

Domestic Abuse: Pregnancy and the Early Years

Maternity Services
NHS North Highland/Highland Council

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

Record of changes

Date	Author	Change
January 2025	H Inglis	Review undertaken; references updated, and links added to the updated NHS Highland/Highland Council guidance 'Responding to FGM in Highland'
April 2025	H Inglis	ICON message added to the Good Practice Care Schedule

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1 Introduction

The "Domestic Abuse: Pregnancy and the Early Years Revised Protocol" is designed to support services across all agencies in Highland. This protocol outlines best practices for addressing domestic abuse through routine enquiry, implementing assessments, and responding to disclosures. It complements the Scottish Government's good practice guides for NHS staff, each focusing on a form of gender-based violence.

This guidance references local and national guidelines, including the Multi Agency Risk Assessment Conferences (MARAC) processes, and aims to boost staff confidence in supporting women facing gender-based violence.

NHS Highland and Highland Council recognise the rising prevalence of Female Genital Mutilation (FGM) among women accessing maternity services. The guidance "Responding to Female Genital Mutilation in Highland: A Trauma-Informed Pathway of Care" provides evidence-based practices for supporting these women during pregnancy. It outlines duties of care, assesses safeguarding risks, and refers women to specialist services as needed. This guidance is designed to be used alongside the domestic abuse protocol.

Recognising FGM as a form of child abuse and violence against women, this guidance emphasises the importance of a trauma-informed approach and adherence to the Prohibition of Female Genital Mutilation (Scotland) Act 2005. It supports midwifery and obstetric staff, family nurses, health visitors, and other clinical staff during the antenatal, intrapartum, and postnatal periods, ensuring comprehensive and sensitive care for affected women.

A summary of good practice points and a flowchart have been included for practitioners, enabling easy access to the main points. These can be downloaded and displayed separately (**See Appendix 1 and 2**).

2 Scope of this guidance

The revised protocol applies to all healthcare professionals working within NHS Highland and Highland Council, including midwifery and obstetric staff, family nurses, health visitors, and clinical staff involved in the antenatal, intrapartum, and postnatal care of women. It aims to offer clear guidance on the identification and management of domestic abuse and FGM, ensuring that women receive appropriate, sensitive, and effective care. The document also ensures that equality and diversity considerations are addressed, as highlighted in the planning for fairness process applied to this version.

This is version 7 of the protocol, which incorporates the latest evidence and best practices to support staff in delivering high-quality care to women experiencing domestic abuse and FGM.

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2.1 Summary of guidance

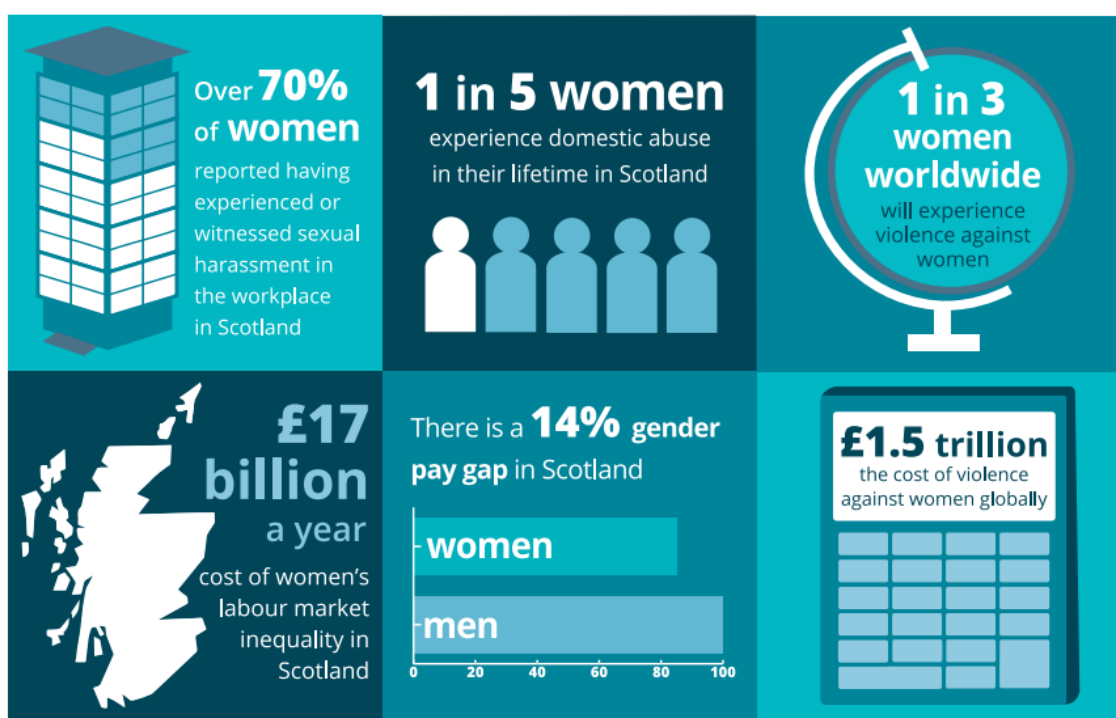
- Sensitivity must be shown to staff who may be experiencing abuse themselves, ensuring they have access to counselling and occupational health services, while managers and team leaders should be trained to provide a supportive network and adhere to safety protocols such as the lone worker policy, especially for those conducting home visits.
- This guidance highlights the various forms of abuse, including physical, sexual, psychological, and financial abuse within different contexts, and emphasises the need for proactive measures and routine enquiry to identify domestic abuse, especially during pregnancy, along with providing appropriate support and training for healthcare professionals.
- Domestic abuse during pregnancy can significantly harm unborn babies, infants, and children by disrupting brain development, faltering growth (failure to thrive), increasing risks of behavioural issues, cognitive delays, sudden unexpected death in infancy (SUDI), and negatively impacting parent-child bonding and overall family dynamics.
- Routine enquiry involves asking every woman about domestic abuse and childhood sexual abuse during assessments, regardless of any indicators, to ensure comprehensive and trauma-informed care, supported by national guidelines and embedded in key health pathways.
- Women should be asked in an environment and manner that resist re-traumatisation. [National Trauma Transformation Programme](#) 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.
- The latest MBRRACE (2024) report highlights the significant impact of domestic abuse on maternal health, the need for thorough screening and documentation, the heightened risks for women facing multiple disadvantages, and calls for improved practices to ensure all pregnant women are routinely asked about domestic abuse.
- If at any time you suspect that a pregnant woman is experiencing domestic abuse, you can apply to [Disclosure Scheme for Domestic Abuse Scotland](#). This is a way for people to ask the police if someone has a history of domestic abuse and if so, to disclose that information to their partner. If there is no history, no disclosure will be made.
- Women disclosing abuse need to be treated with sensitivity to encourage further disclosure and help, with information shared only with consent unless immediate risks to children are present, practitioners should complete risk assessments and be knowledgeable about the impact of abuse and available support services.
- The DASH Risk Identification Checklist (RIC) is an evidence-based tool used to assess the level of risk associated with domestic abuse, stalking, and honour-based violence. It enables practitioners and women to evaluate the level of risk to inform subsequent steps. More information on completing the RIC can be found at [Safe Lives Risk Identification Checklist](#). Access all MARAC resources and training information on the HVAWP page [here](#)
- Health staff should conduct risk assessments using the NHS Highland/Highland Council (2024) [Women, Pregnancy and Additional Support: A trauma informed pathway of care](#) guidelines and Highland Child Protection Committee (2024) [Getting it right for every child & young person in Highland: Interagency Practice Guidance & Child protection Procedures 2024](#) procedures to identify and respond to risks of domestic abuse, ensuring child protection protocols are followed when necessary.

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3 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. The NHS Scotland 'Once for Scotland' Workforce policies programme aims to review and transform existing workforce policies, focusing on 8 refreshed policies to better support staff- [Supporting documents - NHSScotland 'Once for Scotland' workforce policies: consultation - gov.scot](#)

VAW and Work: The numbers



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 'Partnership Information Network Policy' [Supporting Employees Experiencing Gender Based Violence](#) and the Highland Council Domestic Abuse Employee policy [ESAW-guidance-for-line-managers-on-VAW-and-work-2024.pdf](#)

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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4 Definition of violence against women and girls

Equally Safe (2023) the Scottish Government's strategy to tackle violence against women and girls, outlines comprehensive measures to protect and support victims.

Violence against women and girls encompasses (but is not limited to):

- Physical, sexual, psychological, emotional, and financial abuse occurring in the family, within the general community, and in institutions in both physical and digital spaces and places.
- Domestic abuse/coercive controlling behaviours, stalking, rape, incest, sexual harassment, bullying, and intimidation
- Commercial sexual exploitation (CSE), including prostitution, lap dancing, stripping, pornography.
- Human trafficking, including for the purposes of domestic servitude, sexual exploitation and child criminal exploitation, which may include gangs and organised criminal networks.
- Child abuse occurring within family settings, including domestic abuse, and sexual abuse by male family members including siblings.
- Child sexual abuse and exploitation including the production and sharing of indecent images of children.
- Honour-based abuse, including forced marriages, female genital mutilation (FGM), dowry abuse and 'honour based' coercive control and killings.

4.1 Non-Fatal Strangulation

Non-Fatal Strangulation (NFS) is increasingly being recognised as a very dangerous form of assault which can be fatal or cause significant physical and/or psychological injury.

Strangulation applies pressure to the neck which can block airflow and blood circulation to and from the brain. The force required to cause harm is surprisingly minor. An average male handshake is 80-100 PSI and it takes only 4 PSI to block the main veins in the neck. The average time taken to loss of consciousness from strangulation is around 7 seconds. Incontinence of the bladder can occur after about 15 seconds.

As well as damage to the important blood vessels in the neck, NFS can cause fracture of the thyroid cartilage and fracture of the second cervical vertebra in the neck. In 50% of cases of NFS there will be no external signs on examination. Memory impairment after NFS is common due to the combination of the effects of oxygen starvation on the brain and trauma. Full and clear recall of the event can therefore be difficult.

5. Domestic Abuse

- A third of domestic abuse begins or escalates during pregnancy.
- Pregnancy does not offer any protection for women in abusive relationships.
- The link between domestic abuse and adverse pregnancy outcomes that maternity services take a proactive role in identifying prevalence through routine enquiry as mandated in [CEL 41 \(2008\)](#) and further directed in Equally Safe (Scot Gov, 2023). Such enquiry should be made, regardless, if a woman is known to have experienced domestic abuse or childhood sexual abuse or are currently experiencing domestic abuse.

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- 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. The Scottish Women’s Rights Centre have developed a guide to this law [6 Things You Need to Know About the New Law](#)
- Regular updates, training, supervision, and support for practitioners are essential for the successful implementation of the routine enquiry access training calendar. These efforts should aim to increase practitioners' confidence, knowledge, and skills in supporting women and families affected by domestic abuse. You can access the TURAS training [Here](#)

6 Impact on Unborns, Babies & Children

- Stress from domestic abuse can elevate cortisol levels, affecting brain development in the unborn. Unborn babies exposed to elevated cortisol levels are more prone to developing behavioral issues and experiencing reduced cognitive development by the age of 18 months (NHS Highland/Highland Council 2024)
- Increased risk of Sudden Unexpected Death in Infancy (SUDI) (GOV.UK 2020)
- Exposure to domestic abuse can leave parents emotionally unavailable and can affect their capacity to attend to the needs of their baby/child(ren) which may manifest as faltering growth (also known as failure to thrive) and disruption in bonding/attachment. (Heady 2022, NICE 2023)
- For faltering growth, practitioners should refer to infant feeding guidance [Maternity | NHS Highland](#).
- “Double intentioned violence” encompasses both child abuse and domestic abuse and is associated with increased risks of miscarriage, preterm birth and stillbirth (Humphreys *et al* 2008, Sharp & Jones 2017).
- Abuse and violence against women can severely damage their relationships with their children and their parenting abilities (Sharp & Jones 2017)).
- Early stress can condition neural networks in babies’ and young children’s brains, leading to cascading developmental effects (NHS Highland/Highland Council 2023).
- By the time they start school, at least one child in every class will have lived with domestic abuse since birth, with devastating impacts regardless of age (Safe Lives Insights, 2017).
- Over half of children exposed to abuse experience significant sleep disturbances, and nearly a third internalise the belief that they are to blame for the abuse. These children often display heightened behavioural issues and engage in risk-taking behaviours, increasing their vulnerability to further abuse and harm. It's crucial to approach these children with sensitivity, validating their feelings and providing consistent, supportive care to foster their healing and resilience (Safe Lives Insights, 2017).
- Domestic abuse is a form of child abuse, it is not just a ‘risk factor (NSPCC 2023)
- Domestic abuse, mental ill-health, and substance use are three factors that are often present in the lives of children who experience abuse or neglect (NSPCC 2023)
- Children do not just witness domestic abuse; they experience it (Callaghan, 2015)

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7 National Policy & Legislation

The Scottish Government (2023) 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



61,934 domestic abuse incidents were recorded by Police Scotland in 2022-23

Around **four out of five** of these incidents had a female victim and a male perpetrator



Current partners were responsible for **50%** of these incidents, while ex-partners accounted for **49%**. Additionally, **64%** of these incidents had a history of previous domestic abuse, and **90%** occurred in a home or dwelling (Police Scotland 2024)

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8 Best Practice

8.1 Routine Enquiry

Routine enquiry involves asking every woman at assessment about **domestic abuse** and **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 [RCM and RCOG joint policy statement on domestic abuse November 2020](#) 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. [National Trauma Transformation Programme](#) 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.

The latest MBRRACE (2024) report highlights several critical points regarding domestic abuse:

- 1. Prevalence and Impact:** The report underscores that domestic abuse remains a significant issue affecting maternal health. It emphasises that abuse can begin or intensify during pregnancy, posing severe risks to both the mother and the unborn child.
- 2. Screening and Documentation:** A third of the women's records did not have information on whether they were subject to domestic abuse before or during pregnancy, despite clear guidance that it is important for women to be asked about domestic abuse throughout pregnancy.
- 3. Health Inequalities:** The report highlights that woman facing severe and multiple disadvantages, including those experiencing domestic abuse, are at a higher risk of maternal death. This group often includes women with mental health diagnoses and substance use issues.
- 4. Recommendations:** The report calls for improved screening and documentation practices to ensure that all women are asked about domestic abuse during pregnancy.

If at any time you suspect that a pregnant woman is experiencing domestic abuse, you can apply to [Disclosure Scheme for Domestic Abuse Scotland](#). This a way for people to ask the police if someone has a history of domestic abuse and if so, to disclose that information to their partner. If there is no history, no disclosure will be made.

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8.2 Possible 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), gynaecological 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 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)
(RCM & RCOG 2020, Women's Aid 2019, Scot Gov 2023)

8.3 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 the information shared should be recorded. See MARAC information sharing protocol and consent. [MARAC - HVAWP](#)
- Any risk to the unborn baby (UBB) or any other children, child protection procedures should be followed. All information shared should be accurately recorded, including the impact the woman's experiences are having on both her, the UBB, and any other children. Refer to policy documents [Women, Pregnancy and Additional Support: A trauma informed pathway of care](#) and [Getting it right for every child & young person in Highland: Interagency Practice Guidance & Child protection Procedures 2024](#).
- 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**

¹ See Risk Assessment and MARAC for more information

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to whom she has made the disclosure. See Risk Assessment and MARAC section for more information. All details 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

8.4 Accurate recording

Accurate recording of 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.

The woman should be reassured that information recorded on badgernet will not be published on her personal notes app and will not be visible.

Document any discussions in her Badgernet record. Ensure information is shared with consent as appropriate.

Records must note:

- Routine enquiry (RE) undertaken with woman – outcome recorded
- RE not carried out. Record why not (2) 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's team leader.
- RE not carried out due to staff member's reluctance to ask. Staff members should raise this with their team leader/ line manager who should ensure the task is passed to a colleague and outcome recorded.

8.5 Risk Assessment

Risk related to domestic abuse is dynamic and can vary in both frequency and severity over time. Therefore, risk assessment should be an ongoing process, revisited regularly even in the absence of new disclosures.

Risk assessment can help a woman in several ways:

- Identify the level of risk she is facing.
- Reduce the opportunity for repeat victimisation by the perpetrator.
- Help agencies plan how to manage the risks she faces.
- Support the safety planning process.

The DASH Risk Identification Checklist (RIC) is an evidence-based tool used to assess the level of risk associated with domestic abuse, stalking, and honour-based violence. It enables practitioners and women to evaluate the level of risk to inform subsequent steps. More

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

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information on completing the RIC can be found at [DASH RIC](#)

Maternity staff are able complete the DASH Risk Identification checklist on Badgernet.

-Essential Questions

Do you feel safe at home Yes No Unable to ask

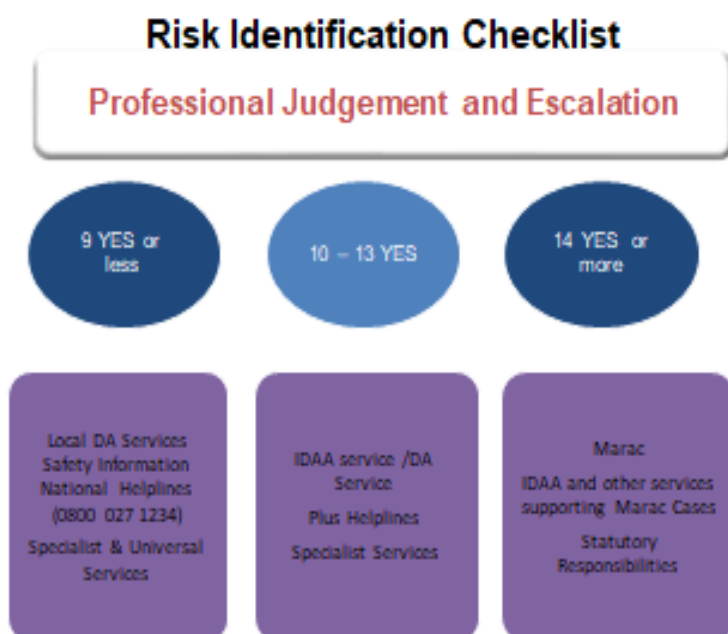
Have you ever been fearful for your safety or the safety of your child(ren) Yes No Unable to ask

Are you currently frightened of your partner or someone close to you Yes No Unable to ask

Is a DASH Risk identification checklist (DASH-RIC) needed? Yes No Already completed

[DASH Risk Identification Checklist](#)

Once the 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

8.6 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. Victim Support Scotland are the IDAA for male victims in Highland. If MARAC criteria was not met, they would complete only the referral, and the MARAC Coordinator would share this with the IDAA.

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8.7 Safety Planning

At identification of risk, consideration should be given to [Safety Planning](#). Here are some suggestions:

- Rehearse an escape plan
- Keep a mobile phone charged
- List of emergency numbers for housing, police, women's aid etc.
- Have a code word for 'help me' with someone you trust
- Think about what to advise the children to do if 'hurting and fighting' happens. Their safe place, teach how to phone 999
- Can she leave money somewhere for a taxi, public transport
- Have extra set of keys for house, 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
- Keep a note of any essential medicines

MARAC (Multi Agency Risk Assessment Conference)

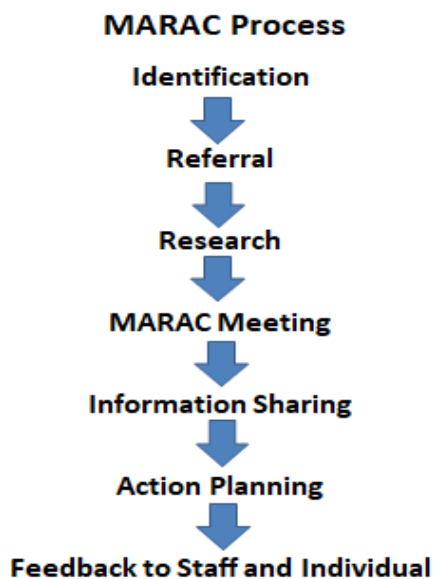
Multi-Agency Risk Assessment Conference (MARAC) is a process designed to address risks associated with high-risk domestic abuse cases.

The main aim of the MARAC is to safeguard high-risk victims of domestic abuse. This involves sharing relevant information among local agencies to coordinate actions that increase the safety, health, and wellbeing of victims, reduce the risk of serious harm, and manage the behaviour of perpetrators.

If the midwife is not the one making the referral, as the Named Person they will be informed of a MARAC referral involving a pregnant woman.

Access all MARAC resources [here](#). Training information can be found on [Turas](#) **(Continued on next page)**

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Your role in relation to MARAC process

- **Identification** - Complete [DASH RIC](#) (or DASH RIC on Badgernet) and safety plan
- **Referral** – complete [Online MARAC referral](#)
- Follow local Child Protection and/or Adult Protection Guidelines [Getting it right for every child & young person in Highland: Interagency Practice Guidance & Child protection Procedures 2024](#) and [Women, Pregnancy and Additional Support: A trauma informed pathway of care](#)
- 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

Highland & Islands MARAC Coordinator
 Health Improvement Dept.
 NHS Highland

Email: marac.highland@nhs.scot
 Phone: 07970 943 378

9 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 need 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

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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 babies/children of any violence against women and girls (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 (Noonan and Pilkington 2020). 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.

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. Health Visitors 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 (Health) 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

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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 2018). 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.

10 Follow-up

The links between adverse pregnancy outcomes, vulnerability, and social exclusion are well evidenced. Vulnerable women with complex lives are far less likely to seek antenatal care or attend appointments. The latest MBRRACE report (2024) highlights that these women are at a significantly higher risk of maternal death, emphasising the need for maternity services to be accessible and welcoming to all, including those who find it difficult to access care.

Domestic abuse should raise immediate concerns that women and children (born or unborn) may be at risk of significant harm. Health staff should undertake risk assessments using NHS Highland/Highland Council (2024) [Women, Pregnancy and Additional Support: A trauma informed pathway of care](#) alongside Highland Child Protection Committee (2024) [Getting it right for every child & young person in Highland: Interagency Practice Guidance & Child protection Procedures 2024](#) to identify concerns. These assessments should be shared appropriately, and child protection procedures should be followed when an immediate response is required. Child Protection Advisors (Health) can support staff with decision-making.

It is important to remember that if a pregnant woman is being abused, the abuse 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 caused can make the woman particularly vulnerable to depression, suicide, and substance misuse. Vigilance and support for the mother should always be ensured.

Close liaison and effective handover with the family's Health Visitor (HV)/Family Nurse practitioner (FNP) and General Practitioner (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 2024), 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. A Child's Plan should reflect the assessed needs of children.

The MBRRACE report (2024) underscores that the ultimate result of domestic abuse may be maternal death, which significantly impacts children, leading to a far poorer start in life. Children already living in complex and excluded families are at the greatest risk of health inequalities and social exclusion.

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Staff should also consider that a woman 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 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
- Are more vulnerable to being harmed than others due to disability, mental disorder, illness, or physical or mental infirmity

This consideration should follow the disclosure of domestic abuse, and local procedures must be followed to comply.

In conclusion, protecting vulnerable children and adults is the collective responsibility of all agencies. The correlation between domestic abuse and child abuse must always be considered, along with childhood sexual abuse as a form of gender-based violence.

11 Further resources and supporting guidance

Safe and Together

Safe and Together is a model of inter-agency practice that aims to improve how child protection systems and frontline staff respond to the issue of domestic abuse. It provides a common framework for staff and services to consider and discuss concerns, challenges and solutions for families experiencing domestic abuse.

Systems that touch on domestic abuse and coercive control are often blind to the choices of perpetrators as parents. They are siloed in their practices and do not have the training or skills to work holistically in collaboration with other agencies in the domestic violence ecosystem for solutions that keep children safe and together with their non-offending parent.

The Safe & Together Model fills the gaps in knowledge and practice and aids all systems touching on domestic abuse and child wellbeing to become domestic abuse informed, supporting child wellbeing and safety across all partners in the domestic abuse community. Highland Child Protection Committee and Highland Violence Against Women Partnership in partnership with Scottish Government and the Delivering Equally Safe Fund are committed to the roll out of accredited Safe and Together training programmes for all frontline staff in Highland whose work brings them into contact with families affected by domestic abuse.

In addition, they are working to assist staff in the embedding of the Model into their practice through ongoing reviews and refresh of policies and procedures together with ongoing practice support from a full time Safe and Together Programme Coordinator:

mike.mawby@highland.gov.uk

[About the Safe & Together™ Model | Safe & Together Institute \(safeandtogetherinstitute.com\)](https://www.safeandtogetherinstitute.com)

Highland Policy Documents and Operating Procedures

- [Highland Child Protection and GIRFEC Guidance 2024](#)
- [Highland Information Trail for 2024.pdf](#)
- [Policy for child not brought to appointments](#)
- [Policy on Management of Bruising and Injuries in Non-Mobile Children](#)

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- [Recognising and responding to domestic violence and abuse: A quick guide for social workers. NICE 2020](#)
- [Supporting Pregnant Teenagers and their Partners](#)
- [Women Pregnancy and substance use: good practice guidelines](#)

NHS Highland Maternity Guidance

- [Guidelines for practitioners working with pregnant women and new mothers with learning disabilities](#)
- [Perinatal Mental Health](#)
- [Protocol for pregnancy and birth notifications re known sex offenders](#)
- [The Communication and Handover of Health and Social Information Between Midwife and Health Visitor- Older version](#)
- [Infant Mental Health Guidelines pre-birth – 3 years](#)
- [NHS Highland Infant Feeding Guidance](#)

Policies – Highland VAWP

- [Responding to Female Genital Mutilation in Highland](#)
- [Responding to those at Risk of Forced Marriage in Highland](#)
- [Responding to Sexual Violence in Highland \(inc. sexual exploitation\)](#)
- [VAW Multi-Agency Guidance 2014](#)

Highland VAWP Services

Guides – Highland VAWP

- [NHS Highland Pocket Guide on FGM](#)
- [Quick Guide 1 – Introduction](#)
- [Quick Guide 2 – Risk Assessment & Safety Planning](#)
- [Quick Guide 3 – Best practice when responding](#)
- [Quick Guide 4 – Perpetrators](#)
- [Quick Guide 5 – The impact on children](#)

Training – Highland VAWP

- [VAW/GBV Training Matrix](#)
- [Gender based violence training on Turas](#)
- [Training on Non-Fatal Strangulation can be accessed \[IFAS - Institute for Addressing Strangulation\]\(#\)](#)

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Appendix 1: Good Practice Care Schedule- Domestic abuse: pregnancy and postnatal care

If at any time you suspect that a pregnant woman is experiencing domestic abuse, you can apply to [Disclosure Scheme for Domestic Abuse Scotland](#). This a way for people to ask the police if someone has a history of domestic abuse and if so, to disclose that information to their partner. If there is no history, no disclosure will be made.

First point of contact	<ul style="list-style-type: none"> • 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 appointment	<ul style="list-style-type: none"> • Commence maternal history taking via the electronic maternity record (B/N) If alone and in a safe environment, undertake routine enquiry of domestic abuse. • 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. Routine enquiry (RE) undertaken with woman – outcome recorded • RE not carried out. Record why not (3) 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 team leader. • 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 Domestic Abuse, the following questions may be helpful to determine if someone is experiencing it: Responding to gender based violence <ul style="list-style-type: none"> • 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 on 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 Hospital staff, GP and HV/FNP. •

³ 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

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Domestic Abuse: Pregnancy and the Early Years

16 weeks onwards	<ul style="list-style-type: none"> • Undertake HPI Wellbeing assessment Shanarri for all women as per if assessed as additional share this with the named HV/FNP and save badgernet. • Carry out Routine Enquiry (RE) if not asked at booking. • If RE not carried out. Record why not 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 team leader. • Ensure women know the door is always open to discuss domestic abuse and continue ongoing risk assessment. • Undertake assessment using the Getting it Right for Every Child & Young Person in Highland: Interagency Practice Guidance & Child Protection Procedures 2024 as detailed in the Women, Pregnancy and Additional Support: A trauma-informed pathway of care 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 &/or supported to contact local and national support agencies <ul style="list-style-type: none"> • 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 (Health) : childprotectionadvice@highland.gov.uk or 01463 705828 • For women identified as living with abuse, discuss Safety Planning
28 weeks	<ul style="list-style-type: none"> • Routine enquiry (RE) undertaken with woman – outcome recorded • RE not carried out. Record why not 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 team leader. • Consider Pre-birth Child Protection 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.
31 weeks onwards	<ul style="list-style-type: none"> • Routine enquiry (RE) undertaken with woman – outcome recorded • RE not carried out. Record why not 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 team leader. • 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.

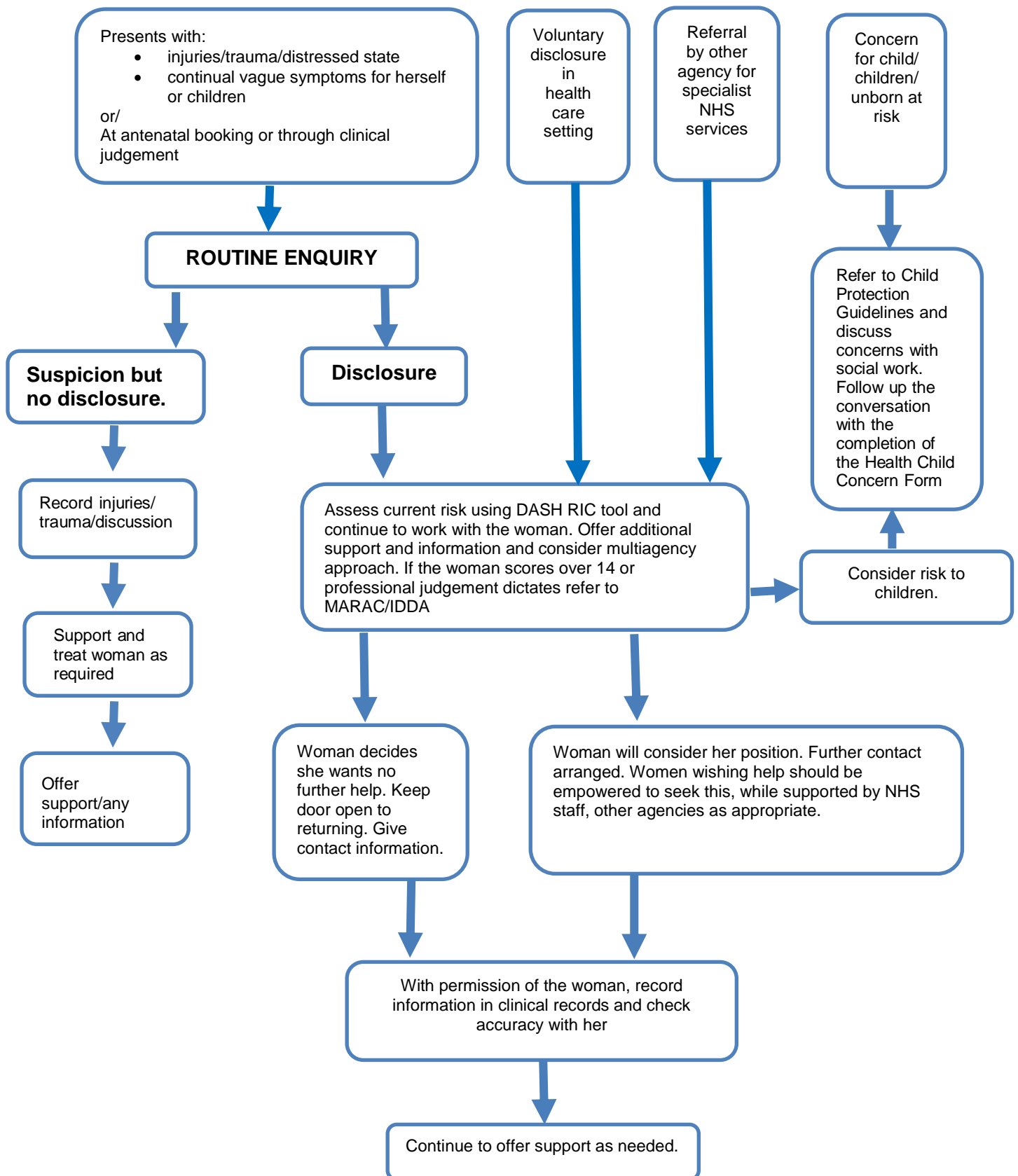
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Delivery/ postnatal	<ul style="list-style-type: none"> • Routine enquiry (RE) undertaken with woman – outcome recorded • Continue to offer support to the woman and baby and advice about local support agencies for those experiencing domestic abuse. • 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. • Prior to discharge from hospital (before midwives leave the home following a home birth) Give ‘ICON: Babies cry & how to cope’ leaflet with accompanying discussion Resources for Scotland - ICON Cope • Discharge arrangements from hospital/midwifery unit should be completed and information shared with CMW/GP/HV. • Postnatal/baby checks are carried out. Remember - Consider lone working policy if undertaking home visits where violence is an issue. Do not put yourself at risk and always seek advice. • On handover from MW to HV, ensure any details around domestic abuse are communicated and documented and the GP is included in arrangements The Communication and Handover of Health and Social Information Between Midwife and Public Health Nurse/Health Visitor - Intranet • 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.
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Appendix 2: Care Pathway: responding to women who may be experiencing domestic abuse.



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