Domestic Abuse and Sexual Violence Workplace Policy

Policy information

Policy number: 311

Classification:
Employment

Supersedes:
Previous versions

Version number:
5

Date of Equality Impact Assessment:
05/10/2023

Approval information

Approved by:
People, Organisational Development & Culture Committee (PODCC)
Date of approval:
11/12/2023
Date made active:
19/12/2023
Review date:
11/12/2026
Extended by PODCC 10.11.2026 until 28.02.2027

Summary of document:
This policy will provide guidance to staff and managers in identifying and dealing with domestic abuse and sexual violence both in and outside of the workplace and assist managers to appropriately address situations where staff are victims or perpetrators of domestic abuse and/or violence. By developing an effective policy and working to reduce the risks associated with domestic abuse and sexual violence, Hywel Dda UHB will create a safer workplace

Scope:
For all Hywel Dda University Health Board employees, workers (including agency workers), contractors, volunteers, students and trainees who may be affected by domestic abuse and sexual violence.

To be read in conjunction with:
Violence Against Women, Domestic Abuse and Sexual Violence Act 2015
592- Ask and Act –Violence against women, domestic abuse and sexual violence Policy – opens in a new tab
Social Services and Wellbeing Wales Act (2014)
Wales Safeguarding Procedures 2019
126 - Work life Balance Flexible Working Policy – opens in a new tab
122 – All Wales Special Leave Policy – opens in a new tab
768 – Managing Attendance at Work Policy – opens in a new tab
246- Allegations of Harm/Abuse involving Children or Adults (Professional Abuse Policy). – opens in a new tab
NICE (2016) Domestic violence and abuse - (QS116) – opens in a new tab
203 – All Wales Capability Policy – opens in a new tab
201- All Wales Disciplinary Procedure – opens in a new tab

Include links to Patient Information Library

Executive Director job title:
Director of Nursing Quality & Patient Experience/ Director of Workforce & OD

Reviews and updates:
1 – new policy July 2012
2 – revised December 2016
3 – revised 23.1.2020
4 – full review 27.8.2020
5 – full review 11.12.2023

Keywords
Violence against Women, Domestic Abuse, Sexual Violence, Child Protection, Safeguarding Children, Safeguarding Adults

Glossary of terms
VAWDASV Violence against women, domestic abuse and sexual violence
ONS Office for national statistics

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INTRODUCTION

Domestic abuse and sexual violence can have a significant impact on the lives of those who experience it. The Health Board believes that every employee who is experiencing or has experienced domestic abuse or sexual violence* and/or stalking should be able to disclose such behaviour(s) to their employer. The Health Board is committed to dealing with any such disclosure in a supportive and, where possible, confidential manner and takes seriously the need to create and maintain a safe and secure environment in which staff can reach their full potential

POLICY STATEMENT

Hywel Dda University Health Board recognises that within its workforce there will be employees who have experienced, or who are currently experiencing domestic violence and abuse as well as employees who are perpetrators or who are alleged to be perpetrators.

This Policy provides employees and workers with a safe place to disclose and is also aimed at helping those who have concerns that a colleague or peer may be experiencing abuse (see Appendix 4 for possible signs).

This Policy applies equally to ongoing (current) domestic abuse, sexual violence and/or stalking or that which has taken place in the past that affects an individual's ability to work and provides a framework for those receiving the disclosure to respond appropriately.

SCOPE

This Policy outlines the assistance and support available both to victims and perpetrators of domestic abuse, sexual violence, and stalking. It offers guidance to any employee or worker who has concerns about a colleague experiencing domestic abuse, sexual violence and/or stalking, whether there is explicit evidence that such acts are taking place. Sources of support can be found at Appendix 2.

AIM

This policy has been developed as part of the Health Board's commitment to support the health, safety, and wellbeing at work of its staff. Domestic abuse impacts on all aspects of a person's life including their home, work, learning, wider resilience, wellbeing, and mental health.

The Health Board is therefore committed to promoting zero tolerance of domestic abuse against and by its entire workforce, recognising that domestic abuse:

- Is a crime, is disruptive and socially harmful.
- Can affect an individual's health, performance or attendance at work;
- Does not discriminate based on gender, race, age, disability, ethnicity, religion, marital status, or sexual orientation.

OBJECTIVES

The aim will be achieved by:

- Assisting managers to provide a confidential, compassionate and supportive response to individuals who experience domestic violence and abuse.
- Assisting managers to appropriately address situations where staff are alleged perpetrators or are found to be perpetrators of domestic violence and abuse.

The term sexual violence also refers to incidents outside of intimate partner violence- see definition in Appendix 3.

DISCLOSURE

Disclosing abuse, whether current or historic, can be a difficult decision and the Health Board recognises that it is important for the individual to be in control of that decision. This Policy therefore provides information on internal support in addition to specialist independent organisations where disclosures can also be made (see Appendix 2).

STAFF EXPERIENCING DOMESTIC VIOLENCE AND ABUSE

If you are experiencing domestic abuse it is important to tell someone, and a list of contact details for various dedicated local and national support agencies can be found in Appendix 2.

You are also encouraged to speak with your Line Manager if you are concerned about or are experiencing domestic abuse. Line Managers will not ask for proof or pressurise you to provide details, they will be non-judgemental but will take you seriously and take the time to listen.

Employees wishing to disclose or discuss their experience of domestic abuse, sexual violence and/or stalking may choose to be accompanied at any meetings on the matter by a colleague or trade union representative.

If you prefer, you can also speak with a colleague or a member of the Operational Workforce Team who can, where appropriate, arrange a referral to Occupational Health as well as signpost you to external support organisations. You may also find it helpful to contact the Staff Psychological Wellbeing Service directly (opens in a new tab).

The Health Board respects the employee's right to privacy in the event that they do not wish to inform the organisation that they have experienced, or are experiencing, any domestic violence or abuse.

Employees who make it known to Hywel Dda University Health Board that they are experiencing domestic violence or abuse will be treated in a compassionate and supportive manner.

Staff will not be judged but will be encouraged to seek help and support themselves, having due regard for their personal safety, and that of any children and other adults who may be at risk in the household.

Staff who recognise or suspect that a colleague is living in an abusive situation at home (see Appendix 3 for signs of abuse) should speak in confidence to the Operational Workforce Team in the first instance or their line manager. Employees should recognise that they are **not** trained counsellors and should be wary of promising more than they can deliver in terms of support. They should also consider their own well-being as they may be putting themselves in danger if the abuser becomes aware of their support.

DEALING WITH CONCERNS RAISED

All managers are expected to familiarise themselves with this Policy and its application.

Managers may be the first person an employee confides in and raising this issue will have taken a great deal of courage. The response the individual receives from their manager may be a crucial factor as to whether they seek further advice and support. Managers should therefore ensure that support is offered in a sensitive and non-judgemental way.

The most important aspect of a conversation about domestic abuse is to encourage the individual to seek support. Managers should make a note of the date and time of the conversation and of any other important information that may be relevant, but should ensure that they have written consent before the manager contacts a support agency on their behalf.

The individual should not feel pressurised into disclosing personal information they feel uncomfortable sharing, especially as they may need some time to decide what to do. Managers should also encourage the individual disclosing to make their own choices about whether or not to contact services or be referred.

Any information disclosed to a service through referral should be with the consent of the individual disclosing and should be on a ‘need to know’ basis unless there is a safeguarding issue.

ENSURING SAFETY AT WORK

Managers should listen carefully, be empathetic and creative in exploring options with the employee especially where it is necessary for them to arrange appointments with solicitors, re-housing, education or childcare agencies during the normal working day. Examples of other support which might be appropriate can be found at Appendix 1.

Managers should not make contact with the perpetrator nor attempt to mediate between an employee and an alleged perpetrator of violence/abuse.

The Equality and Human Rights Commission and the Chartered Institute of Personnel and Development have jointly developed a list of ten actions (opens in a new tab) that managers can use to recognise and respond to the problem appropriately, provide support and refer onwards to support agencies.

SECURITY

Where the alleged abuser is not an employee but frequents Health Board premises as part of a pattern of behaviour, managers should consider liaising with the HDUHB Security Team (opens in a new tab). This must only be done with the express permission of the employee (victim) and upon taking advice from Operational Workforce (opens in a new tab)

TRAINING

Violence against women, domestic abuse and sexual violence training is available for HDUHB staff. This includes guidance on managing disclosures of domestic abuse, sexual violence and stalking, including understanding the issues and their impact, responding to disclosure and referral/signposting.

Staff are also advised to view Policy 592 –'Ask and Act' Violence against women, domestic abuse and sexual violence, (opens in a new tab) which provides guidance on how to identify and respond to disclosures of domestic abuse.

DOCUMENTATION OF A DISCLOSURE

All information disclosed should be accurately recorded. Good documentation will help to build up a picture of the nature and scale of the abuse. This information can be released to a third party, with the consent of the victim, and may help in future legal proceedings to secure a prosecution against the perpetrator and safeguard the victim.

This is important even if the person disclosing does not want to press charges at this point. If they later change their mind, or if the police press for victimless prosecution; this evidence could be vital. It can also be used for evidence for mitigating circumstances.

Written documentation should be factual but it is also important to record any concerns and the basis for these. Records should be sent to Operational Workforce (opens in a new tab) for them to store safely on an electronic file. Such records may include injuries, symptoms and any disclosure of abuse. Photographic evidence is also useful. Missed appointments and unanswered calls should also be noted.

STAFF WHO ARE ALLEGED PERPETRATORS OR PERPETRATORS OF DOMESTIC ABUSE AND SEXUAL VIOLENCE.

The Health Board will treat any allegation, disclosure or conviction of any abuse related offence on a case-by-case basis with the aim of reducing risk to others including the victim and any identified children/adult at risk. The Health Board recognises that it has a role in encouraging and supporting employees to address their violent and abusive behaviours

However, all employees and workers must declare any criminal offence to their Line Manager in a timely manner.

Allegations will be dealt with fairly and in a way that provides support for the individual who is the subject of the allegation or disclosure. Individuals can be sign posted to the Respect resources who offer a support service for perpetrators of domestic abuse - https://respectphoneline.org.uk/ (opens in a new tab).

The alleged perpetrator or perpetrator will be:

- Treated fairly and honestly;
- Helped to understand the concerns expressed and processes involved;
- Kept informed of the progress and outcomes of any internal investigation and the implications for any disciplinary process;
- Advised to contact their Trade Union or Professional organisation;
- Advised that they may seek advice from an appropriate source, such as the Occupational Health Department (opens in a new tab) or Staff Psychological Well-Being Service (opens in a new tab)
- In addition to considering disciplinary action against the alleged perpetrator or perpetrator, action may need to be taken to ensure that the victim and alleged perpetrator or perpetrator do not come into contact in the workplace;
- Action may also need to be taken to minimise the potential for the alleged perpetrator or perpetrator to use their position or work resources to find out details about the whereabouts of the victim. This may include a change of duties for one or both individuals or withdrawing the alleged perpetrator's access to certain computer systems or offices;

- However, it is also recognised that in certain circumstances, those experiencing and perpetrating domestic abuse in a relationship may choose to seek solutions jointly and in such situations, appropriate support should be given.

MALICIOUS ALLEGATIONS

If it becomes evident that an individual has made a malicious allegation that another member of staff is perpetrating abuse, then this will be treated as a serious disciplinary offence and action may be taken in line with the 201 Disciplinary Policy (opens in a new tab)

CONFIDENTIALITY

As far as possible, information should only be shared on a need-to-know basis in order to achieve the best outcome for the individual. Where possible this should be done with the individual's permission. Managers are responsible for ensuring information is not disclosed and that all staff are aware of their responsibilities in relation to confidentiality. There are exceptions when confidentiality can be broken, for example when there are concerns about children or adults at risk of harm. It is important to seek specialist advice before doing so and to discuss this with the individual.

RESPONSIBILITIES

Chief Executive Officer

The Chief Executive of Hywel Dda University Health Board has overall responsibility for effective management of organisational policies relating to Hywel Dda University Health Board employees.

Director of Workforce and Organisational Development:
Holds responsibility for this policy and ensuring this policy and any associated documentation relating to domestic abuse and sexual violence are reviewed and updated in line with future guidance.

Head of Safeguarding (Named Nurse)

Is responsible for supporting Workforce colleagues in reviewing and updating this policy in line with future guidance. They are further responsible for ensuring the safeguarding team raise awareness of this policy with managers and staff in safeguarding training.

Workforce Advisors

Workforce Advisors are responsible for supporting service managers in applying this policy and supporting awareness of this policy.

Occupational Health Lead

Has a responsibility to offer support to staff who are affected by violence against women, domestic abuse and sexual violence.

Managers and Heads of Services

Managers are responsible for raising awareness of the policy to all staff. They are also responsible for ensuring any that staff who experience domestic violence and abuse, and individuals who are perpetrators of domestic violence and abuse are treated fairly and offered appropriate support. This support needs to consider safety of the victim and management of risk to any children and adults within the family. Any managers who require training as a result of this policy should contact their Learning and Development Department. (opens in a new tab)

APPENDIX 1 -GUIDANCE ON ENSURING SAFETY AT WORK

Sources of support could include:-

- Taking action where the employee and the perpetrator both work for the Health Board, to ensure that the victim and alleged perpetrator or perpetrator do not come into contact in the workplace.
- Improving security measures e.g. ensuring that access to buildings are open to authorised staff only;
- Reminding colleagues of the need to maintain confidentiality i.e. not divulging information about employees, especially personal details such as home addresses, telephone numbers or times of work to callers/visitors;
- Offering changes in specific duties, e.g. answering phones or working in reception area, or in exceptional circumstances, redeployment to another post if alternative arrangements are not feasible;
- Assistance to screen e-mails, mail, texts or telephone calls;
- Temporary adjustments to working hours or patterns of work;
- Temporary change of work location or office layout to ensure that the employee is not visible from reception points or ground floor windows;;
- Access to safe onsite parking where this is not already provided
- Agreeing what to tell work colleagues and how they should respond if the abuser phones or calls into the workplace;
- Ensuring that the systems for recording employees whereabouts during the day are adequate and if their work requires visits outside the workplace, consider how risks can be minimised (e.g. changing duties or allowing another colleague to accompany them on certain journeys);
- Recording any incidents of abuse in the workplace, including persistent phone calls, e-mails, or visits to an employee by their abuser. Details of any witnesses to these incidents should also be noted. The record must be clear, accurate and include date(s), time(s) location(s) and details of any witnesses.
- Review the employee's next of kin information (the ex-partner may still be listed or the abuser may still be the partner of the victim)

Appendix 2 - Sources of help

External Sources

BAWSO **Provides specialist support for BME communities**	http://www.bawso.org.uk/	0800 7318147 (24 hr helpline)
Bright Sky app **Bright Sky is a free to download mobile app, providing support and information to anyone who may be in an abusive relationship or those concerned about someone they know.**	https://www.hestia.org/brightsky	
Broken Rainbow **Provides support for lesbian, gay, bisexual and transgender people experiencing domestic abuse**	https://www.brokenrainbow.org.uk/	0300 999 5428
Citizens Advice Bureau	https://www.citizensadvice.org.uk/wales/	03444772020
Domestic Abuse specialist support **Ceredigion-** **West Wales Domestic Abuse Service** **Carmarthenshire-** **Carmarthen Domestic Abuse Service** **(CARMSDAS)**	https://westwalesdas.org.uk https://carmdas.org https://calandvs.org.uk https://threshold-das.org.uk	01970 612225 01267 238410 or 234725 01269 597474 01554 752422

Calan DVS **Threshold Domestic Abuse Services** **Pembrokeshire -** **Pobl**	ReferralsPembs@poblgroup.co.uk	01646 698820
Dyfed Powys Police		999 /101
DYN Project **Works across Wales to support men who experience domestic abuse**	www.dynwales.org	0808 801 0321
Enough campaign	Help stop it | ENOUGH	
Housing	Carmarthenshire County Council	01267 223867
	Ceredigion County Council	01545 572181
	Pembrokeshire County Council	01437 764551
Live Fear Free Helpline **(24 hr domestic abuse support helpline)**	http://livefearfree.org.uk	0808 80 10 800
Mankind Initiative **UK (support for male victims)**	http://www.mankind.org.uk	01823 334244
NEW Pathways (sexual violence support)	Carmarthenshire Ceredigion	01267 235464 01970 610124

	Sexual Assault Referral Centre out of hours (all areas)	07423437020
Refuge **One of the largest single providers of specialist accommodation and services to women and children escaping domestic violence.**	www.refuge.org.uk	0300 100 1234
Respect **UK association for professionals working with perpetrators and associated services. Key aim is to address the safety of those experiencing domestic abuse through promoting effective interventions with perpetrators**	https://www.respect.uk.net/	0808 802 4040 info@respectphoneline.org.uk open Mon- Friday 10-5pm
Social Services	Carmarthenshire County Council Ceredigion County Council Pembrokeshire County Council	01267 224466 01545 574000 01437 764551
Welsh Women's Aid	https://www.welshwomensaid.org.uk/	08088010800

Internal Sources

Health Safeguarding Children Team		01267 283371
Health Board Adult Safeguarding Team		01437 772516
Staff Psychological Well Being Service (Hywel Dda University Health Board) **Occupational Health**	Withybush Hospital Also available at Glangwili and Prince Philip Hospitals (contact number as for Withybush for appointments)	01437 772527 Email-Wellbeing.HDD@wales.nhs.uk 0300 3039674 Email- Occupational.health.hdd@wales.nhs.uk
Trade Union Support **UNISON** **Royal College of Nursing (RCN)**	Trade Union Support contacts UNISON contacts RCN Advice team	 0800 0857857 Branch 01437 773182 0345 7726100
Workforce and Organisational Development	Human.Resources.HDD@wales.nhs.uk	0300303 6138

APPENDIX 3 – DEFINITIONS

Violence against women, domestic abuse and sexual violence (VAWDASV) – Definition of 'Violence against women'	Violence against women, domestic abuse and sexual violence (VAWDASV) **'Violence against women'** has been defined by the United Nations as 'Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. The term violence against women is used to describe violence perpetrated against a woman because she is a woman*, being recognised internationally as a violation of human rights.' *This definition uses the term women to refer to those who are born biologically female. It acknowledges the violence against women is a global issue, is usually perpetrated by men, and exists due to gender inequality. However, it is necessary to consider individuals who's gender identity differs from what they were assigned at birth within this definition.
Domestic abuse	Domestic abuse can have lasting effects on the physical and mental wellbeing of those that experience it. It is not just physical violence, but can also take other forms such as emotional, controlling and coercive behaviour and economic abuse between two people aged 16 years or over who are personally connected. Section 3 of the Domestic Abuse Act 2021, also recognises children associated with the victim or perpetrator as victims and not just witnesses to domestic abuse. Not all victims of domestic abuse and sexual violence are women. Domestic abuse can affect men and those with a non-binary identity. However, the vast majority of those experiencing abuse are women. 'Abusive behaviour' is defined in the act as any of the following: • physical or sexual abuse • violent or threatening behaviour • controlling or coercive behaviour • economic abuse • psychological, emotional, or other abuse.

	For the definition to apply, both parties must be aged 16 or over and 'personally connected. 'Personally connected' is defined in the act as parties who: • are married to each other • are civil partners of each other • have agreed to marry one another (whether or not the agreement has been terminated) • have entered into a civil partnership agreement (whether or not the agreement has been terminated) • are or have been in an intimate personal relationship with each other • have, or there has been a time when they each have had, a parental relationship in relation to the same child • are relatives. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, religion, socio-economic status, sexuality or background.

Forms of domestic abuse	The following section sets out the various forms of abuse, which a person may experience in a violent relationship (Women's Aid Federation 2010): **Physical abuse** The use of weapons, punching, head butting, suffocation, hair pulling, kicking, slapping, strangulation, drowning, burning, sleep deprivation, rape and murder. **Psychological** Mind games, constantly moving the goalposts, blaming the other person for the abuse, blaming other factors in the relationship for the abuse, undermining parental authority, telling the person they are mad. **Emotional** Saying no-one else will want them, telling them they are fat, ugly, stupid, lazy, sexually unappealing or a bad parent.

Economic
No access to money, no access to salary, child allowance or other benefits, not named on the mortgage/tenancy papers, no access to the bank account.

Destructive criticism and verbal abuse
Shouting, mocking, accusing, name calling, verbally threatening.

Pressure tactics
Sulking, threatening to withhold money, disconnecting the telephone, taking the car away, taking the children away, reporting you to welfare agencies unless you comply with the demands regarding the parenting of the children; lying to your friends and family about you, telling you that you have no choice in any decision making processes.

Disrespect
Persistently putting you down in front of other people, not listening or responding when you talk, interrupting telephone calls, refusing to help with childcare or housework.

Breaking trust
Lying, withholding information, being jealous, having other relationships, breaking promises and shared agreements.

Isolation
Accompanied everywhere for example shopping, doctors; locked in, allowed out for set time periods only, not allowed contact with friends or family, leaving visible signs of injury to embarrass and deter you from going out, monitoring or blocking your telephone calls.

Harassment
Being followed or being checked up on, opening mail, checking mobile telephone call history or texts, repeatedly dialling 1471 to see who has telephoned, embarrassment in public.

Threats
Making angry gestures, using physical size to intimidate, shouting down, destroying possessions, breaking things, punching walls, wielding a weapon.

Sexual
Non-consenting participation in bestiality, drugs, use of objects pornography, buggery; rape, unwanted touch, forced sex with others.

	Denial Saying the abuse doesn't happen, saying you caused the abusive behaviour, being publicly gentle and patient, crying and begging for forgiveness, saying it will never happen again. **"Honour" based violence** (Crown Prosecution Service 2015) Honour based violence is a crime or incident which has or may have been committed to protect or defend the honour of the family/and or community. **Forced marriage** (Home Office 2013) A forced marriage is where one or both people do not (or in cases of people with learning disabilities cannot) consent to marriage and pressure and abuse is used. **Female genital mutilation (FGM)** (World Health Organisation 2016) FGM comprises all procedures that involve partial or total removal of the female external genitalia, or other injury to the female genital organs for non-medical reasons. **Coercive control** (Women's Aid 2020) Domestic abuse isn't always physical. Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. It is a criminal offence under section 76 of the Serious Crime Act (2015). Some common examples of coercive behaviour are:- • Isolating from friends and family • Deprivation of basic needs, such as food • Monitoring via online communication tools or spyware • Taking control over aspects of the victims everyday life, such as where they can go, who they can see, what they wear and when they can sleep • Deprivation of access to support services, such as medical services • Repeatedly putting the victim down, Humiliating, degrading or dehumanising • Controlling finances • Making threats or intimidating the victim.

Older victims of domestic abuse **Sexual Violence**	Older victims often experience domestic abuse for twice as long before seeking help, yet are hugely under represented among domestic abuse services Some older people may be less likely to access services or be less aware of the options available.(Older Person's Commissioner for Wales 2017). The experience of Violence against women, domestic abuse and sexual violence can be even more damaging to victims where it is experienced alongside other complex needs or vulnerabilities (Safe Lives 2016). Sexual violence and abuse is any behaviour thought to be sexual in nature which is unwanted and takes place without consent. Sexual violence can be physical, psychological, verbal or online. Sexual violence can happen to persons of all genders and sexualities and can be perpetrated by a stranger or someone known to the victim. Sexual violence includes rape, sexual assault, sexual harassment, female genital mutilation, sexual exploitation, and ritual abuse. Whilst most victims are women, domestic abuse and sexual violence are not exclusively experienced by women. Data collected in Sexual Assault Referral Centres (SARCs) and by projects that support male victims of domestic abuse demonstrates this and the Welsh Government is committed to supporting all victims of violence and domestic abuse.
Domestic Abuse in pregnancy	Domestic abuse can vary in both frequency and intensity. Staff may experience a violent or abusive attack as a 'one off' or rare incident. Given that the pattern of domestic abuse is one of escalation, there is no level of abuse which should be viewed as acceptable or insignificant. 30% of domestic abuse escalates during pregnancy and it has been identified as a prime cause of miscarriage or stillbirth. This may prevent women from seeking or perceiving proper antenatal and postnatal care. In addition, where there is abuse, this may affect attachment to the child with resultant detrimental effect on the psychological wellbeing of the developing infant/child. Routine antenatal and postnatal health assessment by midwives and health visitors includes a question on the experience of domestic abuse (All Wales Domestic Abuse Routine Enquiry Pathway, 2006).

Risks to Children	The risks to children living with domestic abuse include: • Direct physical or sexual abuse of the child. Research shows this happens in up to 60% of cases; also that the severity of the abuse against the non-abusive parent is predictive of the severity of abuse to the children. • The child being abused as part of the abuse.

	• Being used as pawns or spies by the abusive partner in attempts to control the non-abusive parent. • Being forced to participate in the abuse and degradation by the abusive partner. • Emotional abuse and physical injury to the child from witnessing the abuse. • Hearing abusive verbal exchanges between adults in the household. • Observing bruises and injuries sustained by the non-abusive parent. • Hearing their non-abusive parent's screams and pleas for help. • Observing the abusive parent being removed and taken into police custody. • Attempting to intervene in a violent assault. • Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault. • Being unable or unwilling to invite friends to the house. • Frequent disruptions to social life and schooling.

APPENDIX 4 – POSSIBLE SIGNS OF VIOLENCE, DOMESTIC ABUSE AND SEXUAL VIOLENCE

It is important to note that the examples provided below are not a checklist. Some people may not display any signs of violence or abuse. Individuals experiencing violence and domestic abuse suffer a broad range of both physical and emotional consequences. For some, the abuse greatly affects their lives over a significant period of time and the process of recovery is often long and difficult. Others may be able to recover and start a new life again relatively quickly after leaving an abusive relationship.

Some possible signs of identifying violence, domestic abuse and sexual violence include:

Physical signs and symptoms:

- Injuries at various stages of healing
- Distribution of bruising e.g. breast, genitals, upper arms, face and abdomen
- Fractures of face, ribs, spiral fractures of radius and ulna
- Eyes, sub-conjunctiva haemorrhages
- Ears, ruptured tympanic membrane, 'cauliflower ear'
- Other – sleep disturbance, pelvic pain, atypical chest pain, gastro-intestinal disturbance, chronic headache, dizziness
- Possibly pregnant
- Sexual abuse
- Signs of neglect
- Self-mutilation
- Urinary tract infections
- Sexually transmitted diseases
- Incontinence or pain both bowel and bladder
- Any other suspicious injury or symptom

Psychological/behavioural signs and symptoms

- Expressions of fear, guilt, worry, inability to cope
- Symptoms of depression
- Panic attacks, anxiety
- Alcohol/drug abuse
- Attempted suicide/cry for help
- Obvious distress
- Inappropriate non-verbal behaviour
- Inappropriate partner/carer response
- Discrepancy between verbal description and physical findings
- Minimising serious injury
- Reluctance of person to speak or disagree in partner's presence

APPENDIX 5 – USEFUL RESOUCES

Business in the Community (2019) Domestic Abuse: a toolkit for employers. Available at: https://www.bitc.org.uk/wp-content/uploads/2019/10/bitc-wellbeing-toolkit-domesticabuse-dec2018.pdf

Department for Business, Energy, and Industrial Strategy (2021)Workplace support for victims of domestic abuse. Available at Workplace support for victims of domestic abuse: report from review (publishing.service.gov.uk)

Safe Lives (2015) Getting it right first time: policy report. Bristol. Safe Lives. Available at Getting it right first time- executive summary- Safe Lives .pdf

Violence against women, domestic abuse and sexual violence (Wales) Act 2015 Available at:- www.legislation.gov.uk/anaw/2015/3/contents/enacted

Wales Safeguarding Procedures (2019) available at http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/