



PARSONS GREEN WALK-IN CENTRE DOMESTIC VIOLENCE PROTOCOL

Last updated: January 2007

© **Standing Together Against Domestic Violence 2007**

Please credit Standing Together if you use any of this material

Registered Office:

Room 44D
The Polish Centre
238-246 King Street
London W6 0RF

Telephone: 020 8748 5717
Fax: 020 8748 5921
E-mail: admin@standingtogether.org.uk
Website: www.standingtogether.org.uk

Charity number: 1088844

Hammersmith and Fulham Primary Care Trust

Parsons Green Walk-in Centre in conjunction with Standing Together Against Domestic Violence

Policy Title: Intimate Partner Violence Routine enquiry Protocol

Protocol contents list

Page Numbers

Principles & definitions	Page 1
Legal considerations	Page 2
Patient confidentiality	Page 2
Routine enquiry procedures	Page 2
How to ask routine enquiry questions	Page 3
Example routine enquiry questions	Page 4
How to document routine enquiry at Parsons Green WIC	Pages 5
Assessment and intervention: The overall role of the nurse	Page 6
What to do if IPV is identified?	Page 6 & 7
ADVANCE services for Parsons Green Walk In Centre	Page 7 & 8
What to do if a patient declines to speak with ADVANCE	Page 8
If patient does not identify IPV?	Page 8
Nurses role in completing the Proforma & photographic evidence	Page 9
Child protection	Page 9
The abuse of men & other information	Page 10
Appendices (these are useful reference information for health practitioners)	
Routine enquiry Information recording box	Page 11
Intimate Partner Violence Assessment Proforma	Page 12&13
Possible indicators of Domestic Violence	Page 14
Domestic Violence organisations & useful contact numbers	Page 15 - 19
Information about Intimate Partner Violence	Page 20
Intimate Partner Violence and impact on health	Page 21
Barriers to leaving an abusive relationship	Page 22
Concerns about seeking help	Page 23

Guiding Principles

Parsons Green Walk-in Centre 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 staff are often 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.

The Hammersmith and Fulham Primary Care Trust (which manages the Parsons Green Walk in Centre) are working with Standing Together Against Domestic Violence to develop and implement policies and procedures for identifying, treating and referring victims of intimate partner violence.

Nurses rotate on a four weekly basis between Parsons Green Walk In Centre and Charing Cross Emergency Primary Care Access Service (EPCAS hereafter). These nurses are trained on both protocols as there are discrete differences in how patient care is delivered and how IPV is recorded. All staff are expected to work according to the protocol that applies to the health site that they are working in.

The term “routine enquiry” replaces the more clinical term “screening” in this updated protocol, Jan 2007. 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.

The protocol for Parsons Green Walk In Centre outlines the practice of “routine enquiry”. In order to promote and work towards the goal of “routine enquiry” staff will be required to document why the routine enquiry question was not asked, the patient’s response and any subsequent action taken.

Purpose of this 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 the Walk-in Centre.
- To document correctly and thoroughly.
- 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 use 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 so 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 had a primary relationship."***

Legal considerations

Physical violence and threats are a criminal offence and a person 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). The reporting of 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 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 or any voluntary agencies without the victim's consent. It should be stated that the only breach in confidentiality would be if staff are concerned about the welfare of any children involved.

Conduct initial screening for intimate partner violence in the clinical room

Who to screen?

- Female patients will be screened who are above the age of 16, regardless of their presenting medical condition.
- Male patients that exhibit indicators of abuse will also be screened (see appendix 2).
- Staff will be asked to record why the routine enquiry question has not been asked. This is to help "promote" the practice of routine IPV enquiry.
- Use 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 in the clinical room. The nurse will:

- Ensure that the door to the clinical room is shut.

- Speak to the patient alone and may consider asking visitors (including visitors of the same sex) to wait outside for a few minutes.
- 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.

Do not ask the IPV routine enquiry question 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 the routine enquiry question the reason why must be recorded in the IPV routine enquiry book. A routine enquiry book is kept in each of the clinical rooms.

How to ask the routine enquiry question

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

- The enquiry question 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 the question 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 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 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 the routine enquiry

Charing Cross EPCAS and Charing Cross A&E Department have agreed a joint method of recording and monitoring IPV routine enquiry. Nurses that rotate between EPCAS and Parsons Green will need to understand and work within the agreed system according to the health site that are working at.

At Parsons Green nurses are required to complete the screening information recording box in the IPV screening book. One screening book can be found in each of the clinical rooms. This system will be used to monitor the number of patients who are screened and the subsequent intervention.

In order to protect patient confidentiality and ensure patient safety, the screening book must never be left out in the clinical room. The book should never be left unattended and always stored in a draw when not being used.

Nurses will be responsible 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 patients 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 routine enquiry by ticking the other appropriate responses.

The screening book will be managed by the walk-in centre to ensure there are sufficient pages in the books to allow routine enquiry to be recorded.

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

Assess the patient and offer intervention

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. The nurse's aim is to facilitate a referral to ADVANCE.

What to do if intimate partner violence is identified

- Assess immediate danger- Ask, "Are you safe now?" Find out if the abuser is with the patient at the Walk-in Centre. If the abusive partner is present be careful not to leave any written information in the clinical room that would alert the abuser that intimate partner violence has been discussed.
- If the patient indicates danger, call the Police and move patient to a safe location to wait.
- Ask the patient if there is an existing protection order 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 her.
- As with any situation, if there is an immediate threat to the patient or staff, notify the Police.
- **Validate the patient's feelings. Let them know that they are not responsible for the abuse.** Let the patient 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.
- 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.

Determine if the injuries need to be documented by a doctor - If the patient has injuries that were a result of a physical assault by their partner, advise the patient that it may be useful to them to have their injuries documented by a doctor. Explain that this information can be used in the future e.g. for future use in court or applying for emergency housing. The patients three main options would be:

- to see a GP,
- go to Charing Cross A&E,
- or call the police and be seen by a FME.

For more information on documenting DV related injuries please refer to page 9, and 12 – 13 of this protocol.

If the patient agrees to attend Charing Cross A&E Department so that a doctor can document their injuries:

- Complete page one of the Intimate Partner Violence Assessment Proforma (which is found on the P drive).
- To ensure patient safety fax the document to Charing Cross A&E.
- **Always** consider ringing for an ambulance/taxi to take them direct to the hospital even if the injury is considered to be minor.
- Offer patient a Domestic Violence resource leaflet (if safe to do so) and suggest a referral to ADVANCE.

For patients who disclose intimate partner violence but wish to stay in the Centre for treatment

- Explain that you will fill in the Domestic Violence Assessment Proforma and that it will be kept confidential in their CAS patient's notes. (Cut and paste this from the P Drive on the computer), but that it would be better for the injury to be documented by a doctor.
- Explain that the Proforma may be useful to them in the future for court proceedings.
- Offer patient a Domestic Violence resource leaflet (if safe to do so) and suggest a referral to ADVANCE.

For patients with no injuries

- Offer patient a Domestic Violence resource leaflet (if safe to do so).
- Suggest a referral to ADVANCE.

ADVANCE Advocacy Project service provided at Parsons Green Walk In Centre

Explain that there is a face to face Advocacy service that is available at Charing Cross EPCAS or Charing Cross A&E, and also through the Hammersmith and Fulham Police. Explain that an Advocate is someone who can offer them specialist advice.

Inform the patient that an 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.***

Unfortunately, the ADVANCE Advocate cannot come to Parsons Green because of resource limitations.

If the patient has disclosed DV and agrees to speak with ADVANCE

- Take time to explain the service provided by ADVANCE, as this often results in a referral, rather than just handing the patient a leaflet.
- The ADVANCE Advocate can be reached by telephone to speak with the patient directly. The on call numbers are provided monthly and this rota can be found on the back of the door in the booking in room. Phones are not answered between 13:00 and 14:00 but please leave message and ADVANCE will respond after lunch.
- ADVANCE operates 24 hours a day, 7 days a week.
- The patient can also speak with the Advocate briefly over the phone to set up another time to meet.
- If the patient does not want to speak to the Advocate on the day, the nurse can offer the leaflet about ADVANCE, which contains their daytime telephone number.
- Explain that there are other ways to receive help. Offer a DV leaflet that outlines general domestic violence information. Advice leaflets are displayed in the waiting areas and also in the clinical rooms. Remember it may not be safe for them to take away written information. Offer the white business card as this may be easier to hide.

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 WIC 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.
- Tell the patient that they can call the numbers listed at any time and that you understand this may not be the best time for her to talk but that they do not deserve to be abused.
- Remember it may not be safe for her to take away written information. Offer the white business sized card with local resource numbers on it because it may be easier for them to hide.
- The nurse can also contact ADVANCE for advice if so required.

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 does not disclose DV

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 wallet card or brochure.
- Record that the routine enquiry has been conducted in the screening book and tick off appropriate responses.
- If abuse is identified, refer to the above protocol.

Nurse's role in completing the Intimate Partner Violence Assessment Proforma

- If injuries exist as a result of DV advise the patient 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 secure a civil injunction/occupation order, access emergency housing through the local authority or to pursue a criminal case. The Proforma is also used 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.

Photographic Evidence

- **Consent for photos should always be obtained according to PCT policy.**
- When the injury lends itself to photographic documentation, the 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 PCT policy.
- Instruct the patient to speak to the Advocate or to come back to the WIC in the following days if the injury becomes more pronounced so that further pictures can be taken.
- Attach the photographs to the proforma.

Child Protection

When concerns in relation to child protection are raised or such issues are identified nurses/doctors should refer to the child protection policy that covers the Hammersmith and Fulham PCT.

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).
- Document as stated above.
- ADVANCE will take an initial referral for men but will refer them on to specialist services.

Other information

Domestic violence resource folders to assist staff have been provided and can be found in each of the clinical rooms. These folders contain DV information, good practice information and protocol resource materials. A flowchart has been devised on the Parsons Green Walk In Centre screening protocol and this is included in the DV resource folders. These have been devised to assist staff in following the routine enquiry protocols. 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: <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: <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: <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>

Appendix 2

CONFIDENTIAL – KEEP WITH MEDICAL NOTES

INTIMATE PARTNER VIOLENCE ASSESSMENT PROFORMA FOR PARSONS GREEN WIC

This form can be found on the computer system on the P Drive on the CAS computers. This form should be completed to document domestic violence related injuries. 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 pursue a criminal case and will be used to help write a medical statement if requested.

Determine whether the injuries need to be documented/treated by a doctor. If this is necessary the patient has three options:

1. To see their GP.
2. To go to Charing Cross A&E/EPCAS.
3. Call the police and be examined by a FME.

If the patient agrees to have their injuries documented by a doctor:

- Complete section one of the proforma.
- Fax the document through to where she decides to go and see a doctor.
- Consider calling a taxi/ambulance to transport her.

If the patient wishes to remain at PG WIC but wishes for the proforma completed:

Explain to the patient that it would be beneficial for her injuries to be documented by a doctor. If she is still reluctant to see a doctor elsewhere, the Nurse Practitioners can in these circumstances complete the form.

SECTION ONE: PATIENT INFORMATION

Date of examination	
Name of patient	
DOB	
Patient number	
Is the patient pregnant? Note details.	

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.

Any other relevant information:

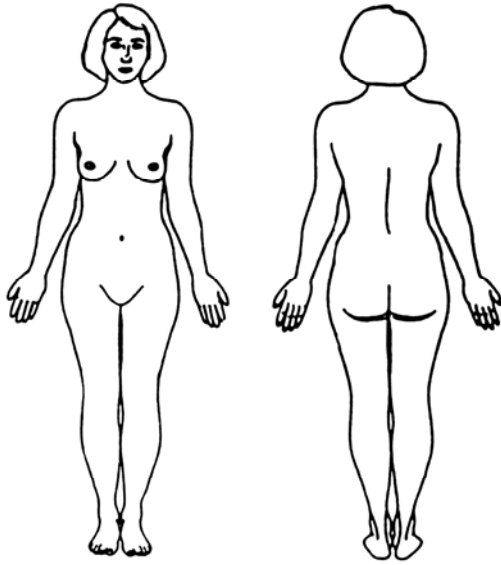
Please turn over

SECTION TWO:

DOCTORS/NURSE PRACTITIONERS TO FILL IN THIS SECTION - See notes overleaf.

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		
Marks : bites, Scratches, burns (specify)		

Continue on a separate sheet if needed.

Treatment given:

Signature of nurse completing proforma: _____

Name and grade of nurse completing proforma (please print) _____

PHOTOGRAPHS – A Polaroid camera is kept in the locked store room in the WIC.

- 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.
- Complete photograph sticker in the camera bag and place on back of each photo taken.
- Multiple photo's should be taken to include close ups of the injury as well as distance photographs.
- Photos to be attached to this form.

Patients consent (patient's signature) _____

Signature of Doctor completing proforma: _____

Name of Doctor completing proforma (please print) _____

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
- Partner hovers
- 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 020 8748 0979

(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 (*covers all stations in the borough*) 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

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

→ 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 (*for black men and women:
provides counselling and advice, also has a hostel for people
with psychiatric needs in Shepherds Bush*) 020 7381 8778
Women and Girls Network (*for those who have
experienced violence*) 020 7 610 4678

Welfare, benefit, housing and employment advice

Shepherds Bush Advice Centre (*reception*) 020 8753 5913
Fulham Citizens' Advice Bureau 0845 458 2515

General Support

Samaritans (24 hours) 08457 90 90 90

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 behaviours.
- 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 survivors 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.*

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 medical case notes indicate (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.

Appendix 7

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.