

**Hammersmith Hospitals NHS Trust and
Hammersmith & Fulham Primary Care Trust**

**Charing Cross Hospital Accident and Emergency and Charing Cross
Emergency Primary Care Access Service (EPCAS) in conjunction with
Standing Together Against Domestic Violence**

Policy Title: Intimate Partner Violence Routine Enquiry Protocol

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Guiding Principles

This protocol applies to Charing Cross A&E and Charing Cross Emergency Primary Care Access Service (EPCAS hereafter). Parsons Green Walk In Centre is covered by a separate screening protocol.

The term “routine enquiry” replaces the more clinical term “screening” in this updated protocol, July 2006. For ease of language and readability, the term “screening question” may still be used and variations on “enquiry” such as “question” or “ask” may also be used. All variations on the term essentially mean the same; to routinely ask all female patients over the age of 16 whether they experience domestic violence.

Charing Cross Hospital Accident and Emergency Department and Charing Cross EPCAS believe that all people are entitled to the right to live free from violence or threat of violence from current or former partners. As healthcare professionals may be the first professionals to whom an abused person turns to for help, medical staff have an opportunity and responsibility to provide appropriate, sensitive and safe interventions. Charing Cross Hospital A&E, Charing Cross EPCAS in conjunction with Hammersmith Hospitals Trust, Hammersmith and Fulham Primary Care Trust and Standing Together Against Domestic Violence are both committed to developing and implementing policies and procedures for identifying, treating and referring victims of intimate partner violence (IPV).

Charing Cross EPCAS nursing staff rotate on a four weekly basis between EPCAS and Parsons Green Walk In Centre. These nurses are trained on both protocols as there are discrete differences in how patient care is delivered and how routine enquiry is documented. EPCAS and Parsons Green Walk in Centre staff are expected to work according to the protocol that applies to the health site that they are working in.

Whilst “opportunistic” enquiry is likely to be conducted within A&E, **all staff** at Charing Cross are required to follow the main principles behind routine enquiry. In order to promote and work towards the goal of “routine enquiry”, staff will be required to document why enquiry about domestic violence may not have been made, the patient’s response and any subsequent action taken.

Screening should ideally be conducted at Triage. This is a safe and confidential area where patients can be asked about DV. However, within A&E there are often a number of opportunities that staff can use to ask patients about DV. This is important as many patients may not actually be seen at triage e.g. those admitted by ambulance.

Due to these factors there is a departmental responsibility within the A&E Dept and EPCAS that when routine enquiry has not been conducted within Triage (for whatever reason), all staff are expected to use other available and appropriate opportunities to ask patients about DV.

Purpose of this DV Screening Protocol

- To effectively treat all injuries and illnesses.
- To provide and communicate a safe environment for the patient.
- To identify intimate partner violence through routine enquiry and through recognition of possible indicators of abuse.
- To offer specialist advice, support, and safety planning at Charing Cross.
- To document correctly and thoroughly and offer photographic evidence to be taken.
- To provide referral information during the healthcare contact.

Definitions of domestic violence

Intimate Partner Violence (IPV or DV) is an ongoing, debilitating experience of physical, psychological, and/or sexual abuse involving force or threat of force from a current or former partner associated with increased isolation from the outside world and limited personal freedom and accessibility to resources.

Standing Together uses the term domestic violence to include any form of physical, sexual or emotional abuse within or after an intimate relationship. Current research and the experiences of a wide range of agencies responding to domestic violence indicate that overwhelmingly it is women who experience the abuse and almost always, it is the male partners or ex-partners who are the perpetrators. The needs of women survivors for services are therefore the focus of the work of Standing Together. It is acknowledged that domestic violence also takes place within same sex relationships and that men can be abused by women and Standing Together aims to respond appropriately to the needs of male survivors for services.

Domestic Violence can go beyond actual physical violence. It can also involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, threats to others including children, control over access to money, personal items, food, transportation, the telephone, and stalking.

The term "victim" is often perceived as negative and so Standing Together refers to those who experience DV as "survivors" as they are often surviving the abuse on a daily basis.

A victim or survivor of intimate partner violence is ***"anyone who has been injured or has been emotionally or sexually abused by a person with whom she/he has or has had a primary relationship"***.

Legal Considerations

Physical violence and threats are a criminal offence and a person who is experiencing Intimate Partner Violence (IPV) may seek relief through the criminal justice system as well as civil remedies such as injunctions and non-molestation orders (see appendix 4 for resource numbers). Medical staff are not under any legal obligation to report an instance of intimate partner violence. For Doctors and other health care professionals, reporting abuse to the police should be done with the abused person's knowledge and consent. Only the abused person can assess the danger and relative risk of reporting the violence verses not reporting the violence to the authorities. **All other reporting requirements such as for child abuse must be followed as directed in the Hospital's and the PCT's Child Protection Policy.**

Confidentiality

All interviews regarding intimate partner violence are to be conducted in private. Anything that is disclosed is strictly confidential and should not be disclosed to other agencies without the patients consent – some child protection issues may indeed over ride this consideration. If in doubt please speak with the consultant, line manager or nurse with Child Protection responsibility. It should also be stressed that the medical staff will not call an outside statutory agency or any voluntary agencies without the victim's consent. It should be stated that the only breach in confidentiality with the patient would be if staff are concerned about the welfare of any children involved.

The overall role of the nurse

The goal for the nurse in a situation where the patient has disclosed intimate partner violence is:

- To assess for immediate danger
- To reassure the patient
- To refer to appropriate services as quickly as possible.

The nurse should set boundaries with the patient that communicates concern but also that there are more specialised services that can help. The nurse's aim is to facilitate a referral to ADVANCE.

Triage Nurse's Role - conduct initial screening for IPV

Who to ask about domestic violence?

- Female patients should be screened who are above the age of 16 regardless of their presenting medical complaint.
- Male patients that exhibit indicators of abuse (see appendix 4) should also be screened.
- Staff will be asked to record why the patient has not been asked about domestic violence. This is to help “promote” the practice of routine IPV enquiry.
- Staff should follow a “common sense” approach regarding how often to ask “frequent visitors”. The nurse does not have to ask a patient seen and screened the day before but are encouraged to ask a patient if they have come in with a new problem.

Assurance of Privacy and Confidentiality

The nurse should speak to the patient in private at triage. The nurse will:

- Ensure that any visitors (including visitors of the same sex) are asked to leave and told that this is a routine policy.
- If the patient discloses abuse in front of a friend or family member accompanying them, the nurse should refer to this protocol for assessment and referral of the patient.
- If unable to speak to the patient alone in triage, the nurse should make additional attempts to assess privately. This may be to interview the patient in the X-ray room or another private area such as the gynecological side room in minors or the relative's room.

Do not ask a patient about domestic violence if:

- The patient is accompanied by another adult
- The patient is accompanied by children (unless the child is an infant)

If staff are unable to ask about domestic violence the reason why must be recorded in the IPV screening book (one is kept within Majors, within each triage room and another within Minors).

How to ask about domestic violence

Overleaf are some examples of questions staff should use to ask about domestic violence.

- Enquiry should begin by framing the question so that the patient understands that this is a routine question asked of every patient and that their confidentiality is assured.
- A direct question should follow. Studies show that people will disclose more often if asked directly. Remember if medical staff are not able to speak directly about this issue, then neither will the patient. See recommendations in the boxes on page 4 for how to ask the question.
- If the patient requires an interpreter, call Language Line. Do not use the patient's children or friends to interpret regarding abuse. Be aware when using an interpreter that the definition of abuse may change according to the language. Try to be as clear as possible with the interpreter about what you mean.
- Use gender-neutral terms such as “partner” instead of “girlfriend” or “boyfriend,” “husband” or “wife.”

Staff are encouraged to remember that success is asking the screening question in a safe way no matter what the response or what help is accepted by the patient. This sends a strong message to the patient that intimate partner violence is serious. Just asking may change the patient's thinking about what is happening to them. It also sends the message that there is help available. The patient may not accept help on the day but may keep the local resource numbers and call for help in the future.

Examples of framing the question:

- (When first starting) You may have seen our posters and leaflets outside. We are asking all patients about violence in the home.
- In addition to your health concerns, we are also asking patients about the possibility for intimate partner abuse within the home.
- As domestic violence in the home is so common we now ask all patients about it routinely.

End with stating:

- Please be assured that whatever you say will be kept confidential but if you are being abused, we want to give you a chance to talk about it.

Examples of asking a direct question:

- Do you ever feel frightened of your partner? Do you feel that you are in danger?
- Have you been physically hurt by your partner? Has your partner ever threatened to hurt you or someone you care about?
- Are there any problems with your partner? Do you ever argue or fight? Do the fights become physical? Are you ever afraid?
- Do you feel controlled and isolated by your partner? Does your partner belittle and insult you?
- For men with indicators of abuse: "Your injuries may have been caused by abuse within the home. Is this something you are experiencing? Help is available."

How to document routine enquiry:

The recording system within Charing Cross A&E Department is the same as the one used by staff in Charing Cross EPCAS. Nurses are required to complete the screening information recording box in the IPV Screening Book. A screening book will be kept in each triage room, plus an additional one in majors and one in minors. This recording system will be used to monitor the numbers of patients who are asked about domestic violence and the subsequent intervention offered.

In order to protect patient confidentiality and ensure patient safety, the screening book must never be left out where patients or members of the public may see and read it. The book should never be left unattended and always stored in a draw when not being used.

Both A&E and EPCAS staff will have responsibility for completing this book in accordance with the protocol. The procedure for recording Intimate Partner Violence is set out below.

- Tick appropriate box to indicate the patient's gender.
- Tick correct age band that applies to the patient. There are four different ones.
- Add the date.
- If known write in the patients ethnicity/ethnic origin.
- Record the outcome of the enquiry by ticking the other appropriate responses.

The screening books will be managed by Standing Together to ensure there are sufficient pages in the book to allow for routine enquiry to be recorded. The book will be analysed by Standing Together regularly to monitor enquiry rates and to identify if there are any problems/barriers to routine enquiry that need to be resolved.

Since funding for the project has decreased significantly, Standing Together has identified and agreed key staff members to take responsibility for replenishing resources and recording the number of leaflets taken. Standing Together meets on an ad hoc basis with key staff to identify barriers to routine enquiry and generate effective solutions.

N.B The screening information recording box can be found in appendix number 1 page number 11 in this protocol document.

Yellow dot sticker system

- When routine enquiry has been conducted (regardless of outcome) a yellow dot sticker should be placed on the patients notes. This sticker serves as a discrete and confidential indicator to colleagues in the department that the patient has been asked about domestic violence. This helps to prevent repeated questioning which may be deemed intrusive by the patient.
- If there is not a yellow dot sticker on the patient card staff should presume that the patient has not yet been asked about domestic violence and should ask the patient in accordance with what is set out in this protocol.

What to do if IPV is disclosed

Assess immediate danger

- Mark “Domestic Violence” as mechanism of injury on the medical notes.
- Ask, “Are you safe now?” Find out if the abuser is with the patient at the hospital. If the abusive partner is in the hospital, observe for risk and ensure that the patient does not leave prior to being seen. Offer a private place to wait if possible.
- Do not ask the patient to return to the waiting area (even if the injury is minor) as she may leave before she is seen and/or the perpetrator may attend and place her in danger.
- If there are children, ask about their whereabouts. If with the abuser, the patient may be concerned about their welfare and leave before being treated. Refer to child protection policy if concerns are raised.
- Assign a Contact Nurse even if the patient will be treated in the Minors Bay.
- Notify the Contact Nurse to commence treatment.
- If the patient indicates danger, call Security and or the Police and move the patient to a safe location to wait.
- Ask the patient if there is an existing injunction or court order that staff should be aware of.
- Ask the patient if they would like the reception staff to be notified not to pass along any information to callers asking about them.
- As with any situation, if there is an immediate threat to the patient or staff, notify Security and/or the Police.

Respond to the patient

- Let the patient know that they will have the opportunity to speak with someone in private (after triage) and that they will not be asked to do anything that they do not want to do but that specialist domestic violence support is available for them.
- Let them know that abuse is something that you are concerned about and it can impact on their health. Explain that this is why you would like to offer some help and/or some information.

CONTACT NURSE’S ROLE

If abuse is identified at triage:

Administrative Tasks

- The Triage or Pre-Assessment Nurse will agree a Contact Nurse
- Seek a Doctor for assessment/document injuries
- Aim to place the patient in a room with a door if possible
- Add the IPV Assessment Proforma to the medical file if not already done. The Proformas are stored in the grey filing cabinet between Majors and Minors and in the yellow DV resource folders
- The completed Proforma is kept within the medical case file
- Ensure to record that the patient has been asked about DV and subsequent action in the screening book
- Take special care at your hand-over during the shift change to introduce the new Contact Nurse to the patient and to fully brief the Contact Nurse on safety concerns and plan of action.

Respond to the patient

- Let the patient know that abuse is something that you are concerned about the abuse and it can impact on their health. Explain that this is why you would like to offer some help and/or some information.
- The nurse should not ask a question or make a comment that could be perceived as judgmental such as, "Why are you staying in a situation like this?"
- Explain that you will not force them to do anything that they don't want to do
- Tell the patient that they do not deserve to be abused
- Explain to the patient that they have rights and options
- Explain that there is help if they want it
- Be aware of your surroundings when speaking to the patient about abuse
- Try to assure privacy as much as possible such as communicating with them in a way that is not overheard
- Reinforce their disclosure and offer support.

Validate the patient's feelings. Let them know that they are not responsible for the abuse.

ADVANCE Advocacy Service at Charing Cross

Inform the patient that an advocate from ADVANCE can be reached (provide them with an information leaflet) and explain that the advocate is someone who can inform them of their rights and options and the advocate will not force them to do anything that they do not want to do. ***It is important that the help available is clearly explained to the patient – use the leaflet to help you with this if you are unsure.***

Referral Guidelines

The ADVANCE number and on call rota are located on the notice board at central station area. The leaflets on domestic violence are located at central station area, the triage rooms and within EPCAS.

If the patient agrees to speak with an ADVANCE advocate, staff can offer the following:

- The nurse can allow the patient to speak with the Advocate over the phone for an initial contact. This is available 24 hours a day, 7 days a week. Phones are not answered between 13:00 and 14:00 but please leave message and ADVANCE will respond after lunch. **Do not use the on-call number during office hours and do not give the patient the on-call number.**
- The nurse can pass along basic details to ADVANCE so that they can call the patient later on. The details needed would be the patient's name, contact numbers, and when it is safe to call the patient.
- The nurse can give the ADVANCE office number to the patient along with a leaflet (if it is safe for her to take it) and leave it up to the patient to call ADVANCE at a time most convenient for her. Do not give a patient the on-call number of any of the advocates.
- Make clear to the patient that the Advocate will not see his/her medical file or notes
- If you receive an answering phone message at ADVANCE during office hours, please leave them a detailed message.

Staff advice and support available from ADVANCE

- The nurse can also contact ADVANCE for confidential advice if so required
- ADVANCE can also provide a confidential debriefing session (over the phone) with any practitioner who wishes to discuss issues raised by handling a DV disclosure

If the patient has indicated abuse but declines to speak with an ADVANCE

- The nurse should express concern for the patient's safety and indicate that there is help available at the hospital if they would ever need it.
- Offer written materials to the patient. Offer a specific leaflet on domestic violence if it is safe for them to take it. If not, you can offer a more general DV leaflet or "palm" card and point out the numbers for domestic violence services.
- Do not offer advice/information leaflets if the abuser is present.
- Remember it may not be safe for her to take away written information. Offer the white business sized "palm" card with local resource numbers on it because it may be easier for her to hide.
- The nurse can also contact ADVANCE for advice if so required.

If the patient is not identified as abused

Think through the possible indicators of abuse and ask again if you feel there may be cause for concern. If the patient denies abuse but suspicion still exists:

- Offer a resource "palm" card or leaflet
- Record that the patient has been asked about domestic violence in the screening book and tick off appropriate responses.
- If abuse is identified, refer to the process as set out in this protocol.

Nurses' role in documenting DV related injuries

If the patient consents to having any injuries documented as domestic violence related:

- Explain that you will fill in the Intimate Partner Violence Assessment Proforma and that it will be stored confidentially in their medical file/notes.
- Explain that this may be useful in the future e.g. for future use in court or when applying for emergency housing.
- Fill in the IPV Assessment Proforma with as much detail as much as possible and leave for the Doctor to finish and sign.
- Ensure that the patient file is kept in an area where the abuser does not have access to it.

Doctor's Role in DV Screening

- Evaluate and treat injuries and medical concerns. All patients who have indicated abuse will receive a complete physical exam, including neurological exam and x-rays if indicated, looking for evidence of old and new fractures.
- Consider intimate partner violence in all patients and be aware of high-risk indicators.

When advised by the nurse that domestic violence exists:

- Validate the feelings of the patient and indicate that you understand that they are not to blame
- Be supportive but not critical on what they should or should not do
- Emphasise safety and the risk of further violence
- Discuss and offer a referral to ADVANCE.

Doctor's role if domestic violence is not disclosed but suspected:

- Attempt to facilitate disclosure with questions such as, "How did this happen?" "How did you hurt yourself?" "Is there any information you want to tell me about your injuries?"
- If the patient does then acknowledge abuse, assess their immediate safety and discuss a referral to ADVANCE.

Doctor's role in completing the Intimate Partner Violence Assessment Proforma:

- If injuries exist as a result of DV abuse advise them about having the Intimate Partner Violence Assessment Proforma (IPV Assessment Proforma) completed and photographs of their injuries to be taken
- Explain that the primary purpose of photos is to allow useful evidence to be available to the patient if needed in the future, such as for use in court. The IPV Assessment Proforma is kept with the patient's medical notes and is confidential. It can be used by the patient (now or in the future) to assist them with securing a civil injunction/occupation order, accessing emergency housing through the local authority or with pursuing a criminal case. The Proforma is also used by the A&E Consultant to write a medical statement if requested to by the Police.
- The patient needs to consent to have the IPV Assessment Proforma completed
- Document the history and physical exam on the IPV Assessment Proforma with attention to objective findings
- Consider admitting patients who are in eminent danger but cannot be placed in a refuge or emergency accommodation in to the A&E Ward
- Ensure that domestic violence is highlighted when the patient is moved to another ward/dept or when there is a shift hand-over.

Photographic Evidence

- **Consent for photos should always be obtained according to hospital policy**
- When the injury lends itself to photographic documentation, the doctor or nurse may take a photo
- When using the Polaroid camera, note the following on the back of each photo by filling in the sticker provided in the camera bag:

Date: _____
Location: _____
Patient name: _____
Medical record number: _____
Photographer's initials: _____
Part of the body photographed: _____
Patient's initials: _____

- Remember to include in the photograph an object such a pencil or rule to indicate scale
- Multiple photos should be taken to include close-ups of the injury as well as distant photo of the injury. These photos should be affixed to the medical record or stored as part of the medical record according to hospital policy.
- Instruct the patient to speak to the ADVANCE advocate or to come back to the A&E in the following days if the injury becomes more pronounced so that further pictures can be taken.
- Attach the photographs to the proforma.

Abuse of men

This protocol applies to male patients who disclose DV.

- For men who present with injuries consider the high-risk criteria indicated in Appendix 4
- If high-risk criteria are present ask about the possibility of abuse. Be sure to use language that is gender neutral (partner rather than wife or girlfriend or boyfriend).
- Document as stated above
- ADVANCE will take an initial referral for men but will refer them on to specialist services.

Child Protection

When concerns in relation to child protection are raised or issues identified nurses/doctors should discuss their concerns with the duty manager and refer to the child protection policy that covers either the A&E Dept (Hammersmith Hospital Trust) or EPCAS (Hammersmith and Fulham PCT). The A&E Consultant can be contacted for immediate advice if necessary.

Other information

DV resource information folders to assist staff have also been provided. One folder is located with Majors, in each of the triage rooms and one within minors. These folders contain DV information, good practice information and protocol resource materials. A flow chart has been devised for Charing Cross A&E and EPCAS to assist staff in following the screening protocol. The flow chart is included in DV resource information folders. Nursing staff have also been provided with a small pocket size "prompt card" which details the key aspects of the protocol.

<p>Date</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Ethnicity/Ethnic origin </p> <p>Age <input type="checkbox"/> 16–25 <input type="checkbox"/> 26–40 <input type="checkbox"/> 41–64 <input type="checkbox"/> 65+</p>	<p>Screening question asked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, tick reason why:</p> <p><input type="checkbox"/> language problem <input type="checkbox"/> no room available <input type="checkbox"/> with partner <input type="checkbox"/> with child <input type="checkbox"/> not trained in IPV screening <input type="checkbox"/> other</p> <p>Was domestic violence disclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IPV assessment proforma completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Domestic violence suspected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Domestic violence information leaflet/card provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Referral made to ADVANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suggested</p>
<p>Date</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Ethnicity/Ethnic origin </p> <p>Age <input type="checkbox"/> 16–25 <input type="checkbox"/> 26–40 <input type="checkbox"/> 41–64 <input type="checkbox"/> 65+</p>	<p>Screening question asked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, tick reason why:</p> <p><input type="checkbox"/> language problem <input type="checkbox"/> no room available <input type="checkbox"/> with partner <input type="checkbox"/> with child <input type="checkbox"/> not trained in IPV screening <input type="checkbox"/> other</p> <p>Was domestic violence disclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IPV assessment proforma completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Domestic violence suspected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Domestic violence information leaflet/card provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Referral made to ADVANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suggested</p>
<p>Date</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Ethnicity/Ethnic origin </p> <p>Age <input type="checkbox"/> 16–25 <input type="checkbox"/> 26–40 <input type="checkbox"/> 41–64 <input type="checkbox"/> 65+</p>	<p>Screening question asked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, tick reason why:</p> <p><input type="checkbox"/> language problem <input type="checkbox"/> no room available <input type="checkbox"/> with partner <input type="checkbox"/> with child <input type="checkbox"/> not trained in IPV screening <input type="checkbox"/> other</p> <p>Was domestic violence disclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IPV assessment proforma completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Domestic violence suspected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Domestic violence information leaflet/card provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Referral made to ADVANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suggested</p>

INTIMATE PARTNER VIOLENCE ASSESSMENT PROFORMA FOR CXH A&E DEPT & EPCAS

Nurse to complete this side of proforma.

This form should be completed to document domestic violence related injuries. The completed form is to be attached to the clinical record. Patient consent must be obtained before completing the form. This form can be used by the patient (now or in the future) to assist them obtain a civil injunction, occupation order, access emergency Local Authority accommodation or to pursue a criminal case. It is also used to assist the completion of a medical statement.

PATIENT INFORMATION

Date of examination	
Name of patient	
DOB	
Patient number	
Is the patient pregnant? If yes note how many weeks.	

How did the injuries occur? If patient was assaulted what is the patient's description of what happened? e.g. struck with fists, object used, kicked, slapped. Use the patient's own words where possible:

Any other relevant information:

Signature of nurse completing Proforma: _____

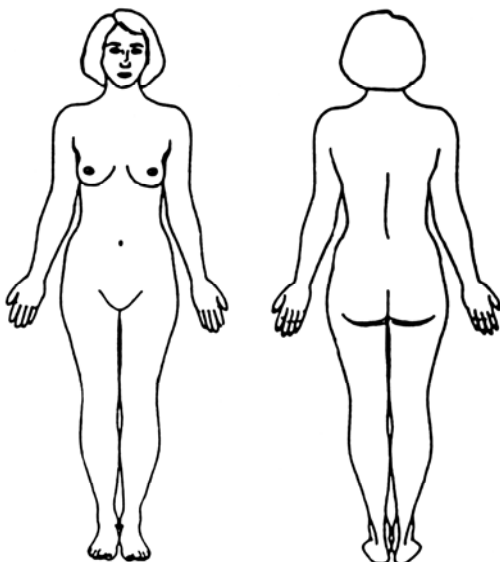
Name and grade of nurse completing proforma (please print)

Please turn over

DOCTORS TO FILL IN THIS SECTION

Indicate where injury was observed:

Examination Notes:



Injury	Location on the body	Other notes/observations
Bruising		
Swelling		
Redness		
Bleeding		
Soft tissue tenderness		
Bone tenderness		
Wounds		
Other marks : bites, scratches, burns (specify)		

Continue on a separate sheet if needed.

Treatment given:

PHOTOGRAPHS

- **The patient's consent is required for photographs of any injuries to be taken**
- Remember to include in the photograph an object to indicate scale e.g. a pencil or rule
- To photograph injuries use the Polaroid camera in the locked cupboard in the CXH A&E central station area
- Complete photograph sticker in the camera bag and place on back of each photo taken
- Multiple photos should be taken to include close ups of the injury as well as distance photographs
- Photos to be attached to this form.

Consent for photographs given by patient (patient's signature) _____

Signature of Doctor completing proforma: _____

Name of Doctor completing proforma (please print) _____

Provide patient with a copy of the form if requested for their own records.

Appendix 3

Possible indicators of domestic violence

Possible presenting complaints

- Complains of abuse directly
- “Falls”
- “Stranger” assault
- Chronic pain syndrome, headaches
- Overdose/ suicide attempts or ideation
- Anxiety, depression, multiple somatic complaints
- Miscarriage/vague gynaecological complaints (e.g. pelvic pain)
- Psychosomatic complaints

Possible indicators of abuse from patient’s history

- Mechanisms described by patient do not fit injury
- Delay in seeking care
- “Accident prone” patient
- History of children being abused
- High stress in family (financial worries, pregnancy, relocation, change or loss of job, bereavement)
- Frequent Walk-in Centre visits
- Drug/alcoholism

Possible behavioural indicators of abuse

- Patient evasive/guarded
- Patient embarrassed with poor eye contact
- Patient depressed with injuries
- Patient denies abuse too strongly
- Patient has charged/fearful behaviour with partner
- Patient defers to partner
- Patient minimises injury or demonstrates inappropriate responses

High risk injuries

- Mid-arm injuries (defensive)
- Strangulation marks
- Injuries to areas not prone to injury by falls
- Weapon injuries or marks
- Symmetrical injuries
- Old, as well as new injuries
- Bites and burns (scald and cigarette)
- Injuries to multiple sites
- Poor nutrition

Common injuries

- Black eyes
- Dental injuries
- Mid face injuries
- Breast/ abdominal injuries
- Injuries hidden by clothing
- Internal injuries

Appendix 4

Domestic Violence organisations and other useful contact numbers

Standing Together Against Domestic Violence

General office number 020 8748 5717

ADVANCE (advocates) 24 hour – 7 days a week DV Advocacy service

General office number

(If ADVANCE are required outside normal office hours please see notice board for on-call rota and call numbers).

POLICE

Emergency	999
H&F Police switchboard (<i>covers all stations in the borough</i>)	020 8563 1212
H&F Community Safety Unit	020 8246 2842
Ealing Community Safety Unit	020 8246 9617
Crimestoppers	0800 555 111

Please note: many of the groups/agencies listed here have websites as well as helpline numbers that can also provide helpful information. The websites are not listed here but can be easily found through most search engines like Google.

Domestic Violence general services

Freephone National Domestic Violence Helpline

- *Run by Women's Aid and Refuge. Available 24/7.*

The helpline has a minicom and language line facility. 0808 2000 247

Refuge – general enquiries 020 7395 7700

Women's Aid website - provides useful information and links: <http://www.womensaid.org.uk/>

Domestic Violence – services for women from ethnic minority communities

Southall Black Sisters (*for black- Asian and African-Caribbean - women in London*) 020 8571 9595

Welsh Women's Aid 02920 390 874

BAWSO (*Welsh organisation for black women experiencing DV*) 029 2043 7390

Jewish Women's Aid

- *Mon, Wed, Thurs 09.30 –21.30* 0800 591 203

Latin American Women's Aid 020 7275 0321

→ In an emergency 07958 536242

Al - Aman Family Safety Project (Arabic) 0208 563 2250

Chinese Information and Advice Centre (CIAC)

→ 020 7462 1281

→ 020 7323 1538

Domestic Violence – Lesbian, Gay, Bisexual and Transgender (LGBT) services

Broken Rainbow – *LGBT DV helpline*

- *Limited opening times but message facility* 08452 60 44 60

SOLA - *DV help line for lesbians*

- *Tuesday - Friday 10am - 5pm.*

- *Languages: Urdu, Punjabi, Hindi, Somali, German* 020 7328 7389

Local DV support services

Domestic Violence Intervention Project

→ DVIP Women's Support Service 020 8748 6512

→ DVIP Violence Prevention Programme 020 8563 7983

→ DVIP AI – Aman Family Safety Project (Arabic) 0208 563 2250

Westside Floating Support

07771 905306

Eaves Women's Aid (Kensington and Chelsea)

→ Main office 020 7735 2062

→ Floating support and drop-in 020 7373 8660

Victim Support

Westminster

020 7828 4142

Kensington and Chelsea

020 7259 2424

Hammersmith and Fulham

020 7385 6868

Abused Men

Male Advice Line and Enquiry (MALE)

0845 064 6800

Victim Support's Male Helpline

→ *Mon-Fri 12 noon till 2pm* 0800 328 3623

For older people

Age Concern (Hammersmith & Fulham)

0207 386 9085

Gay and Lesbian general advice

PACE (counselling service)

020 7700 1323

Pink Practice (counselling service)

01535 635444 or 020 7060 4000

Lesbian and Gay Switchboard

020 7837 7324

Alcohol Advice

Alcohol Service – Wolverton Gardens	020 8846 7870
Turning Point - Hartley House	020 8997 0022
Ethnic Alcohol Counselling in Hounslow	020 8577 6059
The Women's Alcohol Centre	020 7226 4581
Central NW London Substance Misuse Service	020 7381 7766
Drug and Alcohol Team H&F Social Services	020 8753 5466

Drug Advice Centres

Tasha (<i>mental health and problematic tranquillisers</i>)	020 8569 9933
NAZ Project (<i>HIV and sexual health, working with Black and Minority Ethnic communities in London</i>)	020 8741 1879
Release (<i>legal help line</i>)	020 7729 5255 or 0845 4500 215
National Drugs Helpline, aka FRANK	0800 77 66 00
Charing Cross Walk in Clinic – Women's session	020 8383 0404

Children

Shepherds Bush Families Project (<i>for homeless families and families in temporary accommodation</i>)	020 8749 2371
Askham Family Centre (<i>provides a contact centre for separated families and residential assessments made for parents whose children are in foster care</i>)	020 8749 6936
Childline (<i>24 hour free helpline for children & young people</i>)	0800 1111
Children's Legal Centre (<i>general enquiries/switchboard</i>)	01206 872466
NSPCC Child Protection Helpline	0800 800 5000
Barnardo's Young Women's Project (<i>for women up to 18 who are at risk of or who are being sexually exploited, also has a drop-in centre</i>)	020 7700 2253
Hammersmith and Fulham Children's Services	
- Emergency out of hours	020 8748 8588
- North Office	020 8753 5229/5223
- South Office	020 8753 5842

Housing

H&F Housing Options & Advice – day time	0208 753 4144
H&F Emergency Housing - out of hours	020 8748 8588
H&F Special Needs Unit Housing Support Services	020 8753 4189
Ebony Sistren Housing Association	020 8740 0220
Shelter Advice Line	0808 800 4444

Immigration

Refugee Council

→ *Mondays, Tuesdays, Thursdays and Fridays*
10.00am - 1.00pm and 2.00pm - 4.00pm (closed 1-2pm);
Wednesdays 2.00pm to 4.00pm. 020 7346 6777

Joint Council for the Welfare of Immigrants 020 7251 8708

Immigration Advisory Service (*drop-in service available*)

- Office 020 7967 1200

- Emergency out of hours 020 7378 9191

Voluntary organisations for specific ethnic groups

Please also see this useful website which has a comprehensive list of local charities and agencies for specific ethnic communities plus information, advice, guidance and learning materials in community languages: www.multikulti.org.uk/agencies

African Women's Welfare Group
(*serves London area generally on range of issues including DV*) 020 8885 5822

Arab Women's group 020 8563 0850

Al-hasaniya Moroccan Women's Centre 020 8969 2292

Asian Women's Centre (*mainly Bengali and English speaking;*
offers women's group, welfare, law, ESOL,
and crèche and drop-in for members) 0207 388 6200

Eritrean Community in H&F 020 8748 0547

Hammersmith and Fulham Asian Association 0208 746 2701

Iranian Association 0208 748 6682

Newham Asian Women's Project 020 8552 5524/ 020 8472 0528

Somali Community Information Centre (*serving Westminster*
and neighbouring parts of Brent and Camden) 020 7286 9144

West Hampstead Women's Centre (*supports women from*
ethnic minority communities, mainly in Camden borough but
will support women out of borough) 0207 328 7389

Vietnamese Association 020 8742 9745

Legal

Hammersmith and Fulham Community Law Centre 020 8741 4021

North Kensington Law Centre 020 8969 7473

Paddington Law Centre 020 8960 3155

Fulham Legal Advice Centre 020 7731 2401

Rights of Women

→ Legal Advice Line

Tues, Weds and Thurs 2-4pm & 7-9pm. Friday, 12-2pm. 020 7251 6577

→ Sexual Violence Legal Advice Line

Mondays 11am-1pm and Tuesdays 10am-12pm 020 7251 8887

Children's Legal Services (general enquiries/switchboard) 01206 872466

Mental Health

Bridge Centre for Women's Emotional Wellbeing	020 8749 9451
The Forward Project (<i>for black men and women: provides counselling and advice, also has a hostel for people with psychiatric needs in Shepherds Bush</i>)	020 7381 8778
Women and Girls Network (<i>for those who have experienced violence</i>)	020 7 610 4678

Welfare, benefit, housing and employment advice

Shepherds Bush Advice Centre (<i>reception</i>)	020 8753 5913
Fulham Citizens' Advice Bureau	0845 458 2515

General Support

Samaritans (24 hours)	08457 90 90 90
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Information about intimate partner violence

Domestic violence is:

- A pattern of violent and coercive tactics
- Committed by one intimate partner against another
- A pattern of controlling behaviour
- Physical sexual and/or psychological abuse or assaults
- A learned pattern of behaviour
- Destructive to all those around the adult and child survivor.

Domestic violence perpetrators:

- Seek complete control of the thoughts, beliefs and conduct of their partner
- Punish their partner for resisting their control.

What causes domestic violence?

- Domestic violence is caused by a need to have power and control over an intimate partner
- It is embedded in our social customs and institutions
- Domestic violence is learned through observation, experience and reinforcement, culture, family, and the community.

Domestic violence is NOT caused by:

- Illness*
- Alcohol or other drugs*
- Anger
- Stress
- The survivor's behaviour

* There are examples of illness and use of drugs such as steroids, speed, cocaine or cocaine derivatives that produce general violent behaviours. However, these circumstances create a situation where one is generally violent and not usually concentrating violent acts towards one person.

Appendix 6

Intimate Partner Violence and Health

- Domestic Violence does have health-related consequences that extend beyond the immediate injuries from physical assault.
- Survivors of domestic violence are more likely to be in contact with health professionals than any other service (Pahl 1995).
- 35% of women attending A&E have experienced domestic violence and a 1997 study found that only 6% of women were assessed for violence (Jeziarski, 1994, Warshaws, 1989).
- 1 in 9 women experience domestic violence where medical attention is needed (Stanko, 1998).
- 1 woman is murdered every 3 days in the UK as a result of domestic violence (Home Office).
- Women will experience 35 episodes of violence before seeking help (Jaffe, 1982).
- Twice as many women approach GP's and Health Visitors as approach the Police (Dominy and Radford).
- Domestic Violence is five times more prevalent than what is indicated in medical case notes (Mezey and Bervely, 1999).

Guidelines for Domestic Violence already exist for the following medical groups and organisations:

Department of Health, Royal college of General Practitioners, Royal College of Midwives, and the British Association of A&E Medicine. The Royal College of Nursing has produced a position paper and the Community Practitioners and Health Visitors Association, the British Medical Association, and the Royal College of Obstetricians and Gynaecologist have all produced publications highlighting domestic violence.

Barriers to Leaving an Abusive Relationship

Fear

- More abuse or severe abuse
- Destroy belongings or the home
- Harm to their job or reputation
- Have them arrested or charged with a crime
- Harm to their children, pets, family or friends
- Take the children
- Of losing custody of their children
- Of being charged with kidnapping if she/he takes their children away
- Of retaliation on them, family, friends, and/or those who help them
- Of court involvement
- Of loneliness
- That their partner is not able to survive without them

Resources

- Lack of social support
- Lack of support from institutions
- Lack of a housing alternative
- Lack of money
- Does not want to leave their home, belongings, or community

Beliefs

- That the violence is temporary or caused by unusual circumstances
- That the children need to be raised in a two parent home
- That the abuse stems from alcoholism, stress, or lack of spirituality
- That a perpetrator intervention programme (violence prevention programmes) as ones in probation or DVIP) can 'fix' him
- That all men are violent and that violence should be expected in a relationship
- That they can stop the violence
- That divorce or separation is wrong

Pressures

- Cultural and religious constraints to remain in marriage
- Guilt about the failure of her relationship
- Unaware that domestic violence is a crime
- Love for the perpetrator
- Feelings of person incompetence

Concerns about seeking help

1. **Concern about how to communicate with the worker**

The survivor may be so overwhelmed by all of what is going on in their life that in anticipating talking with you; she may worry about what to say. They may be worried that you will use what they tell you to hurt them or their children.
2. **Fear of being judged or viewed as less than human**

The survivor may be concerned that you will judge her harshly because they need help and is embarrassed about what has happened to them. This is probably the response they have received from other and has internalised those views. She they view themselves in a negative way because they need help.
3. **Concerned about confidentiality**

The survivor may be concerned with confidentiality for many reasons. They may be concerned that other agencies will be aware of their personal information or that information will get out and in particular, back to the perpetrator.
4. **Concern about being pressured**

They may fear that you will pressure or make them do something that they do not want to do. They may fear that we will be pressured to make a decision that they are not sure they can comply with.
5. **Concerned about the negative consequences of seeking help**

They may be concerned with the negative consequence from the perpetrator who has likely warned them of what he/she will do to them or others if they seek help. They may know that the abuser will carry out these threats by times in the past when they have sought help from other sources. They may be operating under false presumptions about the kind of help you offer.