DOMESTIC ABUSE, SEXUAL ABUSE & SEXUAL EXPLOITATION - CLINICAL GUIDELINE FOR MIDWIVES

SUMMARY

Domestic Abuse & Sexual Abuse Pathway for Midwives

- Booking at 8 – 10 weeks
  Routine enquiry if the woman is alone
  IDVA leaflet in booking pack
  Document page 11 ‘living situation’

- 16 weeks ‘woman only’ visit
  Routine enquiry if not done at booking

- No disclosure
  Routine enquiry 28 weeks

- No disclosure
  Routine enquiry 36 weeks

- If you are the first professional she discloses to or are aware of the identified risk from a previous assessment complete DASH tool. If you have not undertaken the DASH training refer to team leader or IDVA at REACH

- Low/Medium

- Reaffirm offer of support
- Respect woman’s wishes
- Does she have capacity?
- Discuss your concerns with woman
- Refer to IDVA’s
- Refer to MARU (they may have access to information that you do not)
- Document in Additional Midwifery Records
- Generate Safeguarding File
- Continually review situation

- High/Very

- Imminent danger 999
  Refer to MARAC/IDVA’s
  Refer to MARU/out of hours
  01208 251300 bleep social worker on call
  Discuss Safeguarding Lead Midwife
  Referrals can be made with/without woman’s consent if a child’s safety is assessed as at risk
  Share your concerns and actions with woman
  Document actions in Additional Midwifery Records

- Continually review situation
MAINTAIN SAFETY OF WOMAN / CHILDREN AT ALL TIMES

1. Aim/Purpose of this Guideline
   1.1. Routine enquiry to enable identification and management of women who may be experiencing Domestic Abuse, Sexual Abuse or Sexual Exploitation

2. The Guidance
   Domestic Abuse is closely associated with Modern Slavery (Sexual and Criminal Exploitation, Trafficking, Servitude, Forced and Compulsory Labour, Honour Based Violence), Forced Marriage, Female Genital Mutilation (FGM), Gang activity and Stalking.

2.1. Role of the Midwife
   • All women attending for maternity care should be routinely asked regarding their possible experiences of Domestic Abuse, Sexual Abuse and Exploitation
   • See the women alone. Do not ask the routine enquiry if they are accompanied by another adult or child of comprehending age
   • Ask the woman at Booking if they are alone and it is safe to do so. Document under ‘living situation’
   • IDVA leaflet, with contact numbers, (available from REACH), is placed into each Booking Pack. (small leaflets can be held safely in bra/shoe)
   • If it is not possible to ask the woman at Booking ask her to attend a ‘woman only’ appointment at 16 weeks.
   • If unable to speak to the woman alone, she is always accompanied, make additional attempts to create an environment that assures privacy and confidentiality. This may be achieved by asking the partner / family member to wait outside whilst you examine the woman, share confidential results or by escorting her to the toilet to obtain a urine specimen.
   • If this request is not facilitated then this should in itself heighten your awareness to the possibility that the woman may be experiencing some form of Domestic Abuse (Appendix 4).
   • Documentation and rationale of inability for not asking the routine enquiry or any concerns regarding the woman’s, partner’s or child’s behavior, including observed injuries, should be documented in Midwifery Additional Notes; not hand held notes. Refer to MARU if appropriate.
   • Those experiencing Domestic Abuse may find it difficult to raise the subject (sometimes out of fear) or to recognize they are victims. Midwives need to take a pro-active approach. Ask yourself “Does this woman / young person have
Create regular opportunities to disclose their abuse; lack of disclosure previously should not preclude raising the issue again. Research demonstrates repeated questioning increases the likelihood of disclosure.

If English is not the first language utilize Big Word interpreting service. A member of the family or community must never be used as he/she may inform the alleged perpetrator of the abuse. Resources are available in other languages http://womensaid.org.uk

The midwife should begin by sharing that this is a routine enquiry

A direct question should be asked (evidence demonstrates increased rates of disclosure.
Direct questioning sends a strong message that Domestic Abuse is serious. This may change a woman’s perspective and enable her to reflect upon her own ‘living situation.

If midwives find it difficult to ask the question the woman will experience similar difficulties.

The routine enquiry should be asked in a safe, non-judgemental manner; irrespective if the woman accepts referral and support if she is a victim.

2.1.1. Examples of opening statements:
All women are now being asked if they have experienced any abuse or violence in their lives. This is a major women’s health issue as we now know that up to 1 in 4 women suffer violence within their home during their lifetime.

In addition to your health concerns we are also asking women about the possibility of Domestic Abuse within their home.

As Domestic Abuse in the home is so common we now ask all women about it routinely.

2.1.2. Examples of Direct Questions:
- Do you ever feel threatened of your partner or other people at home?
- Have you ever been physically hurt by your partner? Has your partner ever threatened to hurt you or someone or a pet you care about?
- Does your partner often lose their temper with you? If he/she does, what happens?
- Do you feel controlled and isolated by your partner? Does your partner belittle and insult you?
- Has your partner ever:
  - Destroyed or broken things you care about?
  - Threatened or hurt your children?
  - Forced sex on you, or made you have sex in a way that you did not want?
  - Withheld sex or rejected you in a punishing way?
- Does your partner get jealous of you seeing friends, talking to other
people or going out? If so, what happens? 
- Your partner seems very concerned and anxious about you. Sometimes people react like that when they feel guilty. Was he/she responsible for your injuries?
- Does your partner use drugs or alcohol excessively? If so, how does he behave at this time?

- If the screening question has not been asked the rationale must be recorded but NOT in hand held notes. (Document in Additional Maternity Records - see Safeguarding Children Guideline for Midwives)
- ‘Woman only’ routine enquiry at 28 & 36 weeks and document hand held records under ‘living situation’
- ‘Woman only’ routine enquiry at any time you have concerns (move around)

Re think ‘alone’

2.2. Disclosed Abuse
- The woman’s safety is paramount as is the safety of identified dependent children / vulnerable adults. Follow RCHT Safeguarding Policies. Refer to MARU (Multi-Agency Referral Unit) 0300 1231 116 MultiAgencyReferralUnit@cornwall.gcsx.gov.uk
  They may have access to information you do not

- Domestic Abuse is a very complex issue and women may choose not to access help. All disclosures should be taken seriously and support and advice should be offered to the women.

- Discuss your concerns with the woman and the risks to her, the pregnancy and the impact upon her children.

- Refer to IDVA / ISVA respect her wishes if she declines

- The DASH (Domestic Abuse, Stalking & Harassment) the Risk Identification Tool should be completed to enable an assessment of the level of risk that the victim is subjected to (MARAC 2012). This may be undertaken by the IDVA or a midwife who has undertaken the training.

- Share with the woman that a referral to social care may be necessary to safeguard her well-being and that of her children. Consider referral for mental health issues, learning or physical disability, substance abuse, young parent, was a child in care / leaving care or in a single sex relationship.

- Paramount to obtain a safe method of contacting the woman (which telephone number agencies can call).

- If a DASH score of 0 – 5 , share leaflets with local contact numbers. REACH (Risk Evaluation & Coordination Hub) 0300 777 4777 for IDVA’s; IDVA’S at RCHT 07435 752497 or ISVA. Commence Additional Midwifery Records; generate Safeguarding Paperwork (Safeguarding Children – Clinical Guideline
Continually review because her risk may change.

- If the score of 6 - 13, low/medium risk, reaffirm offer of support including referral to IDVA/ISVA – if she declines ensure she has contact numbers.

- If the score is 14 or more, there is **imminent risk of serious harm** to her or her children. It may be necessary to notify the Police immediately, with or without the consent of the victim. Refer to IDVA/ISVA/MARAC. Out of hours bleep duty social worker 01208 251300. Discuss with Named Midwife for Safeguarding (Specialist Midwife for Women with Complex Needs in her absence) within office hours. This is in addition to the above guidance.

- Refer to MARAC with or without consent:
  - East : North Cornwall & Caradon 01566 771394
  - Mid:   Restormal & Carrick 01637 854573
  - West: Kerrier & Penwith 01209 615162

- Share information regarding other agencies that can support them: Susie Project, WAVES, WRSAC and the YEW project, CLEAR (for children 3-18 years) or ask REACH if you are unsure.

- Discuss safety planning whether she wishes to separate from the abusive partner or not.

- May need to alert security if in hospital.

- Be alert to your own safety as practitioners.

- Liaise with named midwife, Health Visitor and General Practitioner (GP)

- Ensure a IDVA/MARAC alert is on PAS

- Attendances to Emergency Departments with injuries, or those presenting in the Day Assessment Unit or Delivery Suite, will be reported to the Named Midwife for Safeguarding Children, Specialist Midwife and the named Community Midwife which will inform MARAC planning and assess the need for a refuge placement.

- Discuss with any of the following if you have additional concerns: IDVA/ISVA, MARU, MARAC, Team Leaders, Named Midwife for Safeguarding, Specialist Midwife for Women with Complex Needs, Named Nurse for Vulnerable Adults, Named Nurse for Safeguarding Children.

### 2.3. Advice and Support for Staff

- Staff may experience stress at work when dealing with complex cases and appropriate support is available from Occupational Health

- Staff may be victims of domestic abuse (See RCHT Policy)

- If there is an allegation of a staff member being a perpetrator of abuse the disciplinary procedure should be implemented and consideration of the safety of others in the work environment
2. Monitoring compliance and effectiveness

This part must provide information on the processes and methodology for monitoring compliance with, and effectiveness of, the policy using the table below.

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Element to be monitored</th>
<th>Compliance with routine enquiry as recommended at Booking or 16 weeks, 28 and 36 weeks</th>
<th>Referral to IDVA / ISVA / MARAC if appropriate</th>
<th>DASH assessment has been completed if appropriate</th>
<th>Safeguarding Paperwork &amp; Additional Maternity Records completed if appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Lead</td>
<td>Specialist Midwife for Women with Complex Needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tool</td>
<td>Tool</td>
<td>Audit Maternity notes and Safeguarding records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>Frequency</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Reporting arrangements</td>
<td>Annual Report sent to all staff within maternity services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Acting on recommendations and Lead(s)</td>
<td>Specialist Midwife for Women with Complex Needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned within 12 months. Specialist Midwife for Women with Complex Needs will lead on this and disseminated in Annual Report</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Equality and Diversity

3.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

3.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
### Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>DOMESTIC ABUSE, SEXUAL ABUSE &amp; SEXUAL EXPLOITATION - CLINICAL GUIDELINE FOR MIDWIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>20th January 2016</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>20th January 2016</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>20th January 2019</td>
</tr>
</tbody>
</table>
| Directorate / Department responsible (author/owner): | Sandra Whitehall  
Specialist Midwife for Women with Complex Needs |
| Contact details: | 01872 255019 |
| Brief summary of contents | Routine enquiry to enable identification and management of women who may be experiencing Domestic Abuse, Sexual Abuse or Sexual Exploitation |
| Suggested Keywords: | Use this section to suggest keywords to be added by the Uploader to aid document retrieval. |
| Target Audience | RCHT | PCH | CFT | KCCG |
| Executive Director responsible for Policy: | Job Title |
| Date revised: | |
| This document replaces (exact title of previous version): | New Document |
| Approval route (names of committees)/consultation: | Do not list all individuals just committees/groups e.g. EMT, RCHT all user email etc |
| Divisional Manager confirming approval processes | Head of Midwifery |
| Name and Post Title of additional signatories | Not Required |
| Signature of Executive Director giving approval | {Original Copy Signed} |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet & Intranet | ✓ Intranet Only |
| Document Library Folder/Sub Folder | e.g. Clinical / Infection Prevention & Control |
| Links to key external standards | None |
Related Documents:
- NICE (2014) Domestic Violence and Abuse: how health services, social care and the organisations they can work with can respond effectively. Guidance 50.

Training Need Identified?
- Team Leaders - 2 day DASH training
- Midwives - 1 day DASH training

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20\textsuperscript{th} January 2016</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Sandra Whitehall Specialist Midwife for Women with Complex Needs</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy)</th>
<th>DOMESTIC ABUSE, SEXUAL ABUSE &amp; SEXUAL EXPLOITATION – CLINICAL GUIDELINE FOR MIDWIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area: Obs &amp; Gynae</td>
<td>Is this a new or existing Policy? New</td>
</tr>
<tr>
<td>Name of individual completing assessment: Elizabeth Anderson</td>
<td>Telephone: 01872-22879</td>
</tr>
<tr>
<td>1. Policy Aim* Who is the strategy / policy / proposal / service function aimed at?</td>
<td>Provide guidance to midwives, nurses and health care professionals on how to support those experiencing domestic violence and sexual abuse issues. Routine enquiry to enable identification and management of women who may be experiencing Domestic Abuse, Sexual Abuse or Sexual Exploitation</td>
</tr>
<tr>
<td>2. Policy Objectives*</td>
<td>To ensure all staff understand the process for supporting women who are experiencing domestic abuse or sexual violence issues.</td>
</tr>
<tr>
<td>4. *How will you measure the outcome?</td>
<td>Refer to monitoring and compliance effectiveness.</td>
</tr>
<tr>
<td>5. Who is intended to benefit from the policy?</td>
<td>All pregnant women and their babies.</td>
</tr>
<tr>
<td>6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?</td>
<td>No</td>
</tr>
<tr>
<td>b) If yes, have these *groups been consulted?</td>
<td>N/A</td>
</tr>
<tr>
<td>C). Please list any groups who have been consulted about this procedure.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

7. The Impact
Please complete the following table.
Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>X</td>
<td>All pregnant women and their babies</td>
</tr>
<tr>
<td><strong>Sex (male, female, transgender / gender reassignment)</strong></td>
<td>X</td>
<td>All pregnant women and their babies</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td><strong>Race / Ethnic communities / groups</strong></td>
<td>X</td>
<td>All pregnant women and their babies</td>
<td></td>
</tr>
<tr>
<td><strong>Disability - learning disability, physical disability, sensory impairment and mental health problems</strong></td>
<td>X</td>
<td>All pregnant women and their babies</td>
<td></td>
</tr>
<tr>
<td><strong>Religion / other beliefs</strong></td>
<td>X</td>
<td>All pregnant women and their babies</td>
<td></td>
</tr>
<tr>
<td><strong>Marriage and civil partnership</strong></td>
<td>X</td>
<td>All pregnant women and their babies</td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy and maternity</strong></td>
<td>X</td>
<td>All pregnant women and their babies</td>
<td></td>
</tr>
<tr>
<td><strong>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</strong></td>
<td>X</td>
<td>All pregnant women and their babies</td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

9. If you are not recommending a Full Impact assessment please explain why.

N/A

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director Sandra Whitehall</th>
<th>Date of completion and submission 17th November 2015</th>
</tr>
</thead>
</table>
| Names and signatures of members carrying out the Screening Assessment | 1.  
2. |

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust's web site.

Signed: Elizabeth Anderson

Date: 20th January 2016
APPENDIX 4: RECOGNITION OF DOMESTIC ABUSE

Possible signs of domestic abuse

- Late presentation for booking appointment
- Poor or irregular attendance to clinic
- Unusual number of calls from home and strong reaction to these calls
- Comes to work late needs to leave early
- Secretive about home life
- Partner may attempt to limit their work or social contacts
- Partner may ridicule them in public
- Partner exerts unusual amount control over their life
- Partner present at appointments; refuses to leave the room
- Partner speaks for the victim
- Closely follows victim making it difficult to see alone
- Non-compliant with treatments
- History of repeated miscarriages, terminations, stillbirth or premature labours
- History of social service involvement / child protection issues

Physical

- Injury not consistent with history
- Unexpected bites, burns or bruises, black eyes, areas of superficial reddening of the skin consistent with slaps, injuries in various stages of healing or chronic injuries
- Injuries in multiple areas of the body inconsistent with falls, walking into doors or other explanations
- Injuries to the breasts, chest and abdomen – woman are more likely to be injured in these areas and are common injuries during pregnancy. Hidden by clothing.
- Injuries to face, head or neck (strangulation)
- Dental injuries
- Cigarette or other burns/scalds
- Hand / mid arm injuries (defensive)
- Weapon injuries or marks
- Symmetrical injuries
- Poor nutrition
- Frequent unexplained visits to doctor/midwife – explained with vague symptoms
- Frequent use of pain medications
- Repeated vaginal and urinary infections / sexually transmitted disease
- Victim of rape
Emotional

- Panic attacks, anxiety and depression
- Exhibits severe stress reactions
- Emotional exhaustion, lack of emotional control
- Impaired thinking
- Suicide attempts
- Decreased concentration/attention span
- Eruption of aggressiveness, anger out of context
- Alcohol/drug abuse
- Frequent use of tranquillizers
- Excessive concern re: children at home
- Anxious to avoid hospital or return home asap
- Behaviour of the children – watchful, clingy, aggressive/passive quiet, withdrawn

Behavioural

- Person may be frightened, evasive, ashamed or embarrassed
- Startle response is elevated
- Fearful behavior especially with partner present
- Looks at partner seeking ‘permission’ to speak
- Allows partner to speak for her
- Evasive and guarded
- Withdrawn and quiet due to feeling so isolation
- Low self esteem/confidence
- Poor eye contact
- Depression with/without injuries
- Minimises injury or demonstrated inappropriate responses
- Denies abuse strongly