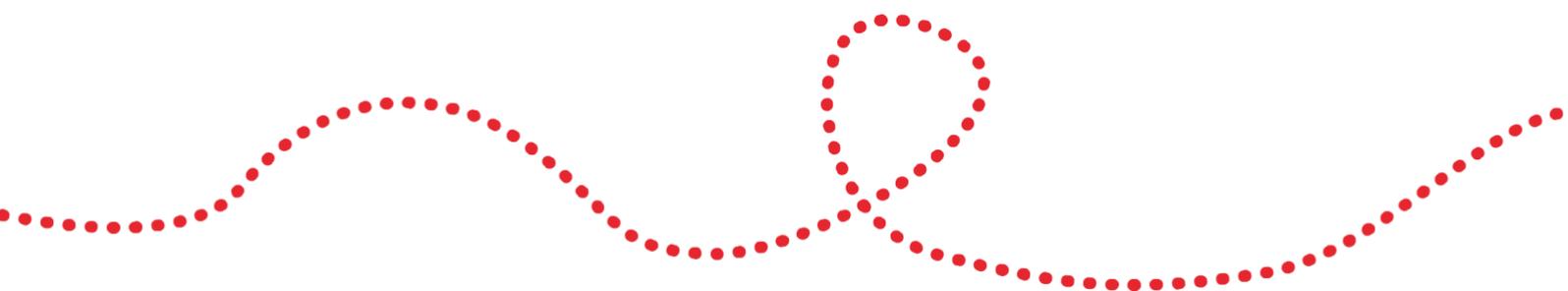




DOMESTIC ABUSE POLICY (PATIENTS)

Version	1
Date	30 October 2021
Approval date	19 April 2018
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RENEWAL DATE	October 2024



Introduction

This document provides guidance to the practice on responding effectively to patients, who are experiencing or have experienced domestic abuse.

Definition of domestic abuse

For the purposes of the policy, the practice recognises the government's definition of domestic abuse:

“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”

The practice recognises that domestic abuse is rarely confined to a single incident and typically forms a pattern of coercive or controlling behaviour. This policy is therefore applicable whatever the nature of the intimate relationship.

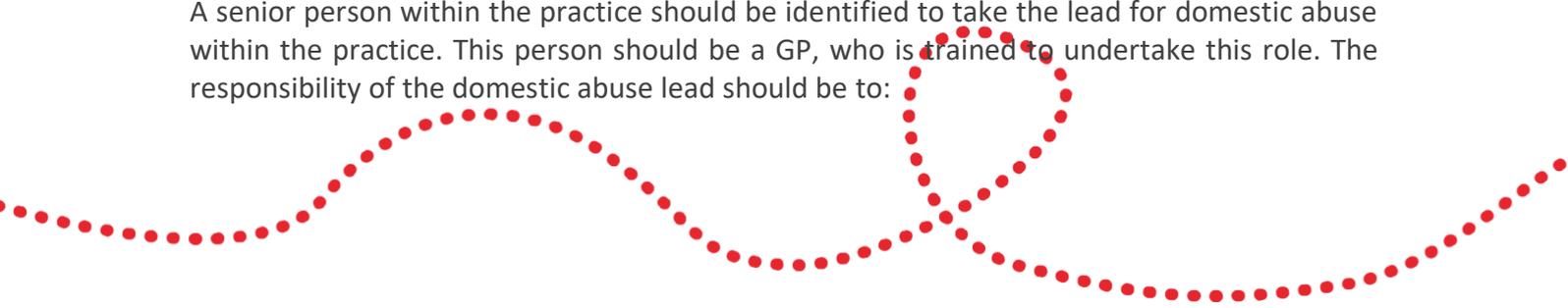
The practice recognises that the issue of forced marriage falls within the broad definition of domestic abuse and will treat any reported occurrence within this process.

Domestic abuse 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, control over access to money, personal items, food, transportation, the telephone, and stalking. It can also include abuse inflicted on, witnessed by or threatened against, children.

- Domestic abuse occurs in all social classes, cultures, and age groups whatever the sexual orientation, mental or physical ability.
- Once it has started it often becomes more frequent and more violent.
- It can severely affect children emotionally and physically.
- Victims are sometimes beaten or harassed by members of their immediate or extended family.
- Domestic abuse is gendered – the majority of perpetrators are men and between 80-95% of those who experience it are women, although it does also occur against men in heterosexual relationships, in same sex relationships and against bisexual and transgender people.
- Domestic violence/abuse is not a 'one off' occurrence but is frequent and persistent, aimed at instilling fear into, and compliance from, the victim.

Designated person

A senior person within the practice should be identified to take the lead for domestic abuse within the practice. This person should be a GP, who is trained to undertake this role. The responsibility of the domestic abuse lead should be to:



- Identify existing domestic abuse services available locally and nationally (a list of national organisations is provided in this document)
- Engage with local domestic abuse services to develop an effective working partnership
- Organise training for the practice team
- Establish a simple care pathway for patients, who disclose domestic abuse
- Provide a single point of reference, and information, with regards to domestic abuse to ensure (a) legal compliance (b) single information stream both within the practice and for external agencies.
- Ensure that the practice's response to disclosure always adheres to its information sharing protocols.

The initial assessment for a patient, who discloses domestic abuse or where domestic abuse is suspected, can be carried out by the designated person or by an external specialist domestic abuse service practitioner, who undertakes the assessment on behalf of the practice and liaises with the GP / domestic abuse lead.

Domestic abuse care pathway

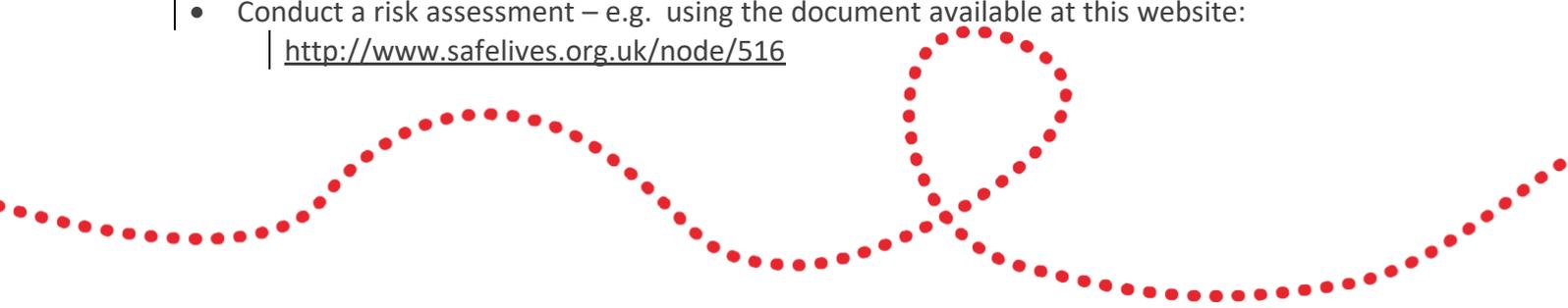
The practice's healthcare team's role is to:

- Recognise patients whose symptoms mean they might be more likely to be experiencing domestic abuse
- Talk to the patient sensitively and provide a safe and empathetic first response
- Understand the practice's process for responding to disclosure and know what to do when there is an immediate risk of harm to patients and their children
- Know who the designated person for their practice is and seek advice where necessary
- Understand the practice's process for arranging an initial assessment with the designated person
- Document domestic abuse in the patient's record safely and keep records for evidence purposes
- Share information appropriately. Information must only be shared with the consent of the patient, subject to practice policy on child protection and adult safeguarding. In exceptional circumstances, information may be shared without the patient's consent e.g. cases considered at Multi-Risk Assessment Conference (MARAC) meetings, which are the most serious cases of alleged or suspected domestic abuse.

Initial assessment

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

- Conduct a risk assessment – e.g. using the document available at this website:
| <http://www.safelives.org.uk/node/516>



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

Training requirements for the practice

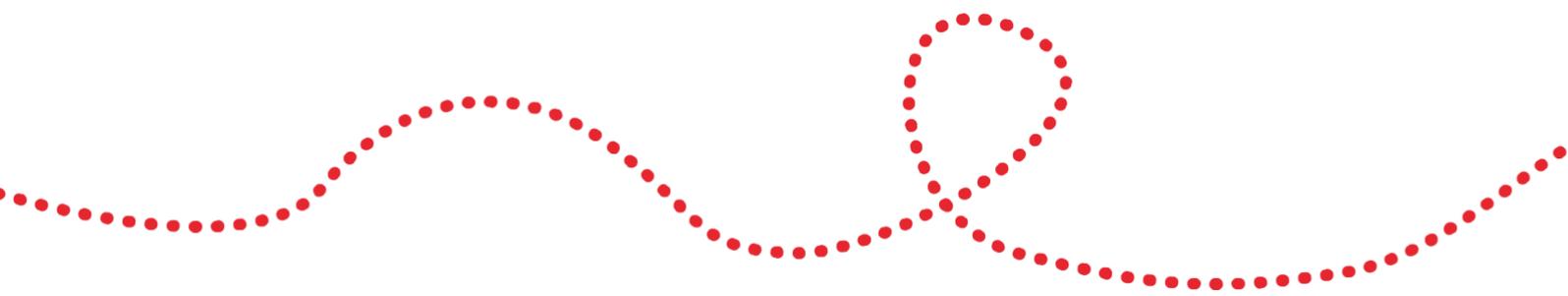
The whole practice team – clinical and non-clinical – should be trained in how to recognise the signs of domestic abuse, how to enquire sensitively and safely, the importance of confidentiality and the practice's process for responding to disclosure.

Training should cover:

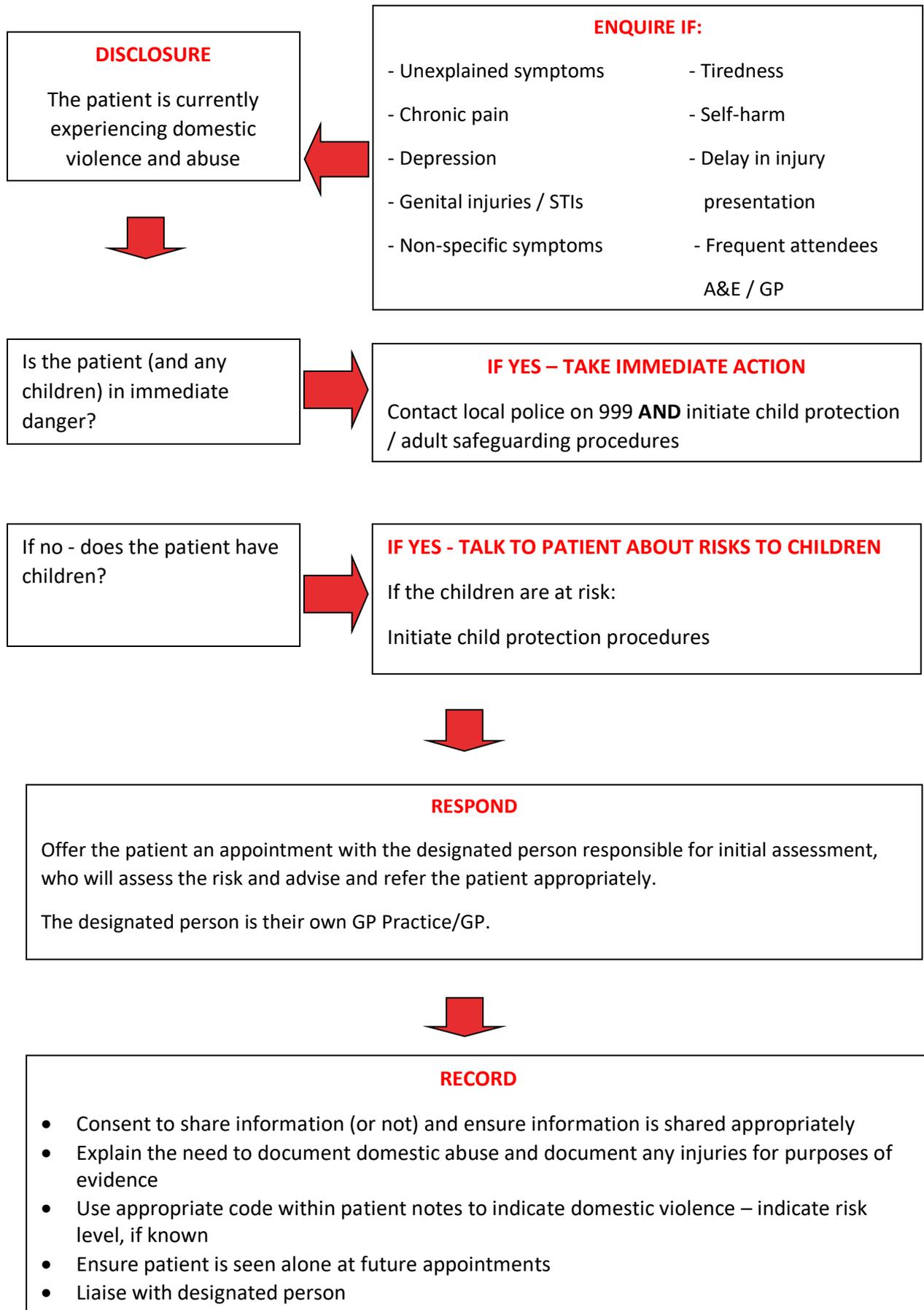
- Initial education about domestic abuse - RCGP e-learning module
- Health indications of domestic abuse e.g. depression, anxiety, tiredness, chronic pain
- How to ask the question sensitively and safely
- The implications of domestic abuse for both child protection and adult safeguarding
- How to respond in cases of immediate and significant risk (i.e. where it may not be safe to go home)
- How to document domestic abuse and manage patient notes safely
- The protocols of information sharing, consent and confidentiality
- Local domestic abuse response pathways for all levels of risk
- The practice's process for responding to disclosure of domestic abuse. A one page flowchart can be useful – see example below
- What to do when a perpetrator discloses or is also registered with the practice.

The following document provides guidance on a range of these topics:

<http://www.rcgp.org.uk/clinical-and-research/clinical-resources/domestic-violence.aspx>



Flowchart – process for responding to domestic abuse



Directory of domestic abuse services

National services	
24 hour national domestic violence helpline – run in partnership between Women’s Aid and Refuge – service for women experiencing domestic abuse	0808 2000 247 www.nationaldomesticviolencehelpline.org.uk
Men’s advice line – service for men experiencing domestic abuse	0808 801 0327 http://www.mensadvice.org.uk/
Women’s Aid	Advice line as above – 0808 2000 247 www.womensaid.org.uk
Respect phonenumber (for those who are abusive or violent towards their partner)	0808 802 4040 www.respectphonenumber.org.uk
Support for healthcare professionals	
IRIS	www.irisdomesticviolence.org
Safe Lives	0117 403 3220 info@safelives.org.uk www.safelives.org.uk/

