

Betsi Cadwaladr University Local Health Board (BCUHB)



SCH05b Violence Against Women, Domestic Abuse and Sexual Violence Service User Procedure

Date to be reviewed:	September 2025	No of pages:	61		
Author(s):	[REDACTED]	Author(s) title:	[REDACTED]		
Responsible Dept / Director:	[REDACTED]				
Approved by and Date:	Corporate Senior Leads: 01/11/22 Safeguarding Governance and Performance Group [SGPG]: 24/01/23				
Date activated (live):	01/03/23				
Documents to be read alongside this document:	Sexual Offences Act 2003 Wales Safeguarding Procedures 2019 All Wales Minimum Standards Routine Enquiry into Domestic Abuse, Pregnancy and Early Years (Welsh Government 2022) Social Services and Well-being (Wales) Act 2014 Crime and Disorder Act 2014 Serious Crime Act 2015 Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 Domestic Abuse Act 2021				
Review A	Purpose of Issue/Description of current changes: A requirement to update the procedure to meet the review timescales of September 2022				
Date EQIA completed:	September 2022				
First operational:	September 2013				
Previously reviewed:	Nov. 2014	January 2019	March 2021	date	date
Changes made yes/no:	Yes	Yes	Yes	Yes/no	Yes/no

PROPRIETARY INFORMATION

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1.0 Introduction/Overview

- 1.1 There are 2.3 million victims of domestic abuse a year aged 16 to 74, of which two-thirds are women (Office of the National Statistics (ONS), 2020). The number of domestic abuse crimes recorded by the police in England and Wales in the year ending March 2021 increased by 6%, from 798,607 in the year ending March 2020 to 845,734 (ONS, 2021). As many cases will not enter the criminal justice process police data can only provide a partial picture. Domestic abuse can affect anyone, regardless of their sex, age or race. Women are more likely to experience repeat victimisation, be physically injured or killed as a result of domestic abuse and experience non-physical abuse than men (ONS, 2018).
- 1.2 The Domestic Abuse Report 2022: The Annual Audit states that nearly 60% of survivors accessing domestic abuse support services have children and 1 in 15 are pregnant. 59.7% of women in refuge services had children. The length of abuse experienced ranged from less than a month to 66 years; the average was six years. 88% of a sub-sample of service users had experienced emotional abuse and 66.6% had experienced jealous or controlling behaviour.
- 1.3 The Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) (Wales) Act 2015 legislates to improve public sector response, through strong leadership and a more consistent focus on the way these issues are tackled in Wales and helps victims. Of equal importance the VAWDASV (Wales) Act 201) also legislates to prevent abuse happening in the first place. The VAWDASV (Wales) Act 2015 addresses domestic abuse and sexual violence perpetrated against all people in Wales, irrespective of gender or sexual orientation. It also addresses violence perpetrated against a woman or man arising directly or indirectly from values, beliefs, or customs relating to gender or sexual orientation.
- 1.4 The Social Services and Well-being (Wales) Act (SSWBA) 2014 with the focus being on the provision of preventative services and in promoting wellbeing. Part 7 of the Act describes the process of keeping Adults at Risk (SSWBA 2014) safe, including those that are at risk of domestic abuse and sexual violence, provision is also given for the same response for a Child at Risk (SSWBA 2014) who is experiencing or witnessing domestic violence, abuse or sexual violence.
- 1.5 Domestic Abuse Act 2021, further enhances the VAWDASV Act 2015, will include:
- Create for the first time, a cross-government statutory definition of domestic abuse which recognises children as victims in their own right.
 - Establish in law the office of the Domestic Abuse Commissioner.
 - Provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order.
 - Extend the controlling or coercive behaviour offence to cover post-separation abuse.
 - Extend the offence of disclosing private sexual photographs and films with intent to cause distress to cover threats to disclose such material.

- Create a new offence of non-strangulation or suffocation of another person.
- Place Clare's Law on a statutory footing.

1.6 For the purpose of the procedure, whenever the term 'domestic violence and abuse' is used it means Violence Against Women, Domestic Abuse and Sexual Violence as described by the VAWDASV (Wales) Act 2015. It also includes any gender based violence.

2.0 Procedure Statement

2.1 Betsi Cadwaladr University Health Board (BCUHB) is affected as both the provider of care for individuals subjected to or perpetrating domestic abuse and sexual violence, and as the employer of staff who may experience or perpetrate abuse. BCUHB is committed to creating an environment which encourages disclosures of domestic abuse and sexual violence within the health care setting and workplace, and is committed to providing support and advice to all those affected. This procedure provides guidance to staff to enable them to support service users, a further procedure has been developed to provide guidance on how to support staff (Sch05a).

2.2 BCUHB supports the Welsh Government Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 in being committed to the resolution of domestic violence, abuse and sexual violence (VAWDASV (Wales) Act 2015).

3.0 Aims/Purpose

3.1 Gender-based violence is a major public health issue. Having health practitioners trained in the identification and management of abuse is essential if we are to address not only today's health problems but those of future generations that originate from Adverse Childhood Experiences (Public Health Wales 2015).

3.2 This procedure identifies processes to support staff in the identification and management of domestic abuse and sexual violence, and seeks to:

- Ensure that staff are aware and alert to the signs of domestic violence, abuse and sexual violence.
- Ensure that staff are confident to make appropriate and timely Reports and referrals to support services within BCUHB, and externally to other partner agencies to ensure that those at risk of harm are protected.
- Enable staff to apply consistent, co-ordinated, evidence based approach to domestic violence, abuse and sexual violence whilst ensuring that perpetrators are prevented from instigating further harm.

- Ensure the needs of people from disadvantaged or under-represented groups are properly considered and that the services of BCUHB are fully accessible and culturally sensitive with regards to policy access, advice, and language needs when working with individuals who face additional difficulties.

4.0 Objectives

- 4.1 The aims and purpose of this procedure will be achieved by:
- Provision of this procedure to ensure a consistent approach in responding to cases involving VAWDASV.
 - Delivery of training relating to VAWDASV in order to educate staff in the delivery of this procedure.

5.0 Scope

- 5.1 This procedure will apply equally to all genders of service user above the age of 16 years who seeks support, advice or assistance in relation to domestic abuse and sexual violence. There is an acknowledgement that 16-18 year olds experience domestic violence, abuse and sexual violence has been in place since 2013 (United Kingdom Government 2013), those under the age of 16 years who are considered at risk of harm, would be referred and assessed as a Child at Risk (SSWBA 2014).
- 5.2 The term ‘staff’ is used throughout this document and includes all employees/workers as well as students.

6.0 Roles and Responsibilities

6.1 Chief Executive Officer

The Chief Executive Officer of BCUHB has overall responsibility for the effective management of organisational policies/procedures relating to BCUHB service users.

6.2 Executive Director of Nursing and Midwifery

Is jointly responsible for ensuring this procedure and any associated documentation relating to Violence Against Women, Domestic Abuse and Sexual Violence are reviewed and updated in line with future guidance, this is delegated to the Director of Safeguarding & Public Protection.

6.3 Head of Safeguarding Children

Has delegated responsibility from the Director of Safeguarding & Public Protection for ensuring this procedure and associated documentation are reviewed and updated in line with future guidance.

6.4 Safeguarding Midwifery Lead

Has delegated responsibility for ensuring this procedure and associated documentation is reviewed and updated in line with up to date guidance.

6.5 **Managers and Heads of Services**

Managers are responsible for raising awareness of the procedure to all employees. They are also responsible for ensuring that service users who experience domestic violence, abuse and sexual violence, or who are perpetrators, or family members are treated fairly and offered appropriate support. This support needs to consider safety of the victim and management of risk to children and adults within the family.

7.0 **Procedure**

7.1 **Definitions**

7.1.1 **'Violence against Women'** has been defined by the United Nations as any act of gender-based violence that results in, or is likely to result in, physical sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. The term violence against women is used to describe violence perpetrated against a woman because she is a woman, being recognised internationally as a violation of human rights.

7.1.2 **'Domestic Abuse'** definition is a cross-government statutory definition created by the Domestic Abuse Act 2021. Domestic abuse refers to abuse which takes place between two people aged over 16 who are personally connected to each other. This includes people who are or have previously been married, in civil partnerships or in relationships; who have a child together; or are relatives. Abuse can be:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

7.1.3 **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.

7.1.4 **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.

7.2 **Types of Domestic Abuse**

7.2.1 **Psychological**

Obsessive behaviour, jealousy, blaming the individual for the abuse, minimising the abuse, threats to kill or harm self or others, humiliation, destroying possessions, stalking, and harassment.

7.2.2 **Physical**

Punching, head butting, biting, suffocation, hair pulling, kicking, slapping, strangulation, drowning, burning, sleep deprivation, using weapons, imprisonment, 'Honour Based Violence' (HBV), Female Genital Mutilation (FGM), and murder.

7.2.3 **Sexual**

Rape, non-consensual sex, unwanted touch, penetration with objects, pornography, buggery, bestiality, not practising safe sex, trafficking, and prostitution.

7.2.4 **Financial**

Denied access to salary/benefits/inheritance, sole mortgage or tenancy arrangements (perpetrator), building up debt, theft and fraud.

7.2.5 **Emotional**

Exclusion, stigma, isolation, forbidden from socialising/working/education, undermining parental authority, leaving visible signs of injury to embarrass and deter from going out, racial abuse, homophobic/biphobic/transphobic abuse, and controlling behaviour such as 'outing' or the threat of 'outing'.

7.3 **Possible signs and/or symptoms of Violence Against Women, Domestic Abuse and/or sexual violence.** This list is non-exhaustive (some apply to both males and females):

7.3.1 **Physical**

- Stress related ailments – headaches, irritable bowel syndrome.
- Bruising to the body, bruising/injury at different stages of healing.
- Injuries to the face head or neck.
- Burns/scalds – consistent with cigarette/chemical/liquid or friction burns.
- Hair loss – consistent with hair pulling.
- Sexually Transmitted Infections (STI's), vaginal infections or gynaecological problems.
- Miscarriages/history of miscarriages/repeated termination of pregnancy.
- Stillbirths, premature labour, low birth weight babies.
- Unexplained injuries or those inconsistent with history.
- Unexplained 'accidents' to children.

7.3.2 **Behavioural**

- Evasive/ashamed/confused.
- Late to work, poor performance/sudden change in performance.
- Long/ frequent short term/intermittent absences from workplace.
- Repeat attendances in areas such as General Practice/Minor Injury Units/Emergency Departments.
- Repeated non-attendance at appointments.
- Presents in health settings complaining with vague symptoms.
- Accompanied to all appointments – difficult to see individual alone.
- Substance misuse.
- Frequent use of pain medication.

- Eating disorders.

7.3.3 **Psychological/Emotional**

- Depression/anxiety/panic attacks.
- Self-harm.
- Attempted suicide.

7.4 **Systems of enquiry:**

7.4.1 **Routine Enquiry:** refers to the process of asking all service users over the age of 16 years direct questions about their experiences, if any, of domestic abuse regardless of whether there are signs or symptoms of abuse (see HITS questions in Appendix 3).

7.4.2 **Selective Enquiry:** refers to the process of asking individuals directly about their experience, if any, of domestic abuse where there are concerns or suspicions, including the presence of signs or symptoms.

7.4.3 **Ask and Act (VAWDASV (Wales) Act 2015):** The new Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 legislated in reference to Ask and Act as a statutory obligation. Ask and Act will be a national targeted enquiry across Public Authorities in Wales for Violence Against Women, Domestic Abuse and Sexual Violence and legislates that there is an:

- Organisational duty to encourage relevant professionals to “Ask” potential victims in certain circumstances (targeted enquiry); and
- to “Act” so that harm as a result of the violence and abuse is reduced.

‘Ask and Act’ is a principles based approach to targeted enquiry; it represents Groups 2 and 3 of the National Training Framework on Violence against Women, Domestic Abuse and Sexual Violence (Welsh Government 2016). The aim of Ask and Act is to increase identification and support for those who experience Violence Against Women, Domestic Abuse and Sexual Violence.

All staff members and managers of BCUHB should be conversant with routine, selective enquiry and the requirements of Ask and Act (VAWDASV (Wales) Act 2015) where there are concerns or suspicions regarding domestic abuse.

Enquiry into domestic abuse should not be undertaken if the person is not seen alone.

However, attempts should be made to see the person alone if there are concerns about domestic abuse, or if, in pregnancy, routine enquiry has not taken place.

To be read in conjunction with BCUHB Domestic Abuse Healthcare Pathway (Appendix 2) and All Wales Minimum Standards, Routine Enquiry into Domestic Abuse, Pregnancy and Early Years (Welsh Government 2022) (Appendix 1).

7.5 Managing a disclosure of domestic abuse

7.5.1 Believe the individual, do not ask for evidence and ensure you provide time for them ensuring you consider their immediate safety needs. Consider the location of the perpetrator and the potential for escalation. Staff must consider the safety of service users, themselves and others within the department/location/environment.

7.5.2 Carry out a risk assessment using the SafeLives Risk Assessment to establish the severity of risk posed to the individual (Appendix 5).

Validate what is being disclosed and reinforce that the abuse is not their fault.

7.5.3 Enquire regarding pregnancy, children and/or Adults at Risk (SSWBA 2014) in the household where domestic abuse occurs. Procedures and policies in relation to Adults and Children at Risk (SSWBA 2014) must also be followed. This includes the completion of a Child at Risk Report and consideration of an Adult at Risk Report. An Adult at Risk Report should not be completed instead of the completion of a MARAC Referral.

7.5.4 Record events using the victims own words and provide a written description/body map of any injuries sustained. Staff member or manager should contact the Safeguarding Team for support and advice in the event of a disclosure or if there is evidence of domestic abuse (injuries/home conditions) but a disclosure is not forthcoming.

7.5.6 Provide an interpreter as necessary. This must **not** be a family member, friend, or BCUHB staff member (unless otherwise recognised as an approved translator).

The use of Welsh Interpretation and Translation Service or other approved interpretation and translation services is advocated to ensure anonymity (see Interpretation Services on intranet or [BetsiNet | Interpretation Services](#)).

7.5.7 Consider arranging an advocate for individuals who face additional difficulties such as learning disability or mental health problems.

7.5.8 A confidential risk assessment worksheet (Appendix 14) should be completed for all health services that are working with the individual/family to ensure that risks are mitigated against for the victim, family, service users and staff.

- 7.5.9 The identified MARAC referral thresholds for visible *high risk* cases of domestic abuse is 14 or more **yes** ticks on the SafeLives Risk Assessment. In cases where 14 **yes** ticks are not achieved, but you determine the case to be high risk, based on professional judgement it is appropriate to undertake a MARAC referral to safeguard the individuals involved (Appendix 4). **High risk** is defined as individuals at risk of homicide or serious harm (SafeLives 2015).
- 7.5.10 In cases that are considered *medium or low risk* – where the outcome of a SafeLives Risk Assessment is less than 14 and the health professional does not consider there are grounds to refer to MARAC on professional judgement, clear communication with other health professionals involved in the care of the woman and family should take place. The GP should be provided with a copy of the SafeLives Risk Assessment. The health professional should revisit the SafeLives Risk Assessment after 1 month. Please refer to (Appendix 4 - Making a Referral to MARAC).
- 7.5.11 If there is a serious and immediate concern for an individual's safety call 999. Information in relation to domestic abuse enquiry should never be recorded in hand-held notes/hand held patient records. There should be clear rationale for any information documented (Data Protection Act 2018) and this should be stored securely in the relevant format used for each service.
- 7.5.12 Where a crime has been disclosed, consideration must be given as to BCUHB's duty of care and whether reporting to Police is required. The Corporate Safeguarding Team can support staff to consider their roles and responsibilities following a disclosure.
- 7.5.13 Where a disclosure has taken place in any of the three general Hospitals (Ysbyty Glan Clwyd, Ysbyty Gwynedd, Ysbyty Wrexham Maelor) staff can access specialist advice and support from the Health-IDVA.
- 7.5.14 A request for refuge accommodation should be taken seriously and immediate.
- 7.5.15 Actions to ensure a place of safety should be taken through discussion with the **Live Fear Free Helpline 0808 8010800**.

7.6 Managing a Disclosure of Sexual Violence

- 7.6.1 The response for dealing with a disclosure of sexual violence will depend upon the venue and health practitioner that is in receipt of the disclosure. As with a disclosure of domestic violence or abuse, believe the individual, do not ask for evidence and ensure you provide time for them ensuring you consider their immediate safety needs. Consider the location of the perpetrator and the potential for escalation. Staff must consider the safety of service users, themselves and others within the department, or if there are children within a family environment. Consideration to whether the individual or other adults are Adults at Risk (SSWBA 2014), or there are identified Children at Risk (SSWBA 2014) should be undertaken and appropriate referrals made to the relevant Local Authority.
- 7.6.2 There should also be consideration to if an individual has capacity to consent, (Appendix 10) details management of cases in the event of a disclosure from an Adult with Capacity, an Adult without Capacity would be managed and supported as an Adult at Risk (SSWBA 2014) and subject to an assessment in relation to the Mental Capacity Act 2005 and if indicated Deprivation of Liberty Safeguards Assessment implemented.
- 7.6.3 Consideration to if there is a need for a risk assessment is required, or signposting to relevant services is relevant, based on capacity and the wishes of the individual.
- 7.6.4 Each Emergency Department of BCUHB will follow the procedure for the management of sexual assault and this is available from: <http://howis.wales.nhs.uk/sitesplus/documents/861/YG%20SARC%20Pathway.pdf>. (Appendix 13). This should be used in conjunction with the SARC leaflet (Appendix 10).
- 7.6.5 **Barriers to disclosure:** This list is non-exhaustive:
- Language barriers.
 - Fear of death or serious harm.
 - Fear of repercussion should the abusive partner find out.
 - Fear of “outing”.
 - Fear that their children may be taken into care.
 - Fear that they may be deported.
 - Fear that they will not be believed.
 - Feelings of shame/guilt/embarrassment.
 - Fear that they will not be supported by professionals/managers or agencies following disclosure.

7.7 Information Sharing Without Consent (Department of Health 2012).

7.7.1 The Department of Health (2012) provides clear guidance in relation to the sharing of information:

'In terms of proportionality, the more serious the harm the greater the imperative to prevent it and the greater the justification for sharing information without consent.'

If the organisation holds information about an individual that could be shared appropriately to protect either the individual or others from harm it becomes an ethical dilemma. The decision to withhold information may in itself then become a contributory factor to harm being caused.

All organisations and individuals should seek to prevent harm proactively; decisions should therefore be proactively taken.

In practice this may mean that under certain circumstances it is recognised that both organisations and individuals have a professional responsibility to share information, and that this duty outweighs the duty of confidentiality owed to the individual'.

7.8 Informed Consent (Mental Capacity Act 2005)

7.8.1 Points to consider:

- Whether the individual understands the nature of the allegation and any potential risk to themselves and others.
- Whether the individual subjected to domestic abuse has the capacity to consent to the reporting process.

7.9 Referring a case to the Multi Agency Risk Assessment Conference (MARAC)

7.9.1 High risk cases of domestic abuse should be referred to MARAC immediately following disclosure using the MARAC referral form (Appendix 7). Consent form for disclosure of information (Appendix 6). The MARAC is a process that focuses on the safety and protection of those individuals most at risk of serious harm or homicide as a result of domestic abuse.

7.9.2 Effective protection of Adults and Children at Risk (SSWBA 2014) is a multi-agency responsibility. MARAC involves the participation of all key statutory and voluntary agencies who may be involved in supporting an individual who is experiencing domestic abuse. BCUHB is a statutory partner in the MARAC process and has identified designated Corporate Safeguarding health representatives attending the MARAC meetings.

7.9.3 The MARAC process involves the creation of a multi-agency action plan, which is put in place to support the individual who is experiencing domestic abuse. Links are also made with other public protection procedures, particularly those that manage perpetrators and safeguard Adults and Children at Risk.

7.9.4 MARAC Referral process:

- MARAC referral form, is sent, password protected with the standard safeguarding password to the North Wales Police Central Protecting Vulnerable Persons Unit:
publicprotectionreferralunit@nthwales.pnn.police.uk.
- A copy of the referral should be sent to
BCU.adultsafeguarding@wales.nhs.uk.
- The Live Fear Free Helpline (0808 8010800) will continue to be available to support low, medium and high risk victims and as a resource for BCUHB staff.
- The offer of private room and the use of a telephone to make contact with the Live Fear Free Helpline (0808 8010800) should be offered to all victims of domestic abuse at the point of disclosure.

If there is a serious and immediate concern for an individual's safety call 999.

7.10 MARAC representative

7.10.1 Representatives will be nominated by the appropriate management structures within the relevant Divisions or Corporate Function within BCUHB from a variety of health services, including:

- Safeguarding.
- Mental Health.
- Substance Misuse Services.
- Other health practitioners involved with the victim/perpetrator/family on an individual basis.

Representatives will be of an appropriate level of seniority so that they can commit to actions on behalf of BCUHB.

In the event that an identified representative cannot attend a MARAC meeting it is their responsibility to nominate a delegate to attend on their behalf. This delegate must be:

- At an appropriate level of seniority.
- Working within the Corporate Function that they are representing.
- Knowledgeable of the MARAC process and their role and responsibility within this process.
- GP practices are sent a letter from the MARAC coordinator informing them a case has been discussed.

7.11 Cases that have not met the MARAC Threshold

- 7.11.1 Remember that risk is dynamic. Following disclosure and completion of the SafeLives Risk Assessment form the health professionals involved with the case should ensure that the SafeLives Risk Assessment form is revisited after 4 weeks. This will monitor for any patterns of escalation, and also the effectiveness of any safety planning measures that may have been put in place.
- 7.11.2 The completed SafeLives Risk Assessment form may be shared with other agencies working with the victim (as required) to minimise the need to repeat the process each time they contact a service.
- 7.11.3 Victims should always be encouraged to make initial contact with the Live Fear Free Helpline (0808 8010800) to ensure the support of specialist support services following disclosure.

The identification and protection of Adults and Children at Risk is paramount and this must be considered at all times.

7.12 Additional Management of Cases

- 7.12.1 When VAWDASV has been perpetrated, the identification and MARAC process supports this process, however there are other processes that need to be considered in relation to these cases, which include:
- There may be an on-going police enquiry, or you may receive a disclosure and enquire if the victim wishes the incident to be reported to the police.
 - The victim may need to be supported in attendance at the Sexual Abuse Referral Centre (SARC), with the practitioner providing relevant information if required.
- 7.12.2 Where a victim or perpetrator has been identified and is an employee of BCUHB, the VAWDASV Workplace procedure should be utilised.

Where a perpetrator has been identified and is an employee of BCUHB, immediate escalation is required to the Corporate Safeguarding Team.

8.0 Resources

Staff will be required to attend safeguarding training that is specific to VAWDASV. This procedure outlines the individual staff responsibilities in relation to VAWDASV, there will be time commitments in undertaking roles in accordance with this procedure, and this is necessary in ensuring that safeguarding obligations are addressed for both adults and children.

9.0 Training

- 9.1 The Corporate Safeguarding Team is responsible for delivering training specific to VAWDASV.
- 9.2 Numbers of staff who attend VAWDASV training will be monitored through ESR and reported by the Corporate Safeguarding Team through the Annual Safeguarding Report and Safeguarding Forums.
- 9.3 All clinical staff should attend VAWDASV, Level 2 training every 2 years.

10.0 Monitoring, Escalation and Implementation

- 10.1 Monitoring of this procedure will be the responsibility of the BCUHB Safeguarding Policy/Procedure Task Group with escalation to the Safeguarding Governance and Performance Group.
- 10.2 This procedure will be disseminated throughout the organisation via a 7 minute briefing, through the relevant forums and the safeguarding bulletin. Mandatory training will be provided for all staff employed by, and contracted to BCUHB as directed through the SCH08-Safeguarding People at Risk Training Strategy and WP30-Statutory and Mandatory Training Policy and Procedure.

11.0 Equality Including Welsh Language

- 11.1 This procedure document strives to eliminate unlawful discrimination, harassment and victimisation of individuals who have experienced or are at risk of VAWDASV.
- 11.2 This procedure aims to promote equality of opportunity and/or good relations between different groups. The need for patient literature in a variety of languages is recognised and the need for translator services, to be assessed on an individual basis.
- 11.3 Information would be made available in Welsh on request.
- 11.4 The Corporate Safeguarding Team is committed to ensuring that, as far as is reasonably practicable, the way it supports BCUHB in providing services to the public and management of staff reflects their individual needs and does not discriminate against individuals or groups.
- 11.5 The Corporate Safeguarding Team has undertaken an Equality Impact Assessment on this procedure and the way it operates. The assessment has identified areas where there may be inequalities and identified initiatives to mitigate against these.

12.0 Environmental Impact

Has been considered and not deemed to be of impact to the environment.

13.0 Review

Will be reviewed three years following the date of approval.

14.0 References

Domestic Abuse Act 2021, Available at: <https://www.gov.uk>

Home Office (2018), Victims of domestic violence and abuse. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/680977/victims-of-domestic-violence-v14.pdf.

Office for National Statistics (2021). Domestic abuse prevalence and trends, England and Wales: year ending March 2021. Available at <https://www.ons.gov.uk>

Office for National Statistics (2016), Prevalence of domestic abuse from the Crime Survey for England and Wales. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2016#prevalence-of-domestic-abuse-from-the-crime-survey-for-england-and-wales>.

Public Health Wales (2015), Welsh Adverse Childhood Experiences (ACE) Study. Available from: [http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20%28E%29.pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20%28E%29.pdf).

SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives.

United Kingdom Government (2013), Extended definition of domestic violence takes effect: From today a wider definition of domestic violence, including 16 and 17 year olds and controlling behaviour takes effect. Available from: <https://www.gov.uk/government/news/extended-definition-of-domestic-violence-takes-effect>.

Welsh Government (2009), Strategic action plan to address violence against women and update the Welsh Government's domestic abuse strategy. Cardiff: Welsh Government.

Welsh Government (2016), The National Training Framework on violence against women, domestic abuse and sexual violence: Statutory guidance 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. Available from: <http://www.assembly.wales/laid%20documents/sub-ld10514/sub-ld10514-e.pdf>.

Welsh Government 2019, Wales Safeguarding Procedures. Available from: <https://www.safeguarding.wales/>.

Welsh Government, 2014. Social Services and Wellbeing (Wales) Act 2014. Available at: <https://socialcare.wales/hub/sswbact>

Welsh Government, 2014. Social Services and Wellbeing (Wales) Act 2014. Working Together to Safeguard People: Volume 6 – Handling Individual Cases to Protect Adults at Risk.

Women's Aid (2022). The Domestic Abuse Report 2022: The Annual Audit, Bristol: Women's Aid. Available at: <https://womensaid.org.uk>

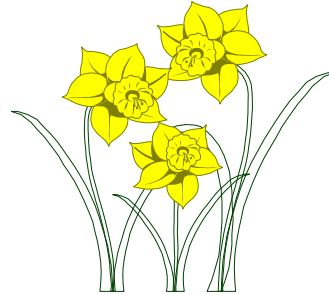
Member of the Working Group:

Title
Head of Safeguarding Children
Area Safeguarding Manager Central
Interim Area Safeguarding Manager East
Safeguarding Specialist East
Safeguarding Specialist West
Safeguarding Specialist Central
Safeguarding Specialist Midwife West
Business Team Administration

Engagement has taken place with:

Title	Date Consulted
Central Safeguarding Team	28.9.2022
Safeguarding Midwifery Lead	28.9.2022
SARC staff	28.9.2022
Safeguarding Practice Development Lead	28.9.2022
Senior Safeguarding Leads	1.11.2022

Appendix 1: Minimum Standards for Routine Enquiry



All Wales Minimum Standards Routine Enquiry into Domestic Abuse, Pregnancy and Early Years

STANDARD ONE: CONFIDENTIALITY

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>All health professionals must recognise the duty to respect the woman's confidentiality but must be aware of its limitations in the wider public interest.</p>	<p>If the woman withholds consent, or if consent cannot be obtained, disclosures may be made where:</p> <p>They can be justified in the public interest.</p> <p>They are required by law or by order of a court.</p> <p>Where there are potential child protection issues.</p> <p>The professional is justified and has a duty to share information with social services, police or other agencies, where there is an increased risk of abuse/child protection concerns.</p> <p>It is good practice for professionals making a referral to have a discussion with the woman first.</p> <p><i>Extreme care should be taken to protect the safety of victims of abuse. Information should not be disclosed to any third party who may breach their safety.</i></p>	<p>NMC (2015) The Code – Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.</p> <p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p> <p>The Data Protection Act (2018) – UK's implementation of the General Data Protection Regulation (GDPR)</p> <p>Social Services & Wellbeing (Wales) Act 2014 https://www.legislation.gov.uk/anaw/2014/4/contents</p> <p>Data Protection Act 1998</p> <p>Human Rights Act 1998 https://www.legislation.gov.uk</p> <p>Serious Crime Act (2015) https://www.legislation.gov.uk</p> <p>SCIE (2019) Safeguarding Adults: sharing information http://www.scie.org.uk/safeguarding/adults/practice/sharing-information</p> <p>H.M Government (2018) Working Together to Safeguard Children www.gov.uk/government/publications</p>	<p>A safe and quiet environment.</p> <p>Support and Supervision for staff.</p> <p>Education & Training, either face to face or virtually.</p> <p>Access to a Translator Service.</p> <p>Access to Local Concerns Management Procedures/Information Governance Procedures.</p>

STANDARD TWO: ROUTINE ENQUIRY

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>All women will be routinely asked about domestic abuse at every opportunity during Pregnancy and Early Years, within Maternity, Neonatal Care and Health Visiting Services.</p> <p>If women are unable to be asked this then there should be a clear documented rationale.</p>	<p>Women should be alone when asked about domestic abuse in a safe and supportive environment.</p> <p>Be mindful of discussions with children and other family members present.</p> <p>Ensure lone contact with the woman at least once in pregnancy.</p> <p>If unable to see the woman alone then clearly document this and share this information with other professionals involved.</p> <p>When a disclosure is made the information should be shared between the Midwife, Health Visitor and GP. Any further disclosures or a change in the risk or circumstances should also be shared.</p> <p>Routine enquiry should not be a one off event. It should be at opportunistic intervals at every contact throughout the pregnancy within maternity, neonatal and health visiting services.</p> <p>All Wales and local information to be made accessible and available.</p> <p>Ensure effective updated communication takes place between Midwife/Health Visitor /GP e.g. “handover” exchange of information.</p> <p>Ensure access to an appropriate interpreter, if required.</p>	<p>MBRRACE –UK and Ireland Confidential Enquiries into Maternal Death and Morbidity 2019</p> <p>NICE (2008) Antenatal care – Clinical Guideline 62 www.nice.org.uk/guidance/cg62</p> <p>DOH (2004) National Service Framework for Children Standard 11 – Maternity Services</p> <p>WG (2001) Domestic Violence: A Resource Manual for Health Care Professionals in Wales http://www.wales.gov.uk/domesticviolence</p> <p>DHSE (2017) Domestic Abuse: a resource for health professionals. www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals</p> <p>Pastor-Moreno et al (2020) Intimate Partner Violence during pregnancy and risk of fetal and neonatal death: A Meta-analysis with socioeconomic context indicators. American Journal of Obstetrics and Gynaecology, Vol 222, Issue 2, pp123-133</p> <p>WG (2015) Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>RCN clinical resource page for domestic abuse can be found at rcn.org.uk/clinical-topics/domestic-violence-and-abuse</p> <p>Serious Crime Act 2015 https://legislation.gov.uk</p>	<p>All Wales and local information.</p> <p>Live Fear Free Helpline 0808 80 10 800</p> <p>Education & Training, either face to face or virtually.</p> <p>Safe and private environment.</p> <p>Access to appropriate interpreters.</p> <p>Information/ Communication protocols.</p> <p>Workplace Domestic Abuse Procedures for staff.</p> <p>Annual Audits to demonstrate compliance with this standard.</p>

STANDARD THREE: DISCLOSURE

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Women who disclose will be given appropriate support and information.</p> <p>Women will be offered referral to appropriate specialist services.</p>	<p>Provide time for the woman in a quiet and supportive environment.</p> <p>All staff to complete Risk Assessments in order to highlight the severity of risk and make appropriate referrals to specialist services or immediate contact with the Police.</p> <p>Respect the need for confidentiality, but staff must adhere to the Wales Safeguarding Procedures 2019.</p> <p>Give accurate up to date information of relevant agencies and the Live Fear Free Helpline.</p> <p>Discuss consent with the woman for referral to other agencies.</p> <p>If you are concerned about the welfare of a child/children then make a 'Child At Risk Report' in accordance with the Wales Safeguarding Procedures 2019.</p> <p><i>Consent is not essential where there are potential child protection concerns or imminent threats to her safety.</i></p> <p>Ensure access to an appropriate interpreter if required. Preferably the same gender.</p>	<p>Health Boards/Trusts Guidelines/Policies on Consent and Confidentiality.</p> <p>The Data Protection Act (2018) – UK’s Implementation of the General Data Protection Regulation (GDPR)</p> <p>Department of Health and Social Care (2017) Responding to Domestic Abuse A Resource for Health Professionals.</p> <p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p> <p>NMC (2015) The Code – Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates Human Rights Act 1998 https://www.legislation.gov.uk</p> <p>Criminal Justice Act 2003 www.legislation.gov.uk</p>	<p>Access to appropriate Interpreters.</p> <p>Provision of a quiet environment.</p> <p>All Wales and Local Information.</p> <p>Live Fear Free Helpline 0808 80 10 800</p> <p>Education & Training, either face to face or virtually.</p> <p>Good record keeping updates.</p>

STANDARD FOUR: DOCUMENTATION

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>All discussions around the Routine Enquiry question and/or disclosure of domestic abuse will be recorded clearly and contemporaneously.</p>	<p>Health Boards must ensure all staff working with pregnant women and during early years will be aware of the documentation process following Routine Enquiry into Domestic Abuse.</p> <p>Staff must not record any disclosure of domestic abuse in the Woman's handheld notes.</p> <p>Staff must ensure that digital information regarding Domestic Abuse/ Routine Enquiry cannot be viewed or accessed by third parties.</p> <p>Health Visitors should record the response in the family section of the Childs notes (electronic or paper notes) using 'SOAP'.</p> <p>Record sufficient, accurate details regarding any abuse using the woman's words in quotation marks.</p> <p>Record the relationship to the perpetrator.</p> <p>Record the presence of any children or other adults in the household.</p> <p>Include information provided on resources/services available and/or referrals made to statutory and/or support services.</p> <p>Record any contact with the police and document the police incident number.</p>	<p>NMC (2015) The Code – Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.</p> <p>Responding to Domestic Abuse A resource for Health Professionals (2017) Department for Health and Social Care.</p> <p>The Data Protection Act (2018) – UK's Implementation of the General Data Protection Regulation (GDPR)</p> <p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p>	<p>New staff should be made familiar with this standard and record keeping policy as part of their induction.</p> <p>Ensure all staff aware of policy and guidelines through regular mandatory training.</p> <p>Regular Supervision and access to Safeguarding Teams for guidance and advice in the event of disclosure.</p>

STANDARD FIVE: RISK ASSESSMENT

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Undertake a risk assessment for the woman, unborn baby, and/or any other children in the household.</p> <p>Staff must consider the safety of the woman, themselves and others within the location/ environment including health settings and use appropriate risk assessment tools.</p>	<p>The practitioner should be familiar with relevant risk assessment procedures for domestic abuse.</p> <p>Assess level of risk using Risk Assessment Tools or Agreed Local Pathway Framework.</p> <p>Refer to Multi Agency Risk Assessment Conference (MARAC) for visible high risk cases of domestic abuse – 14 or more yes ticks on the SafeLives DASH Risk Checklist.</p> <p>Professional judgement can be used for a MARAC referral if deemed high risk.</p> <p>Consider not only the high-risk situation but also any <i>strange or unusual</i> behaviour reported by the woman.</p> <p>For cases of medium & standard risk clear communication with those Health Professionals involved in the care of the woman and family should take place, in agreement with the woman.</p>	<p>WG (2015) Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>Resources for SafeLives https://safelives.org.uk/practice</p> <p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p> <p>WG (2015) Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>Social Services & Wellbeing (Wales) Act 2014 https://www.legislation.gov.uk/anaw/2014/4/contents</p> <p>Domestic Abuse Act 2021 England & Wales</p>	<p>Education & Training, either face to face or virtually.</p> <p>Privacy and Safe environment.</p> <p>Regular supervision and access to Safeguarding Team for guidance and advice.</p> <p>Health Boards/Trusts Lone Working Policy.</p> <p>Access to Health Boards/Trusts Violence and Aggression Officer.</p> <p>Workplace Domestic Abuse Procedures for staff.</p>

STANDARD SIX: CHILD PROTECTION

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Where actual or the likelihood of harm is identified, a child at risk report (under the Wales Safeguarding Procedures 2019) must be made.</p> <p>The welfare of any child is paramount <i>including the unborn child.</i></p> <p>Consider also the implications for the pregnant teenager <18 years.</p>	<p>Establish whether children are present within the home when abuse is taking place.</p> <p>Assess level of risk.</p> <p>Consider other situations which may impact on the health and wellbeing of the child and take appropriate action.</p> <p>Seek support from the Named Nurse/Midwife for Safeguarding and/or Corporate Safeguarding Team.</p> <p>Involve Multi Agency Partnerships.</p> <p>Ask the woman for her (verbal) consent for referral to other specialist services.</p> <p><i>Consent is not essential where there are potential child protection concerns/imminent threats to her safety.</i></p>	<p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p> <p>All Wales Practice Guides – Safeguarding Children Affected by Domestic Abuse https://www.safeguarding.wales</p> <p>Social Services & Wellbeing (Wales) Act 2014 https://www.legislation.gov.uk/anaw/2014/4/contents</p> <p>Adverse Childhood Experiences (ACEs) http://www.wales.nhs.uk/sitesplus/888/page/88524</p> <p>UN Convention on the Rights of the Child https://www.unicef.org.uk</p>	<p>Access to Named Nurse/Midwife for Safeguarding.</p> <p>Regular Supervision and access to Corporate Safeguarding Team for guidance and advice.</p> <p>Education & Training, either face to face or virtually.</p> <p>Links with Advocacy Services for Children.</p>

STANDARD SEVEN: SAFETY PLANNING FOR STAFF AND VICTIM

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>To ensure women, staff and practitioners are equipped with accurate and appropriate advice to stay safe.</p>	<p>Process of safety planning.</p> <p>Support the woman:-</p> <p>Build a trusting, non-judgemental relationship.</p> <p>Encourage the woman to assess her safety needs.</p> <p>Review current risk - risk of harm to herself and/or her children/unborn child.</p> <p>Ensure health professionals are not placed in situations of threat and danger.</p> <p>Offer appropriate, accurate information regarding support agencies.</p> <p>Be an advocate for the woman with other agencies (with consent).</p> <p>Undertake a risk assessment of your environment e.g. when visiting a woman in her home – Consider geographical location, can you get out safely.</p> <p><i>N.B. Ensure that you do not place yourself or your colleague at risk in a potentially violent situation when supporting someone else.</i></p>	<p>Resources for SafeLives https://safelives.org.uk</p> <p>Include Specialist Support Services and Welsh Women’s Aid</p>	<p>Suitable room.</p> <p>Counselling Service.</p> <p>Education & Training, either face to face or virtually.</p> <p>All Wales and Local Information.</p> <p>Live Fear Free Helpline 0808 80 10 800</p> <p>Black Association of Women Step Out (BAWSO) https://bawso.org.uk</p> <p>Health Board/Trust Policy for Staff Experiencing Domestic Abuse.</p> <p>Health Board/Trust Policy for Service Users Who are experiencing Domestic Abuse.</p> <p>Safety Policies as per Health Boards.</p> <p>Mobile Phones Rape Alarms Room Alarms Lone Worker Policies Violence and Aggression Training.</p>

STANDARD EIGHT: PROVISION OF INFORMATION & REFERRAL

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Provide woman with accurate information i.e. resources, help and agencies available.</p> <p>Ensure multi-agency working.</p>	<p>Adopt a calm, open and non-judgemental approach.</p> <p>Give accurate and up to date information of relevant specialist services and the Live Fear Free Helpline.</p> <p>Provide electronic resources available should the woman want.</p> <p>Display relevant information within the Health Board/Trust.</p> <p>Ensure information (especially telephone numbers and electronic links) are current, if not this could endanger the woman.</p> <p>Access to the UK Maternity Portal https://www.pregnotes.net</p>	<p>Social Services & Wellbeing (Wales) Act 2014 https://www.legislation.gov.uk/anaw/2014/4/contents</p> <p>WG (2015) Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>Serious Crime Act 2015 https://www.legislation.gov.uk/ukpga/2015/9/contents</p> <p>Resources for SafeLives https://safelives.org.uk/practice</p> <p>Welsh Assembly Government (2001) Domestic Violence resource manual for Health Care Professionals GBH</p> <p>RCN Clinical Resource Page for Domestic Abuse can be found at: rcn.org.uk/clinical-topics/domestic-violence-and-abuse</p> <p>Criminal Justice Act 2003 www.legislation.gov.uk</p>	<p>Training.</p> <p>Display Boards.</p> <p>Literature - Information and description of other agencies roles.</p> <p>Information in a range of different languages.</p> <p>Information as to where to seek help for the perpetrator as well as the victim.</p> <p>Access to Women's Aid/DAUs, Family Support Units, etc.</p> <p>Posters - Contact information may include telephone numbers of local agencies e.g. Legal Services – consider those who specialise in Domestic Abuse.</p> <p>All Wales and Local Information.</p> <p>Live Fear Free Helpline 0808 80 10 800</p> <p>Access to Safeguarding Ambassadors/Champions.</p>

STANDARD NINE: SUPPORT & SUPERVISION OF STAFF

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCES REQUIRED
<p>To provide support to staff who are dealing with domestic abuse issues.</p>	<p>Safety and disclosure of information should be discussed with Line Manager and/or Named Nurse/ Midwife for Safeguarding.</p> <p>Access to Clinical Supervision to be provided in order to allow staff to debrief, seek further advice from Line Manager or other relevant personnel.</p> <p>Explore own issues which may influence practice and seek advice accordingly.</p> <p>Provide support to staff who are experiencing, managing domestic abuse issues and signpost to resources.</p> <p>Adherence to Minimum Standards and Principles.</p> <p>Develop skills and identify training needs.</p> <p>Consider advice and support from Local Specialist Services.</p>	<p>Resources for SafeLives https://safelives.org.uk/practice</p> <p>WG (2015) Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>Serious Crime Act 2015 https://www.legislation.gov.uk/ukpga/2015/9/contents</p> <p>NMC (2015) The Code – Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.</p>	<p>Education and Training Support/Supervision Training.</p> <p>Local Clinical Supervision Procedures.</p> <p>Access to Peer Supervision.</p> <p>Staff Counselling Service via Local Occupational Health Departments.</p> <p>Workforce and Organisation Development Policies. For example, Flexible Working Policy/Special Leave Policy.</p> <p>Workplace Domestic Abuse Procedures.</p>

STANDARD TEN: EDUCATION AND TRAINING

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCES REQUIRED
<p>Staff will be confident and competent to deal with issues involving domestic abuse.</p> <p>Staff should be aware of basic legislation to help and reassure the woman.</p>	<p>Awareness of physical and general indicators.</p> <p>Midwives and Health Visitors to use Routine Enquiry as part of antenatal care.</p> <p>All Health Boards & Trusts to adopt the All Wales Pathway for Domestic Abuse as good practice.</p> <p>Domestic Abuse to be placed on all Health Boards & Trusts Agenda.</p>	<p>NICE (2008) Antenatal Care – Clinical Guideline 62 www.nice.org.uk/guidance/cg62</p> <p>WG (2015) Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>The National Training Framework on VAWDASV: statutory guidance under section 15 of VAWDASV (Wales) Act 2015 and Section 60 of the Government of Wales Act 2006 www.assembly.wales</p> <p>Ask and Act www.welshwomensaid.org.uk</p> <p>RCN Clinical Resource Page for Domestic Abuse can be found at rcn.org.uk/clinical-topics/domestic-violence-and-abuse</p> <p>Resources for SafeLives https://safelives.org.uk</p>	<p>Induction days for new staff to include awareness on issues relating to domestic abuse. For example VAWDASV Ask & Act Group 1 Training ELearning</p> <p>Specific mandatory in-service training days for all Midwives and Health Visitors, in relation to Routine Enquiry into Domestic Abuse – either virtual or face to face.</p> <p>Inclusion of Domestic Abuse on Pre and Post Registration Education Curriculum.</p> <p>Access to Champions, Ambassadors, Leads in VAWDASV.</p> <p>NHS Wales Group 2 Ask & Act Training and access details.</p> <p>Safeguarding Supervision Training.</p> <p>Multiagency Training both Regionally and Nationally.</p> <p>Include Audit Compliance and disseminate learning from findings.</p>

Appendix 2: Domestic Abuse Health Care Pathway

This document is for guidance only and should not deter from taking immediate safety action. If a professional has serious concerns about a victim's situation, they should refer the case to MARAC even if they do not meet the MARAC referral threshold, based on professional judgement.

Routine / Selective Enquiry/
Ask and Act

Voluntary Disclosure

Undertake **Safe Lives** Risk Indicator Checklist

Less than 14 YES

- ❖ Consider the questions in bold relating to high physical harm or danger
- ❖ Rely on your professional judgement.
- ❖ Consider the patients perception of risk.

14 or more YES

Complete MARAC Referral form

Email the SafeLives Risk Assessment and MARAC Referral Form to:

North Wales Central PVPU via:
[publicprotectionreferralunit@nthwales.pnn.
police.uk](mailto:publicprotectionreferralunit@nthwales.pnn.police.uk)

- ❖ Include your name, delegation and the department/service that you are emailing from, provide a contact telephone number for the service.
- ❖ Provide a detailed account of the information disclosed by the victim.
- ❖ Send a copy of the referral to:
BCU.adultsafeguarding@wales.nhs.uk.

Case not going to MARAC?
Remember that risk is dynamic
Continue to monitor for evidence of escalation – repeat SafeLives Risk Assessment in 1 month.

Share information regarding the **Live Fear Free Helpline**.

Consider the need for referral to additional support services such as Counselling Service, Sexual Assault Referral Centre (SARC).

Are there unborn/Children or Adults at Risk involved?

Follow the Wales Safeguarding Procedures (2019), Local Safeguarding Guidelines/Procedures and BCUHB Adult at Risk Policy and Procedures.

Appendix 3: Routine Enquiry/RE1 (HITS) - The HITS Screening Questionnaire

		0	1
Hurt	Does your partner or anyone else at home physically hurt you?	No	Yes
Insult	Does your partner or anyone else at home insult, talk down to you, or control you?	No	Yes
Threaten	Do you feel threatened in your current relationship?	No	Yes
Shout /Safe	Does your partner, ex-partner or anyone else at home shout or swear at you so that you feel unsafe	No	Yes

Total Score		Score of 1 or more is highly suggestive of abuse occurring
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		0	1
Niwed	A yw eich partner neu unrhyw un arall yn eich cartref yn eich niweidio yn gorfforol?	Na	Ydi
Enllib	A yw eich partner neu unrhyw un arall yn eich cartref yn eich enllibio, siarad i lawr arnoch, ceisio eich rheoli?	Na	Ydi
Bygwth	A ydych yn teimlo o dan fygythiad yn eich perthynas?	Na	Ydw
Gweiddi/ Saff	A yw eich partner, cyn bartner neu unrhyw un arall yn eich cartref yn gweiddi neu regi arnoch, yn gwneud i chi beidio teimlo yn saff?	Na	Ydi

Cyfanswm Sgôr		Mae sgôr o 1 neu fwy yn rhoi awgrym uchel fod trais yn digwydd
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Appendix 4: Making a MARAC Referral

If a professional has serious concerns about a victim's situation based on completion of a SafeLives Risk Assessment or professional judgement, they should refer the case to MARAC. Email the referral form and SafeLives risk assessment directly to the North Wales Police Central Protecting Vulnerable Persons Unit:

publicprotectionreferralunit@nthwales.pnn.police.uk and the adult Safeguarding inbox: BCU.adultsafeguarding@wales.nhs.uk.

All information shared within the MARAC referral remains confidential and NO information should be withheld. The quality of the MARAC referral has a direct impact on the management and outcome of the MARAC process for all relevant parties affected, including the victim, perpetrator and any relevant family members, including children.

DISCLOSURE RECEIVED. Complete the SafeLives Risk Assessment with the victim; ensure all sections of the assessment are completed. Ensure that relevant details relating to the victim and perpetrator and any children (including unborn) or Adults at Risk are obtained, including names, addresses, dates of birth and contact details. Ensure relevant consent form is completed.



NEED FOR MARAC REFERRAL IDENTIFIED – based on SafeLives Risk Assessment reaching 14 or more yes responses, or professional judgement. Use your professional judgement in all cases and consider:

Potential Escalation: such as in the circumstances of repeat attendances/ previous disclosures.

Visible High Risk – 14 or more yes ticks on the SafeLives Risk Assessment indicates the case has met threshold for a MARAC referral.

The findings of the SafeLives Risk Assessment are not definitive reaching an assessment of risk; they should provide a structure to inform a practitioner's judgement. If the case has not met 'visible high risk' threshold, based on professional judgement of assessment of risk, the case can be referred to MARAC – supporting information must be provided and included in the practitioners notes.



When all relevant forms are completed, email the MARAC referral form and SafeLives risk assessment to the North Wales Police, Protecting Vulnerable Persons Unit at: publicprotectionreferralunit@nthwales.pnn.police.uk. As well as the adult safeguarding inbox: BCU.adultsafeguarding@wales.nhs.uk.

Ensure that you have all the relevant forms attached, so that all information is available to support your referral, NO information should be withheld. Please provide North Wales Police with a contact number to contact you on in the event further information is required.

Before sending the MARAC referral to North Wales Police please ensure you have:		√
1.	SafeLives Risk Assessment (24 questions).	
2.	Perpetrator's details (name, address, date of birth).	
3.	Details of children/unborn and or Adults at Risk (name, address and date of birth/ estimated date of delivery).	
4.	Details of victims GP.	
5.	Whether the victim is aware of the referral and if consent has been given.	
6.	Details of a safe contact number and time to call the victim.	
7.	Additional relevant information – practitioners notes.	



Appendix 5: SafeLives (Dash) Risk Assessment (RIC)



Ending domestic abuse

SafeLives Dash risk checklist

Risk Checklist should be sent by secure email or other secure method to:

✉ publicprotectionreferralunit@nthwales.pnn.police.uk

And a copy to ✉ BCU.Adultsafeguarding@wales.nhs.uk

Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the Marac¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form

Recommended referral criteria to Marac

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to Marac. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the Marac referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at Marac. It is common practice to start with 3 or more police callouts in a 12 month period but **this will need to be reviewed** depending on your local volume and your level of police reporting.

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from:

<http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf>. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

¹ For further information about Marac please refer to the 10 principles of an effective Marac:

<http://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20%28principles%20only%29%20FINAL.pdf>

Please pay particular attention to a practitioner’s professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

What this form is not

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

SafeLives Dash risk checklist for use by Idvas and other non-police agencies² for identification of risks when domestic abuse, ‘honour’- based violence and/or stalking are disclosed

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column	YES	NO	DON'T KNOW	State source of info if not the victim (eg police officer)
1. Has the current incident resulted in injury? Please state what and whether this is the first injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends? ie, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

² Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.				
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info
16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known. Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/>				
22. Has [name of abuser(s)] ever threatened or attempted suicide?				
23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>				
24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Domestic abuse	<input type="checkbox"/>				
Sexual violence	<input type="checkbox"/>				
Other violence	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Total 'yes' responses					

For consideration by professional

<p>Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe.</p>	
<p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p>	
<p>What are the victim's greatest priorities to address their safety?</p>	

<p>Do you believe that there are reasonable grounds for referring this case to MARAC?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>If yes, have you made a referral?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Signed</p>	<p>Date</p>
<p>Do you believe that there are risks facing the children in the family?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>If yes, please confirm if you have made a referral to safeguard the children?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Signed</p>	<p>Date referral made</p>
<p>Name</p>	<p>Date</p>

Appendix 6: Consent forms for Disclosure of Information and Information Sharing Without Consent (ISWC).

Affix Patient Label

I _____ hereby **authorise** the appropriate sharing of my personal information with partner agencies involved in the Multi-Agency Risk Assessment Conference [MARAC] (Voluntary Sector (e.g. Welsh Women’s Aid), Statutory Sector (e.g. Social Services and / or the Police) in order to ensure that my safety and well-being remains paramount.

I _____ hereby **do not authorise** the appropriate sharing of my personal information with partner agencies involved in the Multi Agency Risk Assessment Conference [MARAC] (Voluntary Sector (e.g. Welsh Women’s Aid), Statutory Sector (e.g. Social Services and / or the Police).

I understand that the information will be processed in accordance with the Data Protection Act 1998.

I am aware that I can withdraw my consent at any time, however if I withdraw or withhold my consent there may be circumstances where part or all of my information may be shared to ensure my safety and well-being or the safety and well-being of another person.

Signed: _____ Date: _____

Print Name:

Name and designation of healthcare professional completing this form:

Signed: _____ Date: _____

Designation:

Part 2 - Information Sharing Without Consent (ISWC)

(Only to be completed when consent is not given by the victim)

Part 2 ISWC should be sent by secure email or other secure method to:

publicprotectionreferralunit@nthwales.pnn.police.uk

And a copy to BCU.Adultsafeguarding@wales.nhs.uk

Legal Authority to Share

Protocol relevant	Y / N	If yes, please detail	

Or

Legal grounds (If yes, please tick one or more grounds below)	Y / N
Prevention and detection of crime	
Prevention / detection of crime and/or apprehension or prosecution of offenders (DPA, sch 29)	
To protect vital interests of the data subject; serious harm or matter of life or death (DPS, sch 2 & 3)	
For the administration of justice (usually bringing perpetrators to justice (DPA, sch 2 & 3)	
For the exercise of functions conferred on any person by or under any enactment (police / Social Services) (DPA, sch 2 & 3)	
In accordance with a court order	
Overriding public interest (common law)	
Child protection – disclosure to social services or police for the exercise of functions under the children act, where the public interest in safeguarding the child’s welfare overrides the need to keep the information confidential (DPA, sch 2 & 3)	
Right to life (Human Rights Act, art. 2 & 3)	
Right to be free from torture, of inhuman or degrading treatment (HUMAN RIGHTS ACT, ART. 2 & 3)	
Please confirm you have considered GDPR guidance and restrictions	

Rationale for your decision to share	
--------------------------------------	--

Client Notification

Client notified	Y/ N	Date notified	
If not, why not			

Record the following information-sharing in Case File:

Date information shared	
Agency & named person informed	
Method of contact	
Legal authority for each agency	
Signature of caseworker Date:	
Signature of manager/or person in charge Date:	

Appendix 7: MARAC Referral form



Restricted when completed

MARAC REFERRAL TO POLICE

Referrals should be sent by secure email or other secure method to:

✉ publicprotectionreferralunit@nthwales.pnn.police.uk

and a copy to ✉ BCU.Adultsafeguarding@wales.nhs.uk

Referring agency			
Contact name(s)			
Telephone / Email			
Date			
Victim name		Victim DOB	
Address			
What is the status of the tenancy?	Private owned <input type="checkbox"/>	Private rented <input type="checkbox"/>	Shared tenancy <input type="checkbox"/>
Telephone number		Is this number safe to call?	Y / N
Please insert any relevant contact information, eg times to call			
GP Details			
Diversity data (if known)	B&ME <input type="checkbox"/> Disabled <input type="checkbox"/> LGBT <input type="checkbox"/> Literacy or Numeracy Difficulties <input type="checkbox"/> Gender M / F		
Perpetrator(s) name		Perpetrator(s) DOB	

Perpetrator(s) address		Relationship to victim (carer?)	
-----------------------------------	--	--	--

Children (please add extra rows if necessary)	DOB	Relationship to victim	Relationship to perpetrator	Address	School (If known)

Reason for referral / additional information

Visible high risk (14 ticks or more on Safe Lives - DASH RIC)	Y / N	Volume and escalation (3 or more domestic incidents in 6 months, with evidence of escalation – are the gravity of the incidents becoming more serious)	Y / N
MARAC repeat <i>(further incident identified within twelve months from the date of the last referral)</i>	Y / N	If yes, please provide the date listed / case number (if known)	
Professional judgement <i>(include rationale)</i> <i>(this is where you deem the risk to be High)</i> <i>N.B you are not using your Professional Judgement to ask for the case to be heard at MARAC, it is only your Professional Judgement to declare the case High Risk</i>			

<p>Rationale notes – why you feel this case needs to be heard at MARAC</p>		
<p>Is the victim aware of referral?</p>	<p>Y / N</p>	<p>If no, why not?</p>
<p>Has consent been given? <i>(If no please complete the ISWC section (page 4))</i></p>	<p>Reminder - Consent – Please read this statement to the victim <i>We ask you for information about yourself so that we can make sure that we can put a safety plan in place that will provide the most appropriate services, protection or support that you may need</i></p> <p><i>To make sure it is the most appropriate and effective service for you, it may mean that we will be sharing this information or obtaining information about you, from other agencies such as your GP, Health worker and Housing</i></p> <p>Y / N</p>	
<p>Does the victim want to talk to the Police?</p>	<p>North Wales Police comply with Home office Crime recording general rules; Crimes are often reported by individuals acting on behalf of victims. These may be referred to as ‘Third Party’ reports and commonly such reports include the following:</p> <ul style="list-style-type: none"> • Persons acting in a professional capacity e.g. doctors, nurses, social workers and teachers reporting crimes, (often of a safeguarding nature), on behalf of victims of any age; <p>When such persons reports crimes, they should always be regarded as acting on behalf of a victim. Where there is no doubt as to their status and/or position or the veracity of their report, those reports must be recorded as crimes. Such recording must occur regardless of whether the victim is aware of the relevant third party’s intention(s) or has given their permission for the reporting individual to speak to the police and irrespective of whether the victim subsequently confirms that a crime has been committed.</p> <p>Y/N</p>	
<p>Who is the victim afraid of? <i>(to include all potential threats, and not just primary perpetrator)</i></p>		
<p>Who does the victim believe it safe to talk to?</p>		
<p>Who does the victim believe it not safe to talk to?</p>		
<p>Has the victim been referred to any other MARAC previously?</p>	<p>Y / N</p>	<p>If yes where / when?</p>

List sources of information used including any risk assessment tools	
What is your role/involvement with the individual	
Please indicate the duration of your contact with the individual	
Please detail safeguarding actions carried out based on the information you have received. Detail any referral pathways completed (Where there is an immediate need for Police response please follow reporting protocol by calling 999 or 101)	

Name and position	
Please ensure the MARAC referral has been completed to a satisfactory standard it is the responsibility of the referring agency to be satisfied that the threshold for MARAC is reached	
Signed – (e-sign or initial if electronic)	
Date	

Appendix 8: MARAC Research Form

Consistent and accurate research will help attendees at MARAC to build up as comprehensive a picture as possible of a case at the meeting. In practice, most agencies will frequently be unaware of information held by others. If research is done before the meeting, it can be shared where appropriate and an action plan can be established in the timeliest way possible.

- When undertaking research in advance of the meeting, it is important that agencies do not automatically contact the victim unless they need to take immediate actions to address risk. In most cases, the IDVA service will contact the victim in advance of the meeting and agencies should contact either the IDVA service or the referring agency in the first instance;
- Some agencies will be working with either children or the perpetrator; in this case the research form may need to be adapted to reflect their particular source of information;
- The research form should be completed by the designated agency representative themselves or they may contact the relevant officer or support / key worker;
- The information within the research form should be current, accurate and, where necessary make a distinction between fact and professional opinion;
- Expectations about the use of a common research form by agencies should be addressed in the MARAC Operating Protocol (MOP). SafeLives would recommend that research forms are internal documents for use by the relevant agency and the information contained within them should be shared verbally at the MARAC meeting, where relevant and proportionate.
- It is possible that you will record info on the research form that you decide is not relevant to share at the MARAC. You may wish to write this and the reasons for not sharing the information on the research form.

MARAC research form

Name		Agency: Betsi Cadwaladr University (BCUHB) Health Board
Designation		
Telephone / Email		
Date		

Victim name	
Victim DOB	
Victim address	
MARAC case number (from list)	
Details of Children	

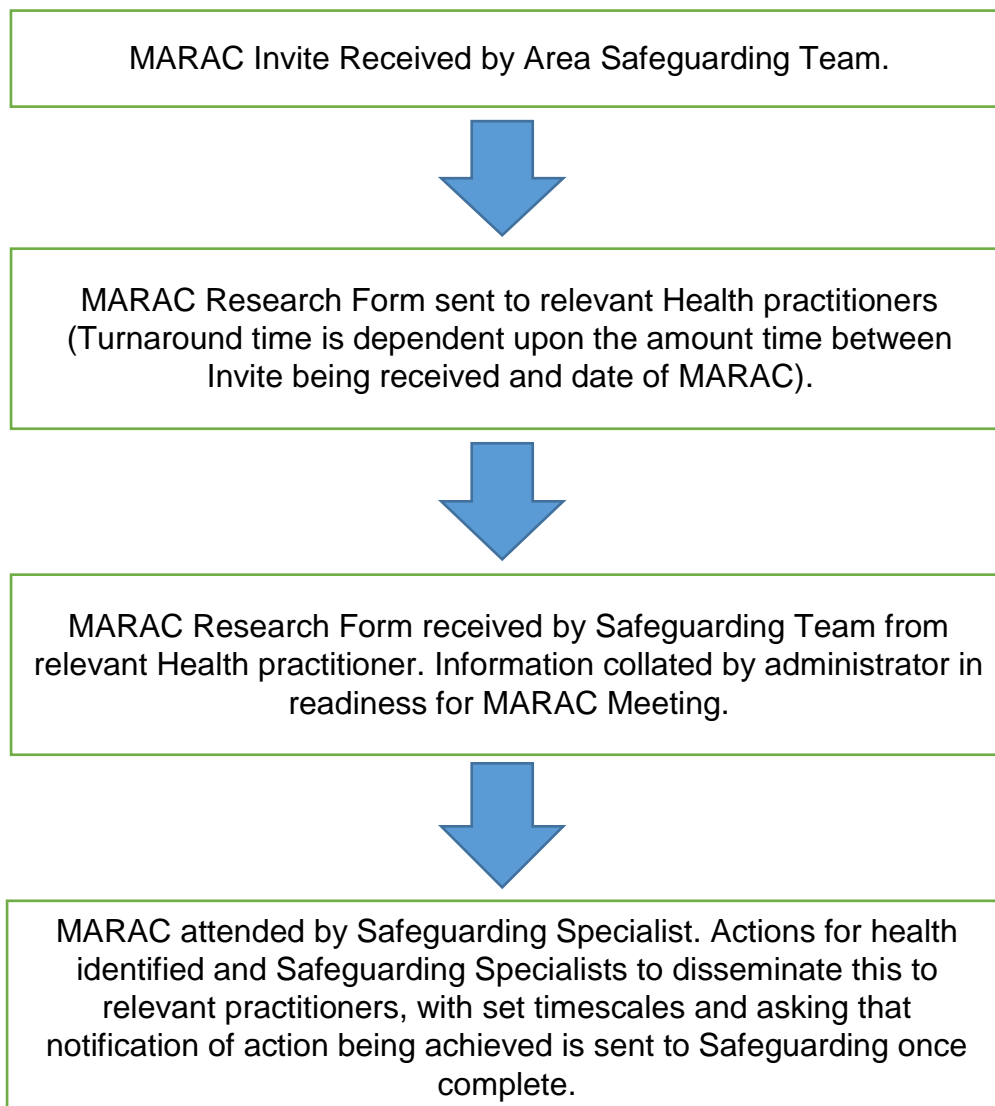
Please insert any changes / errors / other information (e.g. aliases or nicknames) below

Are the victim details on the MARAC list accurate?	Y / N	
Are the children(s) details on the MARAC list accurate?	Y / N	
Are the perpetrator details on the MARAC list accurate?	Y / N	

Note records of last sightings, meetings or phone calls.	
Note recent attitude, behaviour and demeanour, including changes.	
Highlight any relevant information that relates to any of the risk indicators on the checklist (<i>e.g. the pattern of abuse, isolation, escalation, victim's greatest fear etc.</i>).	

Other information (e.g. actions already taken by agency to address victim's safety).	
What are the victim's greatest priorities to address their safety?	
Who is the victim afraid of? To include all potential threats, and not just primary perpetrator.	
Who does the victim believe it safe to talk to?	
Who does the victim believe it not safe to talk to?	
Please include below any relevant and significant information regarding the children	
Name/School	
GP Name and Surgery	

Appendix 9: Safeguarding Team Responsibilities throughout the MARAC Process Flowchart





Amethyst.

**North Wales Sexual
Assault Referral Centre**

*Sexual assault can be a terrifying,
humiliating and traumatic experience.*

*We aim to provide choice and confidential
support following sexual assault or rape.*

What is Amethyst?

Amethyst is a Sexual Assault Referral Centre (SARC) for North Wales, where a range of specially trained professionals give help, support and information to individuals who have been raped or sexually assaulted, whether recently or in the past.

We have been developed in partnership with the police, health and voluntary services to ensure that victims of these crimes get the best possible care.

How can we help?

We can explain the various options that may be available to help you make the right decision for your situation. You can talk to a crisis worker about the options available to you.

If you need information about our services call **0808 156 3658**. Office hours are Monday to Friday 9am to 5 pm (excluding bank holidays). At all other times you will be connected to our out of hours service and a trained crisis worker will call you back as soon as possible.

You can also access further information about the choices you have by visiting www.amethystnorthwales.org.uk

What are my choices?

If you want to discuss what is available to you or what to do, call to speak to a crisis worker confidentially.*

Police Referrals

You can make a formal report to the police, we can explain how this works. If appropriate the police may then arrange for you to have a forensic examination. The police can access the centre 24 hours a day and a crisis worker will also attend to support you. An interview will be arranged at a convenient time for you.

Self Referrals

You can choose not to report to the police.

- We can advise you about other services available to help you, and either offer an appointment to attend the centre to discuss this or arrange referral as required. Your concerns may be about sexual health issues, emotional support or wider health and social care issues. We have links with other services that may be able to support you.
- If relevant you may decide to have a forensic medical so that potential evidence can be taken and stored, in case you decide to report to the police at a later date. You could choose to share forensic evidence anonymously with the police.

- You may not wish to have a forensic examination, but you might want to share information about the assault anonymously with the police, we can help with this.

What happens during the forensic examination

This is a medical examination carried out by a specially trained doctor or nurse to collect evidence. Specimens such as swabs or a blood/urine test may also be taken. It is important that these are taken as soon as possible after the assault to ensure that vital evidence is not lost. You will be fully supported by a trained crisis worker throughout the forensic examination. The crisis workers role is to ensure you make informed choices, and are supported throughout the medical examination and are cared for with dignity and respect.

What about emotional support?

There are usually a lot of different emotions after sexual assault. Confusing thoughts, emotions, and sensations are normal reactions to stress and assault. We can offer information and arrange referral for support to cope with these normal responses.

We can inform you about other services that can help with support or counselling.

What about sexual health concerns?

We can give you advice on how to access screening for sexually transmitted infections and when would be the most appropriate time to be tested. An appointment can be made for you to attend the Amethyst Sexual Health clinic or we can help arrange for you to attend a clinic convenient to your local area.

Contact details:

Telephone: 0808 156 3658

It is important that you contact the Amethyst Centre to make an appointment as we are not able to see you without one.

Email us at: BCU.Amethyst@wales.nhs.uk Please note this will only be monitored during office hours.

Visit our website: www.amethystnorthwales.org.uk

**Amethyst is a confidential service. It is up to you if you decide to tell anybody about what has happened. However we may need to break confidentiality if we believe you or someone else is at risk of serious harm. We would keep you informed of this wherever possible. We need to share information with other agencies if we believe a child or vulnerable adult has been or is at risk of serious harm.*



Amethyst.

**Canolfan Atgyfeirio Dioddefwyr
Troseddau Rhywiol**

*Gall trais rhywiol fod yn brofiad
bravychus, erchyll a thraumatig.*

*Ein nod yw darparu dewis a chymorth cyfrinachol
yn dilyn ymosodiad neu achos o drais rhywiol.*

Beth yw Amethyst?

Canolfan Atgyfeirio Dioddefwyr Troseddau Rhywiol (SARC) ar gyfer Gogledd Cymru yw Amethyst, lle mae amrywiaeth o weithwyr proffesiynol yn rhoi cymorth, cefnogaeth a gwybodaeth i unigolion sydd wedi cael eu treisio neu eu hymosod arnynt yn rhywiol boed hynny'n ddiweddar neu yn y gorffennol.

Datblygwyd y Ganolfan mewn partneriaeth â'r heddlu a gwasanaethau iechyd a gwirfoddol eraill er mwyn sicrhau bod dioddefwyr y troseddau hyn yn cael y gofal gorau posibl.

Sut allwn ni helpu?

Gallwn egluro'r gwahanol opsiynau a allai fod ar gael i chi er mwyn eich helpu chi i wneud y penderfyniad cywir ar gyfer eich sefyllfa. Gallwch siarad â gweithiwr argyfwng am yr opsiynau sydd ar gael i chi.

Os oes angen gwybodaeth am ein gwasanaethau arnoch ffoniwch **0808 156 3658**. Mae'r swyddfa ar agor o ddydd Llun i ddydd Gwener 9am i 5pm (gan eithrio gŵyl y banc). Os ydych yn ffonio ar unrhyw amser arall byddwch yn cael eich cysylltu i'n gwasanaeth tu allan i oriau swyddfa a bydd gweithiwr argyfwng yn eich ffonio'n ôl cyn gynted â phosibl.

Gallwch ddod o hyd i fwy o wybodaeth am y dewisiadau sydd gennych drwy fynd i: www.amethystnorthwales.org.uk

Pa ddewisiadau sydd gennych?

Os ydych eisiau trafod beth sydd ar gael i chi neu beth ddylech wneud, ffoniwch i siarad yn gyfrinachol â gweithiwr argyfwng.*

Atgyfeiriadau'r Heddlu

Gallwch wneud adroddiad ffurfiol i'r Heddlu, gallwn egluro i chi sut mae hyn yn gweithio. Os yn briodol, efallai y bydd yr Heddlu yn trefnu i chi gael archwiliad fforensig. Gall yr heddlu gael mynediad i'r ganolfan 24 awr y dydd a bydd gweithiwr argyfwng hefyd yn mynychu er mwyn eich cefnogi. Bydd cyfweiliad yn cael ei drefnu ar amser sy'n gyfleus i chi.

Hunan atgyfeiriadau

Gallwch ddewis peidio â riportio'r mater i'r heddlu.

- Gallwn eich cynghori am wasanaethau eraill sydd ar gael i'ch helpu chi ac un ai cynnig apwyntiad i chi fynychu'r ganolfan i drafod hyn neu drefnu atgyfeiriad yn ôl yr angen. Efallai eich bod yn brwyderu am faterion iechyd rhyw, bod angen cymorth emosïynol arnoch neu eich bod yn poeni am faterion iechyd neu gymdeithasol ehangach. Mae gennym gysylltiadau â gwasanaethau eraill a allai eich helpu.
- Os yn berthnasol, efallai y byddwch yn penderfynu cael archwiliad meddygol fforensig er mwyn i unrhyw dystiolaeth allu cael ei chymryd a'i storio, rhag ofn y byddwch yn penderfynu riportio'r

digwyddiad i'r heddlu yn ddiweddarach. Gallech ddewis rhannu tystiolaeth ffrensig â'r heddlu yn gyfrinachol.

- Efallai na fyddwch yn dymuno cael archwiliad ffrensig ond efallai yr hoffech rannu gwybodaeth am yr ymosodiad yn ddiennw â'r heddlu, gallwn helpu â hyn.

Beth sy'n digwydd yn ystod yr archwiliad ffrensig?

Archwiliad meddygol yw hwn a gynhelir gan feddyg neu nyrs sy'n gymwys i gasglu tystiolaeth. Efallai y bydd swabiau neu brofion gwaed/troeth hefyd yn cael eu cymryd. Mae'n bwysig bod y rhain yn cael eu cymryd cyn gynted â phosib yn dilyn yr ymosodiad er mwyn sicrhau nad yw tystiolaeth hanfodol yn cael ei gollu. Byddwch yn cael eich cefnogi'n llawn gan weithiwr argyfwng cymwys drwy gydol yr archwiliad ffrensig. Rôl y gweithiwr argyfwng yw sicrhau eich bod chi'n gwneud penderfyniadau gwybodus, yn cael eich cefnogi drwy gydol yr archwiliad meddygol a'ch gofalu amdanoch a'ch trin ag urddas a pharch.

Beth am gefnogaeth emosiynol?

Fel arfer, mae yna nifer o wahanol emosiynau yn dilyn ymosodiad rhywiol. Mae teimlo'n ddryslyd ac yn emosiynol yn ymatebion cyffredin i straen a chael eich ymosod arnoch. Gallwn gynnig gwybodaeth a threfnu atgyfeiriad am gymorth i ymdopi â'r ymatebion cyffredin hyn.

Gallwn eich hysbysu am wasanaethau eraill sy'n gallu eich helpu chi â chymorth neu gwrsela.

Beth am bryderon iechyd rhywiol?

Gallwn roi cyngor i chi ar sut i gael eich sgrinio am heintiau a drosglwyddir yn rhywiol a phryd fyddai'r amser mwyaf priodol i gael eich profi. Gellir gwneud apwyntiad i chi fynychu clinig iechyd rhyw Amethyst neu gallwn drefnu i chi fynychu clinig sy'n gyfleus i chi'n lleol.

Manylion cyswllt:

Rhif Ffôn: 0808 156 3658

Mae'n bwysig eich bod chi'n cysylltu â Chanolfan Amethyst er mwyn gwneud apwyntiad gan na allwn eich gweld heb i chi wneud hynny.

E-bost: BCU.Amethyst@wales.nhs.uk Noder mai dim ond yn ystod oriau swyddfa y byddwn yn monitro'r gwasanaeth e-bost.

Ewch i'n gwefan: www.amethystnorthwales.org.uk

** Mae Amethyst yn wasanaeth cyfrinachol. Eich penderfyniad chi yw divedd wrth r ymuno beth sydd wedi digwydd ai peidio. Fodd bynnag, efallai y bydd rhaid i ni darri cyfrinachedd os yr ydym yn credu eich bod chi neu rywun arall mewn perygl o niwed difrifol. Byddem yn eich hysbysu am hyn ble bynnag bo hynny'n bosibl. Bydd angen i ni wunu gwybodaeth ag asiantaethau eraill os ydym o'r farn bod nisg o niwed i blentyn neu oedolyn agored i niwed.*

Appendix 11

Amethyst Sexual Assault Referral Centre (SARC) NW
Self referral line: 0808 156 3658

Live Fear Free 24/7 Helpline: 0808 80 10 800

C.A.L.L. Mental Health Helpline: Freephone 0800 132 737 or text 'help' to 81066

Childline: 0800 1111

LGBT Cymru helpline:
Mondays 7pm—9pm: 0800 980 4021

NAPAC (National Association for People Abused In Childhood): Call free from all landlines and mobiles on 0808 801 0331 or email to support@napac.org.uk

NSPCC, 24/7 helpline: 0808 800 5000

Rape & Sexual Abuse Support Centre (NW):
24/7 Helpline: 0808 80 10 800
Counselling Service: 01248 670628

Samaritans, 24/7 helpline: 116 123

Stepping Stones North Wales Counselling Services:
01978 352 717

Survivors UK, Male Rape and Sexual Abuse:
Office hours Mon-Fri 020 3598 3898

The Survivors Trust Cymru Helpline
08088 01 0818

Emergency Contraception Services:
NHS Wales Direct 24/7 helpline: 08 45 46 47

NHS Sexual Health Services Appointments:
Wrexham Mon 09:30-14:00, Tues—Friday Fri 9.30am—17.00pm - 01978 727 197
Conwy, Denbighshire & Flintshire Mon to Fri 09:00—15.00pm - 03000 856 000
Gwynedd & Anglesey
Mon to Fri 9.30am—15:00pm -01248 384054

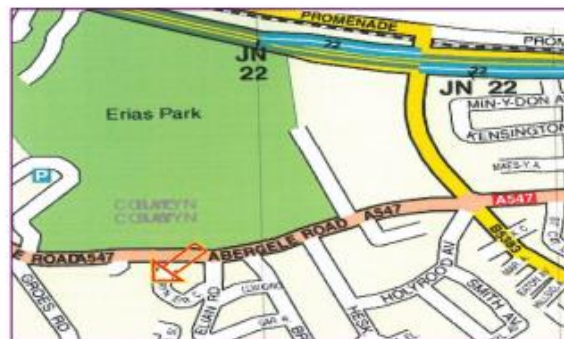
DIRECTIONS TO AMETHYST

A55 EAST BOUND

Leave the A55 at junction 22.
Turn right, go up the hill.
At the mini roundabout take the 4th exit onto Abergele Road—A547.
Turn left into Elian Road
Turn right into Bryn Eirias Close. Amethyst is on the right hand side.

A55 WEST BOUND

Leave the A55 at junction 22.
Turn left, go up the hill.
At mini roundabout take the 4th exit onto Abergele Road A547.
Turn left into Elian Road.
Turn right into Bryn Eirias Close.
Amethyst is on the right hand side.



Amethyst,
1-3 Bryn Eirias Close,
Off Elian Road,
Colwyn Bay, Conwy
LL29 8AB



Updated 02/16



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Independent Sexual Violence Advisor Service (ISVA)



North Wales

Anglesey, Conwy, Gwynedd, Flintshire,
Denbighshire and Wrexham
01492 805384

www.BCUHB.nhs.wales/health-advice/sexual-health-advice/Amethyst-sexual-assault-referral-centre/

A free and independent service for
adults, young people and children in
North Wales

What is an ISVA/CYPSVA?

An ISVA is a specially trained Independent Sexual Violence Advisor. A CYPSVA is a specially trained ISVA who works with children and young people. The ISVA service for North Wales offers both ISVA and CYPSVA support to adults, young people and children, regardless of gender, who have experienced sexual violence, now or in the past. You do not have to report to the police to seek support.

The ISVA is independent of the police and criminal justice services. They are a source of impartial advice and up-to-date information, and can help you consider your options and make decisions that are right for you.

The ISVA/CYPSVA can offer flexible working outside of normal office open hours, but on a needs basis and where appropriate.

How can an ISVA/CYPSVA help?

The ISVA works flexibly to support you in your particular circumstances. This can include help with:

- * Health
- * Housing
- * Work
- * Education
- * Benefits
- * Criminal Justice matters

The ISVA can refer you to other agencies to ensure you receive the practical support and services you are entitled to.

ISVA office and outreach services in North Wales

The ISVA service in North Wales is based at the Amethyst Sexual Assault Referral Centre (SARC) in Colwyn Bay. It covers Gwynedd, Anglesey, Conwy, Denbighshire, Flintshire, and Wrexham.

It includes regular outreach work at community venues in central and safe locations across North Wales and at the **Amethyst SARC** in Colwyn Bay.

Your health and wellbeing

If you are not ready to make a complaint to the police, the ISVA can help you to access confidential medical, forensic and sexual health services at the **Amethyst SARC**, without police involvement.

To help you emotionally, the ISVA can make referrals to access appropriate counselling, including pre-trial counselling with either the **Rape and Sexual Abuse Support Centre (North Wales)** or **Stepping Stones North Wales**

RASASC (NW) provides specialist counselling and support to persons who have experienced any form of sexual violence, whilst **Stepping Stones North Wales** offers specialist individual counselling and group work to adult survivors of childhood sexual abuse.

Going through the criminal justice system

If you have made a formal complaint to the police, the ISVA can help you to understand different aspects of the criminal justice system.

Following a police investigation, if your case goes to court the ISVA can:

- Liaise with criminal justice agencies on your behalf, including the Crown Prosecution Service.
- Navigate you through the criminal justice process to help to keep you informed
- Ensure you have appropriate support if you need to attend court, and afterwards as necessary
- Assist with injury claims to the Ministry of Justice's Criminal Injuries Compensation Authority (CICA)
- Help ensure that your rights are met.

**For more information about the specialised support we offer please contact our Self-Referral Telephone Line
0808 156 3658**

ISVA Service North Wales contact details:

Office hours: Mon to Fri 9am-5pm

Amethyst, SARC

1-3 Bryn Eirias Close,

Colwyn Bay, Conwy, LL29 8AB

Office no: 01492 805384

www.BCUHB.nhs.wales/health-advice/sexual-health-advice/Amethyst-sexual-assault-referral-centre/

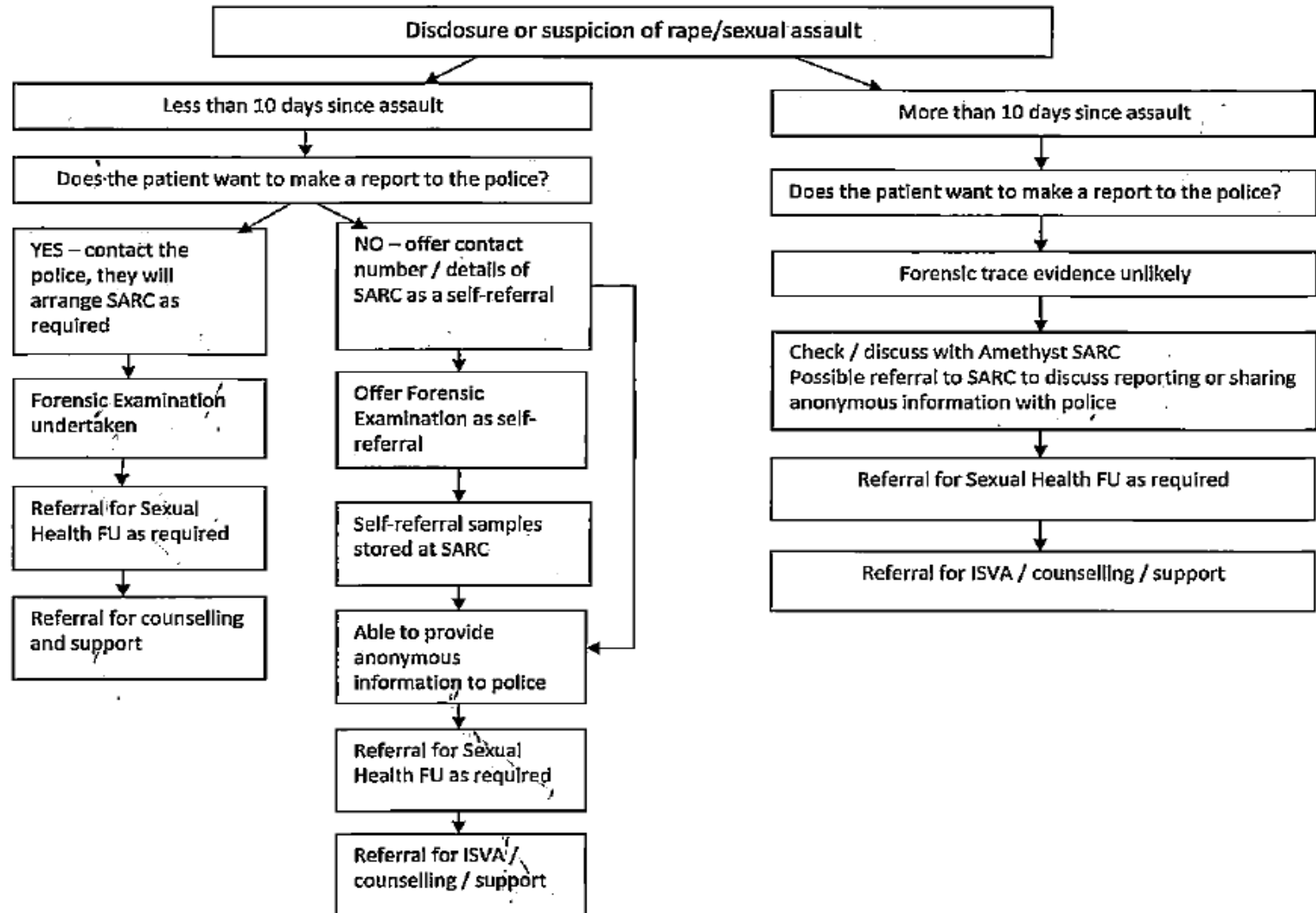
Amethyst is a confidential service. It is up to you if you decide to tell us about what has happened. However we may need to

Appendix 12

Amethyst Sexual Assault Referral Centre ALGORITHM FOR ADULTS WITH CAPACITY

In all cases consideration must be given to:

1. General welfare of the complainant
2. Medical Needs including:
 - Injuries
 - Emergency Contraception
 - Post Exposure Prophylaxis
 - Advice on STI screening
3. Safeguarding Issues including possible child protection issues. Retaining forensic evidence e.g. sanitary wear/underwear



Appendix 13

BCUHB East, Central and West Emergency departments



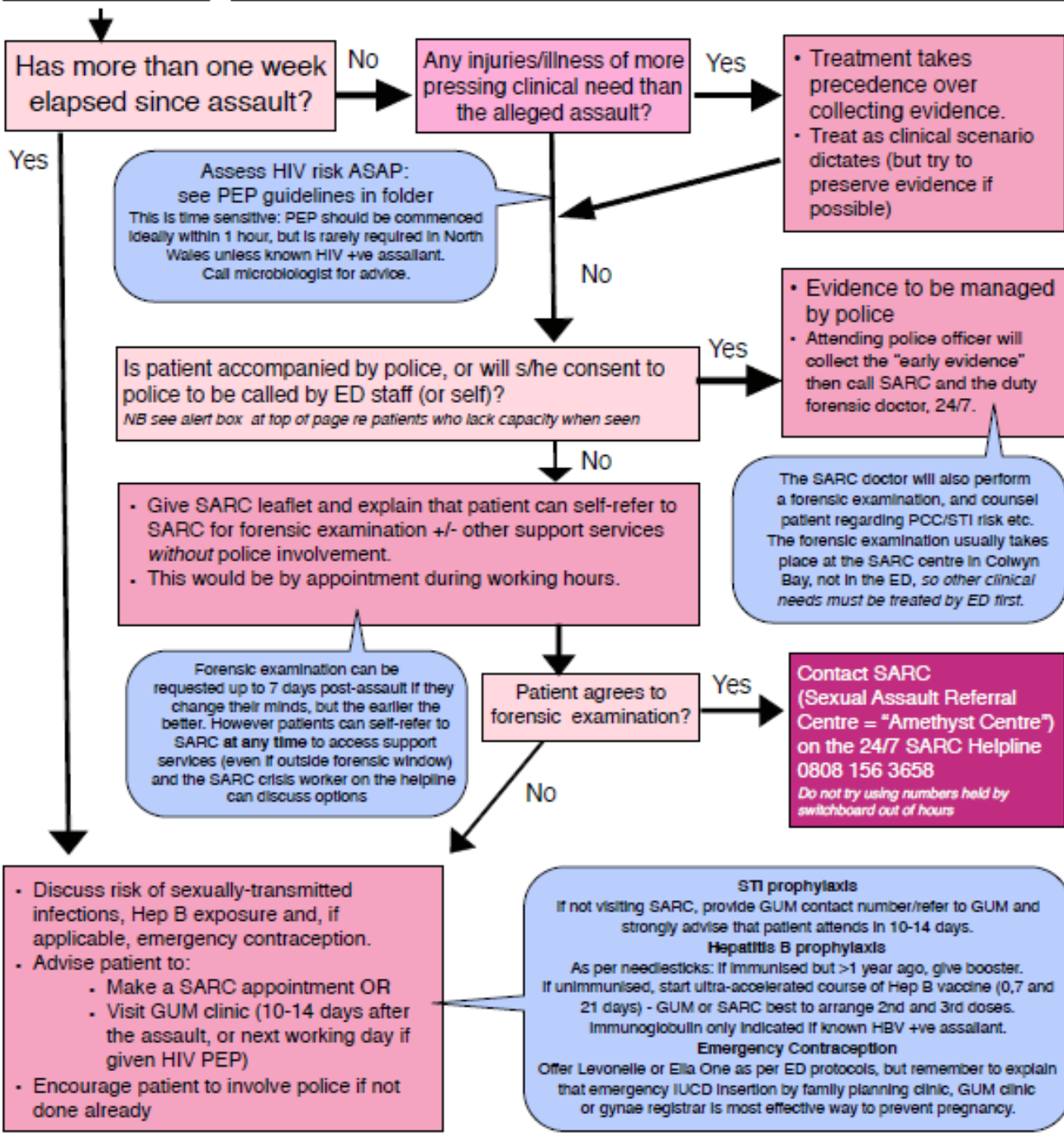
Sexual Assault

Use this pathway in conjunction with the SARC leaflet (download from www.amethystnorthwales.org.uk)

- Involve ED middle grade or consultant. Be tactful - use private room.
- Patients with capacity should be supported in their decisions whether or not to involve the police.
- However, ED staff *must* inform police of an alleged sexual assault if the patient lacks capacity or is under 16 (call paed reg/consultant too) and should *consider* informing police if vulnerable adult.
- SARC will take patients from their 17th birthday onwards (16s and under via Paeds consultant on-call)

START HERE

Triage nurses: if police are being called, ask patients not to eat/drink or use toilet prior to "early evidence" samples being taken (mouth/gum swab and urine sample).



v2.0 - April 2017 - Dr Rhiannon Talbot (ED Forensic Liaison Lead & SARC FME) & Dr Linda Dykes, YG ED
 Review by January 2020. Contact Rhiannon.Talbot@wales.nhs.uk

Appendix 14

Simplified General Risk Assessment Form RA4

Simplified General Risk Assessment Form

Directorate / Area or Corporate Function:		Date:	Assessment Ser No:
Section/Area where task takes place:			
Task/Work Activity			
Assessor(s):		Job Title	

Consequence Score	Likelihood Score				
	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

To obtain the risk rating multiply the appropriate consequence score by the appropriate likelihood score, e.g. Minor 2 x Likely 4 = 8

RISK RATING ACTION GUIDE TABLE

1 - 3	Low Risk- Action only if low cost remedy, easy to implement, re-assess if process/procedure, guidance or legislation changes, keep under review.
4 - 6	Moderate Risk- Action that is cost effective in reducing the risk and planned and implemented within a reasonable time scale.
8 - 12	High Risk- Urgent action to remove or reduce the risk. To be escalated to senior management.
15 - 25	Extreme Risk- Immediate action to remove or reduce risk to tolerable level. Consideration given to stopping process. Inform Senior Management & Risk management/Health & safety Departments at once.

Hazard	Risk Associated	Who Might Be Harmed	Existing Control Measures	Current Risk Rating C X L	Additional Controls Required	Residual Risk Rating C X L	* Date Action to be Completed

Assessors Signatures:

Date:





















Managers Signature:

Date:

Reassessment Date: / / / / / / / / / /

* Note: Depending on the complexity of the Risk Assessment an Action Plan may be required (Use RA 3)

Appendix 15: Main Support Agencies

Support Agency	Contact Number
All Wales Domestic Abuse & Sexual Violence Helpline	 0808 8010800
Amethyst Sexual Assault Referral Centre (SARC)	 0808 156 3658
BAWSO (Black Association of Women Step Out)	 0292 0644633
Broken Rainbow Domestic Abuse Helpline (Referral service for Lesbians, Gay, Bisexuals and Transgender LGTB)	 0845 2604460
Childline	 0800 11 11
Dyn Wales/Dyn Cymru Helpline (support for gay, bisexual & heterosexual men experiencing or who have experienced domestic violence)	 0808 8010 800
Forced Marriage Unit	 020 70080151
Foreign Commonwealth Office (forced marriages)	 020 70081500
Freecall Message Home (for those who have left home but want to pass on message to family/friends without communicating directly)	 0208 3924590
Legal Aid advisors (www.justask.org.uk/index.jsp)	 0345 3454345
Male Advice Line and Enquiry Live Fear Free Helpline	 0808 80 10 800
Live Fear Free Helpline by text	 07860077333
National Child Protection Helpline (NSPCC)	 0808 8005000
Immediate Safety – 999 101 NHS Direct Wales North Wales Police	 0845 4647 Immediate Safety 999 - 101
Refuge Women's Aid (www.refuge.org.uk)	 0808 2000247
Reunite (for those who have had or fear child abduction) Shelterline	 0808 800444
The Samaritans	 116123
Unison Welfare Support for members and dependants	 0800 0857857
Victim Support (www.victimsupport.org.uk)	 0808 1689111
Welsh Women's Aid (www.welshomensaid.org)	 0292 0541551

Apps

Bright Sky App – downloadable on Google Play and Apple App Store.