Responding to domestic abuse: Guidance for general practices

This document provides guidance to general practices to help them respond effectively to patients experiencing domestic abuse,1 a Department of Health strategic priority: www.dh.gov.uk/en/PublicHealth/ViolenceagainstWomenandChildren/index.htm

This guidance includes key principles to help you develop your domestic abuse policy.2

1. The role of management

A senior person within the practice should be identified to clarify the practice’s response to domestic abuse by:

- Finding out what existing domestic violence services are available (a list of national organisations is on page 4).
- Engaging with local domestic abuse services – and the Domestic Violence Co-ordinator – to develop an effective working partnership.
- Commissioning training for the practice team.
- Establishing a simple care pathway for patients disclosing domestic abuse by identifying a local designated person who will be responsible for the initial assessment of victims.
- Ensuring that the practice’s response to disclosure always adheres to its information sharing protocols.

Identifying the designated person

The practice’s designated person can either be:

- An external specialist domestic abuse service practitioner who undertakes the initial assessment on behalf of the practice and liaises with the GP. Specific evidence based training and support programmes for general practice are available: www.irisdomicileviolence.org.uk
- An internal practice nurse or other health professional who is trained to carry out this work.

2. Establishing a domestic abuse care pathway

The primary healthcare team’s role

- Recognise patients whose symptoms mean they might be more likely to be experiencing domestic abuse.
- Enquire sensitively and provide a safe and empathetic first response.
- Understand the practice’s process for responding to disclosure, and know what to do when there is immediate risk of harm to patients and their children.
- Know who the designated person is for their practice.
- Understand the process for arranging the patient’s initial assessment with the designated person.
- Document domestic abuse within patient records safely and keep records for evidence purposes.
- Share information appropriately. Information will be shared only with the consent of the patient, subject to practice policy on child protection and adult safeguarding. In exceptional circumstances information may be shared without the patient’s consent. Some cases considered at MARAC3 meetings are likely to constitute exceptional circumstances because MARACs discuss the most serious cases of alleged or suspected domestic abuse.

1. For the Home Office’s definition of domestic abuse visit: www.homeoffice.gov.uk/crime/violence-against-women-girls/domestic-violence/
2. For more information about the guidance contact iris@nextlinkhousing.co.uk or info@caada.org.uk
The designated person’s role

When undertaking an initial assessment of the patient, the designated person will:

- Advise the patient about the services available according to the risk level. This may result in:
  - The patient becoming part of the designated person’s own case load, if they are a specialist domestic abuse practitioner themselves.
  - Referral to an appropriate local specialist domestic abuse service, if the patient consents.
  - Signposting to domestic abuse resources and provision of a basic safety plan if the patient is unwilling to engage with services at this time.
- Ensure that child protection and adult safeguarding procedures are initiated where required, especially where there is immediate risk of harm to patients and their children.

3. Training requirements for the practice team

The whole GP practice team – clinical and non-clinical – should be trained in how to recognise the signs of domestic abuse, how to enquire sensitively and safely, the importance of confidentiality and the practice’s process for responding to disclosure. Initial education about domestic abuse can be accessed through the RCGP e-learning module: [http://elearning.rcgp.org.uk/course/view.php?id=88] This should be complemented by practice-based training delivered by a local specialist domestic abuse service.

Training should cover:

- The health markers of domestic abuse. For example, when patients present with depression, anxiety, tiredness, chronic pain or non-specific symptoms. [www.rcgp.org.uk/policy/position_statements/domestic_violence-the_gps_role/consider_the_possibility.aspx]
- How to ‘ask the question’ sensitively and safely. [www.rcgp.org.uk/policy/position_statements/domestic_violence-the_gps_role/ask_the_question.aspx]
- How to respond in cases of immediate and significant risk (i.e. where it may not be safe to go home).
- The protocols of information sharing, consent and confidentiality.
- Local domestic abuse response pathways for all levels of risk.
- The practice’s process for responding to disclosure of domestic abuse. A one page flow chart can be useful – an example is on page 3.
- What to do when a perpetrator discloses or is also registered with the GP.

4. Implementation at a clinical commissioning level

These issues also need to be addressed by the strategic lead for the clinical commissioning group who coordinates commissioning of services for domestic abuse victims across the local health economy. This could include, for example, A&E, mental health, drug and alcohol and maternity services, as well as general practice. This may well be the same person with strategic responsibility for child protection and/or adult safeguarding.
Responding to domestic abuse:
Guidance for general practices
© 2012 CAADA and IRIS. Please acknowledge CAADA and IRIS when reprinting.

Resource: Process for responding to domestic abuse

DISCLOSURE
The patient is currently experiencing domestic violence and abuse.

ENQUIRE IF:
- Unexplained symptoms
- Chronic pain
- Depression
- Genital injuries/STIs
- Frequent attendances (A&E/GP)

These are just some examples of health markers of domestic abuse. Visit the RCGP’s website for a complete list or if you have specific concerns about a patient.

IMMEDIATE ACTION
Contact local police on 999 AND initiate child protection/adult safeguarding procedures.

TALK TO PATIENT ABOUT THE RISKS TO CHILDREN
If the children are at risk: Initiate child protection procedures

RESPOND
Offer the patient an appointment with the designated person responsible for initial assessment, who will assess risk and advise and refer appropriately.

If based in a domestic abuse service, the designated person is:

Service name:
Contact name:
Telephone:

If based in your practice, the designated person is:

Name:
Telephone:

RECORD
- Consent to share information (or not) and ensure information is shared appropriately.
- Explain the need to document domestic abuse and document any injuries for purposes of evidence.
- Use code __________ in patient notes to indicate a disclosure of DV – indicate risk level if known.
- Ensure patient is seen alone at future appointments.
- Liaise with designated person.
- If patient assessed as high risk liaise with MARAC Co-ordinator.

### Direct Support for Victims and Perpetrators

#### National Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Name</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>24-hour National Domestic Violence Helpline</strong></td>
<td>A service for women experiencing domestic violence, their family, friends, colleagues and others calling on their behalf. It is run in partnership between Women’s Aid and Refuge. Callers may first of all hear an answerphone message before speaking to a person.</td>
<td>n/a</td>
<td>0808 2000 247 <a href="http://www.nationaldomesticviolencehelpline.org.uk">www.nationaldomesticviolencehelpline.org.uk</a></td>
</tr>
<tr>
<td><strong>Men’s Advice Line</strong></td>
<td>A confidential helpline for all men experiencing domestic violence by a current or ex-partner. This includes all men – in heterosexual or same-sex relationships. Offers emotional support, practical advice and information on a wide range of services for further help and support.</td>
<td>n/a</td>
<td>0808 801 0327 Days and times of phone support vary. <a href="http://www.mensadvicehelpline.org.uk/mens_advice.php">www.mensadvicehelpline.org.uk/mens_advice.php</a></td>
</tr>
<tr>
<td><strong>Respect Phoneline</strong></td>
<td>A confidential helpline for people who are abusive and/or violent towards their partners. Offers information and advice to support perpetrators to stop their violence and change their abusive behaviours. The main focus is to increase the safety of those experiencing domestic violence.</td>
<td>n/a</td>
<td>0808 802 4040 Days and times of phone support vary. <a href="http://www.respectphoneline.org.uk">www.respectphoneline.org.uk</a></td>
</tr>
</tbody>
</table>

#### Local Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Name</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MARAC Co-ordinator</strong></td>
<td>Professional who co-ordinates the local response to domestic abuse. May include provision of independent support to victims and children experiencing domestic abuse in the community and in refuge. May provide support to perpetrators of domestic abuse and their partners.</td>
<td>Please complete</td>
<td>Please complete</td>
</tr>
<tr>
<td><strong>Domestic Violence Co-ordinator</strong></td>
<td>Your MARAC Co-ordinator may contact you for information about cases being seen at MARAC. Please complete</td>
<td>Please complete</td>
<td>Please complete</td>
</tr>
</tbody>
</table>

#### Support for Professionals

#### National Commissioning Model

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Name</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IRIS</strong></td>
<td>A commissionable model providing specific domestic abuse training, support, referral and recording for general practice. The whole practice team receives in-house training and ongoing support from a specialist domestic abuse advocate and a clinical lead. The domestic abuse advocate provides a direct referral route for patient referrals and care pathways are provided for female survivors, male survivors and perpetrators.</td>
<td>Annie Howell E: <a href="mailto:ahowell@niaendingviolence.org.uk">ahowell@niaendingviolence.org.uk</a> Medina Johnson E: <a href="mailto:medina.johnson@nextlinkhousing.co.uk">medina.johnson@nextlinkhousing.co.uk</a></td>
<td><a href="http://www.irisdomesticviolence.org">www.irisdomesticviolence.org</a></td>
</tr>
</tbody>
</table>

#### National Training Provider

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Name</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Co-ordinated Action Against Domestic Abuse (CAADA)</strong></td>
<td>A national charity supporting a strong multi-agency response to domestic abuse. CAADA provides practical help to support professionals and organisations working with domestic abuse victims. General training on domestic abuse, risk and multi-agency work is available.</td>
<td><a href="mailto:training@caada.org.uk">training@caada.org.uk</a></td>
<td>0117 317 8750 <a href="http://www.caada.org.uk">www.caada.org.uk</a></td>
</tr>
</tbody>
</table>