	Matron for maternity safeguarding	Annually	Maternity Governance Committee

5. Supporting References

2022
https://www.gov.uk/government/publications/domestic-abuse-act-2021/domestic-abuse-statutory-guidance-accessible-version

2021
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089716/Domestic_Abuse_Act_2021_Statutory_Guidance_Consultation_-_Government_Response.pdf

National Centre for Domestic Violence (2023) Domestic abuse statistics UK. Available online- Domestic Abuse Statistics UK • NCDV [Accessed 26/10/2023]

Refuge (2023) The Facts. Available online- The Facts - Refuge [Accessed 26/10/2023]

Insight IDVA datasets (2021-2022) Adult Independent Domestic Violence Advisor (IDVA) IVDA services. Available online- Idva Dataset 2022_FINAL.pdf (safelives.org.uk) [Accessed 26/10/2023].

Women's Aid (2019) Supporting women and babies after domestic abuse, a toolkit for domestic abuse specialists. Available online- Supporting-women-and-babies-after-domestic-abuse.pdf (womensaid.org.uk) [Accessed- 26/10/2023]

Safelives (2020) Five R's of asking about domestic abuse. Available online- NHSE GUIDANCE - COVID-19 (safelives.org.uk) [Accessed- 26/10/2023]

Home office (2020) Domestic Abuse, statutory guidance. Available online Domestic Abuse Statutory Guidance (publishing.service.gov.uk) [Accessed- 26/10/2023]

6. Key Words

CAADA, Clare's law, DASH, Forced marriage, Harassment, Honour based violence, MARAC, Non-fatal strangulation, Police Protection Notifications, Safeguarding, Stalking

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The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details			
Original Author	C Rogers and P Ryan **Job Title:** Specialist Midwife for Vulnerable Groups and Senior Midwife for Safeguarding		**Executive lead:** Chief Nurse
Reviewed by:	Rheo Knight: Matron for safeguarding in maternity		
REVIEW RECORD			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
2006	V1		Original document
June 2014	V2	C Rogers and P Ryan	No change
April 2017	V3	R Smith	General update of stats, terminology and contact details.
February 2020	V4	C Robinson	Phone numbers and websites updated
February 2023	V5	A Geraghty / S Stone	Domestic Abuse Act & DoH guidance, Clare's Law, CAADA DASH, Update Tel No's
January 2024	V6	R Knight	Updated introduction Domestic abuse enquiry in a virtual setting added Added the 5 R's of enquiry Updated numbers/contacts for support Added reference to non-fatal strangulation and honour based violence and forced marriage

Appendix 1: Potential symptoms of abuse:

1. Physical

- Injuries that are untended and of different ages:
  - Contusions, abrasions, lacerations, fractures, sprains
  - Injuries during pregnancy
  - Multiple sites of injury
  - Repeated or chronic injuries
- Chronic pain, or pain due to diffused trauma without physical evidence or with bruising where explanation does not fit with the description of the injury
- Physical symptoms related to stress, post- traumatic stress disorder, anxiety and depression
- Frequent use of prescribed minor tranquillisers or pain medications.
- Frequent visits with vague complaints or symptoms, without evidence of physical abnormality
- A high incidence of miscarriage and termination of pregnancies
- A history of stillbirth/pre-term labour/prematurely.
- Intrauterine growth retardation/low birth weight.
- Smoking, alcohol and drug use.
- Unplanned or unwanted pregnancy.
- Late attendance or poor attendance at antenatal clinic.

2. Psychological:

- Feelings of isolation and inability to cope.
- Suicide attempts or gestures.
- Depression.
- Panic attacks and other anxiety symptoms.
- Alcohol and drug abuse.
- Post-traumatic stress reaction.

3. Behavioural

- Client may appear frightened, ashamed, evasive or embarrassed, generally with low self-esteem.
- Partner accompanies client, insists on staying close, and answers the questions directed at the client.
- Reluctance of a client to speak or disagree in front of the partner.
- Intense irrational jealousy or possessiveness expressed by partner or reported by client.
- Denial or minimisation of violence by partner or client.
- Exaggerated sense of personal responsibility for the relationship, including self-blame for partner's violence.
- Difficulty of gaining access to client or client – refusal of support services.
- Missed appointments and/or non-compliance with treatment regimes.
- Lack of independent transportation, access to finances and ability to communicate by telephone.

4. Sexual:

- Injury to genitals.
- Not being told by partners that they are infected with HIV or other sexually transmitted diseases.
- Failure to use condoms and other contraceptive methods.
- Non-consenting sexual acts including rape.

5. Financial:

- Controlling money or access to money, stealing money, running up debts, taking away financial control.

6. Neglect:

- Omission of care.
- Physical neglect

Appendix 2: Domestic Abuse Disclosure Process

Patient/staff member presenting with possible signs of domestic abuse or disclosure made.

Patient to be asked about domestic violence in a safe way

PLEASE ACCESS SAFEGUARDING SUPERVISION IF YOU REQUIRE ANY SUPPORT

Domestic Abuse Identified
Create a safe space, ensuring that you have somewhere private to speak with the victim.

Victim agrees to access support

Victim does not want to access support

Email the hospital IVDA's on hidva@freeva.org.uk with the patient's name, DOB and contact details. Include information about current domestic abuse. Provide the woman with the Freeva contact details- 0808 802 0028
If the woman requires refuge call 0808 2000 247 **(available 24/7)**
ENSURE THE VICTIM IS AWARE TO CALL 999 IN AN EMERGENCY

Consider whether an adult safeguarding referral would be required for the victim.
A Children's Safeguarding referral is required to safeguard children/unborn being exposed to/ at risk of being exposed to domestic abuse.

Provide victim with the contact number for Freeva- 0808 802 0028 (open Monday- Friday from 8am-8pm, weekends and bank holidays 10am-4pm).
Encourage the victim to report concerns to the police and aware to call them if incidents arise.
Provide detail of refuge 0808 2000 247 (available 24/7).
ENSURE THE VICTIM IS AWARE TO CALL 999 IN AN EMERGENCY

Staff to complete a DASH if possible (available on the street). DASH forms are available in other languages which can be accessed via; Dash risk checklist quick start guidance FINAL_1.pdf (safelives.org.uk)

Include the maternity safeguarding team in any emails sent to HIDVA hidva@freeva.org.uk and a copy of the DASH to be included.
Maternity.safeguarding@uhl-tr.nhs.uk

Scores 14 or more or serious concerns based on professional judgement refer to MARAC- **marac@leics.police.uk**

Scores less than 14 or no significant risk of harm, refer to FREEVA.

FREEVA to support the victim and DASH to be completed ASAP if cannot be done by practitioner

Incident/disclosure of abuse

This can present with the patient having physical injuries and/or verbally sharing abuse which they have experienced, past or present.

Respond

- Validate the patient's experience with phrases like 'I believe you' or 'this is not your fault.'
- Ask about what support the patient has and what support they might need.

Risk Assess

- With consent, complete a DASH risk assessment- (See appendix 5)
- Ask the patient if the abuse is getting worse.
- Ask if the patient feels unsafe to stay in the home/is in immediate danger.
    - If the patient says yes, they feel unsafe to stay in the home/are in immediate danger offer to call the police on 999 and do so if they want you to.
- Discuss a safety plan with the victim to include-
    - Identifying places to avoid when the abuse starts, i.e. the kitchen, where there are many potential weapons
    - Identifying people the victim can turn to for help
    - Identify neighbours, friends who can call the police if they hear anything that suggests the victim or her children are in danger
    - Places to hide important telephone numbers such as help lines and personal documents
    - Think about how to keep children safe when abuse starts
    - Teach the children to call the police if the abuse starts
    - Let someone know about the abuse so that it can be recorded - this is important for future prosecutions
    - **If leaving in an emergency** – advise victim to pack a bag including keys, documents, photo of the abuser (useful for serving court documents) and leave in a safe place in case she needs to leave the home quickly. Think about transport, debit & credit cards, money, access to a phone.
    - **If the victim has left the relationship** - contact details of professionals who can help and give advice, changing her mobile/land line number, keeping her location secret from the abuser, get legal help through a non-molestation order, exclusion or restraining order, talk to the children about staying safe, talk to employer about help with safety at work.

Refer

- These cases can be challenging to manage – discuss with your concerns with the maternity safeguarding team on extension 16432 or email maternity.safeguarding@uhl-tr.nhs.uk.
- The maternity safeguarding team must be informed of all domestic abuse cases. **Where the victim remains in a relationship/maintains on-going contact with the perpetrator then a Safeguarding referral MUST be completed.**
- **If the pregnant patient has been physically assaulted during the pregnancy then this would indicate that the risk of harm to existing child/ren and/or unborn child/ren is high and would need to be referred to MARAC, alongside a referral to the local authority.**
- Share the details for domestic abuse services and with consent, complete a referral to local domestic abuse services. **If the patient consents to the referral, ensure there is a safe means to contact them**. Be aware that it is very common for perpetrators to check victims' phones and laptops etc., which is why it is important to ascertain a safe way to contact the victim.

Discuss Clare's law with the victim; explain that via the police they can make a request to obtain any current or historical information regarding the perpetrators offending history. The victim can make the request themselves or professionals can complete it on their behalf by contacting the police. Leicestershire Police Clare's law referral link- Request information under Clare's Law: Make a Domestic Violence Disclosure Scheme (DVDS) application | Leicestershire Police (leics.police.uk)

- Consider whether you, or one of your colleagues, can call the patient again, to offer support and agree what timeframe for this is realistic and appropriate.

If someone is in immediate danger, call 999 and ask for the police. Advise the patient that silent calls will work if they do not feel safe to speak – to use the Silent Solution system; victims are advised to call 999 and then press 55 when prompted.

If the patient is not in immediate danger, the following numbers/ contacts might be helpful:
FREEVA (commissioned domestic abuse services across LLR)- 0808 802 0028 (open Monday- Friday from 8am-8pm, weekends and bank holidays 10am-4pm).
Freephone 24h National Domestic Abuse Helpline: 0808 2000 247
LGBT+ Domestic Abuse Helpline: 0800 999 5428 help@galop.org.uk
Men's Advice Line (for male domestic abuse victims): 0808 801
0327 info@mensadviceline.org.uk
Karma Nirvana, UK Helpline for 'honour'-based abuse and forced marriage: 0800 5999 247
Victim Support National 24 hour Support line: 0808 1689 111
Respect phone line for perpetrators: Freephone 0808 8024040
https://respectphoneline.org.uk/
For online support for domestic abuse victims go to https://chat.womensaid.org.uk/

For Deaf victims: BSL Health Access is a new way to support communication in British Sign
Language so that Deaf and hearing people can communicate more easily.
www.BSLHealthAccess.co.uk enables you to connect to a qualified BSL interpreter online so that you can place a phone call, or even use the interpreter to support in-person conversation.

6) Record

- Make sure you document all enquiries, disclosures and referrals on the patient's electronic records (not in the handled notes).
- Document any concerns that you have, even if the patient does not disclose domestic abuse.

IF NO DISCLOSURES ARE MADE BUT YOU SUSPECT DOMESTIC ABUSE, PLEASE FOLLOW SAFEGUARDING PROCEEDURES AND LIAISE WITH THE MATERNITY SAFEGUARDING TEAM FOR SUPERVISION AND SUPPORT.

Appendix 3: Domestic Abuse Records

These records will be kept separately from the person/client held records. The content of the records will be shared with the abused person.
The health professional will obtain written permission from the abused person if there is a need to share information with other professionals or agencies.

Name of Client:_____
D.O.B:_____
Post Code:_____
Religion:_____
Ethnicity:_____
Language:_____
Relationship to alleged perpetrator?_____

	Yes	*No*
Is the person pregnant?	[ ]	[ ]
Are there children in the house?	[ ]	[ ]
If yes, ages of the children:_____		
Has the individual defined themselves as disabled?	[ ]	[ ]
If yes, what is the nature of their disability:_____		
Are there any other agencies involved with the family?	[ ]	[ ]
If yes, which agency: _____		
Does the client get support from family / friends?	[ ]	[ ]

Nature of abuse?

Physical [ ] Financial [ ] Neglect [ ] Emotional [ ] Sexual [ ]

Name of key person involved: _____

Referred to/from _____

Continued on next page…

Appendix 3: Domestic Abuse Records continued.

Name of Client: _____

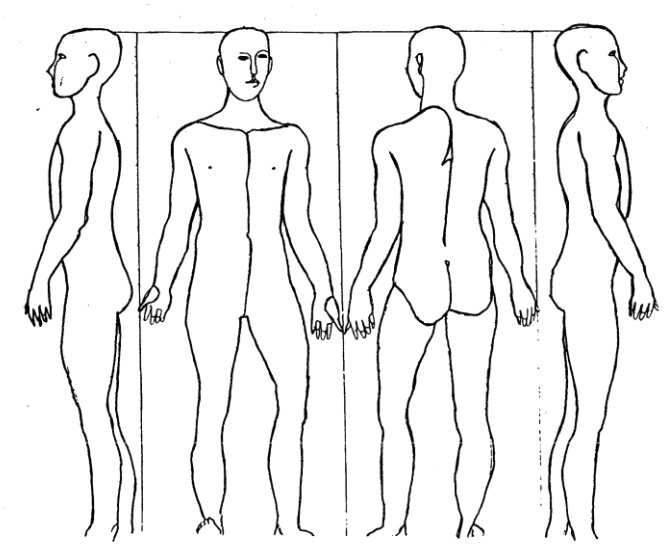
This Body Chart was completed on: Date / /20 Time: : hours.

Name of Professional Completing Record: _____

Signed: _____

Witness if Applicable: _____

Diagram Code:



Bruise	=	B
Laceration	=	L
Rash	=	R
Scar	=	S
Burn	=	H

Date	Additional Information	Signature

Appendix 4: CAADA DASH

https://www.safershetland.com/assets/files/RIC%20Without%20Guidance.pdf

IMPORTANT INFORMATION - **Aim of the form:**

- To help front line practitioners identify high-risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC[1] process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form:

Before completing the form for the first time we recommend that you read the full practice guidance and Frequently Asked Questions and Answers[2].

These can be downloaded from www.caada.org.uk/marac.html

Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended Referral Criteria to MARAC

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.***
   This judgement would be: **based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.**

2. **'Visible High Risk': the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.**

3. **Potential Escalation: the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with 3 or more police callouts in a 12 month period but this will need to be reviewed depending on your local volume and your level of police reporting.**

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.

The responsibility for identifying your local referral threshold rests with your local MARAC. What this form is not:

This form will provide valuable information about the risks that children are living with, but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and stepchildren are particularly at risk. If risk towards children is highlighted, you should consider what referral you need to make to obtain a full assessment of the children's situation.

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. **Put a cross [x] in the box if the factor is present.** **Please add comments where indicated. It is assumed that your main source of information is the victim. If this is not the case please add this to your comment.** **The boxes will expand as you type text into them.** **There is space at the end of the form for additional information where appropriate.**			
		YES	**NO**
CURRENT SITUATION			
1.	**Has the current incident resulted in injury?** (Please state what and whether this is the first injury) Comment:		
2.	**Are you very frightened?** Comment:		
3.	**What are you afraid of? Is it further injury or violence?** (Please give an indication of what you think the abuser might do and to whom, including children). KILL (specify self, children or other) FURTHER INJURY AND VIOLENCE (specify self, children or other) OTHER (please clarify and specify self, children or other) Comment:		

4.	**Do you feel isolated from family/friends i.e. does the abuser try to stop you from seeing friends/family/doctor or others?** Comment:		
5.	**Are you feeling depressed or having suicidal thoughts?** Comment:		
6.	**Have you separated or tried to separate from the abuser within the past year?** Comment:		
7.	**Is there conflict over child contact?** (Please state the nature of the conflict) Comment:		
8.	**Does the abuser 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. This question is relevant even if the parties are living together. Ask 11 additional stalking questions, see last page*) Comment:		
CHILDREN/DEPENDANTS			
9.	**Are you currently pregnant or have you recently had a baby (within the last 18 months)?** Comment:		
10.	**Are there any children, step-children that aren't the abusers in the household? Or are there other dependant's in the household (i.e. older relative)?** Comment:		
11.	**Has the abuser ever hurt the children/dependant's?** Comment:		
12.	**Has the abuser ever threatened to hurt or kill the children/dependents?** Comment:		

DOMESTIC VIOLENCE HISTORY			
13.	**Is the abuse happening more often?** Comment:		
14.	**Is the abuse getting worse?** Comment:		
15.	**Does the abuser try to control everything you do and/or is he/she excessively jealous? (in terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider honour based violence and stalking and specify the behaviour)** Comment:		
16.	**Has the abuser ever used weapons or objects to hurt you?** Comment:		
17.	**Has the abuser ever threatened to kill you or someone else and you believed them?** Comment:		
18.	**Has the abuser ever attempted to strangle/choke/suffocate/drown you?** Comment:		
19.	**Does the abuser do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?** (Please specify who and what) Comment:		
20.	**Is there any other person who has threatened you or of whom you are afraid?** (Consider extended family if honour based violence and please specify who. Ask 10 additional HBV questions, see last page*) Comment:		

21.	**Do you know if the abuser has hurt anybody else?** (Children, siblings, elderly relative, stranger, other partners – consider honour based violence and please specify who) Comment:		
22.	**Has the abuser ever mistreated an animal or the family pet?** Comment:		
ABUSER			
23.	**Are there any financial issues? For example, are you dependent on the abuser for money? Has the abuser recently lost his/her job? Are there any other financial issues?** (Please specify what) Comment:		
24.	**Has the abuser had problems in the past year with drugs (prescription or other), alcohol or mental health issues that has created problems in leading a normal life?** Drugs □ Alcohol □ Mental Health □ Comment:		
25.	**Has the abuser ever threatened or attempted suicide?** Comment:		
26.	**Has the abuser ever breached bail/an injunction and/or any agreement for when they can see you and/or the children?** (Please specify what) Bail Conditions □ Non molestation/civil order□ Child contact arrangements □ Forced Marriage Protection Order □ Other □ Comment:		
27.	Do you know if the abuser has ever been in trouble with the police or has a criminal history? (If yes, please specify – domestic violence, sexual violence, other violence, other offences) Comment:		

PLEASE CALCULATE THE NUMBER OF "YES" RESPONSES and enter in the box to the right	
For consideration by professional:	
Is there any other relevant information (from a victim or professional), which may increase risk levels? Consider victim's situation in relation to vulnerability, disability, substance misuse, mental health issues, cultural/language barriers, 'honour'-based systems and minimisation. Are they willing to engage with your service? Describe: Consider abuser's occupation/interests – could this give them unique access to weapons? E.g. ex-military, police, pest control etc. Describe:	
Is there anything else you would like to add to this? E.g. if the victim has refused to answer any questions. Comment:	
Your name:	Date:

DASH (2009) Additional Stalking and Harassment Risk Questions

Q8. 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)

PRACTICE POINTS: If the victim answers 'yes' to this question then you must ask the following as they are risk factors for future violence:

- ✓ Is the victim very frightened?
  .....
- ✓ Is there previous domestic abuse and harassment history?
  .....
- ✓ Has (insert name of the abuser....) vandalised or destroyed property?
  .....
- ✓ Has (insert name of the abuser....) turned up unannounced more than three times a week?
  .....
- ✓ Is (insert name of the abuser....) following the victim or loitering near the victim?
  .....
- ✓ Has (insert name of the abuser....) threatened physical or sexual violence?
  .....
- ✓ Has (insert name of the abuser....) been harassing any third party since the harassment began (i.e. family, children, friends, neighbours, colleagues)?
  .....
- ✓ Has (insert name of the abuser....) acted violently to anyone else during the stalking incident?
  .....
- ✓ Has (insert name of the abuser....) engaged others to help (wittingly or unwittingly)?
  .....
- ✓ Is (insert name of the abuser....) been abusing alcohol/drugs?
  .....
- ✓ Has (insert name of the abuser....) been violent in past? (Physical and psychological. Intelligence or reported)
  .....

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 'policed 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 that 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 vitcim?
  .....

APPENDIX 5: What is MARAC?

Leicester, Leicestershire and Rutland are working in partnership:
Through Multi Agency Risk Assessment Conference – MARAC, the MARAC is a process which enables a group of representatives from a number of agencies to meet on a regular basis to share information on those victims and their children of domestic violence who are at the highest risk of homicide or serious harm. A unique support plan has been formulated, aimed at effectively managing and reducing the level of risk posed to them and their children.

Aims of the *MARAC*

- To share information to increase the safety, health and wellbeing of victims and their children.
- To determine the risk posed by a perpetrator to an individual or community.
- To implement an integrated risk management plan.
- To reduce repeat victimisation.
- To improve agency accountability.

How do you complete the risk referral form?

All agencies dealing with a victim of domestic violence, which are considering a referral to MARAC, must complete the agreed risk referral form. It will require you to ask the victim a set of victim focused questions to identify the risk that is posed to them.

It is advised that you complete a form of consent with the victim in order to share the information with other agencies. This is good practice and helps involve and empower victims in the process. If a victim refuses to consent, this **does not prevent you sharing the information** with MARAC, but please indicate this on the referral form.

An Information Sharing Protocol has been agreed to give us all confidence in what information we must share and why.

Referral form for MARAC- Referral into the Marac process 0.pdf (safelives.org.uk)
Please ensure that once the referral form is completed that you send it through to the maternity safeguarding mailbox via email- maternity.safeguarding@uhl-tr.nhs.uk

Who is the information shared with?

MARAC is made up of statutory and voluntary agencies that have a duty and responsibility to work with victims of domestic abuse, their child/children or other vulnerable adults affected by domestic violence, or where they work with the perpetrators of domestic abuse and potential victims are identified.

Each agency has signed up to an information sharing protocol which allows the sharing of such confidential information under current law.

What is the role of the IDVAs?
Independent Domestic Violence Advisors (IDVA's) are specially trained individuals and are responsible for working with the victims of domestic abuse in order to reduce the risk that is posed to them. The IDVA teams are greatly involved in the MARAC process. They have a large part to play in the support and advocacy for the cases which are brought to MARAC and the Specialist Domestic Violence Court. The IDVA can be considered as the 'voice of the victim.'

Appendix 6: Safety Planning

- This should be discussed with the woman or person to give advice about what to do if the abuse continues or escalates
- A safety plan should include:
- Identifying places to avoid when the abuse starts, i.e. the kitchen, where there are many potential weapons
- Identifying people the woman or person can turn to for help
- Identify neighbours, friends who can call the police if they hear anything that suggests the woman or person or her children are in danger
- Places to hide important telephone numbers such as help lines and personal documents
- Think about how to keep children safe when abuse starts
- Teach the children to call the police if the abuse starts
- Let someone know about the abuse so that it can be recorded - this is important for future prosecutions
- **If leaving in an emergency** – advise her to pack a bag including keys, documents, a photo of the abuser (useful for serving court documents) and leave in a safe place in case she needs to leave the home quickly. Think about transport, debit & credit cards, money, access to a phone.
- **If the woman or person has left the relationship** - contact details of professionals who can help and give advice, changing her mobile/land line number, keeping her location secret from the abuser, get legal help through a non-molestation order, exclusion or restraining order, talk to the children about staying safe, talk to employer about help with safety at work.