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University Health Board

# “Ask and Act” - Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Policy

## POLICY INFORMATION

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**Summary of document:**

To provide a clear guidance to all staff in relation to the Welsh Government National Training Framework “Ask and Act” (Welsh Government 2016) issued as statutory guidance Under the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

Scope:

This policy is relevant to all staff working in Hywel Dda University Health Board

To be read in conjunction with:

Wales Safeguarding Procedures 2019

Social Services and Well-being Act 2014; Working together to safeguard people Vol 5 – Handling individual cases to protect children at risk

Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

Domestic Abuse Act, 2021

[311 - Violence Against Women, Domestic Abuse and Sexual Violence Workplace Policy](#) – (opens in a new tab)

CWMPAS (Mid and West Wales Adult Safeguarding Board) Regional Threshold document 2018.

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Strategic Safeguarding Working Group

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Executive Director job title:

Director of Nursing, Quality and Patient Services

Reviews and updates:

1 – new policy 9.7.2019

2 – full review

Keywords

Domestic abuse, sexual violence, 'Ask and Act', Safeguarding,

Glossary of terms

Health Board – Hywel Dda University Health Board

FGM – Female genital mutilation

HITS- Harm, Insult, Threaten, Scream

NICE – National Institute for Health and Care Excellence

IVA – Independent domestic violence advocate

MARAC – Multi agency risk assessment conference

VAWDASV – Violence Against Women, Domestic Abuse and Sexual Violence

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## INTRODUCTION

Domestic abuse affects a significant number of individuals during their lifetime. The effects can be severe and long-lasting for victims and those associated with the person being abused, including children.

Recent changes in legislation made by the Domestic Abuse Act (2021), aims to transform the response of statutory and non-statutory agencies to domestic abuse. This includes an extension of legislative guidance, with the aim of improving support for victims of abuse and ensuring that domestic abuse is understood, viewed as unacceptable, and actively challenged across organisations. The Act puts the definition and the accompanying guidance on a statutory footing, setting out who can be a victim of domestic abuse and establishes how victims need to be personally connected to the perpetrator.

Whilst statistics demonstrate domestic abuse disproportionately affects women (ONS 2022), this policy acknowledges that anyone can be affected by domestic abuse and sexual violence regardless of their age, gender, sexual orientation, social economic status or other protected characteristics.

The principles to 'Ask and Act' should be applied to all individuals in all health settings.

. Domestic abuse can include\*

- *Physical abuse*
- *Sexual abuse*
- *Violent or threatening behaviour*
- *Controlling or coercive behaviour*
- *Economic abuse*
- *Psychological and emotional abuse*

\*This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

The definition of personally connected applies to partners, ex partners, and family members. The parties do not need to be cohabiting or currently in a relationship for the definition to apply.

The Act applies to parties aged over 16 years of age.

The Act also recognises that children associated with the victim or perpetrator who see, hear or experience the effects of domestic abuse are themselves victims of abuse.

The Health Board is committed to the health and wellbeing of its patients and staff and recognises that domestic abuse is a crime, which adversely affects the health of individuals, families and communities. Identifying abuse and/or violence at an early stage can be an effective measure in preventing an escalation in severity and frequency, and can assist to ensure appropriate and timely support is provided. Taking a responsive and enabling approach is fundamental in encouraging adults who are experiencing violence, threats, intimidation, and other abuse to disclose.

It is important that relevant staff working within the Health Board, are able to recognise potential indicators of such violence and abuse and take appropriate action when they make these observations and offer simple and effective referral options to patients.

In addition to guidance under the Domestic Abuse Act, Welsh Government has a well-established initiative to improve responses to violence against women, domestic abuse and sexual violence since the development of “Ask and Act” under the Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015. This is a Welsh Government guidance of targeted enquiry to be practised across all public services for violence against women, domestic abuse and sexual violence.

This policy outlines the continuing commitment of the Health Board to the Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 and Domestic Abuse Act 2021. Health Board professionals will be able to identify violence against women, domestic abuse and sexual violence, and be confident to ask about these issues in a private setting and to ensure an appropriate response and referral.

The process of “Ask and Act” must be implemented within a culture and environment where the confidentiality, privacy and data of victims is respected and treated carefully”

## **POLICY STATEMENT**

The Health Board will implement ‘Ask and Act’ by applying the following principles.

- Promote awareness of violence against women, domestic abuse and sexual violence and promote working practices which will increase identification and improve the response to those experiencing violence against women, domestic abuse and sexual violence
- Work in partnership with other statutory agencies and voluntary organisations within Wales and other areas as required.
- Fulfil its obligations in relation to the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

## **SCOPE**

This policy and the principles apply to employees, including trainees, contractors and volunteers in all settings across the Health Board.

The term ‘women’ (pronouns she/her) is used throughout this policy to describe individuals who sex at birth was assigned female, whether they identify as female, male or non-binary. It is important to acknowledge that people who do not identify themselves as women could be at risk of violence against women domestic abuse or sexual violence and the process of ‘Ask and Act’ should be inclusive and sensitive to the needs of all individuals regardless of their gender identity.

## **AIM**

The aim of this policy is to provide clear guidance to all employees in relation to “Ask and Act” when they identify violence against women, domestic abuse and sexual violence.

## **OBJECTIVES**

The objectives of this policy are as follows.

- To increase identification of those experiencing violence against women, domestic abuse and sexual violence
- Recognise that older people are also victims of domestic abuse
- To offer referrals and interventions for those identified which provide specialist support based on the risk and need of the victim
- To create a culture across the Health Board where addressing violence against women, domestic abuse and sexual violence is an accepted area of business and where disclosure is expected, supported, accepted and facilitated

- To improve the response to those who experience violence against women, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health
- To pro-actively engage with those who are vulnerable and hidden, at the earliest opportunity, rather than only reactively engaging with those who are in crisis or at imminent risk of serious harm

“Ask and Act” will ensure that the Health Board works towards these objectives and delivers against the four key principles set in the Welsh Government (2016) document “The National Training Framework on violence against women, domestic abuse and sexual violence- Statutory guidance under section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and section 60 of the Government of Wales Act 2006”

- Culture and leadership - a working culture which acknowledges “Ask and Act” as core to the organisational purpose
- Clarity and confidence - a well-equipped workforce; confident and accountable, supported by clear policies and procedures.
- Recognition and response- an organisationally tailored process which involves recognition, targeted enquiry and intervention to those who are experiencing violence against women, domestic abuse and sexual violence
- Follow up and monitoring, strategic oversight and evaluation of a process which maps disclosure to population and uses local data and collaboration to further develop

## RISK IDENTIFICATION AND ASSESSMENT

Health Board staff will be expected to make an assessment of immediate risk or likelihood of serious harm based on their observations and discussions with a patient.

This includes consideration of:

- Whether the person who has disclosed is at immediate risk of harm
- Whether there is an immediate threat to the life of the person who has disclosed.
- Whether there is a strong possibility that they are at risk of serious immediate harm

Should a Health Board staff member consider that the information provided to them demonstrates that the patient is in immediate danger they are expected to contact the police on 999 and consider initiating child protection/adult safeguarding procedures in accordance with the Wales Safeguarding Procedures 2019. Advice may be sought from the Corporate Safeguarding Team.

The “Ask and Act” Referral Pathway requires the completion of the DASH/ RIC (Domestic Abuse, Stalking and Honour Based Violence Risk Checklist) to assess if the patient (the victim) is at moderate or high risk of harm. The accompanying guidance on the DASH/RIC assessment details the recommended referral criteria. The DASH/RIC and accompanying Multi-Agency Risk Assessment and Conference (MARAC) referral form can be found on the UHB Safeguarding Intranet page.

This page also contains guidance on safeguarding older people and domestic abuse and a link to a DASH/RIC specific to older people.

All high risk victims **must** be referred to a Multiagency Risk Assessment Conference (MARAC) within 48 hours. This referral will initiate timely contact with an Independent Domestic Violence Advocate (IDVA). The IDVA will further assess the patient’s (the victim) level of risk, discuss the range of suitable options and develop safety plans.

The MARAC referral form is available on the Health Board Safeguarding Intranet page. Completed MARAC referral forms must be sent to MARAC via the Health Board Safeguarding team. Referrals must be emailed to: - [VAWDASV.HDD@wales.nhs.uk](mailto:VAWDASV.HDD@wales.nhs.uk) (opens in a new tab)

Victims who are considered to be of moderate/standard risk MUST be offered the Live Fear free helpline number - Tel **0808 80 10 800**.

## **“ASK AND ACT” AND STATUTORY SAFEGUARDING PROCESSES**

“Ask and Act” is a form of targeted rather than routine enquiry. Targeted enquiry involves relevant professionals applying a “low threshold for asking” whether the patient is experiencing domestic abuse when the patient presents with certain indicators of abuse. “Indicators” are used to describe the signs, symptoms, cues or situations through which violence against women, domestic abuse and sexual violence may be identified.

To “Ask and Act” requires listening skills, an ability to respond calmly and empathically to a client who may be distressed and a basic knowledge of local services accessed via agreed referral pathways.

For those health professionals who work with a patient group, where these skills have been taught as part of pre-qualifying education and honed through patient relationships, completing the actions required by a process of “Ask and Act” should not differ greatly from those already undertaken in their professional roles.

### **Routine Enquiry**

Health professionals working in services where enquiring about domestic abuse is routine practice, are advised to continue using this process. Further guidance for Midwives and Health Visitors on using routine enquiry can be found in the All Wales Minimum Standards, Routine Enquiry into Domestic Abuse, Pregnancy and Early Years (2021).

Routine enquiry refers to asking questions about the experience of domestic abuse, regardless of whether or not there are signs of abuse or where it is suspected.

All pregnant women are routinely asked about domestic abuse during their pregnancy. Asking all pregnant women routinely helps to avoid the stigma associated with domestic abuse. This should also be the case for women attending the Emergency Department with injuries, as this is often a woman’s first presentation to health services.

**All** patients who attend Emergency Department settings and Minor Injury Units should be asked routinely about domestic abuse. This is a recommendation from a number of regional Domestic Homicide Reviews.

Routine enquiry about domestic abuse should be undertaken in the course of an initial assessment (Appendix 2). Practitioners should be careful to ensure that they ask only when they are alone with the service user. The presence of a partner or relative may constrain discussions or increase risk. Discussions about domestic abuse should never take place in the presence of children. It is imperative for health professionals to weigh up the risk of potential harm against the potential benefits.

Routine enquiry and practitioner responses must be recorded within emergency department documentation, ensuring that this can be easily notable to others providing care for the individual

concerned, and provide an audit trail for measuring compliance and standards of practice. If routine enquiry does not take place, practitioners must record the rationale for not asking.

The Hurt, Insult, Threaten, Scream (HITS) questionnaire (Appendix2) is a validated tool than can be used by emergency department practitioners to enquire about abuse.

Responses to these questions can be recorded in a variety of ways, such as triage notes on digital systems- these include the triage assessment section on the Welsh Patient Administration System, or alternatively by use of the HITS tool on a printed stamp to be used on written notes or added to the front of the 'casualty card'. This information can also be added to medical or nursing notes.

Each Emergency Department and MIU should provide assurance that they have robust and auditable records of routine enquiry.

### **“Ask and Act” Referral Pathway**

Meeting the aims of “Ask and Act” does not require that Health Board staff become “experts” in violence against women, domestic abuse and sexual violence. The aim is that staff are able to identify indicators and to sensitively ask the question.

When disclosure of violence against women, domestic abuse and sexual violence is given, staff should follow the “Ask and Act” Referral Pathway (Appendix 3).

### **The Social Services and Well-being (Wales) Act 2014**

The Social Services and Well-being (Wales) Act 2014 strengthens safeguards through the introduction of a new duty to report to the Local Authority someone who fits the legal definition of an ‘Adult at Risk’ as defined by the Act when there is reasonable cause to suspect that the adult is experiencing or is at risk of abuse or neglect. The Act defines children and adults “at risk” and introduces a duty on relevant partners to report suspicions to the Local Authority.

### **Safeguarding Children**

The Health Board recognises the serious and adverse effects that violence against women, domestic abuse and sexual violence has on children both as direct victims and witnesses.

The Health Board acknowledges its safeguarding responsibilities and these are not affected by the implementation of “Ask and Act”.

In all cases where violence against women, domestic abuse and sexual violence is identified and there are children in the family, the Wales Safeguarding Procedures (2019) must be followed. All safeguarding reports must be documented and followed up in writing using relevant referral documentation. These reports must be made in addition to any referrals offered as part of “Ask and Act”.

### **Safeguarding Adults**

In all cases of violence against women, domestic abuse and sexual violence where an ‘Adult at Risk’ is identified as defined by the Social services and Wellbeing Act (2014), the Wales Safeguarding Procedures (2019) must be followed. All multiagency safeguarding reports must be documented in patient records, and must be made in addition any referrals made through the Ask and Act pathway.



## Information sharing

The process of “ask and act” will inevitably lead to disclosures of personal and sensitive information which will lead staff to decide whether this information can be shared. Under the Data Protection Act (2018) (DPA) which incorporates the General Data Protection Regulations (2016) the Health Board is legally able to share data with police if there is a threat to the life (vital interests) of the patient or for the prevention or detection of crime under schedule 2 (1) (2) of the DPA, without the consent of the patient against whom the offence has been committed. The professional must make a judgement on whether informing the police is the correct course of action based on each individual situation. Good practice would require the professional to inform the patient/client that they will be referring to the police. If disclosing without consent, the reasons for disclosure need to be clearly documented in the records. Advice on information sharing can be sought from the health board’s Safeguarding Adult and Children Teams.

The Health Board is a signatory of the Mid and West Wales Information Sharing Protocol along with the Police and Social Services.

## STAFF TRAINING

### National Training Framework for “Ask and Act”

Within the healthcare setting, Groups 1, 2, 3 and 6 of the National Training Framework promote a consistent standard of care for those who experience violence against women, domestic abuse and sexual violence. (Group 4 and Group 5 training is applicable only to specialist domestic abuse services).

Training requirements are dependent on the employee’s role and responsibility.

#### Group 1

All staff within The Health Board are required to complete the 45 minute online Group 1 “Ask and Act” training located on ESR learning.

All staff are required to complete refresher training every 3 years

#### Group 2

Health Board staff who have face to face contact with service users or who support or manage employees will receive Group 2 training. Staff required to complete Group 2 training will be at the manager’s discretion.

The aim of the training is to support the learner to:

- Recognise indicators of violence against women, domestic abuse and sexual violence
- Respond appropriately to unprompted disclosure
- Ask appropriate questions
- Respond effectively to the answer.

Staff members in this group require refresher training every 3 years.

#### Group 3

Group 3 training will be provided to staff who wish to adopt a champion role within the working environment. Contact details of staff trained to Group 3 will be available to support staff who have queries related to “Ask and Act” or related concerns about a patient.

Staff members in this group require refresher training every 2 years.

## **Group 6**

Group 6 of the National Training Framework is the responsibility of Welsh Government and is aimed at Senior Leaders of public services. The content delivered to group 6 of the Framework will evolve depending on strategic priorities and identified implementation challenges.

This training will be taken forward in two work streams.

- 1) A Strategic Engagement Plan
- 2) The Strengthening Leadership Series

### **1) A Strategic Engagement Plan**

The Strategic Engagement Plan will involve direct intervention to engage public service leadership and gain commitment to particular courses of action, to raise awareness and to inform on policy and legislative updates.

The Strategic Engagement Plan consists of a timetable of relevant events which are aimed at public service Leadership, which already influence strategy and direction and which Leadership already engage with.

### **2) The Strengthening Leadership Series**

This series has been published to support the messages disseminated through the Strategic Engagement Plan. The series will share the expertise of the specialist sector, provide implementation guidance on Welsh Government policy and direct information from the Minister to offer regular communication on violence against women, domestic abuse and sexual violence issues.

This series will contain content presented through a variety of formats, designed for quick access and maximum engagement. These formats may include: Video clips, webinars, briefings and live streaming.

## **AUDIT**

The Health Board will use existing methods of data collection and seek additional data collection methods to aid the evaluation of "Ask and Act". Evaluation of the effectiveness of Ask and Act within the Health Board will be reported to and monitored by Strategic Safeguarding Working Group.

Audit of Routine Enquiry in Midwifery and Health Visiting Services will be the responsibility of those services who must report their compliance via their Service Safeguarding Delivery Group.

Audit of Routine Enquiry in the Emergency Department and Minor Injuries Units will be the responsibility of the service supported by the UHB safeguarding team. Exceptions in compliance will be reported to the Acute Service Safeguarding Delivery Group.

The Regional VAWDASV Strategy developed in line with National VAWDASV Strategy and Blueprint (Welsh Government 2022) details how organisations will work together to tackle violence against women, domestic abuse and sexual violence. The Health Board will participate in any multi-agency data collection and contribute to the progress of this agenda through the Regional VAWDASV Steering Group.

## RESPONSIBILITIES

### Chief Executive

The Chief Executive of Hywel Dda University Health Board has the ultimate responsibility for the safeguarding and promoting of the welfare of children, young people and adults within the organisation. This ensures that Hywel Dda University Health Board is compliant with its statutory requirement to safeguard and protect under the Children Act (2004); Social Services and Well Being (Wales) Act 2014; Violence Against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 and Domestic Abuse Act 2021

### Director of Nursing, Quality and Patient Experience

The Director of Nursing, Quality and Patient Experience is the Executive Director with delegated responsibility for safeguarding supported by the Deputy Director of Nursing for Quality and Patient Experience.

### Head of Safeguarding

Is responsible for ensuring this policy and associated documentation are reviewed and updated in line with future guidance.

### Corporate Safeguarding Team

Members of the Health Board Safeguarding Team will support staff in all aspects of safeguarding, providing support and advice through a single point of contact; monitoring activity and outcomes and providing assurance to the Health Board Strategic Safeguarding Working Group; Regional VAWDASV Board, CYSUR (Regional Safeguarding Children Board) and CWMPAS (Regional Safeguarding Adult Board).

### Line Managers

Line managers are responsible for ensuring all staff understand this policy and other related policies and that all staff have undertaken the appropriate level of training for their role. All new staff to Health Board will be informed how they can access this policy during their induction programme by Line Managers.

Health Board managers also have a duty to ensure their staff fulfil their statutory responsibilities to safeguard and promote the welfare of children and adults at risk of abuse and neglect and provide assurance and report exceptions to the relevant Service Safeguarding Delivery Group.

It is acknowledged that some staff will experience Vicarious Trauma as a result of working with victims of abuse. The implementation of "Ask and Act" may increase the likelihood of this. It is important that senior managers are aware of this risk as the Health Board has a responsibility to limit the impact of this difficult work for staff.

Staff are encouraged to access additional support from the Health Board's Well-Being Service.

Further guidance is also available in the Health Board's Policy 311 - Violence against Women, Domestic Abuse and Sexual Violence Workplace Policy.

### All staff

All Health Board employees are accountable for their own practice and must be aware of the legal and professional responsibilities relating to their role.

All staff within Health Board must be familiar with the procedures detailed in this document and other related policies. This will be assured through induction, supervision and appraisal.

All staff who receive a disclosure of domestic abuse or sexual violence must follow this policy.

All staff must act in the best interests of the patient (victim) and any children involved. A child's welfare is paramount. The Social Services Well-Being Act 2014 places a statutory responsibility for professionals to report an adult/ child who is at risk of abuse or neglect.

## REFERENCES

All Wales Minimum Standards, Routine Enquiry into Domestic Abuse, Pregnancy and Early Years (2021).

CWMPAS (2018) - Mid and West Wales Adult Safeguarding Board  
Regional Threshold Guidance Document

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domestic abuse and sexual violence. <https://gov.wales/docs/livefearfree/171129-ask-and-act-role-frontline-practitioner-en.pdf> (opens in a new tab)

Welsh Government (2018) Social Services and Well-being (Wales) Act (2014) Working together to safeguard people. Vol 5 –handling individual cases to protect children at risk.

Welsh Government (2022)

Violence against women, domestic abuse and sexual violence: Strategy 2022 to 2026.

## **APPENDICIES**

[Appendix 1 – Key indicators](#) (opens in a new tab)

[APPENDIX 2 “ASK AND ACT”: VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE PATHWAY and Harm, Insult, Threaten Scream \(HITS\)- Domestic Abuse assessment tool.](#) (opens in a new tab)

[Appendix 3 “Ask and Act”: Violence against Women, Domestic Abuse and Sexual Violence PATHWAY](#) (opens in a new tab)