

Standard 7: Domestic Abuse

Rationale

Domestic Abuse (DA) is a violation of human rights and a public health concern. It continues to be an issue among families, impacting both the mental and physical health and wellbeing of all who are exposed including perpetrators, victims and children who witness abuse.²³

The Domestic Abuse Act 2021²⁴ creates a statutory definition of Domestic Abuse based on the existing cross-government definition. 'Abusive behaviour' is defined in the act as any of the following:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, emotional or other abuse

For the definition to apply, both parties must be aged 16 or over and 'personally connected' (who are or have been intimate partners or family members, regardless of gender or sexuality). The Act recognises children aged under 18 years who see, hear, or experience the effects of the abuse, as a victim of Domestic Abuse, if they are related or have a parental relationship to the adult victim or perpetrator of the abuse.

Crime Survey for England and Wales (CSEW)²⁵ estimated that 5.0% of adults, 1 in 20 adults (6.9% women and 3.0% men) aged 16 years and over experienced Domestic Abuse in the year ending March 2022; this equates to an estimated 2.4 million adults (1.7 million women and 699,000 men). Approximately 1 in 5 adults aged 16 years had experienced Domestic Abuse since the age of 16 years.

Domestic Abuse can affect anyone, regardless of age, ethnicity, gender, sexuality, class, lifestyle or geographic location²⁶. Often people suffering from Domestic Abuse have unnecessary investigations and medications to address a variety of physical and/or mental health symptoms, including chronic pain, and are frequent attenders to the healthcare service²⁷. Clinicians should be aware of the 'toxic trio' - DA associated with substance abuse and mental illness.

Domestic Abuse is complex and often a hidden crime. Data published by SafeLives show that victims of Domestic Abuse experience abuse for an average of 3 years before getting help and visit their GP an average of 4.3 times during this time. Some victims of DA, including older individuals, Black, Asian, and minority ethnic people, and/or people with a disability, are likely to endure abuse for much longer before disclosure²⁸.

²³ Pingley T: The Impact of Witnessing Domestic Violence on Children: A Systematic Review. Master of Social Work Clinic Research Papers 2017.

²⁴ www.legislation.gov.uk/ukpga/2021/17/contents

²⁵ Office for National Statistics. Domestic abuse prevalence and trends, England and Wales: year ending March 2022. www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsendlandandwales/yearendingmarch2022

²⁶ Keynejad R, Baker N, Lindenberg U, Pitt K, Boyle A, Hawcroft C: Identifying and responding to domestic violence and abuse in healthcare settings. BMJ 2021, 373: n1047. <https://www.bmj.com/content/373/bmj.n1047.abstract>

²⁷ Campbell JC: Health consequences of intimate partner violence. Lancet 2002, 359(9314):1331-1336.

²⁸ Department of Health, SafeLives. Pathfinder profile: general practitioners. Guidance for general practitioners responding to domestic abuse. London: DH, SafeLives 2019. Available at: safelives.org.uk/health-pathfinder

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| | <p>Primary care team are in a unique position to help victims of abuse as they are often the victim's first or only contact and represent a lifeline to safety. Often they are able to develop a good relationship with a patient over time, increasing the chance of the patient disclosing abuse and seeking advice. Once identified, victims need to be referred to Social Care, DA support services where necessary. The team has a duty to do everything they can to support victims, and by doing so could potentially save lives.</p> |
| <p>Delivery</p> | <p><u>Aims</u></p> <ul style="list-style-type: none"> ▪ To improve identification of people experiencing Domestic Abuse within GP practices in Ealing. ▪ To ensure safety of the victims identified (including their dependents - children and elderly) ▪ To ensure victims identified are referred effectively for the provision of on-going advice, information and support. ▪ Respect the wishes of patients who do not want to take further action at the time of disclosure and ensure confidentiality; however, initiate child protection and adult safeguarding procedures and offer support where necessary. ▪ To increase public awareness and help break down any stigma. <p><u>Delivery</u></p> <p>The provider will meet the following requirements:</p> <p><i>Case Management</i></p> <ol style="list-style-type: none"> 1. Identification: Anyone can be a victim of Domestic Abuse, regardless of sex, gender reassignment, age, ethnicity, socio-economic status, sexuality, or background. Often people suffering DA have unnecessary investigations and medications for nonspecific or mental health symptoms. Consider asking about DA in patients with health markers of abuse (e.g. chronic pain, sexually transmitted infections, genital injuries, recurrent UTIs, TOP, mental health problems, self-harm, drug and alcohol abuse, high frequent attenders etc.) and those with high risk factors²⁹ for Domestic Abuse (e.g. female, young age, pregnancy, substance abuse, chronic illness or disability, previous abuse, language barriers etc.). Ask open, non-judgemental questions and validate their experience. 2. Be extra vigilant with remote consultations as the perpetrator may be in the house. 3. Assess the patient's and dependents' (children and vulnerable adults) safety and refer to child protection/adult safeguarding procedures where necessary, following discussion with the safeguarding lead. 4. Offer referral or signpost to local Domestic Abuse support services or police. Children and Adult at risk will need to be referred to Social Care³⁰. Have a conversation with patient around consent to share information (or not) and ensure information is shared appropriately. 5. Risk assessment: Assess level of risk in adult and dependents; use SPECS (adults) and Barnardos Risk Identification Matrix (children). If high risk, consider multi-agency risk assessment conference (MARAC) referral and discuss with safeguarding team. 6. Undertake Mental Capacity Act assessment if concerns about mental capacity. Care Act 2014 legislation sets out responsibilities for safeguarding adults. Adults have a legal right to make decisions where they have the capacity to do so, even |

²⁹ DHSC. Responding to domestic abuse: a resource for health professionals. London: DHSC, 2017. Available at: www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals

³⁰ Use appropriate code to record 'Referral to domestic abuse support services' or 'Referral declined'. If the patient is unwilling to engage with services, signpost to Domestic Abuse resources and provide a basic safety plan.

if their choices seem unwise (Mental Capacity Act, 2005). Safeguarding concerns should be made with the consent of the adult at risk and in line with Article 8 of the Human Rights Act 1998 which gives us a right to respect for private and family life. However, there may be justification to override consent, for example, protection of health, prevention of crime, protection of the rights and freedoms of others. Where the person lacks capacity to consent, a decision will need to be made in the person's best interests.³¹

7. Follow up at subsequent appointments to assess whether the situation has changed and to judge whether further action is needed.
8. Documentation: Keep an accurate record of all events/information disclosed.
9. Code (adult and child) as 'history of domestic abuse' in line with RCGP guidance³² and hide the consultation from online view; it is crucial that you redact this information from the patient's record to avoid any visualisation of the content during access to records.

Education and Training of Practice Staff

1. Identify named service lead (clinical) within each practice - 'Domestic Abuse Champion(s)' act as an access point for Domestic Abuse support into and out of the organisation – but not to take on all Domestic Abuse cases; liaise with the whole team about training, referral pathways/services etc.
2. Create a register for 'history of domestic abuse' which is maintained and updated.
3. Ensure all clinical and non-clinical staff have appropriate levels of ongoing training that includes recognising Domestic Abuse (victims, perpetrators, children) referral pathways and available support. Each staff member should know how to safely ask, respond, refer, record and follow-up when a patient discloses experiencing abuse. The importance of reassurance, the confidential nature of conversations including the limits of confidentiality when children or vulnerable adult safety is involved should be stressed.
4. Be aware of employee experiencing Domestic Abuse. Employers have a duty of care to their employees and a legal responsibility to provide a safe and effective work environment. Where children are involved and at risk, there is a need to refer to Social Care. Establish clear policies and procedures for staff who have been affected by Domestic Abuse, and address issues relating to their own personal experiences as well as those that may arise after contact with patients.
5. Have 'Safeguarding' as a recurring item on practice and clinical meetings, to discuss any concerns raised by the team.
6. Promote your practice as a 'domestic abuse awareness practice' by displaying information in waiting areas (and other suitable places) and via other communication methods (e.g. website, newsletters) to raise awareness, help victims and perpetrators to recognise abuse and the support on offer

³¹ Any action taken or decision made on behalf of a young person (aged 16 and 17) must be made in the young person's best interests. Staff should involve the young person in decisions as much as possible. Like with adults, consent can be overridden where there are safeguarding children issues (includes Domestic Abuse), or where a crime has been committed or likely to. All safeguarding children issues should be referred to Children Social Care.

³² https://elearning.rcgp.org.uk/pluginfile.php/170658/mod_book/chapter/349/Guidance-on-recording-of-domestic-violence-June-2017.pdf

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| Key Performance Indicators (KPIs) | <p>The provider is required to meet the below Key Performance Indicators:</p> <ol style="list-style-type: none"> 1. Completion of survey questions evaluating the impact of 2023/2024 domestic abuse specification implementation (by latest 30th June 2024) 2. Team Engagement and Training: <ol style="list-style-type: none"> a) Assign 1 or 2 clinical ‘Domestic Abuse Leads/Champion(s)’ within each practice and a PCN Domestic Abuse Champion. b) DA PCN Champions should encourage their PCN staff to take up the offer of DA training that will be rolled out by the NW London Safeguarding team during 2024-25 c) PCNs should ensure that their staff receive safeguarding training (Adult ³³and Children) in line with the Intercollegiate Document for Adults and Children ³⁴ 3. Maintain Updated DA Register: <ul style="list-style-type: none"> ▪ Create and maintain a domestic abuse register for adults and children. ▪ Conduct annual clinical reviews to update and ensure accuracy of the register. 4. Establish Collaborative Partnerships: <ul style="list-style-type: none"> ▪ Provide evidence of collaboration with at least one local domestic abuse advocacy/support service |
| Borough Team Support | <p>The local borough team will provide:</p> <ul style="list-style-type: none"> ▪ Domestic Abuse Services Directory ▪ Educational material/e-Learning/webinars/links to resources ▪ Annual self-declaration form |
| References | <ul style="list-style-type: none"> ▪ Ealing Council information³⁵ |
| Ealing contact | <p>Dr. Vasu Siva nhsnwl.ealingprimarycare@nhs.net</p> |

³³ <https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>

³⁴ <https://www.rcn.org.uk/Professional-Development/publications/pub-007366>

³⁵ www.ealing.gov.uk/info/201085/domestic-violence-and-abuse