



Domestic Violence and Abuse Policy

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 practice 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.

Document Author: Corporate Safeguarding Team

Approved by: Safeguarding Committee

Review date: June 2024

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1. POLICY STATEMENT

Violence against women, domestic abuse and sexual violence has a significant impact on those who use the services provided by the Health Board. It is important that relevant staff roles, working within the Health Board are skilled to recognise potential indicators of violence and abuse and take appropriate action (Appendix 1).

SBUHB have adopted “Ask and Act”. “Ask and Act” is a Welsh Government policy of targeted enquiry to be practiced across all public service for violence against women, domestic abuse and sexual violence. The approach is further defined in this policy. This policy outlines the commitment of the Health Board 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, 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
- Promote working practices which will decrease those experiencing violence.
- Work in partnership with other statutory agencies and voluntary organisations within Wales and other areas as required.
- Fulfil 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 expedited support is provided. Taking a responsive and enabling approach is fundamental in encouraging individuals who are experiencing violence, threats, intimidation, and other abuse to disclose.

2. SCOPE OF POLICY

This policy applies to:

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

3. AIMS AND OBJECTIVES OF “ASK & ACT”

“Ask and Act” is a process of targeted enquiry to be practiced across all public services to identify violence against women, domestic abuse and sexual violence. The term targeted enquiry describes the recognition of indicators of violence against women, domestic abuse and sexual violence as a prompt for a health professional to ask their client whether they have been affected by any of these issues. This policy recognises that anyone (women, men, older people, children and young people) can experience and be affected by violence and abuse. This can happen in any relationship regardless of sex, age, ethnicity, gender, sexuality, disability, religion or belief, income, geography or lifestyle.

The aims of “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 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 understood in the correct context, where disclosure is accepted and facilitated and support is appropriate and consistent
- 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; and
- 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.

Posters are displayed throughout the Health Board providing information in relation to Domestic Violence and Abuse helpline numbers. The Health Board’s intranet page has information, links and contact numbers.

4. RESPONSIBILITIES

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

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.

Managers should offer employees the opportunity to discuss personal issues which may be affecting their health and work performance during each stage of the Health Boards Sickness & Capability Policies eg. during Return to Work interviews. In addition, if a disclosure is made, managers are to complete the Domestic Abuse, Stalking and Honour Based Violence Risk Assessment (Appendix 2) and utilise the “Ask and Act” VAWDASV Pathway to identify the most relevant support service (Appendix 3).

Managers can seek additional advice from Occupational Health with regards to an employee’s fitness for work or necessary adjustments for example safety concerns including temporary role changes.

4.1 Health Board employees who experience domestic violence and abuse

Staff experiencing Domestic Abuse can be affected in a number of ways:

- Levels of concentration affected – impacting on work tasks/duties. For nursing staff/ health professionals this could be detrimental to patient care and may require a disciplinary response or lead to serious outcomes.
- Individuals may experience a lack of confidence both in their practice and when working within a team. Colleagues may not recognise that they are victims/survivors of domestic abuse and see them as not being a ‘team player’ or ‘pulling their weight’. This lack of confidence could lead to them being isolated in the workplace.
- Increased absences from work which would impact upon an individual’s sickness record, and poor time keeping, both of which could make it appear that they are less committed to their work and the organisation.
- Individuals could be targeted at work by their perpetrator who could be contacting them and harassing them by phone, attending their work place uninvited.
- Home working could increase the risks to an individual and the control their perpetrator has upon them.
- There is a potential for the individual to become desensitised to abuse and not recognise that their patients or colleagues are victims/survivors of domestic violence and abuse. This may lead to inappropriate treatment/ advice which in turn could result in the organisation having concerns regarding the individual’s ability to safeguard others.

- Individuals may disclose their circumstances to colleagues, expecting confidence to be maintained which may create conflict and tension for staff. The conflict between maintaining confidentiality and following Safeguarding procedures may create relationship/team difficulties and a loss of trust in colleagues.

4.2 What support can be offered in the workplace for individuals affected by Domestic Abuse?

- Allow staff employees to change work patterns or workload and allow flexible working or special leave to facilitate any practical arrangements or appointments (see section 7.1.4 of the Special Leave Policy).
- Divert phone calls and email messages.
- For staff that work on hospital sites, where appropriate to request a car park permit which enables the member of staff to park directly outside their place of work.
- Alert reception and security staff if the perpetrator is known to come into the work place.
- Provide a copy of any existing Orders against the perpetrator and a photograph to reception and security staff.
- Check that staff have arrangements for getting safely to and from home.
- Tailored Safeguarding and “Ask and Act” training.
- Review the employee’s next of kin information.
- Where practical, a temporary or permanent change of workplace, working times and patterns, with consultation from Workforce. Where practical offer changes in specific duties including community based health care employees.
- Move the employee out of public view, i.e. ensuring they are not visible from reception points or ground floor windows.
- Ensure that the employee feels safe on transfers i.e. X-ray, ward transfers.
- Agreement with the employee what to tell colleagues and how they should respond if the perpetrator telephones or visits the work place.
- To keep a record of any incidents of abuse in the workplace, including persistent phone calls, emails and visits to see the employee and report via 101 or call 999 in an emergency.
- There is a potential for the provision of accommodation in staff residencies for staff and their children in emergencies, such as domestic abuse. In order to facilitate this please contact the Corporate Safeguarding Team on (01639 683164) Monday – Friday 8am-8pm *OUT OF HOURS please contact on call site team.

- Food vouchers are also available for staff via their managers for use in Health Board canteens.

5. Definition of Domestic Abuse

Domestic abuse is not just physical violence, but can also take other forms such as emotional, controlling and coercive behaviour and economic abuse between two people aged 16 years or over who are personally connected. Section 3 of the Domestic Abuse Act 2021, recognises children as victims. Not all victims of VAWDASV are women. VAWDASV can affect men and those with a non-binary identity. However, the vast majority of those who commit abuse are male. Our policy recognises that male violence defines VAWDASV even more strongly than the gender of the survivor.

‘Abusive behaviour’ is defined in the act as any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional, or other abuse

For the definition to apply, both parties must be aged 16 or over and ‘personally connected’.

‘Personally connected’ is defined in the act as parties who:

- are married to each other
- are civil partners of each other
- have agreed to marry one another (whether or not the agreement has been terminated)
- have entered into a civil partnership agreement (whether or not the agreement has been terminated)
- are or have been in an intimate personal relationship with each other
- have, or there has been a time when they each have had, a parental relationship in relation to the same child
- are relatives

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, religion, socio-economic status, sexuality or background.

This policy is for both men and women.

6. Implementation/Policy Compliance

Managers should offer employees the opportunity to discuss personal issues which may be affecting their health and work performance during each stage of the Health Boards Sickness & Capability Policies eg. During Return to Work interviews. In addition, if a disclosure is made managers should complete the DASHRIC & utilise the flow chart to be guided as to the most relevant support service.

Managers can also seek additional advice from Occupation Health and the Staff Well-being Service with regards to an employee's fitness for work or necessary adjustments for example safety concerns including temporary role changes.

7. National Training Framework for “Ask and Act” Training

“Ask and Act” is a form of targeted enquiry which requires relevant practitioners to apply a "low threshold for asking" whether the individual is experiencing violence and abuse when the individual presents certain indicators of such abuse. “Indicators” are used to describe all of the signs, symptoms, cues or settings through which Violence against Women, Domestic Abuse and Sexual Violence can be identified.

Within the healthcare setting, Group 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

7.1 Supporting staff to access “Ask and Act” Training

Group 1

All staff within the Health Board are required to complete the online Group 1 “Ask and Act” training available on ESR. All staff are required to complete their Mandatory Training, including completing training within six weeks of induction and refresher training every three years.

Group 1 “Ask and Act” Training includes:

- Basic awareness of what Violence against Women, Domestic Abuse and Sexual Violence
- How to recognise Domestic Violence and Abuse and Sexual Violence
- The help available to victims.

Group 2

All staff that have regular contact with patients, their families, carers or the public will receive are required to complete Group 2 Training, National Training Framework, Violence against Women, Domestic Abuse and Sexual Violence (Welsh Government, 2019)

The aim of the training is to support the learner to:

- Recognise the signs and indicators that someone is being abused
- Talk to that person sensitively (if appropriate)
- Offer options and services to them quickly and efficiently.

Group 3

Aimed at individuals in roles which require them to do more than “Ask and Act” and those who perform a champion’s role.

The training will enable people to:

- Support colleagues as they make difficult decisions in relation these subject areas, help offer services to all family members affected by Violence against Women, Domestic Abuse and Sexual Violence
- Act as a champion within their organisation.

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 as the question (Appendix 2).

8. “Ask and Act” Referral Pathways

When a disclosure is made, staff should follow the multiagency “Ask and Act” Referral Pathway (Appendix 3)

8.1 Risk Identification and Assessment

The main purpose of risk assessment is to identify the need for immediate Safeguarding and interventions for families who are experiencing Domestic Violence and Abuse. Health Board staff will be expected to make an assessment of immediate risk based on the likelihood of serious harm following their observations and discussions with the patient. This will include:

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

8.2 Online Multi-Agency Risk Assessment Conference (MARAC) referral process

The MARAC aims to share information to increase the safety, health and well-being of victims/survivors and their children and also to determine whether the alleged perpetrator poses a significant risk to any particular individual or to the general community.

At the beginning of June 2021, the Western Domestic Abuse Unit (West DAU) modified the way in which MARAC referrals were completed and processed. Referring agencies are now directed to the link below that will take you to the Online MARAC Referral Form. This form guides you through the referral process step-by-step and includes the DASH RIC – so there's no requirement to submit this separately. The form is available in both English and Welsh.

[Online MARAC Referral Form - English \(south-wales.police.uk\)](https://south-wales.police.uk/marac-referral-form-english)

[Online MARAC Referral Form - Welsh \(south-wales.police.uk\)](https://south-wales.police.uk/marac-referral-form-welsh)

Through the new process, referrals are automatically copied to the Public Service Centre (PSC), who assess any Threat, Harm, Risk or Vulnerability (THRV) and allocate police resources to investigate the incident(s) as appropriate.

Outside the area of Swansea and Neath/Port-Talbot please complete the [Safe Lives Dash Risk Checklist](#) and return to SBU.AskAndAct@wales.nhs.uk

In an emergency, always dial 999.

8.3 “Ask and Act” and Safeguarding process

All staff have a professional duty if they

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

8.4 [All Wales Minimum Standards Routine Enquiry into Domestic Abuse, Pregnancy and Early Years](#)

All Wales Pathway for Routine Enquiry is a system that is intended to be a guide only and reflects a particular moment in time. Please remember that the situation may

change quickly. Consider not only the high risk situation but also any strange or unusual behaviour reported by the woman.

8.5. Health Based Independent Domestic Violence Advocate (IDVA)

The Health based IDVA acts as a resource and point of contact for staff across Swansea Bay UHB where patients or staff disclose, identify as or are likely to be experiencing domestic violence and abuse.

The Health based IDVA is based on our Morriston Site and available externally on: 01792 986847 internally - 39847.

8.6. Identification and Referral to Improve Safety (IRIS)

IRIS is a general practice-based Domestic Violence and Abuse (DVA) training, support and referral programme, which is a collaboration between primary care and third sector organisations specialising in DVA. The IRIS programme allows GP practice staff to refer directly to a specialist advocate if a disclosure is made. The Advocate Educator offers specialist support to GP practices and women that have been referred, as well as providing specialist DVA support and delivery of training to the practices. Referrals can be made by staff in GP practices that have received the IRIS training.

The purpose of IRIS is:

- To improve health responses to victims and increase practitioner's confidence to ask the question and report appropriately.
- Meet the statutory requirements of VAWDASV (Wales) 2015 within a primary health care setting.

9. Confidentiality

Individuals have a right to confidentiality but this right is not absolute. There may be occasions where an individual makes a disclosure as a result of targeted enquiry and a practitioner will have to make a judgement about whether to share some or all of the information and if so, what details to share.

Any decision to share information must be informed by the relevant data sharing legislation and the common law duty of confidentiality. It is imperative that each individual is aware of their rights to confidentiality and where these rights change; to be able to make informed decisions about what information they choose to share with the practitioner they are working with and have reasonable expectations of how this information will be treated

10. 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 Information Sharing Protocol for West Glamorgan Regional Safeguarding Board. The Information Sharing Policy allows the sharing of reciprocal information and is supplementary to the Wales Accord on the Sharing of Personal Information (WASPI). Under the Data Protection Act 1998, the Health Board is legally able to share data with the police if there is a threat to life (vital interests) of the patient, without the consent of the patient against whom the offense has been committed.

Good practice would require the professional to inform the individual that they will be contacting the police. If disclosing without consent, the reasons for disclosure need to be clearly documented. Advice on information sharing can be sought for the Health Boards Corporate Safeguarding Team/ Information Governance Team.

11. Male victims

Male victims of Domestic Violence and Abuse and Sexual Violence, may be reluctant to disclose their experience due to fear of being ridiculed, not being believed or being treated unfairly by agencies. They may have misguided notions of masculinity which cause additional feelings of shame and embarrassment. Abuse is experienced by people of all ages, ethnic backgrounds, genders, gender identities and sexualities. It affects people of different abilities, and happens across every class background.

11.1. Black, Asian, Minority Ethnic, Refugee individuals (BAMER)

There is under-reporting of Violence against Women, Domestic Abuse and Sexual Violence by people from Black and Minority Ethnic, Refugee (BAMER) communities in the general population. Some of the additional barriers to reporting could be:

- Language barriers - interpretation;
- Immigration status and no recourse to public funds;
- Racism (either a perception or fear of a racist response or an actual racist response from a service provider)
- Assumptions made by practitioners, based on appearance or skin colour;
- Cultural beliefs and practices; fear of rejection by their community; and mistrust of authorities.

- Violence in the country of origin - Asylum-seeking and refugee people may have experienced abuse or violence prior to their arrival in the UK.

11.2. People with Learning Disabilities

Very little research is available in relation to this client group. However, the small scale studies completed to date describe the experience of domestic abuse (specifically) of women involve multiple forms of abuse, much of which is severe. It describes unique grooming or “softening up” behaviour used by perpetrators against this client group as part of the development of abuse. Those with learning disabilities may have additional fears and barriers for disclosure associated with fear of being institutionalised or losing their children.

For further advice and support please link with the Swansea Bay University Health Board Learning Disability Specialist Nurses who can provide additional support Extension- 32959

12. Getting Help

The **Corporate Safeguarding Team Duty Desk** is available Monday-Friday 8am-8pm (excluding Bank Holidays) **Tel 01639 683164**

Email: SBU.Safeguarding@wales.nhs.uk

Further guidance is also available:

Live Fear Free Helpline / Llinell Gymorth Byw Heb Ofn	0808 80 10 800
Calan DVS Neath / Gwasanaethau Trais Domestig Calan (Calan) Castell-nedd	01639622350
Thrive Port Talbot	01639 894864
Swansea Women’s Aid / Cymorth i Fenywod Abertawe	01792 644683
Sexual Assault Referral Centre (SARC) - New Pathways	Swansea 01792 206885
BAWSO	Merthyr Tydfil 01685 379310
The Domestic Abuse Unit (Police)	08007318147
	Swansea/ NPT 01792 323232,
	Bridgend 01656 655555
Survivors Trust	0808 801 0818
Men’s Advice Line / Respect	0808 801 0327 / 0808 802 4040
Galop	0800 999 5428
Forced Marriage unit Helpline / Llinell Gymorth yr Uned Priodasau dan Orfod	020 7008 0151
National NSPCC FGM Helpline / Llinell Gymorth Anffurfio Organau Cenhedlu Benywod yr NSPCC	0800 028 3550

13. Related Policies

This policy should be used in conjunction with:

- Wales Safeguarding Procedures (2019)
- SBUHB Safeguarding and Public Protection Policy
- SBU Health Board Combined Safeguarding Children Guidance
- Policy for the Management of Allegations of Abuse of Children and Adults by Practitioners and those in Positions of Trust.
- Policy for Health Professionals on Female Genital Mutilation.
- Policy for Dealing with Allegations of Sexual Abuse, Sexual Assault and Rape (including Historical Allegations)
- Special Leave Policy

14. Main Relevant Legislation

[The Social services and well-being \(Wales\) Act 2014](#) helps practitioners apply the legislation and statutory safeguarding guidance by working together to safeguard adults and children. The Act is designed to standardise practice across all of Wales and between agencies. This strengthens safeguards through the introduction of the duty to report to the local authority. The Act defines children and adults at risk and introduces a duty on relevant partners to report suspicious to the local authority.

The Health Board recognises the serious and adverse effect that Violence against Women, Domestic Abuse and Sexual Violence has on children both as direct victims and witnesses.

Section 130 of the Social Services and Well-being (Wales) Act 2014 introduces a 'duty to report children at risk' and defines a "child at risk" as a child who:

- Is experiencing or is at risk of abuse, neglect or other kinds of harm.
- Has needs for care and support

Section 128 of the Social Services and Well-being (Wales) Act introduces a duty to report adults at risk. Section 126 of the same Act defines an "adult at risk" as an adult who: -

- Is experiencing or is at risk of abuse or neglect.
- Has needs for care and support (whether or not the authority is meeting any of those needs).

- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it Relevant agencies and their staff should understand their statutory duty to inform the local authority where there is reasonable cause to suspect that a child or an adult is at risk.

If an adult is at risk due to Violence against Women, Domestic Abuse and Sexual Violence the **Wales Safeguarding Procedures** are to be followed in addition to the **Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015**.

APPENDICES

Appendix 1 – Definitions

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

Abuse: Physical, sexual, psychological, emotional or financial abuse.

Accreditation: For the purposes of this guidance the term “accreditation” describes authority or sanction to a training course provided by an official body when recognised standards have been met.

“Ask and Act”: A process of targeted enquiry across the Welsh public service in relation to violence against women, domestic abuse and sexual violence and a process of routine enquiry within maternal and midwifery services, mental health and child maltreatment settings.

Child sexual exploitation: The coercion or manipulation of children and young people into taking part in sexual activities. It is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, ‘protection’ or affection. The vulnerability of the young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent.

Client: Client is used here as a term to describe a person experiencing violence against women, domestic abuse and sexual violence. The term encompasses the terms “victim”, “survivor”, “service user” and “patient”. Different partners use different words to define their relationship to the person at risk and so the guidance reflects this. In practical terms it is suggested a person experiencing violence against women, domestic abuse and sexual violence selects the term they prefer, where a term is required. It should generally be possible to use a client’s name rather than other descriptive terms.

Domestic abuse: Abuse where the victim of it is or has been associated with the abuser. A person is associated with another person for the purpose of the definition of “domestic abuse” if they fall within the definition in section 21(2) or (3) of the Violence against women, domestic abuse and sexual violence (Wales) Act.

Female Genital Mutilation: An act that is an offence under sections 1, 2 or 3 of the Female Genital Mutilation Act 2003 (c. 31).

“Gender-based Violence” (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);

Harassment: 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;

Independent Domestic Violence Adviser: Trained specialist worker who provides short to medium-term casework support for high risk victims of domestic abuse.

Independent Sexual Violence Adviser: Trained specialist worker who provides short to medium-term casework support for victims of sexual abuse.

Local Authority: A county or county borough council.

Practitioner: a professional employed to work directly with a client group; a proportion of whom are likely to be experiencing a form of violence against women, domestic abuse or sexual violence, whose role and relationship to the client provides an opportunity to “Ask and Act”.

Public service: Public services are services delivered for the benefit of the public. This can include services delivered through the third sector, through social enterprise or through services that are contracted out. In the context of the National Training Framework (of which “Ask and Act” is an element) the public service is defined based on an estimate of ‘devolved public sector workers’ in Wales – this includes the devolved civil service, local authorities, health, education authorities and WGSBs. Although not devolved, Police Authorities are included as they are partly funded by WG. ‘Devolved public sector workers’ excludes non-devolved civil servants (such as those working for HMRC and the DVLA), military personnel and people employed by Public Corporations (such as S4C and Cardiff Bus etc.) in Wales.

Region: Local authorities are expected to work with neighbouring local authorities and across Local Health Board areas for the purposes of dissemination of the VAWDASV Services Grant (from March 2018). Local authorities will have the autonomy to align as they see best for this purpose. For the purposes of this

guidance the partnership with other Local Authorities and Local Health Boards is referred to as a region. The Train the Trainer course which supports “Ask and Act” will be delivered within this region.

Relevant authorities: county and county borough councils, Local Health Boards, fire and rescue authorities and NHS trusts.

Sexual exploitation: 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,

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

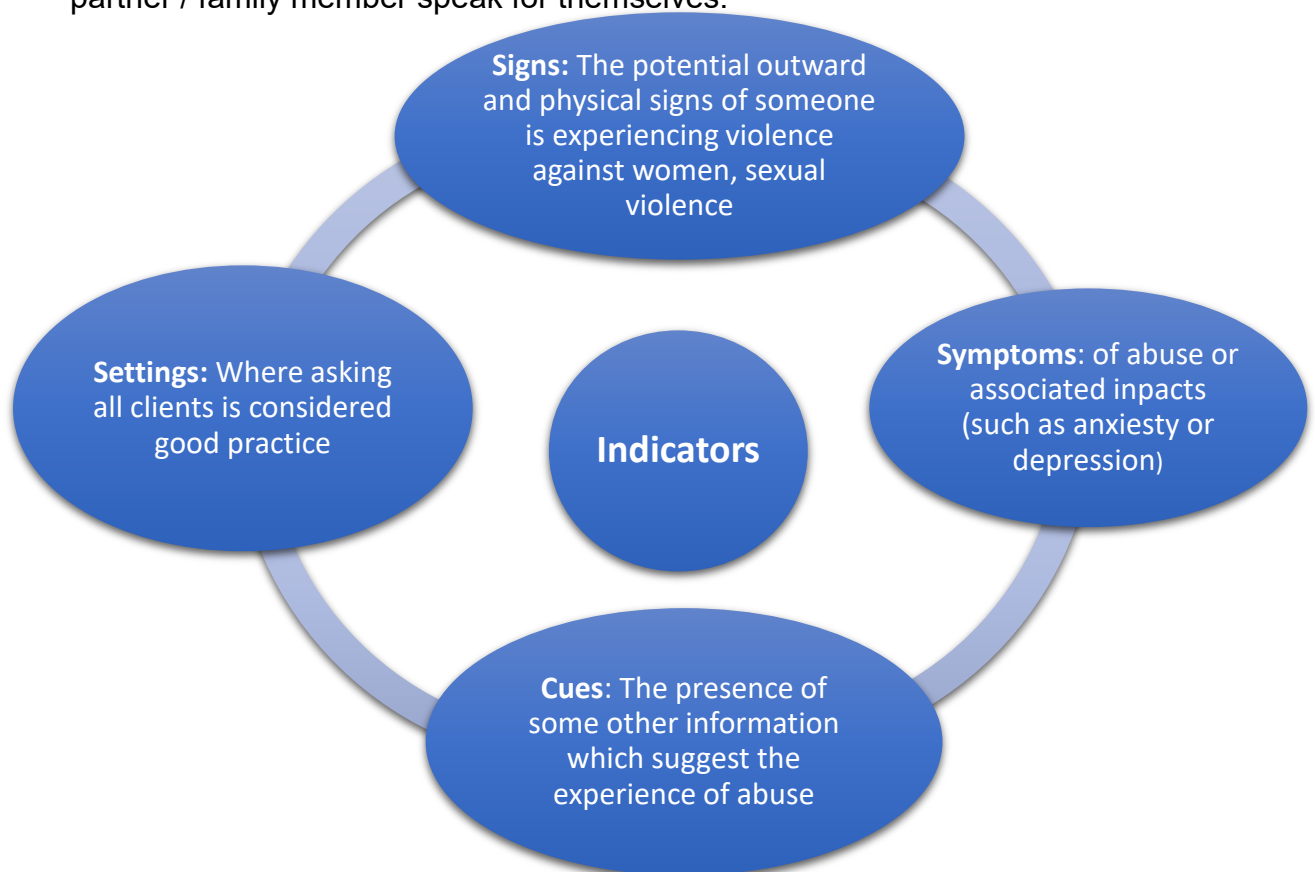
Sexual Violence: Sexual exploitation, sexual harassment, or threats of violence of a sexual nature.

The Act: The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

Appendix 2

Key indicators (NICE, 2014)

- Depression, anxiety, sleep disorders
- Suicidal tendencies or self-harming
- Alcohol or other substance misuse
- Unexplained reproductive symptoms, including pelvic pain and sexual dysfunction
- Adverse pregnancy outcomes, i.e. multiple unintended pregnancies or terminations, miscarriage, pre-term labour and stillbirth
- Frequent bladder or kidney infections
- Vaginal bleeding or sexually transmitted infections
- Chronic pain (unexplained)
- Traumatic injury, particularly if repeated with vague or implausible explanations.
- Repeated health consultations with no clear diagnosis
- Appointments missed or frequently rescheduled
- Intrusive “other person” in consultations, this can be partner, parent, grandparent or an adult child (abuse of the older person)
- Partner or other person’s behaviour: aggressive, overly dominant, doesn’t let their partner / family member speak for themselves.





“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

VAWDASV Disclosed

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

Ask the patient the following questions:	Yes	No
Do you feel threatened in your current relationship/or at home?		
Does your partner or anyone else at home physically hurt you?		
Does your partner or anyone else at home insult you, talk down to you, or control you?		
Does your partner, ex-partner or anyone else shout at you, swear at you so you feel unsafe?		

No to all 4 questions

No current risk to safety. Live Fear Free Helpline number given: 0808 80 10 800	Yes	No

Yes – to any of the above

DASH RIC to be completed by either:	Yes	No
Health Professional (preferable)		
Live Fear Free Helpline: 0808 80 10 800 Please refer and complete page 2		
Health based Independent Domestic Violence Advisor (IDVA):		

Are there children under 18 who:	Yes	No	If yes follow Wales Safeguarding Procedures
Live at the property?			
Have significant contact with the patient or perpetrator?			

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. 		
Complete referral form. Email referral form and completed DASH to: SBU.AskAndAct@wales.nhs.uk Safeguarding Team will arrange the referral to be sent to appropriate area.		

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

Swansea and Neath Port Talbot Online tool to be completed (English) [Online MARAC Referral Form - English \(south-wales.police.uk\)](https://south-wales.police.uk)

(Welsh) [Online MARAC Referral Form - Welsh \(south-wales.police.uk\)](https://south-wales.police.uk)

Out of area please complete Saves Lives DASH RIC and MARAC referral and return to the Corporate Safeguarding Team SBU.AskAndAct@wales.nhs.uk

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

If consent to specialist support services declined (Standard and Medium Risk)	
Live Fear Free Helpline number given: 0808 80 10 80	Yes



Verbal consent given for the sharing of information between the Live Fear Free Helpline Advisor and SBUHB 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 SBUHB Corporate Safeguarding Team to SBU.AskAndAct@wales.nhs.uk (verbal consent given)
- SBUHB Corporate Safeguarding Team will forward 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 SBUHB Safeguarding Team via the NWIS secure file sharing portal.

4. Other information:

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

Health board Independent Domestic Violence Advisor (IDVA)

External: 07977 298323 (01792) 986847 Internal: 39847

SBU.IDVA@wales.nhs.uk

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



Swansea Bay 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.	CID1976
Document Title.	Domestic Violence and Abuse Policy – Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
Name of Author.	Corporate Safeguarding Team
Name of Lead Pharmacist.	N/A
Is the document New, Revised or a Review of a previous version.	Revised
Where on COIN do you want the document to be published.	Safeguarding Adults and Children
Is the document relevant to the GP Portal.	Yes
Sign to confirm that the document has been authorised by an approved governance process in a specialty or delivery unit.	Safeguarding Committee
If NICE guidance been considered/referenced when producing this document, please provide the title or reference number.	No
Please provide a brief description/abstract of the document.	Commitment of SBUHB 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.
Equality Statement. <i>(All policies and procedures need to comply with CID76 Policy for the Management of Health Board Wide Policies, Procedures and other Written Control Documents (WCD).</i>	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.
Published Date.	November 2016
Last Reviewed Date.	May 2023
Next Review Due/Expiry Date.	June 2024