Domestic abuse is essentially a pattern of behaviour not generally limited to a one-off incident; it is important to remember that it is not exclusively male against female, and it is not gender, race, sexual orientation, religion, culture or age specific. It is important to recognise that Domestic Abuse may affect colleagues, as well as those being cared for by healthcare professionals.

**Introductory Questions:**
- Do you feel safe at home?
- Are you frightened of anyone?
- Has this happened before?
- Have you been forced to have sex or do sexual things or anything else?
- Do you consider this person to be a vulnerable adult?
- Has this person ever hurt/threatened you, your child/ren, and/or other family members?
- Do they have control over your finances, movements, or anything else?
- If they do get their own way, how do they act?

**Initiate Safeguarding Processes**

**High Risk referral**
- If you believe someone is in imminent danger:
  - Ensure safety planning is in place, taking account of the presence of the alleged perpetrator.
- In England & Wales:
  - Always contact the police and your local safeguarding lead/MARAC.
  - Advice the individual of the proposed process, and assure them of the confidential nature of the MARAC process and it will not be disclosed to the perpetrator.
  - The IDVA will contact them (providing consent has been obtained).
- In Scotland:
  - Contact the police and the local safeguarding lead

**Other Risk referral**
- If you suspect someone is being abused, in an non urgent situation and/or the person refuses consent to referral and/or support:
  - Undertake DASH or similar Assessment
- In England & Wales:
  - Contact your local safeguarding lead/MARAC
  - E.g. GP, HV, Social Worker
- In Northern Ireland:
  - Contact the police and the local safeguarding lead

**Contact details (add in local contacts)**
- Local safeguarding lead:
- Local IDVA (Independent Domestic Violence Advisers /clinic: Local Midwifery Lead
- Occupational health Contact:
- Social Services Contact: MARAC /DASH:
- Other support available:
  - NSPCC Helpline: 0808 800 5000 7 days a week 24hrs a day
  - Woman’s Aid: www.womensaid.org.uk
  - RCN web page: www.rcn.org.uk/clinical-topics/domestic-violence-

**Abuse can take many forms such as:**
- psychological
- physical
- sexual
- financial
- emotional

**Risk Assessment Pathway to identify Domestic Abuse**

**Do you suspect the person you are caring for is at risk of /or a casualty of Domestic Abuse?**

**Triggers may include:** Disclosure of Domestic Violence, Signs of Physical Injury, Sexual Abuse or Assault, Choking or attempted strangulation, the individual dismisses injuries or the explanation does not match the injury, frequent attenders.

Ensure the person is not with their perpetrator. Maintain a calm supportive and non-judgemental manner.

**Domestic Abuse is a major safeguarding issue and all health care professionals have a role in increasing awareness, and being inquiring when confronted with behaviours that raise concerns and alarm.**

If you are concerned, consider that this person may be suffering from a Domestic Abuse situation, even if there is no evidence of injury.

**Is the woman pregnant?**
- Pregnancy is considered to be a time of particular risk for escalation of domestic abuse.
  - Contact Midwife, HV,
  - Consider risks to unborn baby/other children?

? Under 18 years:
- Consider additional child focused safeguarding support
- Are there other children who may be at risk?

Refer and follow your organisations Safeguarding polices and protocols at all times.

Always ask your safeguarding lead if in doubt.