Domestic Abuse: Pregnancy and the Early Years

Maternity / Neonatal / Gynaecology / Early Years

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Policy eLibrary Reference No:	**Date of Issue: March 2021**
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Lead Reviewer: **Claire MacPhee**	**Version: 6**
Authorised by: NMAHP Policy, Procedure & Guideline Ratification Group	**Date: July 2015**
EQIA For Fairness: Yes	**Date: May 2015**

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Method

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http://www.nhshighland.scot.nhs.uk/Pages/YourRights.aspx

Record of changes

Date	Author	Change
March 2021	C MacPhee	Review undertaken; references updated, and appendices replaced with links.
May 2021	C MacPhee	MARAC referral email address corrected to marac.highland@nhs.scot was previously hosted in Police Scotland

Contents

1 Introduction

This protocol assists maternity and early years services across all agencies in Highland. It will outline best practice around Domestic Abuse when undertaking routine enquiry, how to implement assessments and respond to disclosure. It complements the good practice guides for NHS staff that have been produced by the Scottish Government each focusing on one form of gender-based violence.

The protocol contains reference to local and national guidance and the Multi Agency Risk Assessment Conferences (MARAC) processes and they should give staff in all settings more confidence in dealing with gender-based violence issues.

A summary of good practice points and flowchart have been added for midwives to enable the main points to be easily accessed and can be downloaded and displayed separately. This is attached as Appendix 1.

This is version 5 and the planning for Fairness process has been applied to these guidelines to ensure that they address equality and diversity considerations.

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2 Supporting staff

It must be remembered that there will be several staff who are themselves experiencing abuse. Sensitivity must be shown to the difficulties they may face through undertaking this aspect of their work and where alternative arrangements should be made. This may include another member of the team or the manager undertaking routine enquiry.

All practitioners required to undertake routine enquiry must be made aware of counselling and occupational health services supervisory mechanisms and support arrangements available within their organisations for them to access. Managers and team leaders are offered training to enable them to provide a supportive network to all members of their team.

For further advice and guidance on supporting staff who are experiencing gender- based violence, please refer to the NHS Highland gender-based violence PIN policy and the Highland Council Domestic Abuse Employee policy – both available from HR departments or in the HR area of the intranet.

Gender-based violence can present dangers for staff who are home visiting, and this is particularly relevant to community midwives, HVs and home based support workers. Staff should familiarise themselves with the lone working policy in their organisation and ensure that there is a mechanism within their team to keep each member of staff safe.

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3 Violence Against Women and Girls encompasses (but is not limited to):

- physical, sexual and psychological violence occurring in the family (including children and young people), within the general community or in institutions, including domestic abuse, rape, and incest;

- sexual harassment, bullying and intimidation in any public or private space, including work;
- commercial sexual exploitation, including prostitution, lap dancing, stripping, pornography and trafficking;
- child sexual abuse, including familial sexual abuse, child sexual exploitation and online abuse;
- so called 'honour based' violence, including dowry related violence, female genital mutilation, forced and child marriages, and so called 'honour' crimes

Equally Safe: Scottish Government 2018

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4 Domestic Abuse

- Far from pregnancy being a time of peace and safety for all women, a third of domestic abuse begins or escalates during pregnancy.
- Pregnancy does not offer any protection for women in abusive relationships.
- The links between domestic abuse and adverse pregnancy outcomes dictates that maternity services take a proactive role in identifying prevalence through routine enquiry as mandated in CEL 41 2008. Such enquiry should be made regardless if women are known to have experienced domestic abuse or childhood sexual abuse or are currently experiencing domestic abuse.
- Assessment of risk to a woman and her children (born or unborn) must be a priority for all staff whilst ensuring information is shared proportionately.
- Pregnancy can also be a very challenging time for women who have experience of other forms of gender- based violence, such as childhood sexual abuse, rape or female genital mutilation.
- The Domestic abuse (Scotland) Act 2018 recognises that partners or ex partners engaging in a pattern of abusive behaviour such as psychological and emotional abuse (this includes what is commonly known as 'coercive control') and/or physical abuse is a crime. 6 Things You Need to Know About the New Law
- Regular updating, training, supervision and support for practitioners is essential for successful implementation of routine enquiry access training calendar here.

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5 Impact on Unborns, Babies & Children

- Women experiencing domestic abuse during their pregnancy are at 50% increased risk of miscarriage and still birth Mezey (1997)
- "This 'double intentioned violence' is both a form of child abuse and a serious aspect of domestic abuse and is linked to increases in risk of miscarriage and preterm birth (Humphreys et al, 2008).
- Abuse and violence used against women can significantly undermine their relationships with their children and their parenting abilities Sharp et al. June 2011. We Thought They didn't see. Cedar in Scotland. Evaluation Report
- Early stresses may condition the neural networks in babies' and young children's brains to produce cascading developmental effects Gerhardt S. 2004 Why love matters: how affection shapes a baby's brain. Routledge: London

- At the time they start school, at least one child in every class will have been living with domestic abuse since they were born. Domestic abuse has a devastating impact on children, whatever their age. Safe Lives Insights 2017. Children, Young people, and the involvement of Children's Services.
- Over half (52%) of children exposed to abuse said they found it difficult to sleep, and almost a third (30%) felt like the abuse was their fault. The same children exhibit higher rates of behavioural problems than their peers, and engage in more risk-taking behaviour, making them vulnerable to other forms of abuse, exploitation and harm. Safe Lives Insights 2017. Children, Young people, and the involvement of Children's Services
- Domestic Abuse is recognized as one of the10 sentinel markers of adversity in childhood
- The term Toxic trio has been used to describe the issues of domestic abuse, mental ill-health and substance use and are significant factors and indicators of increased risk of harm. Safelives 2015
- It is said that children don't witness domestic abuse the experience it. Callaghan J (2015)

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6 National Policy & Legislation

Scottish Government
The Scottish Government in its Equally Safe Strategy sets out "a vision of a strong and flourishing Scotland where all individuals are equally safe and protected, and where women and girls live free from all forms of violence and abuse – and the attitudes that help perpetuate them. It adopts the definition:

Gender based violence is a function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly carry out such violence, and women who are predominantly the victims of such violence. By referring to violence as 'gender based' this definition highlights the need to understand violence within the context of women's and girl's subordinate status in society. Such violence cannot be understood, therefore, in isolation from the norms, social structure and gender roles within the community, which greatly influence women's vulnerability to violence.

UN Declaration on the Elimination of Violence Against Women

Such forms of violence (violations) disproportionately affect women and are most commonly perpetrated by men. Prevalence of Reported Domestic Abuse 2017/18 https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2017-18/

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7 Best Practice

7.1 Routine Enquiry

Routine enquiry involves asking every woman at assessment about **domestic abuse** and **childhood sexual abuse** regardless of whether there are indicators or suspicions of abuse. Domestic abuse permeates every culture and socio-economic background and therefore asking the question should be routine and not down to professional judgment or assumptions.
It was established in maternity, sexual health, health visiting, substance misuse and mental health settings, due to the disproportionate number of women accessing these services who have historical or ongoing experience of abuse.

The process is embedded in the Universal Health Visiting Pathway and its continued rollout a key component of the Equally Safe Delivery Plan.

This approach to routine enquiry is supported by the Royal College of Midwives, Royal College of Nursing, Royal College of Psychiatrists and the National Institute for Health and Care Excellence (NICE) public health guidance, 'Domestic violence and abuse: multi-agency working'.

Women should be asked in an environment and manner that resist re-traumatisation. The National Trauma Framework highlights the key principles of: choice, collaboration, trust, empowerment and safety. Opening Doors – Trauma Informed Practice for the Workforce is an excellent short film resource highlighting these principles in action.

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7.2 Indicators of domestic abuse relating to pregnancy

- Late booking/Unplanned or unwanted pregnancy
- General unhappiness about the birth of the baby
- Poor/non-attendance at antenatal clinics
- Frequent visits with vague complaints or symptoms 'of an unknown clinical cause' and without evidence of physiological abnormality
- Recurring admissions usually for reduced fetal movements/abdominal pain/investigations of UTI (although these are common in pregnancy), gynecological difficulties and chronic pelvic pain
- Repeat presentation with depression, anxiety, self-harm and psychosomatic symptoms
- Minimisation of signs of violence on the body with vague explanations for injuries
- Poor obstetric history with a higher incidence of miscarriage, termination, intrauterine growth restriction, low birth weight, fetal injury, stillbirth, pre-term labour, prematurity, placental abruption • Recurrent sexually transmitted infections
- Non-compliance with treatment regimens or early self-discharge from hospital
- Constant presence of partner at examinations, who may answer all the questions for her and be unwilling to leave the room
- The woman appears evasive or reluctant to speak or disagree in front of her partner
- The woman may talk excessively when her partner is present and become very quiet when she is alone
- On admission to hospital the woman has very little personal belongings including toiletries, underwear, nightwear and money. Also, very little to spend on the baby
- Evidence or a history of postnatal depression

- Postnatally, early removal of perineal sutures (other than by health professional)

The Confidential Enquiry into Maternal and Child Health 2004. Domestic Abuse: What health workers need to know (good practice guidance) NHS Scotland 2009

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7.3 Responding to Disclosure

- It may have taken a woman months or years to reach the point of disclosing her abuse, so how she is treated is likely to have an impact on whether she is able to disclose more and find help. Fear of being blamed or not being believed can stop her talking about her experiences.
- If it is necessary to share information to enhance the woman's safety and well-being then consent should be sought and information shared recorded. See MARAC information sharing protocol and consent.
- If there are significant and immediate risks to the unborn baby (UBB) or any other child(ren) then child protection procedures should be followed. All information shared should be accurately recorded including the impact the woman's experiences is having on both her, the UBB and any child(ren)
- If a woman discloses domestic abuse (even if she is no longer living with her abuser) then the Risk Identification Checklist (RIC)1 should be completed by the person to whom she has made the disclosure. See Risk Assessment and MARAC section for more information. All detail should be accurately recorded including reported perpetrator information.
- Practitioners are not required to be experts in abuse or trauma but should have a good understanding of the impact of abuse and trauma and be able to sign post accurately and effectively. Support Services for Women in Highland provides up to date service information for practitioners

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7.4 Accurate recording

Any concerns shared by the woman is vital as this may help the woman should her care be picked up by another member of staff and prevent her having to repetitively share her 'story'. Accurate records may also help the woman with any future legal proceedings.

Records must note:

- The woman should be reassured that her information will be recorded in her electronic maternity record but in a protective view so that it is not disclosed if someone is with her at the appointment nor should it show on her notes app.
- Routine enquiry (RE) undertaken with woman – outcome recorded
- RE not carried out? Record why not2 and update this information at each contact until the woman is asked. If an opportunity to ask is never available, then this should be raised with the named person.
- RE not carried out due to staff member's reluctance to ask? Staff member should raise this with line manager who should ensure the task is passed to a colleague and outcome recorded

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[1] See Risk Assessment and MARAC for more information

[2] Reasons may include no private space, partner or family member (including children) present, other pressing clinical priority, professional not comfortable discussing domestic or childhood sexual abuse

7.5 Good Practice care schedule domestic abuse: pregnancy and postnatal care

First point of contact	• Work with all women can be enhanced by taking a **Trauma Informed** approach by building **trusting** relationships based on **choice** and **collaboration** empowering families with a sense of **control** and **safety.** Continuity of carer considerably strengthens relationship building. • Give information on screening and public health issues as per Highland Information Trail and explore maternal emotional health and wellbeing
Booking Appt 15-16 weeks/ 22-25 weeks	• Commence maternal history taking via the electronic maternity record (B/N) If alone and a safe environment, begin to undertake routine enquiry of domestic abuse. • Firstly explain that DA is primarily emotional, but can include psychological, physical/sexual violence and financial abuse. Highlight that pregnancy is a high-risk time for it to begin or escalate. State that all women are routinely asked about this. Ask about her relationship with her partner in general terms initially. • It is not always helpful to use the term DA, the following questions may be helpful to determine if someone is experiencing it: (Recognising Domestic abuse leaflet) □ Does your (ex) partner make you feel frightened? □ Does your (ex) partner stop you from seeing your friends and your family? □ Do you feel that your (ex) partner controls aspects of your life? □ Does your (ex) partner ever hurt, threaten or humiliate you? • Document any discussions in her Badgernet record. Ensure information is shared with consent as appropriate. Reassure her that this information is not published her personal notes app and will not be visible there. • If opportunity to discuss domestic abuse is not favourable, document and ensure this is undertaken at next appointment. If no opportunity has arisen ensure this is communicated to GP and HV. • Before asking about domestic abuse during telephone or video consultations, ensure the woman is not on speaker phone. Introduce any staff who are in the room, but off camera, and ask the woman to do the same. • Undertake HPI Wellbeing assessment Shanari for all women as per vulnerable pregnancy pathway (VVP), if assessed as additional share this with the named HV/FNP and save in EMR. • Ensure women know the door is always open to discuss domestic abuse and continue ongoing risk assessment. • Undertake assessment using the Highland Practice model (GIRFEC) as detailed in the VPP for the mother and unborn baby and complete an Antenatal Plan if required. If immediate concerns of safety are raised then communicate with Child Protection Advisor (CPA), social work and complete a child concern form. • If domestic abuse is disclosed ensure the woman is given details of local and national support agencies and undertake risk assessment The DASH Risk Identification Checklist (RIC). Consider the risks to the woman, the unborn baby and any other children in the family and discuss with the CPA for your area. • For women identified as living with abuse discuss safety planning

28 weeks/ 31-32 weeks	• Consider Pre-birth planning meeting to re-assess social circumstances/risk - complete or update antenatal plan/child's plan/child protection child's plan as required. • Take a trauma informed approach to preparation for parenthood, labour and delivery. • Discuss birth plan and any restrictions of current or ex-partner re offender management plan. • Close liaison should continue with HV as per handover protocol and GP.
34-36 weeks 37-38 weeks 39-40 weeks	• Midwife to undertake additional appointments as required including home assessment for women with additional needs. • HV to undertake antenatal contact as per Health Visiting pathway if additional needs identified by the midwife. • **Remember** - Consider lone working policy if undertaking home visits where violence is an issue. Do not put yourself at risk and always seek advice.
Delivery/ postnatal	• Continue to offer support to the woman and baby and advice about local support agencies for those experiencing domestic abuse. • Accurate documentation and record keeping are essential even if the woman does not wish to proceed with criminal charges at this time – it may help her later. • Discharge arrangements from hospital/midwifery unit should be completed and information shared with CMW/GP/HV. • On handover from MW to HV, ensure any details around domestic abuse are communicated and documented and the GP is included in arrangements. • Continue multidisciplinary support as discharge plan. • Ensure handover protocol is followed – 'Communication and Handover of Health and Social Information between Midwife and Health Visitor'. • Assessment and support by the HV will continue universal health visiting pathway. • The GP remains an integral part of the support network for the woman. • **Remember** – the woman and her children may have a different GP to her partner – effective communication and information sharing must occur to ensure they are protected – everyone has a responsibility to protect children and practitioners must seek advice from their manager, CPA and social work in such cases if they are unsure.

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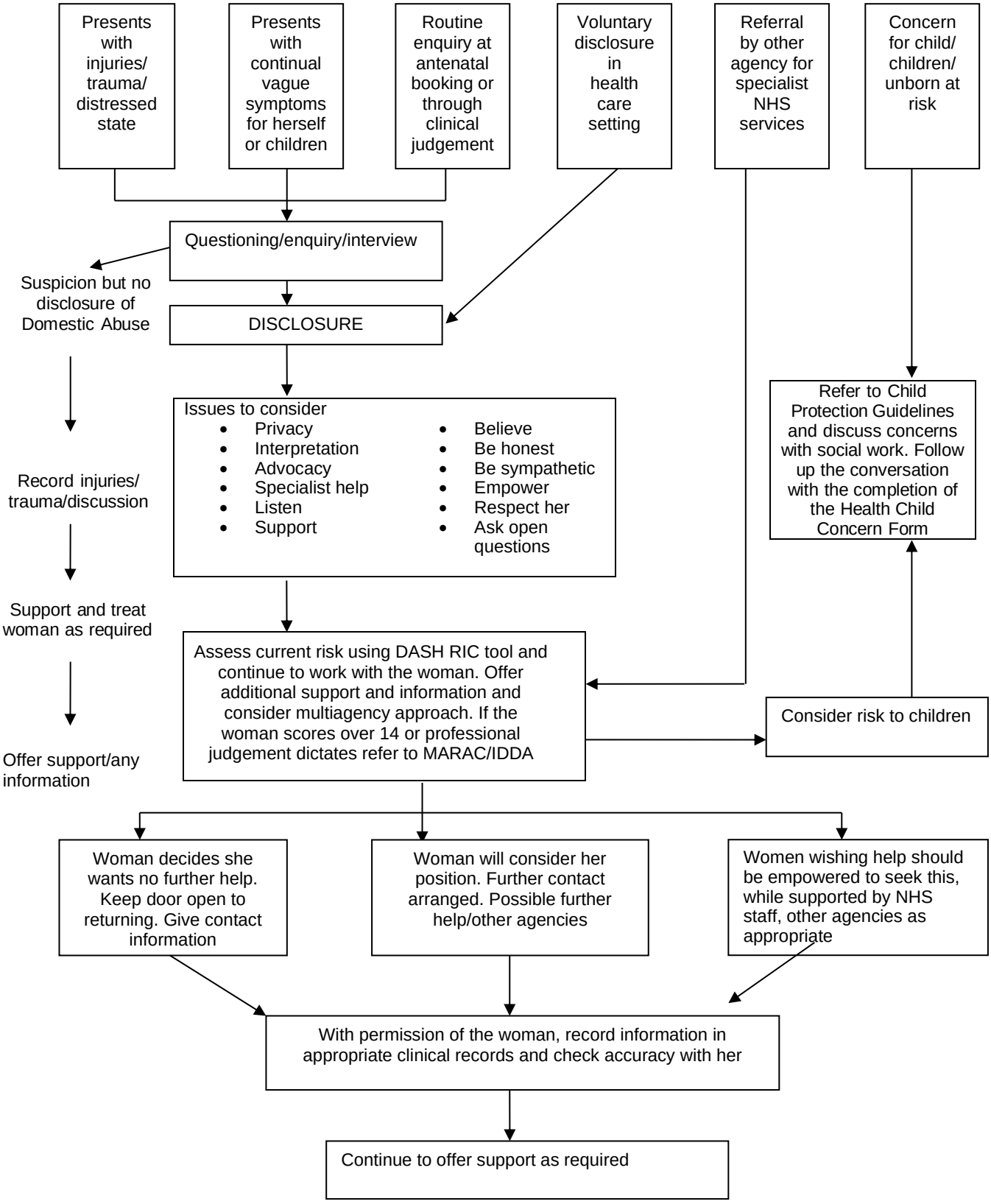
7.6 Care Pathway: responding to women who may be experiencing domestic abuse



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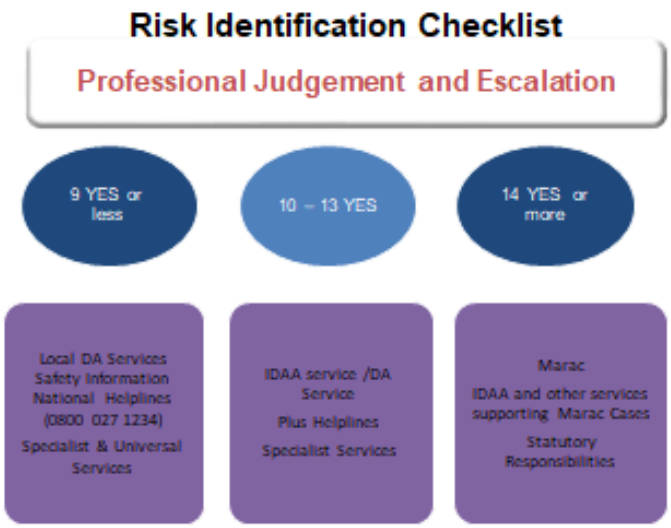
7.7 Risk Assessment

Risk in relation to domestic abuse is dynamic and can change both in frequency and severity over the short and longer term. Risk assessment should not be a single activity but something that is re-visited even when a disclosure is not made.

Risk assessment can help a woman in several ways
- Identify the level of risk she is facing, particularly if she is minimising her experiences
- Reduce the opportunity for repeat victimisation by the perpetrator
- Help agencies plan for how to manage the risks she faces
- Support the safety planning process

The DASH Risk Identification Checklist (RIC) is an evidence based tool that is used to identify level of risk in relation to domestic abuse, stalking and so called honour based violence. It allows practitioners and women to assess the level of risk in order to inform next steps. More information regarding completing the RIC can be found at Safe Lives Risk Identification Checklist.

Once DASH RIC is completed the following thresholds and appropriate actions should be applied:



Key Points to Note:

- Ask "Is it safe to talk now?" If not, what is a safe way to contact her and when would be best?
- Explain why you are asking these questions – it helps us to identify the risks so that I can support you effectively
- Be clear regarding confidentiality and its limitations.
- Be clear, if she is facing high risk you will have to share the information to keep her and UBB/child(ren) safe. This gives her the option to refuse to answer the questions. See FAQs regarding consent
- A 0-14 score can be escalated to high risk by your professional judgement. Detail should be recorded

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7.8 IDAA (Independent Domestic Abuse Advocate) Service

Research behind the MARAC process identified that women experiencing domestic abuse were often left navigating a range of services on their own. The IDAA service is the response to this and works alongside women managing abuse and its impact. In Highland the IDAA service is provided by local Women's Aid. Contact your local Women's Aid service to refer.

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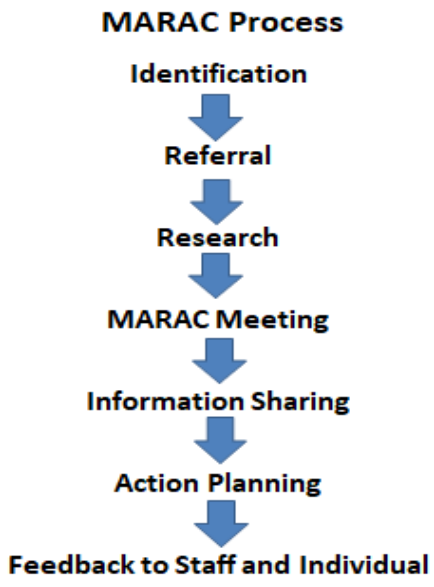
7.9 Safety Planning

At identification of risk, consideration should be given to safety planning. Here are some suggestions:

- Rehearse an escape plan
- Know where the nearest phone is
- Have a code word for 'help me' with someone you trust
- Know where temporary housing can be found
- Think about what to advise the children to do if 'hurting and fighting' happens. Their safe place, teach how to phone 999
- Make a list of important emergency numbers
- Save money for a bus or taxi fare
- Have extra set of keys for house and car
- Pack emergency bag – enough clothes, school uniforms, children's favourite possessions
- Think of the best time of day to leave – if planned
- Keep important documents together (bank book, benefit book, medical cards)
- Keep a note of any essential medicines

MARAC (Multi Agency Risk Assessment Conferencing)

MARAC is a process which addresses risk in relation to high risk cases of domestic abuse. The main aim of a MARAC is to reduce risk and prevent re-victimisation at the same time highlighting any risk to a third party e.g. children and young people, other family members, staff. Access all MARAC resources and training information on the HVAWP page here



Your role in relation to MARAC process

- **Identification** - Complete DASH RIC and safety plan
- **Referral** – complete MARAC referral form and submit to marac.highland@nhs.scot
- If necessary, follow local Child Protection and/or Adult Protection Guidelines
- Record all information and action taken
- **Research** - If asked by your MARAC Representative for information to take to the MARAC provide risk focussed information
- **Action Planning** – your MARAC Representative attending the meeting may have offered an action to the plan. It may be that you as the named person (or in that role) may have to complete the action. The action should be undertaken as priority and outcome fed back to your MARAC Representative

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8 Keeping children safe

Assessment of risk and need is fundamental in planning care and it is important that all staff working with parents and carers consider that children (born or unborn) may be in need of protection. There are many agencies that may have contact with pregnant women and their children and this does not just include maternity and early year's services. Workers in adult services including substance misuse, smoking cessation, mental health, Third sector and others may be the first point of contact for pregnant women. Where there are any concerns or risks to the unborn child or any other children in the household these risks must be acted on appropriately.

All women should expect that the information that they share with healthcare workers will be treated as confidential. However, it is important when discussing abusive situations with women that they are made aware at the beginning of the consultation that any information they wish to divulge, but which may highlight that a child is at risk, will be shared in a controlled and confidential manner with other health professionals or agencies.

Domestic abuse can have a damaging effect on the health and development of children which can begin even before birth through the increased emotional stress of the mother and risk of physical injury to the mother and baby in utero. It is vital that healthcare workers remain proactive and vigilant to issues of domestic abuse to ensure women and children in their care have their needs met effectively and safely.

Women should be offered information and advice about the need for all agencies to work together to protect them and their children. Sharing information should be undertaken in a proportionate way and in consultation with the woman to allay any fears that she may have whilst ensuring she is made fully aware of the situation when concerns are raised and must be escalated

The impact on children of any VAWG can pose a risk to them both in the short and long term. The mental health and wellbeing of children living with domestic abuse can trigger not only emotional and physical disturbance but also a disruption to their lifestyle.

This may include:

- Feelings of anger, guilt, isolation, fear
- Anxiety, self-harm, low self-esteem, depression, withdrawal
- Asthma, eczema, bed-wetting, tiredness, injury
- Homelessness, poverty, social exclusion
- disruption to schooling, behaviour issues
- Loss of family, friends, pets, possessions

Children may exhibit other symptoms of failure to thrive and anxiety and health professionals should recognise the importance of secure attachments. Any interruption to a child's sense of wellbeing can affect their psychological, social and emotional growth both in the short and long term. This includes their life-long sense of security and ability to maintain relationships (Buchanan 2008). The infant mental health best practice guidelines: pre-birth to 3 years can offer staff further advice and information where there are concerns around infant mental health available in further resources and guidance section 10.

Disclosure of domestic abuse must give rise to concerns for any children that live within the household or children who may visit the household and this should include assessment

of risk for an unborn baby. HVs are in a prime position to assess the needs of children and concerns for any children must be based on an individual assessment which will need to include:

- Seeing the child/children
- Assessing their development stage and understanding the family context in which they live
- Awareness and understanding of those who care for the child/children about the effects of domestic abuse
- Awareness and understanding of the needs of families from diverse ethnic and cultural backgrounds

Domestic Abuse should significantly increase suspicions that any children in the family may be at risk therefore when considering children's safety, including that of unborn babies, healthcare workers should contact their local CPA who can offer advice, guidance and support to staff including advice on the need for social work or the police to be included. This should be recorded in the completion of the Child Concern Form.

Assessing risk to children should be elevated when there has been previous history of abuse or neglect or if there are additional stresses in the family such as substance misuse, chaotic lifestyle, homelessness or mental health issues (NHS Scotland 2009). It is also important to consider the additional needs of children affected by disability or with communication difficulties.

A recent guide (5) 'The impact on children' has been added to the suite of guidance developed by the Highland VAW strategic group.

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9 Follow-up

The links between adverse pregnancy outcome, vulnerability and social exclusion are well evidenced and vulnerable women with complex lives are far less likely to seek antenatal care in pregnancy or attend appointments. Maternity services should ensure that they are accessible and welcoming to all women including those who find it difficult to access care.

Domestic abuse should raise immediate concerns that women and children (born or unborn) maybe at risk of significant harm. Health staff should undertake risk assessment using the Highland Practice Model to raise their concern. This assessment should be shared as appropriate and child protection procedures should be followed when an immediate response is required. CPAs can support staff with decision making.

In relation to domestic abuse it is important to remember that if a pregnant woman is being abused, this may not stop once the baby is born, in fact it may escalate. The greatest risk of moderate to severe injury is after the baby is born. Similarly, if an infant is removed for the child's safety, the distress that this may cause can make a woman particularly vulnerable to depression, suicide and substance misuse (CEMACH 2007). Vigilance and support for the mother should always be ensured.

Close liaison and effective handover with the family's HV and GP must be maintained throughout pregnancy and the postnatal period to ensure appropriate support, provision of accurate information and sources of further help
The revised procedure: The Communication and Handover of Health and Social Information between Midwife and Health Visitor (NHS Highland 2021) details the roles and responsibilities required for effective practice. This should be available to staff working in clinical areas.

Plans for follow-up care such as additional appointments or appointments in alternative settings should be arranged in a place where the woman feels comfortable. Allowing time for women is important. Continuing care from the HV should ensure ongoing assessment of risks and needs, with additional support provided as required and a Childs Plan should reflect the assessed needs of children. The ultimate result of domestic abuse may be maternal death and the consequences of this will result in a child who faces a far poorer start in life. Children who are already living in complex and excluded families are at greatest risk of health inequalities and social exclusion (Scottish Government 2008d).

Staff should also consider the possibility that a woman who is subject to domestic abuse may meet the definition of an adult in need of support and protection and therefore be subject to the provisions and protections available under the legislation as described in the Adult Support and Protection (Scotland) Act 2007.

The Act defines adults at risk as individuals, aged 16 years and over who:

- Are unable to safeguard themselves, their property, rights or other interests
- Are at risk of harm and
- Because they are affected by disability, mental disorder, illness or physical or mental infirmity are more vulnerable to being harmed than others who are not so affected

This should be considered after disclosure of domestic abuse and the procedures laid out locally to comply with the Act for each council area must be followed:

In conclusion, no single agency is solely responsible for protecting vulnerable children and adults it is the responsibility of all. The correlation between domestic abuse and child abuse must always be considered, together with childhood sexual abuse as a form of gender-based violence itself.

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10 Further resources and supporting guidance

- Recognising and responding to domestic violence and abuse: A quick guide for social workers. NICE 2020
- Domestic Abuse: Identifying, caring for and supporting women at risk of/victims of domestic abuse During COVID-19 RCM (2020)
- Training Matrix-guidance on what specific training is recommended for HC and NHSH staff.
- HVAWP Training courses available
- Highland Child Protection Guidance 2017 update
- Highland Practice Model GIRFEC 2017
- Women Pregnancy and substance use: good practice guidelines
- Domestic Abuse pregnancy and the early years

- Guidelines for supporting pregnant teenager and their partners
- Guidelines for practitioners working with pregnant women and new mothers with learning disabilities
- Perinatal Mental Health
- Policy for child not brought to appointments
- Policy on Management of Bruising and Injuries in Non-Mobile Children
- PROTOCOL FOR PREGNANCY AND BIRTH NOTIFICATIONS RE KNOWN SEX OFFENDERS
- The Communication and Handover of Health and Social Information Between Midwife and Health Visitor
- Responding to those at risk of forced marriage in Highland
- Responding to Female Genital Mutilation in Highland
- Infant Mental Health Guidelines pre-birth – 3 years
- Highland Information Trail
- Support-Services-Booklet-2019.pdf (scot.nhs.uk)
- VAWP Pocket Guides on FGM, Introduction, Risk Assessment & Safety Planning, Best practice when responding, Perpetrators, The impact on children
- VAW Multi-Agency Guidance 2014

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11 References

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