

Routine Enquiry into Domestic Abuse

Guidance for Midwives, Health Visitors, School Nurses and
Family Nurses in Northern Ireland

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1.0 | Summary of guidance

The Department of Health (DOH), Public Health Agency (PHA) and the Health and Social Care Trusts (HSCTs) seek to promote a consistent approach to routine enquiry into domestic abuse, providing a trauma-informed, strengths-based response. Every contact with Nurses, Midwives and Health Visitors can provide an opportunity for timely, effective identification and intervention.

Learning from a Serious Adverse Incident (SAI) highlighted the need to evaluate processes around the practice of routine enquiry in Northern Ireland (NI). A regional review, which included a literature review, service evaluation and focus groups with survivors was led by PHA. This guidance document was developed in consultation with key stakeholders across the 5 HSCTs and reflects the findings of the review and the recommendations of those with lived experience of domestic abuse. The guidance aims to improve and standardise care provided to families who may be experiencing domestic abuse through early identification and intervention.

The objectives of this guidance are to:

- ▶ Promote and develop a consistent regional approach by Midwives, Health Visitors, School Nurses and Family Nurses when enquiring about and responding to suspicion of domestic abuse¹;
- ▶ Reduce the impact of domestic abuse for those experiencing it, including children, through early identification and appropriate intervention;
- ▶ Increase the knowledge, skills and confidence of Nurses and Midwives to identify and manage issues relating to domestic abuse;
- ▶ Increase the confidence of Nurses and Midwives to support and assist survivors to make informed choices about their well-being and safety;
- ▶ Ensure Nurses and Midwives contribute effectively to safeguarding both children and adults through implementation of this guidance.

¹ This document is intended for Midwives, Health Visitors, School Nurses and Family Nurses, but will refer to Nurses and Midwives throughout for brevity.

This guidance is designed to support practitioners in identifying and responding to domestic abuse and should be read in conjunction with regional and Trust policies on safeguarding adults and children.

Acknowledgements:

- ▶ HSCTs in Northern Ireland have domestic abuse policies which were reviewed. These have significantly informed the development of this regional policy.
- ▶ Women's Aid Federation provided information on the extent of domestic abuse in NI and contributed significantly to the recent review into routine enquiry in NI, ensuring the voices of survivors are reflected in this guidance.
- ▶ Ulster University - conducted the literature review which informed the review process².

2 Tracey, J., Reid, B. (2023) Screening for Domestic Violence and Abuse: An Integrative Review - Unpublished May 2023

2.0 | Introduction

Domestic abuse has a damaging and lasting impact on the lives of adults, children and young people right across NI. It is prevalent in every community and can affect anyone regardless of age, socioeconomic status, sexual orientation, gender identity, race or religion. Tackling domestic abuse and violence against women and girls is a priority for the Executive Department³ and is incorporated into the Programme for Government⁴. There have been a number of recent legislative changes in NI to support efforts to address domestic abuse which are well summarised in the *Domestic violence and abuse: Legal Remedies* booklet produced by Belfast Area Domestic and Sexual Violence Partnership (BDSVP).⁵

While anyone can experience domestic abuse, research clearly shows that the majority of victims are women and children, highlighting the gendered nature of this crime. Globally, it is estimated that nearly one in three women aged between 15 and 49 years will suffer physical/sexual abuse at least once in their life⁶.

It is important to note that domestic abuse has more than one victim as it can impact adversely upon children and the wider family unit. The impact of domestic abuse on children is particularly important to consider. The Children Order⁷ defines 'harm' as ill-treatment or the impairment of health or development. This may include impairment suffered as a result of the ill-treatment of another person or abusive behaviour directed at another person.

The child may suffer such impairment regardless of whether they have witnessed, heard or been present during such ill-treatment or behaviour.⁸

3 [Domestic and Sexual Abuse Strategy 2024–2031](#)

4 [Programme for Government 2024-2027 'Our Plan: Doing What Matters Most' | The Northern Ireland Executive](#)

5 [Domestic Violence and Abuse: Legal Remedies](#)

6 WHO 2018 [Violence against women](#)

7 [The Children \(Northern Ireland\) Order 1995](#)

8 [Domestic Abuse and Civil Proceedings Act \(Northern Ireland\) 2021](#)

Definition of domestic abuse

Domestic abuse⁹ is defined in the Domestic and Sexual Abuse Strategy 2024–2030 as *‘threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member.’*

Who is impacted by domestic abuse?

Domestic abuse does not discriminate and can affect anyone regardless of gender, race, sexual orientation, age, religion, disability and socioeconomic status.

- ▶ Those who identify as LGBTQ+ face additional barriers to accessing support that are unique to their sexual orientation and/or gender identity;
- ▶ Black, Asian and Ethnic Minority groups can experience many cultural factors including language, gender roles, community beliefs and family hierarchy which can influence decisions around disclosing domestic abuse in different communities;
- ▶ Disabled women are more than twice as likely to experience domestic abuse as non-disabled women and have additional barriers to accessing support;
- ▶ Approximately 1 in 6 men will experience domestic abuse at some stage in their lives and they often find it difficult to make a disclosure due to social stigma;
- ▶ Being pregnant may put women at increased risk of abuse.

For the purposes of this guidance document, we will refer to women, recognising that Nurses and Midwives most often carry out routine enquiry with women in their care. We acknowledge that people may identify in diverse ways, and it is essential that all individuals are treated with respect, sensitivity, and inclusivity during any enquiry or support process.

⁹ The term ‘domestic abuse’ will hereafter be used throughout the document to include domestic and sexual abuse and violence and all other types of abuse.

3.0 | Routine enquiry into domestic abuse

In 2006, the Department of Health¹⁰ directed that '*routine enquiry for domestic abuse is carried out for all pregnant women (regardless of race, ethnicity and ability) and must include women who have experienced miscarriage or stillbirth.*'

Routine enquiry involves asking all women who are accessing services, regardless of whether there are any indicators or suspicions, about abuse so that they can be offered supportive interventions including information, safety planning and referral.

Routine enquiry and the provision of information increases insight, knowledge and understanding of violence and abuse for those at risk. It also increases the likelihood of a woman understanding that she can expect support from these professionals when she feels ready to make a disclosure.

10 DHSSPS (2006) Circular ref HSS NMG 01/06

4.0 | When should routine enquiry be completed?

Routine enquiry should be completed by Midwives and Health Visitors at every *core* Healthy Child/Healthy Future¹¹ contact if it is safe to do so. This includes:

- ▶ Same sex couples;
- ▶ Foster carers.

Routine enquiry should also be completed:

- ▶ When a family move into an area;
- ▶ Following miscarriage, still birth or any other pregnancy loss where possible.

Routine enquiry should be completed by School Nurses during targeted home visits and at any time that the Family Health Assessment (FHA) is being commenced or, including the P1 health appraisal if the parent is present and it is safe and appropriate to do so.

Family Nurses should complete the Family Nurse Partnership Intimate Partner Violence (IPV) clinical pathway with each of their clients.

It is important to remember that selective enquiry can, and should be, carried out at any other time if there are indicators of abuse or a practitioner is concerned or suspicious.

If a previous a disclosure has already been made:

- ▶ Check if there has been any change in circumstance such as a new partner/or change in family member relationship and then ask again at core contacts;
- ▶ If the relationship status is unchanged, do not repeat the routine enquiry but do enquire about the current situation and safety.

¹¹ [Healthy Child Healthy Future | Department of Health](#)

5.0 | Routine Enquiry (RE): Asking the question

Routine enquiry may be asked in a number of ways ensuring that the woman understands what is being asked using clear and unambiguous language. Nurses and Midwives must:

- ▶ Provide/ensure a private, safe and supportive environment;
- ▶ Only raise the question when the woman is alone;
- ▶ Ensure provisions are in place to support individuals who may have communication difficulties;
- ▶ Provide interpreting if required, a female interpreter should be provided if possible and should be accessed as per local Trust policy (partners, family members including children or friends must not be used to interpret). Correct procedures for the use of interpreters must always be followed¹². Trust approved telephone interpreting services are an acceptable alternative if a face to face interpreter is unavailable;
- ▶ Use language that reflects the full definition/nature of domestic abuse;
- ▶ Provide information around coercive control when asking/discussing domestic abuse - using examples of how coercive control manifests;
- ▶ Enquire in a way that will help the client to understand that the behaviours they are being subjected to by a perpetrator are not acceptable and are in keeping with domestic abuse;
- ▶ Ensure the enquiry is made in a meaningful way, aided with open discussion and not as a “one off” event;
- ▶ Avoid rhetorical questions - Do not answer the question e.g. *Domestic abuse isn't an issue for you - sure it's not?*
- ▶ If a 'no' response is given, ask an open-ended question- Is there anything that you would like to tell me that is worrying you about your relationship?
- ▶ If the answer is 'no' again, continue to be supportive;
- ▶ Always use professional curiosity to guide communication;

¹² [BSO Interpreting Service - Business Services Organisation \(BSO\) Website](#)

- ▶ Discuss any concerns with Line Manager/Safeguarding Children Nurse Specialist (SCNS);
- ▶ Offer information on the Domestic and Sexual Abuse 24 Hour Helpline (0808 802 1414) and support services to *everyone*, regardless of their reply. This information is included in the Pregnancy¹³ and Birth to Five¹⁴ Books and Parent Child Health Record¹⁵ (PCHR) which are published by PHA and available to all;
- ▶ Advise the woman that she will be asked these questions again, at subsequent contacts. This will enable her to be prepared if she decides she wants to make a disclosure in the future;
- ▶ Advise also that she can contact you or any signposted services at any time, in between core contacts.

Possible Indirect Questions

- ▶ How are things at home?
- ▶ Do you feel your partner is supportive?
- ▶ Are you being looked after properly?
- ▶ Is your partner taking care of you?

13 [The Pregnancy Book | HSC Public Health Agency](#)

14 [Birth to five | HSC Public Health Agency](#)

15 [Personal child health record \(PCHR\) | Department of Health](#)

Possible Direct Questions

- ▶ We know domestic violence and sexual abuse is common and that many people experience it, so we ask all women about it. Has it ever happened to you?
- ▶ Sometimes a partner (or ex-partner) can make you feel afraid? Have you ever felt unsafe or uncomfortable with your partner?
- ▶ Has your partner (or ex-partner) ever done things to try and control your thoughts, feelings or actions?
- ▶ Are you now, or have you ever been afraid of your partner (or ex-partner)?
- ▶ Has your partner ever made you do anything you didn't want to do?
- ▶ Has your partner/ex-partner ever attempted to strangle/choke/suffocate or drown you?
- ▶ Has your partner hit you or thrown things in your direction?
- ▶ Do you feel safe at home?
- ▶ Does your partner show any controlling behaviours? (i.e. coercive, financial control)
- ▶ Has your partner ever called you names or try to make you feel bad in front of others? (i.e. name calling, humiliation, etc.)?
- ▶ Has your partner pressured you do sexual things with them that you didn't want to do?
- ▶ Has your partner posted/threatened to post anything on line that you would not want shared?

6.0 | Overcoming barriers to asking routine enquiry

Nurses and Midwives must be aware of the barriers that exist or that may present to being able to complete routine enquiry. Professional judgement should be used in providing and/or passing on information about domestic abuse and available support. If possible try to discreetly provide:

- ▶ Signposting to information on domestic abuse which is included in PHA resources provided- Pregnancy/Birth to Five Books/PCHR (practitioners must ensure they are familiar where this information is located within these resources);
- ▶ Provide and review the detail of a copy of the PHA Community Resources Card¹⁶;
- ▶ Signposting/link to local/Trust webpages - where local supports are listed- [Domestic abuse | nidirect](#).

If it is not possible to complete routine enquiry:

- ▶ Document details of why routine enquiry could not be completed at a contact;
- ▶ Document any provisions that have been put in place for future contacts that will facilitate the completion of routine enquiry;
- ▶ A follow up contact should be arranged and completed within one month;
- ▶ If unsuccessful in getting an opportunity to ask, the practitioner should discuss the case with the Line Manager/SCNS and decide next steps in the context of any contributing factors or concerns.

¹⁶ [Directory of services to help improve mental health and emotional wellbeing | HSC Public Health Agency](#)

7.0 | Responding to a disclosure of domestic abuse

When someone makes a disclosure of domestic violence or abuse, their safety and the safety of others, particularly children, must be given priority. Consideration must be given to any immediate risk. Where there is immediate danger or risk of death or injury to anyone, the police must be contacted by calling 999. Be mindful of personal safety and that of other professional colleagues ensuring that any risk is minimised, recorded and reported.

Never advise a woman who is experiencing domestic and/or sexual violence and abuse to leave their partner as this can be when the risk is greatest¹⁷.

Listening to what the woman feels will keep her safe is critical as she knows her situation better than anyone and needs to be in agreement to support any intervention for change.

Risk Assessment Tools

- ▶ **Domestic Abuse and Honour Based, Stalking and Harassment Risk Identification Checklist (DASH RIC)** - is the recognised tool for use following a disclosure of domestic abuse and best practice would suggest that all practitioners completing routine enquiry should access training in its use. Nurses and Midwives who have been trained in the use of the DASH RIC should complete it with any adult with whom they are assessing the level of risk. It may be suitable for use in a young person under 18 years but a discussion with, or referral to, social services must take place. The Northern Ireland version should be readily available¹⁸.
- ▶ **Understanding the Needs of Children in Northern Ireland (UNOCINI) assessment**¹⁹. In situations where children or an unborn baby are involved, a UNOCINI referral to social services should be commenced using a Signs of Safety approach.

17 [Intimate Partner Femicide: Using Foucauldian Analysis to Track an Eight Stage Progression to Homicide - Jane Monckton Smith, 2020](#)

18 [Dash risk checklist for Northern Ireland - SafeLives](#)

19 [Understanding the Needs of Children in Northern Ireland \(UNOCINI\) Guidance | Department of Health](#)

In the event of a person making a disclosure Nurses and Midwives must:

- ▶ Acknowledge the disclosure - listen carefully and respond constructively in a sensitive, non-judgemental and trauma informed way.
- ▶ Consider any immediate safeguarding risks to the person experiencing abuse and any children or other vulnerable adults in the family and consider a multi-disciplinary approach.
- ▶ Complete a DASH Risk Identification Checklist and, following discussion with your SCNS/Line Manager, where appropriate, forward to the *Domestic Abuse Risk Response (DARR) point of contact within the Trust for consideration of referral (according to Trust guidance).
Domestic Abuse Risk Response (DARR) was previously referred to as Multi - Agency Risk Assessment Conference (MARAC).
- ▶ If a DARR referral is made, attendance at the meeting is recommended but should be agreed following discussion with Line Manager/SCNS according to local Trust policy.
- ▶ Refer immediately to relevant Social Work Team or Single Point of Entry Referral Gateway Team by telephone if the child/unborn baby needs protection. Follow up with a UNOCINI - Understanding the needs of Children in Northern Ireland referral or Expectant Mother Referral within 24 hours.
- ▶ Seek advice and guidance from a SCNS and/or Line Manager if unsure as to whether threshold is met for referral to social services/PSNI. Complete UNOCINI referral and/or make appropriate adult safeguarding referral-APP1- if required.
- ▶ Discuss and where appropriate facilitate medical treatment and examination; attendance at Emergency Department (ED) or G.P.
- ▶ Where sexual abuse has occurred, refer to The Rowan - Sexual Assault Referral Centre. If any sexually related incident that has taken place within the past 7 days seek priority advice from Line Manager/SCNS with regards to forensic evidence and liaison with The Rowan Sexual Assault Referral Centre (SARC) for Northern Ireland /Police Service Northern Ireland (PSNI).
- ▶ Advise your Line Manager/SCNS if there are specific concerns for the child or person who is experiencing domestic and or sexual violence and abuse. If a name of the perpetrator or place of the incident is disclosed then seek advice on the next steps from your Line Manager/SCNS regarding onward referral to PSNI/The Rowan.

In the event of a person making a disclosure Nurses and Midwives must:

- ▶ Advise the person who is experiencing domestic and or sexual violence and abuse that it is a criminal offence that should be reported to the police (offer help if required).
- ▶ Advise that if a concern remains around safety and the victim fails to contact the PSNI, the practitioner may need to contact PSNI to report the incident (contact your Line Manager/SCNS for advice).
- ▶ Explain the boundaries and limits of confidentiality.
- ▶ Signpost to Women’s Aid and/or other available local/national support agencies and provide the **Domestic Violence Helpline Number: 0808 802 1414**. (Pregnancy/Birth to Five Books also contain a list of resources).
- ▶ Encourage the person who is experiencing domestic abuse to have a safety plan.
- ▶ Adhere to Trust/regional child and adult safeguarding policy addressing the person’s concerns about the involvement of statutory services.
- ▶ Provide ongoing interventions in keeping with your professional role.
- ▶ Make a clear record of what exactly is observed and reported during discussion, risk assessment and action taken including liaison with other agencies and its outcome.
- ▶ The agreed safety plan should provide clarity around any decisions and subsequent contact with the client/family (in keeping with professional role).
- ▶ If a person who is experiencing domestic and or sexual abuse is unable to follow through actions discussed, this should be documented and further support/signposting for support offered.
- ▶ Advise your Line Manager/SCNS of any personal safety concerns and share any perceived risk as appropriate with professionals involved, as per Trust Zero Tolerance Policy, to enable an informed risk assessment.
- ▶ Liaise with any other relevant professionals e.g. Health Visitor, Family Nurse, Midwife, Community Nurse, Social Worker, and/or GP as per Trust policies and procedures.

Confidentiality

Extreme care should be taken to protect the safety of anyone who is experiencing domestic and/or sexual abuse and information should not be disclosed to any non-statutory agency. At the outset, limits to the extent of confidentiality should be established. Where children and/or vulnerable adults are living within an abusive environment, information may be shared with other agencies in line with Trust/regional safeguarding children and adult policies and procedures.

Consent

Seek consent to share information with other health colleagues or agencies who can provide additional support or information. If consent is not gained this will be risk assessed and discussed with Line Manager/Safeguarding Children Nurse Specialist (SCNS).

If there is risk to life or safety, the woman should be informed that information will be disclosed without consent in keeping with the paramountcy principle²⁰.

²⁰ [Guidance on Information Sharing for Child Protection Purposes | Department of Health.](#)

8.0 | Safety Planning with those experiencing domestic abuse

An integral component of responding to domestic abuse is supporting those who are experiencing it to have a safety plan in place to ensure their immediate safety.

Each safety plan will be individual according to the particular situation and needs of the person experiencing abuse and will require their participation and agreement. Safety planning with children, young people and vulnerable adults may require specialist input and staff should make the relevant referrals as necessary. Initial safety planning advice is the responsibility of the practitioner who receives the disclosure.

Safety planning needs to be an ongoing process and it is crucial that it starts from the point of disclosure, as the act of disclosing can place the victim at increased risk. Following referral, ongoing safety planning will be a joint process with social services.

Safety Planning on receiving a disclosure

- ▶ Consider immediate safety needs - review current risk of harm to the woman and/or her children/unborn child and make any immediate referrals required for specialist support to social services.
- ▶ Offer appropriate, accurate information regarding support agencies including contact details for Women's Aid. A comprehensive list of regional resources is included in Appendix 5.
- ▶ Be an advocate for the woman when referring to or liaising with other agencies (with consent).
- ▶ Review strategies that the woman has for keeping herself and her children safe:
 - Does the mother and child(ren) have somewhere safe to go?
 - Do they have any special needs or requirements that would make implementing safety strategies difficult?
 - Has the mother discussed with the child(ren) what to do if her partner becomes violent?
 - Who else knows about the violence and abuse?
 - Undertake a risk assessment of your environment e.g. when visiting a woman in her home – Consider geographical location and safe exit.
- ▶ Women's Aid²¹ provides an excellent resource to support safety planning.
- ▶ Discuss with Line Manager/SCNS and document all advice given according to Trust guidelines
- ▶ Ensure that you do not place yourself or your colleagues at risk in a potentially violent situation when supporting someone else.

21 [Safety planning - Women's Aid Federation Northern Ireland](#)

9.0 | Documentation following a disclosure

If a disclosure of domestic abuse has been made, the practitioner must explain the importance of documenting the abuse and required detail and seek the person's consent where possible. Identifiable information must not be documented in any records which the perpetrator could access.

The Nurse/Midwife should -

- ▶ Record the date, time, place of professional contact.
 - ▶ Record all injuries, bruising or trauma in as much detail as possible.
 - ▶ Keep records as detailed as possible e.g. "Mr/Mrs...states he/she was punched twice in the stomach by..." rather than "patient assaulted".
 - ▶ Use the words of the woman who is experiencing domestic and/or sexual abuse to record a brief statement regarding how the injuries occurred and who caused the injuries and if any witnesses were present.
 - ▶ Record the name of the alleged perpetrator if given, what is his/her relationship to the person who is experiencing domestic and/or sexual abuse.
 - ▶ Record the names of witnesses, including children.
 - ▶ Apply professional judgement when analysing and recording your actions.
 - ▶ Record risk assessment and action taken including liaison with other agencies and its outcome.
-
- ▶ Complete UNOCINI/adult safeguarding referral if appropriate/liase with case coordinator (if case already open to social services).
-
- ▶ Document the agreed action plan to provide clarity around any decisions and subsequent contact with the client/family. If a woman who is experiencing domestic and/or sexual violence and abuse is unable to follow through actions discussed, this should be documented by the Nurse/Midwife and further support offered.
-
- ▶ Document any referral to DARR, stating that the alleged perpetrator may not be aware of the referral. This, along with the DASH RIC, should be redacted from the record for any data protection request in accordance with Trust and Information Commissioner's Office guidance²².
-
- ▶ Potential access to records by the alleged perpetrator should be given careful consideration in documentation.
-
- ▶ Record keeping must comply with The NMC Code: Professional standards of practice and behaviour for Nurses, Midwives and nursing associates²³ (NMC 2015).

²² [A guide to lawful basis | ICO.](#)

²³ [The Code: Professional standards of practice and behaviour for Nurses, Midwives and nursing associates - The Nursing and Midwifery Council](#)

10.0 | Reporting a crime to the Police Service of Northern Ireland (PSNI)

On occasions it may be justifiable to pass on personal information without consent or statutory authority for the protection of the general public. Examples would be, to prevent or detect serious crime or where there is a public health risk or a risk of violence. In these instances, it may be necessary to share relevant information with other agencies in accordance with the Criminal Law Act 1967²⁴.

The possible consequences of the disclosure to the individual must also be considered. In such instances, consultation must always take place with the SCNS or Line Manager and, where appropriate, the Trust Information Governance Department.

All staff should be familiar with Public Protection Arrangements for Northern Ireland (PPANI)²⁵ arrangements and DARR processes within their Trust area.

24 [Criminal Law Act 1967](#)

25 [PPANI | Public Protection Arrangements Northern Ireland](#)

11.0 | Notifications/Referrals from other sources

There may be occasions when practitioners will obtain information of a notification of domestic abuse or a referral from another source, for example from a GP, Social Services or Women's Aid. The response will be based on professional judgement, information known, re-assessment of risk and the need for support or intervention.

In the event of a third-party disclosure, the practitioner will:

- ▶ Advise the source of their responsibility to make a referral to Social Services.
- ▶ Discuss with their Line Manager/SCNS if referral not progressed and agree appropriate action.
- ▶ Liaise with all other known professionals.
- ▶ Review all available information and records.
- ▶ Ensure any other relevant information is shared with source of referral, if appropriate, and with Social Services.
- ▶ Discuss with Line Manager/SCNS and agree interventions as appropriate to their individual role. This may include attending meetings/contributing to plans.
- ▶ Document all discussions, assessments and actions.

Additional Guidance for Health Visitor/School Nurses/Family Nurses when a third-party referral is received

For Pre-school Children

- ▶ Health Visitors/Family Nurses will contact the family. The timing of this will be dependent upon, the Health Visitor/Family Nurse's last contact with the family, the current health plan, timing of the next review and any proposed Social Services intervention.
- ▶ The purpose of the contact is to reassess the need for targeted input, update the Family Health Assessment /FNP Key Issue Summary and review/agree the health plan/interventions if required.
- ▶ Update the Health Visitor/Family Nurse Chronology of Significant Events.

For School-age Children

- ▶ Health Visitor/School Nurse/Family Nurse actions will be based on the Health Visitor/School Nurse/Family Nurse's last contact with the family/client, the current health plan, timing of the next review and any proposed Social Services intervention.
- ▶ Contact may be required to reassess the need for targeted input, update the Family Health Assessment and review/agree the health plan/interventions if required.
- ▶ Update the Health Visitor/School Nurse/Family Nurse Chronology of Significant Events and clinical record.

Disclosures of historical abuse

- ▶ Disclosures of historical abuse will require careful risk assessment and should always be discussed with the Line Manager/SCNS before agreeing further action. It is recommended that all historic disclosures to the practitioner be shared with appropriate involved professionals for the family.

12.0 | Staff safety

Nurses and Midwives should adhere to associated Trust staff safety policies including the Lone Worker policy. Each Trust has staff care arrangements in place to support staff experiencing domestic abuse.

13.0 | Training/Supervision

All Nurses and Midwives should have domestic abuse training and supervision relevant to their working environment and in keeping with their role within their organisation. Staff should ensure they complete mandatory Domestic and Sexual Abuse training as per their Trust training matrix.

Trust training requirements should pay particular attention to the:

- ▶ SBNI learning framework-*Recognising Impact of Domestic Abuse on Children and Young People Learning and Development Framework*²⁶.
- ▶ SBNI Child Safeguarding Learning and Development Strategy and Framework²⁷.
- ▶ Northern Ireland Adult Safeguarding Partnership (NIASP Adult Safeguarding Operational Procedures²⁸).

Staff should receive regular restorative and reflective safeguarding supervision according to regional and Trust policy and procedures. They should also have access to open door safeguarding supervision as required. Supervision should consider the impact of vicarious trauma on staff and provide signposting to staff services to support psychological safety if required.

Staff should be encouraged to share learning through safeguarding supervision on issues that have prevented them from asking routine enquiry and also on how they have managed a disclosure. Safeguarding children nurse specialists within all HSCTs must make provisions to ensure information and learning that will support practitioners and improve service delivery is widely shared amongst the relevant teams.

26 [Learning and development framework: Domestic Abuse](#)

27 [SBNI Learning and Development Strategy and Framework v1.0 Final.pdf](#)

28 [Adult Safeguarding: Prevention and Protection in Partnership key documents](#)

14.0 | Monitoring

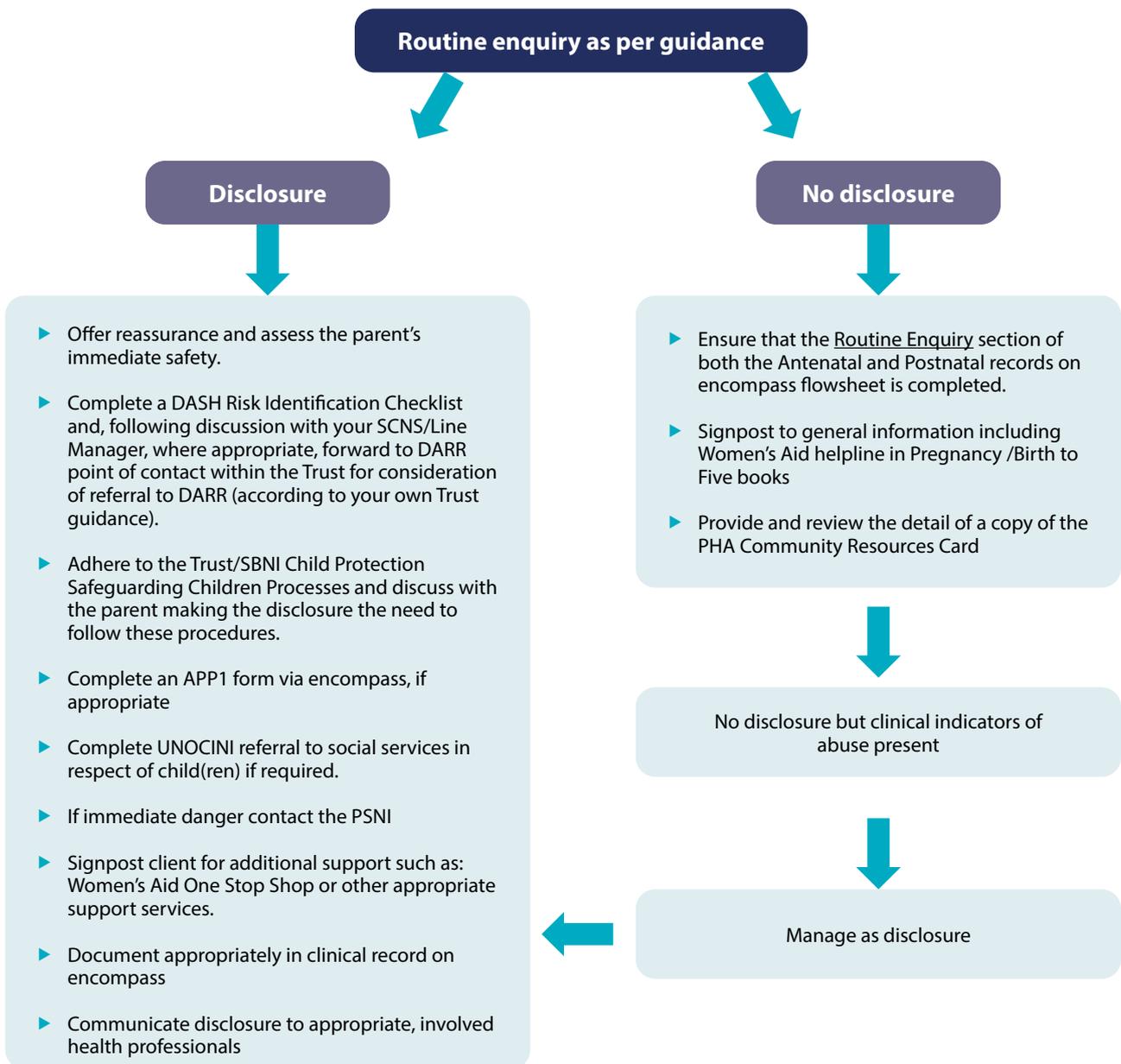
This policy will be reviewed in 3 years by PHA. Monitoring and audit should be completed in accordance with Trusts existing governance arrangements. The Routine Enquiry steering group will agree mechanisms to review and monitor implementation of this guidance.

Appendix

15.0 | Appendix 1: Role of Midwife in Routine Enquiry

Routine enquiry (RE) for domestic abuse should be made with all clients accessing Midwifery services.

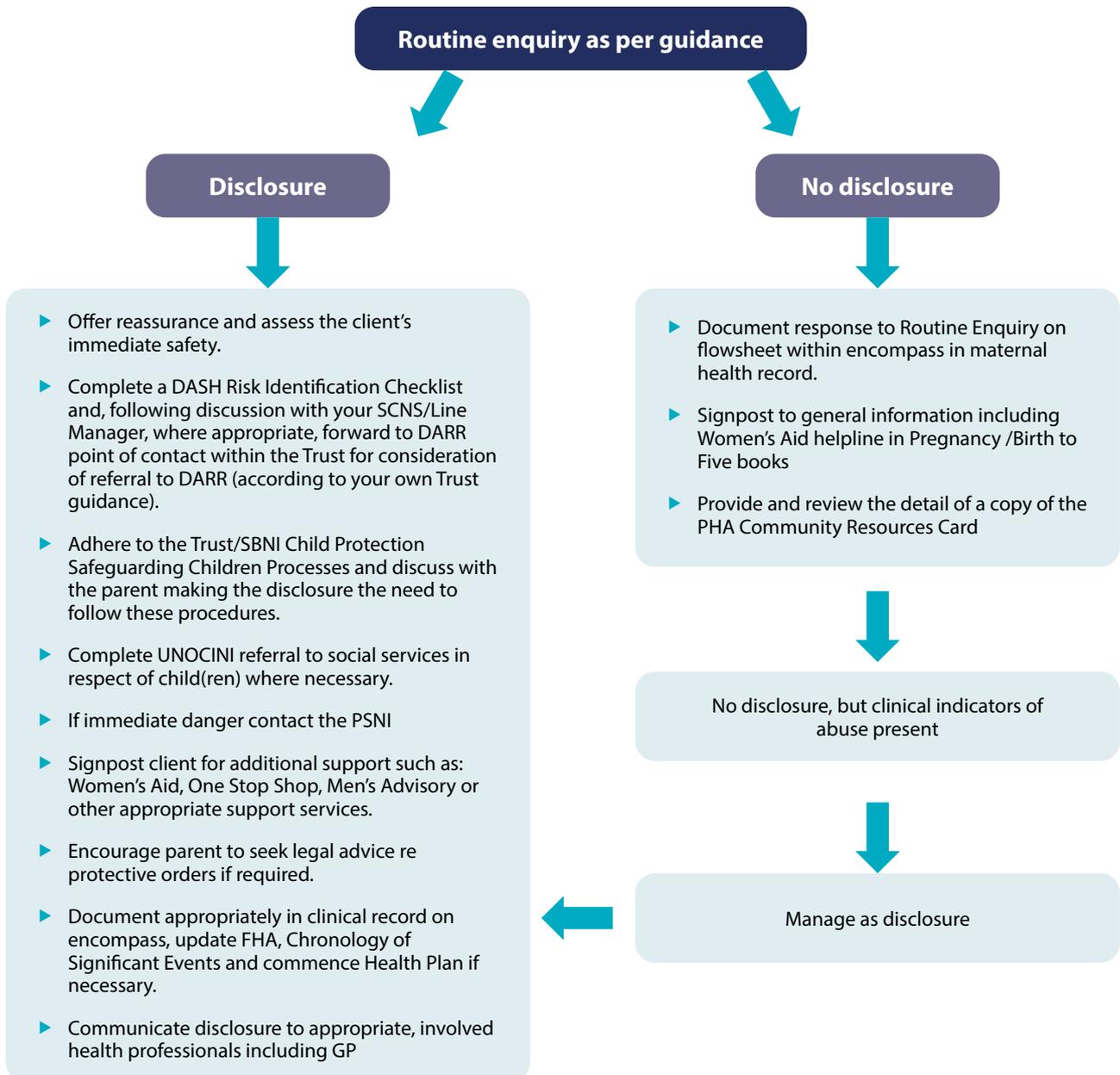
- ▶ All women must be asked about domestic abuse at the booking visit and at every core community and hospital based Midwifery contact where it is safe to do so.
- ▶ If it is deemed not safe to complete the routine enquiry the Midwife must document the reason why the enquiry was not made and plan to complete at the next contact.
- ▶ The Midwife should ensure interpreting services are available if required and prearranged prior to the appointment.



16.0 | Appendix 2: Role of the Health Visitor/School Nurse in Routine Enquiry

Routine enquiry (RE) for domestic abuse should be made with all clients accessing health visiting/school nursing services

- ▶ Routine enquiry should be asked at every core HCHF contact, if appropriate and safe to do so.
- ▶ If it is deemed not safe to complete the routine enquiry, the practitioner should record the reason on the client's clinical record- RE flowsheet and plan to complete at the next contact.
- ▶ The Health Visitor/School Nurse should ensure interpreting services are available if required and prearranged prior to the visit.



17.0 Appendix 3: Family Nurse Partnership Intimate Partner Violence Pathway

FNP Intimate Partner Violence Clinical Pathway

1. Build the Foundation

1a. Discuss **"My World of Support"**
1c. Discuss **Genogram**

1b. Discuss **"Life History Calendar"**
1d. Discuss **"How is it Going Between us?"**

2. Identify Intimate Partner Violence*

2a. Universal Assessment of Safety

- ▶ Complete "my experiences" with ALL clients between 5th & 7th pregnancy visits.
 - ▶ Focus discussion on healthy relationships & safety.
 - ▶ Discuss the following facilitators:
 - ▶ Power & Control Wheel
 - ▶ Equality Wheel
- Revisit My Support
Complete KIS 1+2

OR

2b. Indicator-Based Assessment

A discussion initiated by FN when risk indicators of IPV are assessed or present based on ongoing collection of assessment data.
Complete "My Experiences."

OR

2c. Client-Initiated Disclosure

Provide immediate empathic response.

3. Complete Clinical IPV Assessment 4. Diagnose IPV Exposure

4a. No Disclosure of IPV Exposure

No disclosure of physical or sexual violence, or presence of patterns of coercive actions to control or dominate client.

1. Review local community resource card.
2. Repeat & review Universal Assessment of Safety by Infant Visit 6 along with the PIPE lesson "Love Needs a Safe Base."
3. If no disclosure at Infant Visit 6, repeat again at 16 months child age.

OR

4b. Confirmed Current or Past IPV Exposure

Identify IPV exposure & classify as intimate terrorism, situational couple violence or violent resistance.

1. Provide empathic response to disclosure:
 - Ensure privacy & confidentiality
 - Listen without judgment
 - Validate her experiences
 - Identify client strengths
 - Challenge inaccurate assumptions
- Acknowledge complexity of her situation
- Offer support (not advice)
- Respect client's decisions & autonomy

5. Identify Client Needs & Develop Safety & Support Plan

5a. Conduct Risk Assessment

- A. Complete & discuss:
 - ▶ Life History calendar & DASH Assessment
 - ▶ "My Safety Options"
 - ▶ "My Personal Safety Plan"
- B. Develop safety plan informed by Professional Judgement / DASH Score.
- C. Support client to develop & implement safety strategies.
- D. Provide & review local community resource card.

5b. Determine Stage of Readiness to Address Safety

- A. Complete/discuss "Making Changes in My Life."
- B. Family Nurse can use client stories in resource pack to confirm "stage" of readiness, characteristics of each stage & reflect on safety strategies to be implemented. (See below)

5c. Complete Mental Health & Substance Use Assessment & Referral

- A. Review or complete mental health screens (EPDS, GAD).
- B. Review or complete "Health Habits"; if appropriate, discuss "Drugs & Violence; What's the Connection?"
- C. Explore availability & access to community resources.
- D. Use MI to guide client to seek support, counselling, or treatment.
- E. Engage in active system navigation & referrals.

5d. Complete Safeguarding Assessment & Referral

- A. Complete UNOCINI.
- B. Consider DARR Referral.
- C. Discuss during Supervision.
- D. Record keeping.
- E. Multidisciplinary liaison.
- F. PSNI referral if indicated.

Not Ready To Make A Change (Pre-Contemplation)	Thinking About Making A Change (Contemplation)	Getting Ready To Make A Change (Preparation)	Making The Change (Action)	Keeping It Up (Maintenance)
NO	MAYBE	MOVING TOWARD YES	YES!	MAINTAINING...
Committed to Continuing	Committed but Questioning	Considering Changes and Options	Breaking Away or Curtailing Abuse	Establishing a New Life Together or Apart



SASS (Safety, Awareness, Self Efficacy, Support) Intervention & Evaluation

Supporting Mothers to Disengage from Abusive Partners

Based on client’s level of readiness to address safety, client preference and nursing judgment, regularly address all four SASS components

6. Implement Nursing Interventions Tailored to Client Needs

Safety	Awareness About IPV	Self Efficacy	Support
How Can I Protect My Baby and Myself?	What If Someone Is Hurting Me?	How Can I Set Goals for My Life?	How Can I Find Support?
Safety During a Violent Event	My Wheel for My Life	Client Goal Worksheets	Baby’s Family Tree
Safety for My Child	Sticks and Stones	Focus on My Strengths	Who Supports Me?
Safety in a New Place	Verbal Abuse Hurts	Making Changes in My Life (generic)	Who to Call?
Safety in My Neighborhood	Children & Intimate Partner Violence	Making Good Choices	Continuum of Caring Wheel
Safety in a Rural Area	Exposure to Violence & Your Baby’s Developing Brain	My Dreams	What Happens Next?
Safety at Work and School	Drugs & Violence: What’s the Connection?	Potholes that Block My Path	Safety and Support
Safety & Alcohol or Drug Use	Power & Control, Equality Wheels	Imagining My Life	
Safety on the Internet - Online Safety Hub - Safeguarding Board for Northern Ireland	Power & Control (Childbearing year)	The Importance Game	
Safety & Social Networking	Power & Control Wheel for Women’s Substance Abuse	Let’s Talk About Goals	
Getting a Protection Order: Legal Remedies Guidance Updated July 2024 - Belfast Area Domestic Violence Partnership	Imagine	Shopping at the Values Store	
Safety With a Protection Order	Relationship Red Flags	What I Do & How I Feel	
Safety When Leaving an Abusive Partner	Communication Facilitators (Situational Couple Violence ONLY)	Why Some Goals Don’t Work for Me	
Safety & My Emotional Health		My Goal (various facilitators)	
		Our Dreams	

7. Continuously Evaluate Client Goals & Outcomes

- ▶ If client in a new relationship, or if her level of safety changes, repeat Clinical IPV Assessment & Risk Assessment. Implement new safety strategies based on revised DASH Assessment score.
- ▶ Review different “stories” & introduce new SASS facilitators as client progresses through different stages of readiness to make changes.

18.0 | Appendix 4: Resources for Those Experiencing Domestic Abuse

Resource	Address and Contact	Website Address
24- Hour Domestic and Sexual Abuse Helpline	Tel: 0808 802 1414 help@dsahelpline.org Live chat available on website	dsahelpline.org Haven: Belfast - Domestic & Sexual Violence App - Belfast Area Domestic Violence Partnership
Cara Friend	Tel: (028) 9089 0202 Cathedral House 23-31 Waring Street, Belfast BT1 2DX	cara-friend.org.uk
Children's Gateway Social Services Teams Regional Emergency Social Work Service	https://www.nidirect.gov.uk/publications/gateway-service-teams-contact-details Tel: 028 9504 9999	belfasttrust.hscni.net setrust.hscni.net northerntrust.hscni.net southerntrust.hscni.net westerntrust.hscni.net
CITHRAH	28 North Street, Carrickfergus Tel: 028 9335 1188 info@cithrah.org.uk	cithrah.org.uk
HereNI	23-31 Waring Street, Belfast, BT1 2DX Tel: 028 9024 9452	hereni.org
Law Society of Northern Ireland (For details of Solicitors in areas who deal with Family law issues)	96 Victoria St, Belfast, County Antrim, BT1 3GN Tel: 028 9023 1614	lawsoc-ni.org
Men's Advisory Project	5th Floor Glendinning House 6 Murray Street, Belfast, BT1 6DN Tel: 028 9024 1929	mapni.co.uk
Nexus NI	Tel: 028 9032 6803	nexusni.org
Northern Ireland Housing Executive (NIHE)	General Enquiries: 03448920 900 NIHE emergency contingency arrangements/homelessness line 03448920908	nihe.gov.uk
PSNI	Emergency 999 "Silent solution" when calling 999 from a mobile phone, further keying 55 will inform the operator it is an emergency Non-emergency 101 Domestic Violence Offers are available in all areas	Police Service of Northern Ireland (nidirect.gov.uk)
Rainbow Project	Belfast LGBT Centre 1st Floor 23-31 Waring Street, Belfast, BT1 2DX Tel: 028 9031 9030	rainbow-project.org
The Rowan Sexual Assault Referral Centre	Antrim Area Hospital Freephone helpline: Tel: 0800 389 4424	therowan.net
Safeguarding Board for Northern Ireland (SBNI)	HSC Leadership Centre 12 Hampton Manor Drive, Belfast BT7 3EN Tel: 028 95361810	About the Safeguarding Board for NI

ROUTINE ENQUIRY INTO DOMESTIC ABUSE:

Guidance for Midwives, Health Visitors, School Nurses and Family Nurses in Northern Ireland

Resource	Address and Contact	Website Address
Simon Community (Homelessness)	25-27 Franklin Street, Belfast, BT2 8DS Tel: 0800 171 2222	simoncommunity.org
Victim Support NI	Central Office: 1st floor Albany House, 73-75 Gt Victoria St, Belfast BT2 7AF Tel: 028 9024 3133	victimsupportni.com
Women's Aid	Local Women's Aid Services can be found by visiting their website	Women's Aid Federation Northern Ireland (womensaidni.org)

Apps

- ▶ [Haven: Belfast - Domestic & Sexual Violence App - Belfast Area Domestic Violence Partnership](#)
- ▶ [App Overview - Safer Schools NI](#)
- ▶ [Domestic abuse | nidirect](#)
- ▶ [Here2Help App – Children and Young People's Strategic Partnership \(CYPSP\)](#)



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