



„Ask and Act“ Policy

„Ask and Act“ Project • Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

This document can be made available in alternative formats or other languages, as requested, where it is reasonably practicable to do so.

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

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1.0 Policy Statement

Violence against women, domestic abuse and sexual violence (VAWDASV) is a large scale, pervasive problem, which every year causes needless deaths and damage to thousands of lives across Wales:

- Domestic Abuse affects 11% of women and 5% of men each year in Wales, this equates to approximately 140,000 victims per year
- Sexual violence affects 3.2% of women and 0.7% of men, this equates to approximately 34,000 victims per year
- Estimates from the Foundation for Women's Health Research and Development (2013), cited by Berry et al (2014) state that approximately 66,000 women resident in England and Wales have been subjected to female genital mutilation
- In 2011, 1% of cases handled by the Forced Marriage Unit originated in Wales.

Violence and abuse in any form is unacceptable. Anyone from any gender who experiences any form of violence against women, domestic abuse and sexual violence deserves an effective and timely response from all Public Services (see appendix 1 for definitions, page 13).

The experience of violence against women, domestic abuse and sexual violence has a significant impact on those who use services provided by the Health Board:

- Physical injuries or infections caused by the violence and abuse may be the primary issue for seeking treatment
- It may be a causative or contributory factor to seeking treatment which is not disclosed leading to mislabelling or misdiagnosis of the issue
- It may increase risk or likelihood of complications for some areas of treatment, specifically antenatal and post partum care.
- The experience of violence against women, domestic abuse and sexual violence increases the risk of developing depression, post traumatic stress disorder and substance misuse.

Violence against women, domestic abuse and sexual violence includes:

- Domestic abuse
- Sexual violence (within and not within relationships)
- Female Genital Mutilation (FGM)
- Forced marriage
- "Honour" based abuse
- Stalking and harassment (within and not within relationships)
- Sexual Exploitation.

It is important that relevant staff roles, working within the Health Board are skilled to recognise potential indicators of such violence and abuse take appropriate action

when they make these observations and offer simple and effective referral options to patients. This is achieved by the Health Board's adoption of "Ask and Act".

"Ask and Act" is a Welsh Government policy of targeted enquiry to be practised across the public service for violence against women, domestic abuse and sexual violence. The approach is further defined later in this policy. This policy outlines the commitment of the Health Board to this policy and its agreement that professionals will be able to identify violence against women, domestic abuse and sexual violence, and be confident to ask about these issues in a private setting and to ensure an appropriate response and referral. The process of "Ask and Act" must be implemented within a culture and environment where the confidentiality, privacy and data of victims is respected and treated carefully. The Health Board will:

- Promote awareness of violence against women, domestic abuse and sexual violence and promote working practices which will increase those experiencing violence against women, domestic abuse and sexual violence
- Work in partnership with other statutory agencies and voluntary organisations within Wales and other areas as required.
- Fulfilling its obligations in relation to the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

The Health Board is committed to the health and well being of its patients and staff and recognises that domestic abuse is a crime, which adversely affects the health of individuals, families and communities. Identifying abuse and/or violence at an early stage can be an effective measure in preventing an escalation in severity and frequency, and can assist to ensure appropriate and timely support is provided. Taking a responsive and enabling approach is fundamental in encouraging adults who are experiencing violence, threats, intimidation, and other abuse to disclose.

2.0 Scope of Policy

This policy applies to:

- Employees in all settings across the Health Board
- All professional and public contacts with the Health Board
- All service users and parents/carers.

3.0 Related policies / documents

This policy should be used in conjunction with:

- All Wales Child Protection Procedures (2008)
- ABMUHB Interim Policy and Procedure for the Protection of Vulnerable Adults from Abuse (2012)
- ABMUHB Combined Children's Safeguarding Guidance (2018)
- ABMUHB Policy for the Management of Allegations of Abuse or Children and members of staff (Professional Abuse / Concerns Policy) (2016)
- ABMUHB Policy for Health Professionals on Female Genital Mutilation (2017)
- ABMUHB Employee Stress and Emotional Well-being Policy
- Mental Capacity Act (2005) Deprivation of Liberty Safeguards Code of Practice to supplement the main Capacity Act 2005 Code of Practice
- Protection of Older People in Wales, A Guide to the Law. 2nd edition (2014)
- Wales Accord on the Sharing of Personal Information
- Violence against women, domestic abuse and sexual violence: Guidance for developing violence against women, domestic abuse and sexual violence workplace policy (2018)
- Data Protection Act 2018.

This list is not exhaustive.

4.0 The aims of "Ask and Act"

The National Institute of Health and Care Excellence (NICE, 2014) and the World Health Organisation (2013) recommend a system of targeted or clinical enquiry across Health and Social Care to better identify and respond to domestic abuse. The Welsh Government guidance on "Ask and Act" issued under section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and section 60 of the Government of Wales Act 2006 takes this approach further and takes a principles based approach to targeted enquiry for "Ask and Act" to be practiced within the Health Board.

The aims of this approach ("Ask and Act") are:

- To increase identification of those experiencing violence against women, domestic abuse and sexual violence
- To offer referrals and interventions for those identified which provide specialist support based on the risk and need of the client
- To begin to create a culture across the Public Service where addressing violence against women, domestic abuse and sexual violence is an accepted area of business and where disclosure is expected supported, accepted and facilitated

- To improve the response to those who experience violence against women, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health
- To pro-actively engage with those who are vulnerable and hidden, at the earliest opportunity, rather than only reactively engaging with those who are in crisis or at imminent risk of serious harm.

Implementation of "Ask and Act" within the Health Board work towards these aims in line with the four key principles set in the Welsh Government (2015) consultation document "Ask and Act" Statutory guidance:

- Culture and leadership - a working culture which acknowledges "Ask and Act" as core to the organisational purpose
- Clarity and confidence - a well equipped workforce; confident and accountable, supported by clear policies and procedures.
- Recognition and response- an organisationally tailored process which involves recognition, targeted enquiry and intervention to those who are experiencing violence against women, domestic abuse and sexual violence
- Follow up and monitoring, strategic oversight and evaluation of a process which maps disclosure to population and uses local data and collaboration to further develop.

4.1 Health Board staff affected by violence against women, domestic abuse or sexual violence

Research shows that 75% of those experiencing VAWDASV are targeted at work (Corporate Alliance Against Domestic Abuse, 2012). Perpetrators can use workplace resources such as phones, email and other means to threaten, harass or abuse their current or former partner. For others, the workplace can be a place of safety. Colleagues may also be affected as they may be subjected to questioning about the victims contact details or location.

Within the workplace, employers must support employees who may be experiencing VAWDASV. Whilst domestic abuse is the most prevalent form of violence against women, it is important to recognise that rape, sexual violence and harassment are often interlinked with domestic abuse.

With research showing that 1 in 4 women will experience domestic abuse at some point in their lifetime (Council of Europe, 2002), it is likely that the Health Board have staff that have or are experiencing VAWDASV as well as staff who are perpetrators.

Employers have a responsibility to provide all staff with a safe and effective work environment. Identifying an employee experiencing VAWDASV at an early stage, may result in the offer of timely and appropriate support. It is important that managers in all areas and the Human Resources Team undertake "Ask and Act" training. This enables managers to recognise the indicators of VAWDASV and to practice "Ask and Act" in staff contacts. Managers should offer employees the opportunity to discuss personal issues which may be affecting their health and work

performance etc. during each stage of the Health Board Sickness and Capability Policies e.g. Return to work interviews. In addition, if a disclosure is given, the manager should discuss referral to the Occupational Department or Health Well Being Through Work Team.

A manager may become aware that an employee is experiencing VAWDASV by:

- Direct disclosure from employees or indirect disclosure from another person
- Employment related issues such as frequent short term sickness absences due to re-occurring physical injuries such as bruises and abrasions, fractured bones, lost teeth, internal injuries, gynaecological problems and miscarriages
- Psychological and psychiatric problems such as depression and anxiety or because the employee begins to under-perform in their role, for no apparent work related reason.
- Safeguarding referrals to Corporate Safeguarding Team (Adult and Children)
- Receipt of Public Protection Notice from the police.

4.1.2 Practical support in the workplace

Staff experiencing VAWDASV may be working with Specialist Support Services for VAWDASV. This may be following self referral or other means, e.g. referral by their manager or from clinical services where healthcare has been accessed. The Health Board has a key part to play in the employee's Safety Plan. Examples of practical support that managers can offer:

- To use existing policies to allow employees to change work patterns or workload and allow flexible working or special leave to facilitate any practical arrangements
- To divert phone calls and email messages
- To alert reception and security staff if the perpetrator is known to come to the workplace
- To provide a copy of any existing orders against the perpetrator and a photograph to reception and security staff
- To check that staff have arrangements for getting safely to and from home
- Review content of personal information, e.g. temporary or new addresses, bank or healthcare details
- Review the employee's next of kin information
- Where practical, a temporary or permanent change of workplace, working times/patterns
- Where practical, offer changes in specific duties, e.g. not expecting the member of staff to answer the telephone or sit in reception
- To move the employee out of public view, i.e. ensuring they are not visible from reception points or ground floor windows
- To ensure that the employee does not work alone or in an isolated area
- Agreement with the employee what to tell colleagues and how they should respond if the perpetrator telephones or visits the workplace
- To keep a record of any incidents of abuse in the workplace, including persistent telephone calls, emails or visits to see the employee.

Guidance is available for managers that can offer advice and practical guidance on VAWDASV in the workplace:

- **Live Fear Free Helpline:** 0808 80 10 800 / www.gov.wales/livefearfree
The Wales VAWDASV helpline offers free confidential information to women and men experiencing domestic abuse and sexual violence. It is also a source of professional support for Health Board staff. People who are concerned about someone they know can contact the Helpline for advice.
- **BAWSO:** www.bawso.org.uk
BAWSO is a specialist agency which can provide culturally sensitive and appropriate information and services for black and other minority ethnic groups):
- **Citizens Advice Cymru:** www.citizensadvice.org.uk/cr_wales
Can offer free, confidential, impartial and independent advice on a range of issues including debt, benefits, housing and legal matters
- **Corporate alliance against domestic violence:**
www.caadv.or.uk
The Corporate Alliance aims to raise awareness and reduce the social and economic impact of VAWDASV in the workplace.
- **Dyn Project:** www.dynwales.org
The Dyn Project works across Wales to support men who experience domestic abuse.
- **Refuge:** www.refuge.org.uk
Refuge is one of the largest single provider of specialist accommodation and services for women and children escaping VAWDASV, supporting over 1000 women and children every day.
- **Respect:** www.respect.uk.net
Respect is the association for professionals working with domestic abuse perpetrators and associated support services. Their key aim is to increase safety of those experiencing VAWDASV through promoting effective interventions with perpetrators.
- **The National LGBT Domestic Abuse Helpline:**
0300 999 5428 / www.galop.org.uk
- **Welsh Women's Aid:** www.welshwomensaid.org
Welsh Women's Aid (WWA) is a national organisation representing women's aid groups throughout Wales. WWA can provide specialist training, support and information to member groups and outside information.

5.0 Governance

5.1 Health Board arrangements

The practice of “Ask and Act” within the Health Board is monitored by the Health Board’s Safeguarding Committee which is chaired by the Director of Nursing and Patient Experience.

The Health Board submits an Annual Report to Welsh Government which is a requirement of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

6.0 Supporting staff to practice “Ask and Act”

6.1 National Training Framework for “Ask and Act” training

Within the healthcare setting, Groups 1, 2 and 3 of the National Training Framework promotes a consistent standard of care for those who experience violence against women, domestic abuse and sexual violence.

Group 1

All staff within are required to complete the 45 minute on – line Group 1 “Ask and Act” training on ESR.

Group 2

Health Board staff who have significant contact with patients will receive Group 2 training as stated in the National Training Framework on violence against women, domestic abuse and sexual violence (Welsh Government, 2015). Staff required to complete Group 2 training will be at the managers’ discretion. The aim of the training is to support the learner to:

- Recognise indicators of violence against women, domestic abuse and sexual violence
- Respond appropriately to unprompted disclosure
- Ask appropriate questions
- Respond effectively to the answer.

Group 3

Group 3 training is provided to staff who wish to adopt a champion role within the working environment. Contact details of staff trained to Group 3 will be available to support staff who have queries related to “Ask and Act” or related concerns about a patient.

Group 6

Group 6 of the National Training Framework is aimed at Senior Leadership of public services. Group 6 includes the Strengthening Leadership Series which is a series of short videos lasting four to eight minutes. These videos can be viewed on YouTube and Learning@ Wales.

6.2 “Ask and Act” Referral Pathways

Meeting the aims of “Ask and Act” does not require Health Board staff to become “experts” in VAWDASV. The aim is for staff to be able to identify indicators and to sensitively ask the question (see appendix 2, page 19). When disclosure of violence against women, domestic abuse and sexual violence is given, staff should follow the multiagency “Ask and Act” Referral Pathways (appendix 3 on page 20, appendix 4 on page 21).

6.3 Vicarious Trauma

It is acknowledged that some staff will experience Vicarious Trauma as a result of working with victims of abuse. The implementation of “Ask and Act” may increase the likelihood of this. It is important that senior managers are aware of this risk as the Health Board has a responsibility to limit the impact of this difficult work for staff. Staff are encouraged to access additional support from the Health Board’s Well-being at Work scheme. Guidance can be sought from the Health Board’s Employee Stress and Well-being Policy (2013).

7.0 “Ask and Act” and statutory safeguarding processes

All staff have an ethical and professional duty of care if they:

- Witness abuse
- Receive information about abuse, suspected abuse or concerns about the care of or treatment of an adult at risk
- Have concerns or suspicions about possible abuse or inappropriate care.

Adults at risk have the right to be fully involved throughout the adult protection process and to make decisions about their safety and welfare, unless it has been assessed that they do not have the mental capacity to make any particular decision.

7.1 The Social Services and Well-being Act (Wales) 2014

The Social Services and Well-being Act (Wales) 2014 strengthens safeguards through the introduction of new duty to report to the Local Authority someone

expected to be an adult at risk of abuse or neglect. The Act defines children and adults “at risk” and introduces a duty on relevant partners to report suspicions to the Local Authority.

7.2 Safeguarding Children

The Health Board recognises the serious and adverse affects that violence against women, domestic abuse and sexual violence has on children both as direct victims and witnesses.

The Health Board acknowledges its safeguarding responsibilities and these are not affected by the implementation of “Ask and Act”. In all cases where violence against women, domestic abuse and sexual violence is identified and there are children in the family, the All Wales Child Protection Procedures (2008) will be followed. All referrals must be documented and followed up in writing using relevant referral documentation. These referrals must be made in addition to any referrals offered as part of “Ask and Act”. Refer to the current Health Board’s Safeguarding Children’s Policy for further information.

7.3 Safeguarding Adults

If an adult is at risk due to violence against women, domestic abuse and sexual violence the Wales Interim Policy and Procedures for the protection of adults from abuse should be followed.

8.0 Implementation/Policy Compliance

“Ask and Act” is a form of targeted rather than routine enquiry. Targeted enquiry involves relevant professionals applying a “low threshold for asking” whether the patient is experiencing domestic abuse when the patient presents with certain indicators of abuse. “Indicators” is used to describe the signs, symptoms, cues or situations through which violence against women, domestic abuse and sexual violence may be identified.

To “Ask and Act” requires listening skills, an ability to respond calmly and empathically to a client who may be distressed and a basic knowledge of local services accessed via agreed referral pathways (see appendix 3, page 20).

For those health professionals who work with a client group, where these skills have been taught as part of pre-qualifying education and honed through client relationships, completing the actions required by a process of “Ask and Act” should not differ greatly from those already undertaken in their professional roles.

8.1 Risk Identification and assessment

Health Board staff will be expected to make an assessment of immediate risk or likelihood of serious harm based on their observations and discussions with a patient. This includes consideration of:

- Whether the person who has disclosed is at immediate risk of harm?
- Whether there is an immediate threat to the life of the person who has disclosed?
- Whether there is a strong possibility that they are at risk of serious immediate harm?

Should a Health Board staff member consider that the information provided to them demonstrates that the patient is in immediate danger they are expected to follow the current Health Board's safeguarding procedures. This may involve contacting the police on 999 and initiating child protection/adult safeguarding procedures. Senior management and "Ask and Act" point of contact advice should be sought.

The "Ask and Act" Referral Pathway requires the completion of the DASH RIC (Domestic Abuse, Stalking and Honour Based Violence Risk Checklist) to assess if the patient (the victim) is at moderate or high risk of harm. The DASH RIC may be completed by the health professional or with the assistance of the Live Fear Free Helpline. All high risk victims must be referred to a Multiagency Risk Assessment Conference (MARAC) within 48 hours (or as soon as is practicable). This referral will initiate timely contact with an IDVA within the Public Protection Unit. The IDVA will further assess the patient's (the victim) level of risk, discuss the range of suitable options and develop safety plans. Victims who are considered to be of moderate risk will be referred to specialist support agencies providing their consent has been given.

8.2 Information sharing

The process of "Ask and Act" will inevitably lead to disclosures of personal and sensitive information which will lead staff to decide whether this information can be shared. The Health Board is a signatory of the South Wales Information Sharing Protocol along with the Police and Social Services. The Information Sharing Policy allows the sharing of reciprocal information in order that the professional can inform the police of an incident. Under the Data Protection Act 1998, the Health Board is legally able to share data with police if there is a threat to the life (vital interests) of the patient, without the consent of the patient against whom the offence has been committed. The professional must make a judgment on whether informing the police is the correct course of action based on each individual situation. Good practice would require the professional to inform the patient/client that they will be referring to the police. If disclosing without consent, the reasons for disclosure need to be clearly documented in the records. Advice on information sharing can be sought from the Health Board's Safeguarding Team.

The Health Board's "Ask and Act" Information Sharing Protocol provides guidance to staff on maintaining patient confidentiality, data protection and information sharing with the aim of:

- Creating an environment where the legal framework and decision making requirements are clarified in process, protocol and guidance
- Providing "on the spot" management support to staff practicing "Ask and Act" to support them in their decision making.

9.0 Evaluation of "Ask and Act"

The Health Board will use existing methods of data collection and seek additional data collection methods to aid the evaluation of "Ask and Act". Welsh Government Performance Indicators will soon be available for consultation.

9.1 Data collection and monitoring

With the publishing of the Welsh Government Performance Indicators, arrangements will be made to collect data on a quarterly basis which will inform the Health Board's Bi-Annual Safeguarding Report and Annual Report to Welsh Government.

References

Berry, V. et al (2014) Building effective responses: An independent review of violence against women, domestic abuse and sexual violence services in Wales Foundation for Women's Health, Research and Development – FORWARD (May 2013) via Women's Aid Statistical Bulletin.

National Institute of Health and Care Excellence (2014) Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively, NICE public health guidance 50.

Welsh Government (2015) *A consultation on draft statutory guidance on "Ask and Act" under section 15 of the Domestic Abuse and Sexual Violence (Wales) Act 2016 and section 60 of the Government of Wales Act 2006.*

World Health Organisation (2013) Responding to Intimate partner violence and sexual violence against women. WHO clinical and policy guidelines.

Appendix 1

Definitions

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 provides the following definitions:

“abuse” (“cam-drln”) means physical, sexual, psychological, emotional or financial abuse

“domestic abuse” (“cam-drln domestig”) means abuse where the victim of it is or has been associated with the abuser

“female genital mutilation” (“anffurfio organau cenhedlu benywod”) means an act that is an offence under sections 1, 2 or 3 of the Female Genital Mutilation Act 2003 (c.31)

“financial abuse” (“cam-drln ariannol”) means—

- (a) having money or other property stolen,
- (b) being defrauded,
- (c) being put under pressure in relation to money or other property, and
- (d) having money or other property misused;

“harassment” (“aflonyddu”) means a course of conduct by a person which he or she knows or ought to know amounts to harassment of the other; and for the purpose of this definition—

(a) a person ought to know that his or her conduct amounts to or involves harassment if a reasonable person in possession of the same information would think the course of conduct amounted to or involved harassment of another person, and

(b) “conduct” includes speech

“gender-based violence” (“trais ar sail rhywedd”) means—

(a) violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation;

(b) female genital mutilation

(c) forcing a person (whether by physical force or coercion by threats or other psychological means) to enter into a religious or civil ceremony of marriage (whether or not legally binding);

“sexual violence” (“trais rhywiol”) means sexual exploitation, sexual harassment, or threats of violence of a sexual nature;

“sexual exploitation” (“camfanteislo rhywiol”) means something that is done to or in respect of a person which—

(a) involves the commission of an offence under Part 1 of the Sexual Offences Act 2003 (c.42), as it has an effect in England and Wales, or

(b) would involve the commission of such an offence if it were done in England and Wales;

A person is associated with another person for the purpose of the definition of “domestic abuse” if

(a) they are or have been married to each other;

(b) they are or have been civil partners of each other;

(c) they live or have lived together in an enduring family relationship (whether they are of different sexes or the same sex);

(d) they live or have lived in the same household; and for this purpose a person is a member of another person’s household if—

(i) the person normally lives with the other person as a member of his or her family, or

(ii) the person might reasonably be expected to live with that other person;

(e) they are relatives;

(f) they have agreed to marry one another (whether or not that agreement has been terminated);

(g) they have entered into a civil partnership agreement between them (whether or not that agreement has been terminated);

(h) they have or have had an intimate personal relationship with each other;

(i) in relation to a child, each of them is a parent of the child or has, or has had, parental responsibility for the child.

(3) If a child has been adopted or falls within subsection (4), two persons are also associated with each other for the purposes of the definition of “domestic abuse” in subsection (1) if—

(a) one is a natural parent of the child or a parent of such a natural parent, and

(b) the other is—

(i) the child, or

(ii) a person who has become a parent of the child by virtue of an adoption order, who has applied for an adoption order or with whom the child has at any time been placed for adoption.

(4) A child falls within this subsection if—

(a) an adoption agency, within the meaning of section 2 of the Adoption and Children Act 2002 (c.38), is authorised to place the child for adoption under section 19 of that Act (placing children with parental consent) or the child has become the subject of an order under section 21 of that Act (placement orders), or

(b) the child is freed for adoption by virtue of an order made—

(i) in England and Wales, under section 18 of the Adoption Act 1976 (c.36), or

(ii) in Northern Ireland, under Article 17(1) or 18(1) of the Adoption (Northern Ireland) Order 1987 (S.I. 1987/2203), or

(c) the child is the subject of a Scottish permanence order which includes granting authority to adopt.

The Home Office, 2013 defines domestic abuse as:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

*Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”**

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

Appendix 2

Indicators of Violence against Women, Domestic Abuse and Sexual Violence

Signs: The potential outward and physical signs someone is experiencing violence against women, domestic abuse and sexual violence eg changes in behaviour, anxiety, depression, fatigue, substance use/misuse, unexplained injuries, reliance on partner for decision making, lack of free will, constant accompaniment by partner, obsession with time keeping, secretive regarding home life, social isolation from family and friends.

Settings: Evidence suggests routine enquiry is appropriate and considered good practice in the following settings midwifery, health visiting and mental health.

Midwifery and Health Visiting

- 30% of domestic violence starts in pregnancy and is associated with low birth weight and pregnancy complications including miscarriage and still birth

Mental Health

- The risk of developing depression, PTSD, substance abuse or becoming suicidal is 3 to 5 times higher for women who have experienced violence in their relationships

Links to Safeguarding Children

- Nearly 75% of children on the Child Protection Register live in households where there is domestic abuse
- 62% of children exposed to domestic abuse are also directly harmed

Symptoms: of abuse or of associated impacts (such as anxiety, depression, alcohol or substance abuse, self harm, suicide attempts, unexplained chronic pain, eating disorders, repeated health consultations with no clear diagnosis, intrusive partner in consultations, tiredness)

Cues: The presence of some other information which suggest the experience of abuse or a pattern of behaviour which merits enquiry. This might include information provided by a partner agency.

To "Ask and Act" is not to interrogate, but where a cue is observed or received a professional should make appropriate enquiries.



“Ask and Act”: Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Pathway

Department/Ward: _____

Tick boxes as appropriate and insert in patient record/ maternity department in maternal safeguarding folder

Contact Police Emergency Services (999) if you have serious concern regarding immediate patient safety

VAWDASV disclosed

Ask the patient the following questions:	Yes	No
Are the patient and perpetrator currently having any contact?	<input type="checkbox"/>	<input type="checkbox"/>
Has VAWDASV occurred in past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient concerned for her/his safety?	<input type="checkbox"/>	<input type="checkbox"/>

No to all 3 questions		
No current risk to safety. Live Fear Free Helpline number given: 0808 80 10 800	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Yes – to any of the above

DASH RIC to be completed by either:	Yes	No
Health Professional (preferable)	<input type="checkbox"/>	<input type="checkbox"/>
Live Fear Free Helpline: 0808 80 10 800 Please refer to and complete page 2	<input type="checkbox"/>	<input type="checkbox"/>

Are there children under 18 who:	Yes	No	If yes follow the All Wales Child Protection Procedures
Live at the property?	<input type="checkbox"/>	<input type="checkbox"/>	
Have significant contact with the patient or perpetrator?	<input type="checkbox"/>	<input type="checkbox"/>	

When DASH RIC completed by Health Professional		
Standard and Medium Risk (DASH RIC score less than 14)	Yes	No
Consent given for referral to specialist support services, i.e. “One Stop Shop”: <ul style="list-style-type: none"> • Swansea • Neath Port Talbot • Bridgend • Out of area. 	<input type="checkbox"/>	<input type="checkbox"/>
Complete referral form. Email referral form and completed DASH RIC to: ABM.AskandAct@wales.nhs.uk Safeguarding Team will arrange the referral.	<input type="checkbox"/>	<input type="checkbox"/>

High Risk if one box ticked		
	Yes	No
DASH RIC score is 14 or more	<input type="checkbox"/>	<input type="checkbox"/>
You are aware of 3 or more incidents in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Professional judgment (essential to record your reason for MARAC referral)	<input type="checkbox"/>	<input type="checkbox"/>

If consent to specialist support services declined (Standard and Medium Risk)	
Live Fear Free Helpline number given: 0808 80 10 800	Yes
	<input type="checkbox"/>

DASH RIC and completed MARAC form completed by ABMUHB Health Professional to be emailed to:
ABM.AskandAct@wales.nhs.uk

Safeguarding Team will forward to the:

- Appropriate Police Domestic Abuse Unit
- VAWDASV Lead/Safeguarding Lead within referring department.

Healthcare Professional (print name):
Designation:

Signature:

Date:

Time:

November 2018

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Attach Patient ID label

Verbal consent given for the sharing of information between the Live Fear Free Helpline Advisor and ABMU Health Board staff.

 Yes

 No

Information below to be documented following patient telephone referral to the Live Fear Free Helpline Advisor

1. Date and time Live Fear Free Helpline Advisor contacted:

3. Following completion of DASH RIC by Live Fear Free Helpline Advisor, is the patient considered:

Standard and medium risk:

 Yes

 No

- Completed DASHRIC and "One Stop Shop" referral form will be sent to the ABMU Safeguarding Team via secure CJSM email (verbal consent given)
- ABMUHB Safeguarding Team will telephone the referral to the appropriate "One Stop Shop" (providing verbal consent given by patient).

High Risk:

 Yes

 No

- Live Fear Free Helpline Advisor will forward by secure method the completed DASHRIC and MARAC referral form to the appropriate Police Protection Unit
- Live Fear Free Helpline Advisor will forward the completed DASHRIC and MARAC referral form to the ABMU Safeguarding Team via secure CJSM email.

4. Other information:

File completed form in patient record/maternity department in maternal safeguarding folder.

Healthcare Professional (print name):
Designation:

Signature:

Date:

Time:

November 2018

21



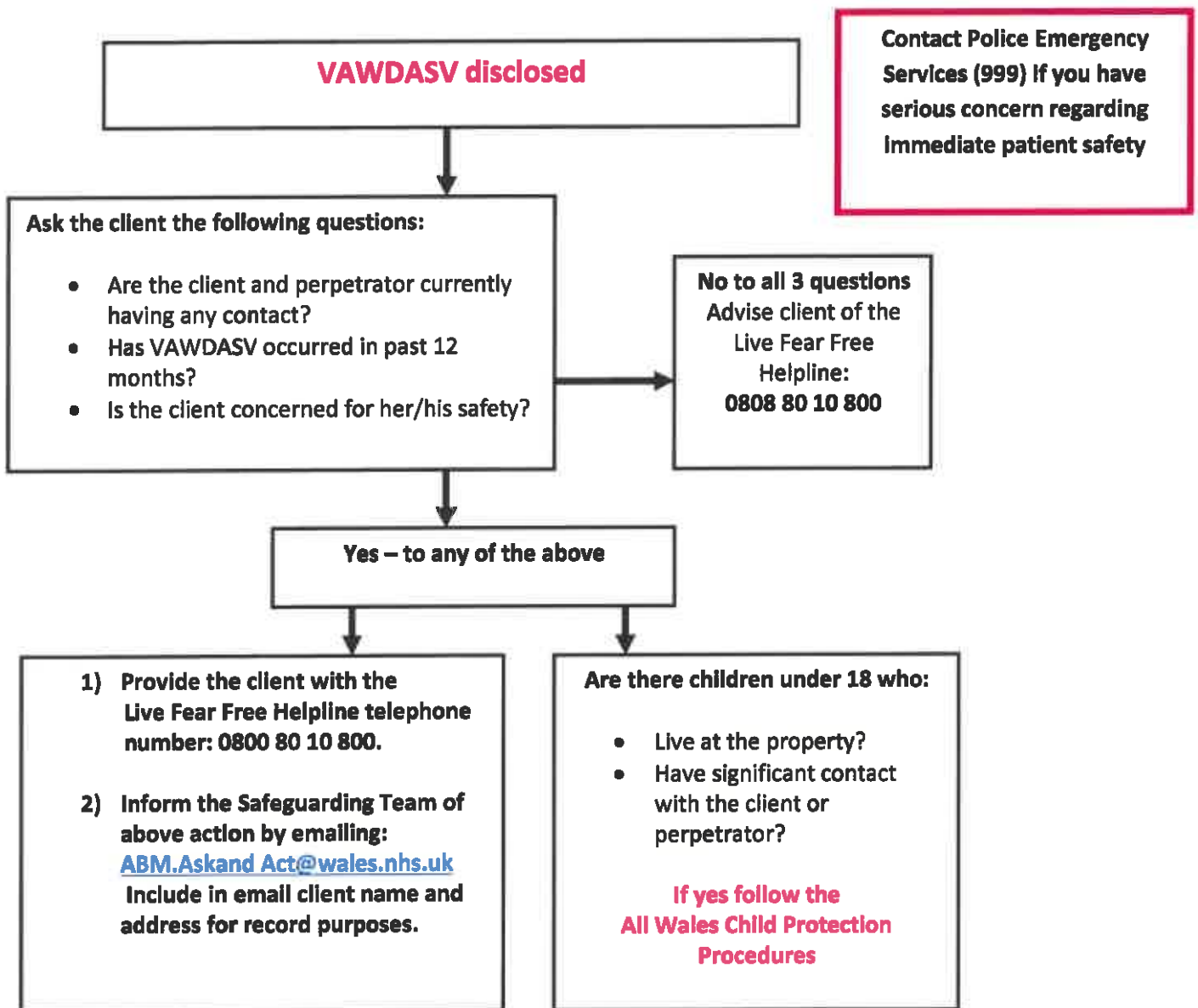
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

“Ask and Act”: Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV)

Flowchart

For clients who disclose who are not patients within ABMU Health Board
(e.g. family members of patients)



Abertawe Bro-Morgannwg University Health Board

Authorisation Form for Publication onto COIN

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

COIN ID.	CIDFJĪ Î
Title.	“Ask and Act” Policy
Name and Signature of Author/Chair of Group or Committee.	Corporate Safeguarding Team
Name and Signature of Lead Pharmacist.	N/A
Please specify whether the document is New, Revised or Supersedes a previous version.	Revised.
Please specify the section on COIN where you wish the document to be published.	Safeguarding
Please sign to confirm that the document has been authorised by an approved governance process in a specialty or delivery unit.	Quality and Safety Forum <i>Wendy Sunderland - Eras</i>
Has NICE guidance been considered/referenced when producing this guidance? If yes, please state the title or reference number.	National Institute of Health and Care Excellence (2014) Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively, NICE public health guidance 50.
Is the document relevant to the GP Portal?	Yes
Equality Statement (Mandatory for Policies). ⁽¹⁾	This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.
Please specify keywords to assist with searching. ⁽²⁾	Ask and Act Violence against women, domestic abuse and sexual violence
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