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.irisdomesticviolence.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 MARAC[3] 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
3. Multi-Agency Risk Assessment Conference – where information is shared and a coordinated safety plan implemented to protect the highest risk victims of domestic abuse: www.caada.org.uk/aboutus/faqs.html For guidance about the application of Caldicott Guardian Principles to domestic abuse and MARACs visit: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133589

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The designated person's role

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

- Conduct a risk assessment. http://www.caada.org.uk/marac/RIC_with_guidance.pdf
- 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
- The implications of domestic abuse for both **child protection and adult safeguarding**.
  www.rcgp.org.uk/default.aspx?page=2260
  www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00305-2010
- How to respond in cases of **immediate and significant risk** (i.e. where it may not be safe to go home).
- How to document domestic abuse and manage **patient notes** safely.
  www.rcgp.org.uk/policy/position_statements/domestic_violence-the_gps_role/document.aspx
- 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.

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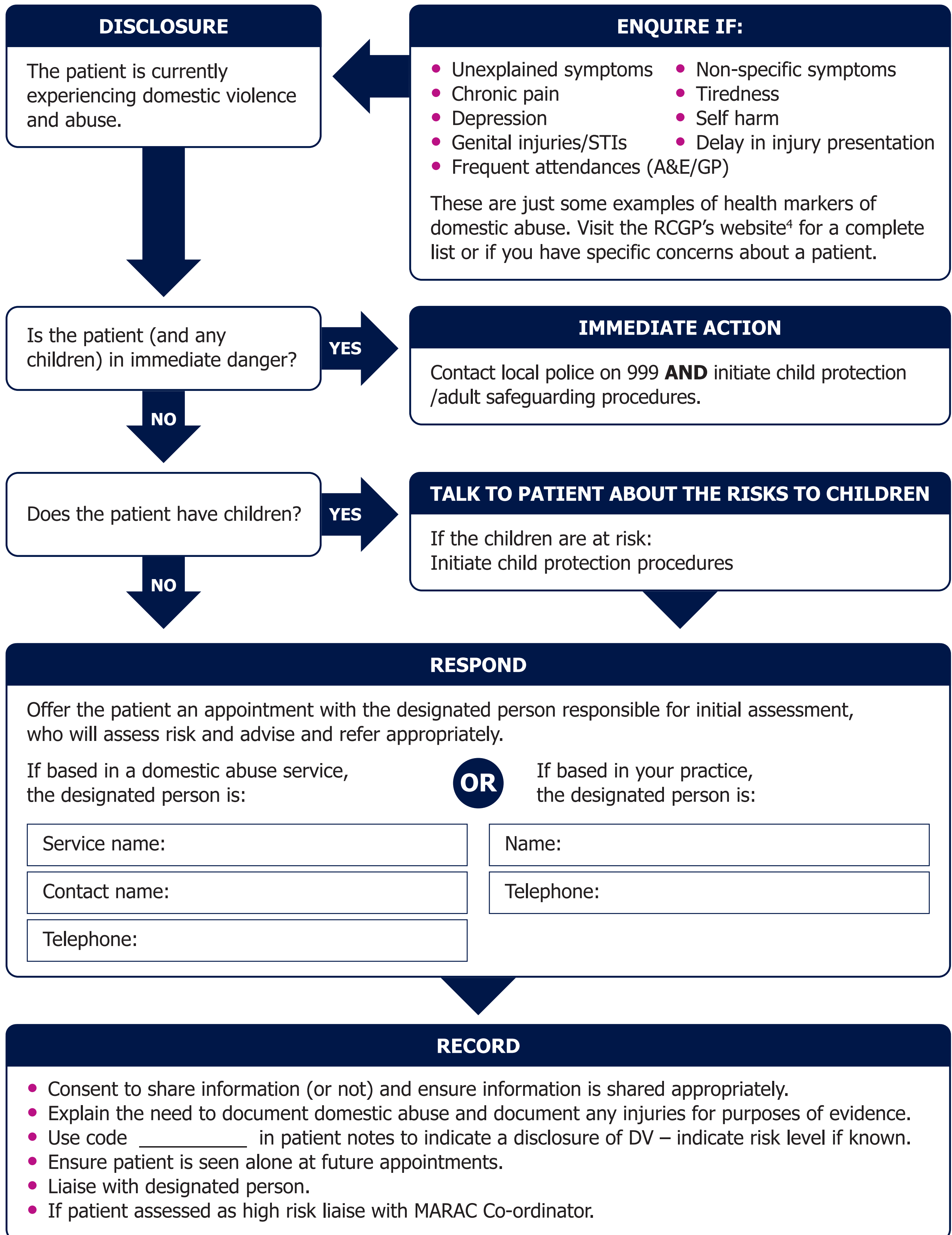
Resource: **Process for responding to domestic abuse**



4. www.rcgp.org.uk/policy/position_statements/domestic_violence-the_gps_role/consider_the_possibility.aspx

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Resource: **Domestic abuse services directory**

Service	Description	Name	Contact
DIRECT SUPPORT FOR VICTIMS AND PERPETRATORS			
National service			
24-hour National Domestic Violence Helpline Freephone	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.	n/a	0808 2000 247 www.nationaldomestic violencehelpline.org.uk
Men's Advice Line Freephone	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.	n/a	0808 801 0327 Days and times of phone support vary. www.mensadviceline.org .uk/mens_advice.php
Respect Phoneline Freephone	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.	n/a	0808 802 4040 Days and times of phone support vary. www.respectphoneline .org.uk
Local services			
MARAC Co-ordinator	Your MARAC Co-ordinator may contact you for information about cases being seen at MARAC.	Please complete	Please complete
Domestic Violence Co-ordinator	Professional who co-ordinates the local response to domestic abuse.	Please complete	Please complete
Please complete	May include provision of independent support to victims and children experiencing domestic abuse in the community and in refuge.	Please complete	Please complete
Please complete	May provide support to perpetrators of domestic abuse and their partners.	Please complete	Please complete
SUPPORT FOR PROFESSIONALS			
National commissioning model			
IRIS	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.	Annie Howell E: ahowell@niaending violence.org.uk Medina Johnson E: medina.johnson@ nextlinkhousing.co.uk	www.irisdomestic violence.org
National training provider			
Co-ordinated Action Against Domestic Abuse (CAADA)	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.	training@caada.org.uk	0117 317 8750 www.caada.org.uk

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