

Domestic Violence Guidance Document for LBHF GP Surgeries

DOMESTIC VIOLENCE HAS BEEN RECOGNISED BY THE WORLD HEALTH ORGANIZATION AS A MAJOR PUBLIC HEALTH PROBLEM¹

IN ONE CENTRAL LONDON GP WAITING ROOM, 1 IN 9 FEMALE PATIENTS HAD EXPERIENCED DOMESTIC VIOLENCE SEVERE ENOUGH TO REQUIRE MEDICAL ATTENTION IN THE PAST 12 MONTHS².

ON AVERAGE, 2 WOMEN A WEEK ARE MURDERED BY PARTNERS OR EX-PARTNERS³.

The Department of Health and the Royal College of General Practitioners (RCGP) have both identified that GPs play a vital role in relation to domestic violence. Survivors of domestic violence are often isolated from friends, family and services; the GP surgery may be the one place they are able to go by themselves. To help support GPs to treat patients experiencing domestic violence, the RCGP has identified domestic violence as a clinical priority for 2011-2013, and has appointed two Domestic Violence Champions to help develop the work around this important health issue.

The RCGP is about to release guidance on how GPs, Practice Managers and GP consortia can ensure that GP surgeries are set up to respond safely and effectively to domestic violence. They have also produced a new e-learning tool which will be available from autumn 2011 onwards from www.rcgp.org.uk.

This protocol document has been put together to help GPs respond safely and effectively to domestic violence. It contains statistics on the prevalence of domestic violence, advice on how to identify domestic violence and information on local referral pathways. It is to be used in collaboration with the RCGP materials.

This document should not be used instead of attending domestic violence training. **We strongly recommend that before putting into practice the processes described in this document, you attend/take advantage of at least one of the following:**

- Briefing sessions delivered by Standing Together during practice meetings
- LSCB Domestic violence Training day
- RCGP produced e-learning tool
- RCGP and CAADA produced surgery guidance

Contact **Venetia Boon, Children and Health Coordinator for Standing Together Against Domestic Violence** (v.boon@standingtogether.org.uk or 0208 748 5717) for further information on these training options.

¹ World Health Organization, (2010) *Preventing Intimate Partner Violence and sexual violence against women: taking action and generating evidence*, WHO

² Stanko, E., et al, (1997), *Counting the costs: Estimating the impact of domestic violence in the London borough of Hackney*, Swindon: Crime Concern.

³ Homicide statistics, 2005

1.0 Government Definition of Domestic Violence

Domestic violence is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

An adult is any person aged 18 years and over, and family member is defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family. The definition is supported by an explanatory text that makes it clear that domestic violence includes female genital mutilation (FGM), forced marriage and so-called honour based violence.

1.1 Statistics

- At least 1 in 4 women will experience domestic violence in their lifetime⁴.
- Women are at greatest risk of domestic violence homicide at the point of separation, or immediately after leaving a violent partner⁵.
- Police receive one call a minute about domestic violence⁶.
- Domestic violence costs the NHS £1.7bn a year⁷.
- 30% of domestic violence starts in pregnancy⁸.

Women are disproportionately affected by domestic violence; they tend to experience it more regularly, more severely and for longer periods of time. People may experience domestic violence regardless of ethnicity, religion, class, age, sexuality, disability or lifestyle.

The term “victim” is often perceived as negative, so this document refers to those who experience domestic violence as “survivors” as they are often surviving the abuse on a daily basis.

Domestic violence has been identified as a primary cause of miscarriage and depression, and the Department of Health has documented health impacts including broken bones, dislocations, recurrent sexually transmitted diseases, urinary tract infections, bruises and mental health issues.

See page 6 for a more complete list of health impacts.

⁴ Council of Europe (2002) Recommendation 2002/5 of the Committee of Ministers to member States on the Protection of Women Against Violence adopted on 30 April 2002 (Council of Europe: Strasbourg, France).

⁵ Lees, S. (2000), “Marital rape and marital murder” In Hanmer, J and Itzin, C (eds.). *Home Truths about Domestic Violence: Feminist Influences on Policy and Practice: A Reader* (London: Routledge).

⁶ Stanko, Prof E., (2000), The Day to Count: A snapshot of the impact of domestic violence in the UK. *Criminal Justice* 1:2.

⁷ Walby, S., (2009), The cost of domestic violence: Up-dates 2009, Lancaster University

⁸ Lewis, Gyneth, Drife, James, (2005) *Why Mothers Die 2000-2002: Report on confidential enquiries into maternal deaths in the United Kingdom* (CEMACH).

1.2 Child Protection and Vulnerable Adults

“Seeing or hearing the ill-treatment of another” is considered significant harm under the Adoption and Children Act 2002. Additionally, in 40 – 70% of families where women are being abused, the children are also being directly abused.

The Care Quality Commission expects that Child Protection policies include a process for ensuring all adults are asked about children or about any caring responsibilities for children.

If you receive a disclosure from a woman who is pregnant or has a child under 12 months old, you have a legal obligation to refer the child/ren to Children’s Services. For women with children older than this, referrals depend on professional judgement and making an assessment of risk. You should make this decision in consultation with your safeguarding lead.

This protocol is not intended to replace your safeguarding policies, but to be used in addition. You must always follow the Child Protection and Vulnerable Adults procedures that are held within your surgery.

In all circumstances, the safety of children is your priority. If you have any concerns about the safety of a child, please refer to your child protection policies. Similarly, if you have concerns or suspicions regarding the safety of someone who is a vulnerable adult, you must immediately refer to your safeguarding procedures and make a safeguarding alert within 24 hours.

If you do need to make a referral to Children’s Services you should always seek the consent of the non-abusing parent, unless to do so would put the child at further risk.

Remember that the blame for the abuse lies with the abuser, not with their victims.

1.3 Criminal Justice System

Physical violence and threats are a criminal offence, and a person experiencing domestic violence may choose to seek relief through the criminal justice system as well as civil remedies such as injunctions and non-molestation orders.

1.4 Confidentiality and Information Sharing

Domestic violence should not be discussed if there is someone else in the room, even if it is a friend, a family member or a child (unless they are an infant).

You cannot promise confidentiality as an absolute, because you have a legal obligation to pass on information if concerned about the safety of a child.

Whilst you should always aim to keep anything disclosed by a patient confidential, there are exceptions. The General Medical Council (GMC) states that:

“Disclosure of personal information about a patient without consent may be justified in the public interest if failure to disclose may expose others to a risk of death or serious harm...Such a situation might arise, for example, when a disclosure would be likely to assist in the prevention, detection or prosecution of serious crime.”

1.5 If a patient admits perpetrating violence/abuse

If someone discloses that they are violent or abusive towards a partner or family member, there are things you can do.

- **Do not** refer to an anger management course or couples counselling as neither of these are appropriate and might increase the risk to the survivor.
- DVIP deliver a programme for male perpetrators of domestic violence. They can accept referrals for men on 020 7633 9181.
- Respect run a phone line for people who are abusive to their partners: 0808 802 4040.

2.0 Role of GP staff

The RCGP has made domestic violence a clinical priority, as they identify the role of GPs and GP staff as vital in the response domestic violence.

The RCGP is keen to emphasise the importance of GPs responding safely and effectively to domestic violence. There is no expectation that GPs “cure” domestic violence, but they do have an important role in helping survivors access support and advice in a safe and confidential setting. This response should be considered within the context of a domestic violence partnership involving specialist domestic violence agencies, children’s services, and many other agencies.

The key role for a GP or GP staff member is to identify domestic violence, refer the patient to an appropriate agency and record the situation.

For further details on what to do, see page 6.

2.1 Identifying domestic violence

Research has established that women experiencing domestic violence are keen for GPs to ask about it, and that people do not object to being asked about domestic violence, if told why. For this reason, it is important to put the question in context, as below.

For example: *As violence in the home is so common we now ask patients about it routinely. Please be assured that whatever you say will be kept confidential, unless there is a concern about a child or vulnerable adult. If I have a concern I need to talk to another professional, and this might result in a referral to children’s services.*

Example Questions: *Do you ever feel frightened of your partner? or Do you feel that you are in danger?⁹*

2.2 Particular Risks

A full risk assessment can be completed by specialist domestic violence services to ascertain what level of risk the survivor is at. The tool most commonly used is the CAADA-

⁹ For further example questions, see:
http://www.rcgp.org.uk/policy/position_statements/domestic_violence-the_gps_role/ask_the_question.aspx

DASH Risk Indicator Checklist. GPs are not expected to use this tool, but there are some key risks that all professionals should be aware of.

These risks were identified by the Metropolitan Police after examining domestic violence homicides for patterns. They create the acronym SPECSS, which stands for the following:

- S – Separation***
 - P – Pregnancy***
 - E – Escalation of abuse***
 - C – Community/cultural isolation***
 - S – Sexual assault***
 - S – Stalking***
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If you identify any of these risks, you should consider the survivor to be at higher risk of serious harm.

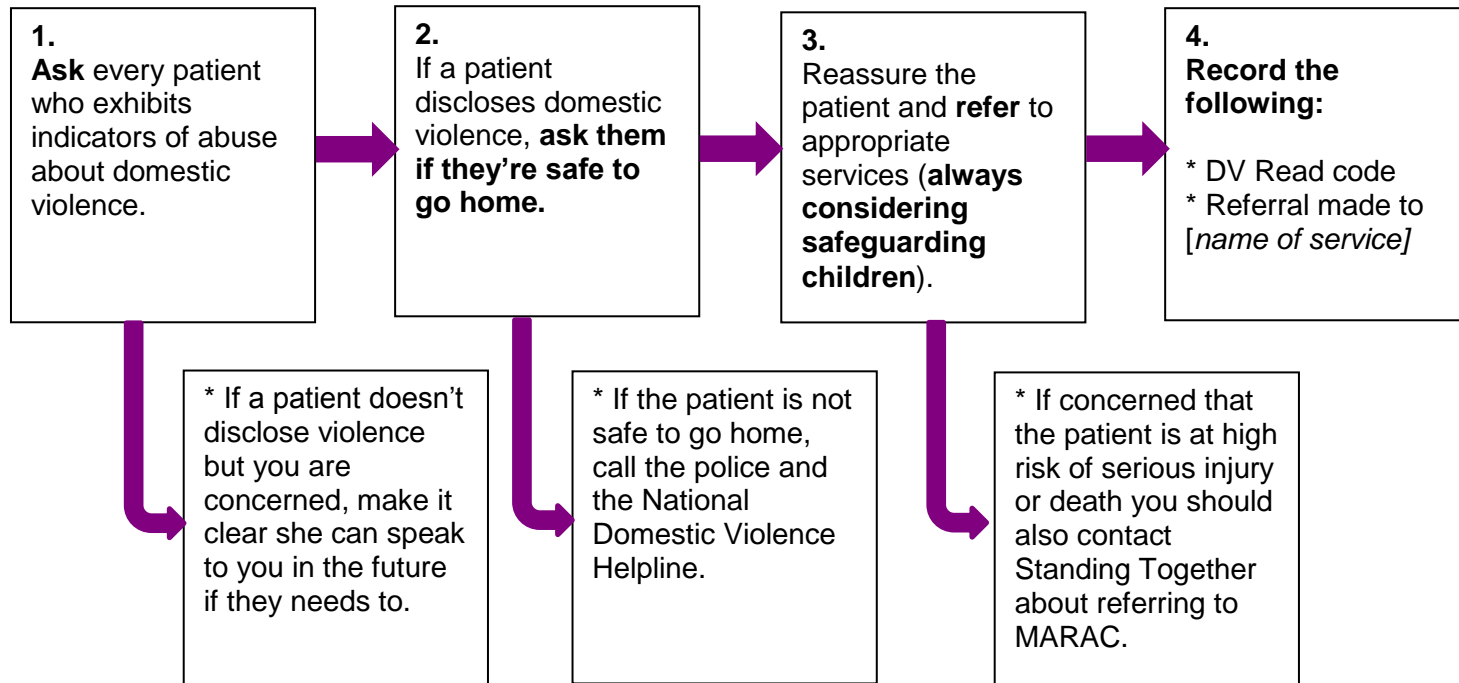
2.3 Patient notes

Medical evidence can be instrumental in getting a conviction by the police. If you can, measure any cuts or bruises and record what size they are (including the depth of any cuts) as well as how you treated said injury.

2.4 Photographs

The police prefer that photographs of injuries are taken either by a police doctor or by the survivor to help maintain consistency of evidence. Two clear images are needed – one close up and a second showing the position of the injury on the body.

Domestic Violence Flowchart



If you receive a disclosure from a woman with a child under the age of 12 months (including unborn children) you must refer to Children's Services. If you receive a referral from a woman with a child/dren older than this, referrals depend on professional judgement and making an assessment based on risk. You should make this decision in consultation with your safeguarding lead.

CONTACT AND ASSESSMENT – 020 8753 5392 or 0208 748 9787 (emergency out of hours)

National Domestic Violence Helpline: 0808 2000 247.

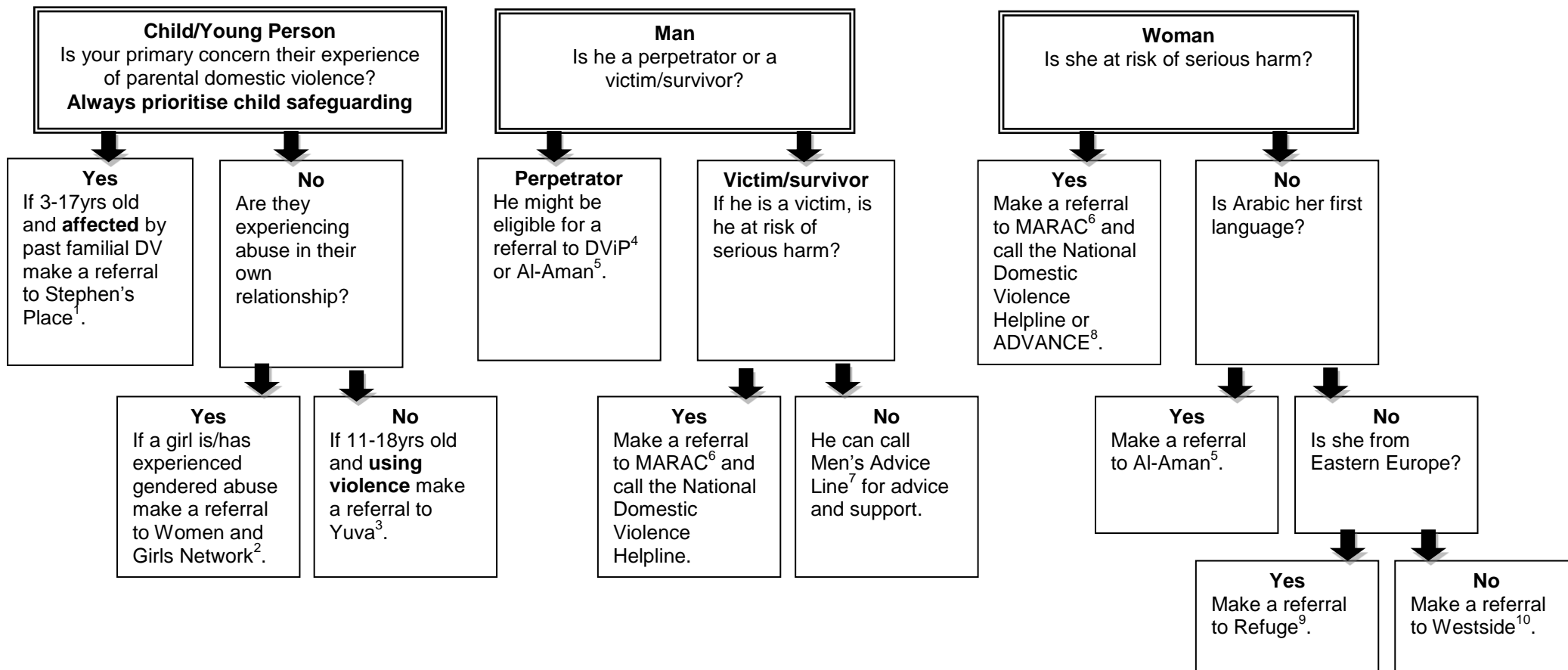
See referral flowchart for local details.

Indicators of domestic violence

- Frequent appointments for vague symptoms
- Injuries inconsistent with explanation of cause.
- Recurring sexually transmitted infections or urinary tract infections.
- History of repeated miscarriages, terminations, still births or pre-term labour
- Repeat presentation with depression, anxiety, self-harm or psychosomatic symptoms
- Woman tries to hide injuries or minimise their extent
- Multiple injuries at different stages of healing
- Injuries to the breasts or abdomen
- Suicide attempts (greater incidence for Asian women)
- Patient appears frightened, overly anxious or depressed
- Non-compliance with treatment
- Frequent missed appointments
- Poor or non-attendance at antenatal clinics
- Early self-discharge from hospital
- Partner always attends unnecessarily
- Woman is submissive or afraid to speak in front of her partner
- Partner is aggressive or dominant, talks for a woman or refuses to leave the room.

Department of Health, 2005

Are you concerned about a **child/young person, a **man** or a **woman**?**



NATIONAL DOMESTIC VIOLENCE HELPLINE: 0808 2000 247

You must always follow your organisation's child protection policies. If you receive a disclosure from a woman with a child under the age of 12 months (including unborn children) you are legally obliged to refer to Children's Services. If you receive a referral from a woman with a child/dren older than this, you **must** consult with your safeguarding team with regards to referrals: Contact and Assessment team: 020 8753 5392 (Emergency no: 020 8748 8588)

Do not discuss a MARAC referral with a perpetrator.

Name of project	Contact	Who to refer	What happens
1. Stephen's Place*	020 8741 8020 or khyati@dvip.org	3-17yrs old who have been affected by DV.	Therapy delivered by a team of psychologists for children who have been affected by domestic violence for up to six months.
2. Women and girls Network	0808 567 7347	Young women and girls who have experienced gendered violence.	Youth advocate can provide advice, guidance and support to young women and girls who have experienced gendered violence.
3. Yuva*	020 7928 2322 or shem@dvip.org	11-18yrs old using violence in close relationships.	Structured 1-2-1 direct interventions with young people to identify and challenge behaviours and adopt alternative ways of interacting.
4. DViP	020 7633 9181	Men over 18 perpetrating DV.	Runs Violence Prevention Project (VPP) for adult male perpetrators of domestic violence. * Yuva, Stephen's Place and Al-Aman are all run by DViP but are separate projects.
5. Al-Aman*	020 87482577 - Men	Arabic speaking male perpetrators.	Provides a Violence Prevention Programme for abusive men. Staff speak English and Arabic.
	020 8563 2250 - Women	Arabic speaking women.	Provides a woman's support service for women. Staff speak English and Arabic.
6. MARAC	Your MARAC representative or Standing Together (0208 748 5717)	Men & women at risk of serious harm or death.	MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of statutory and voluntary sector agencies. Male victim/survivors are supported by Victim Support and female victim/survivors by ADVANCE.
7. Men's Advice Line	0808 801 0327	Men experiencing domestic violence.	Provides confidential advice to any man experiencing domestic violence (in a heterosexual or same sex relationship).
8. ADVANCE	020 8748 0979	High risk women.	Provides crisis intervention, independent advocacy and support to women experiencing high risk DV. They do not accept direct referrals from CYPS. They support any woman referred to MARAC. ADVANCE accepts direct referrals from the CSU, health professionals and self-referrals.
9. Refuge East European Outreach	020 8453 7190 or 020 8453 7173	Eastern European women.	Support, risk assessment and advice given. Polish, Romanian and Bulgarian spoken and arrangements made for interpreters for other Eastern European languages.
10. Westside	07771 905 306	Women over the age of 16 experiencing DV.	Direct support offered to up to 40 women experiencing domestic violence. Run a weekly DV Advice and Information Surgery as well as short advice sessions by phone.
Other support agencies			
Rape Crisis Centre	020 8567 7347	Women 14yrs+ who have experienced sexual violence, either recent or historic.	Provide therapeutic support, guidance and advocacy to women who have experienced sexual violence at some point (either historical or recent).
Minerva	0208 563 2225	Women at risk of offending.	Provides community based support to women who have support needs because they have offended, are offending or are at risk of offending.
<p>Standing Together Against Domestic Violence coordinates the response to domestic violence in the borough of Hammersmith and Fulham. If you need information on policies, training, MARAC or referral pathways contact us for advice and guidance. We do not take client referrals.</p> <p>Tel: 0208 748 5717</p>			