

Domestic Violence

A briefing for Healthcare
Professionals



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As health care professionals, we are privileged to play a unique and important role in the lives of our patients. We are entrusted with the opportunity and responsibility to explore with our patients any number of concerns that could adversely affect their health.

In our role as health care providers, we routinely ask patients some highly personal and sensitive questions regarding sexual practices, dietary indiscretions, cigarette smoking and substance abuse.

We may feel awkward or embarrassed; however, we broach these difficult topics with our patients because our goal is to provide information and support that can help our patients optimize their health.

The term '**Domestic violence**' describes a continuum of behaviour ranging from verbal abuse, through threats and intimidation, manipulative behaviour, physical and sexual assault, to rape and even homicide.

The vast majority of such violence, and the most severe and chronic incidents, are perpetrated by men against women and their children.

Those who experience domestic violence often keep it to themselves - shamed and embarrassed by what is happening to them; unsure of where they can go and what help they can get, and fearful of doing anything which might make the situation worse.

Domestic violence affects people regardless of race, ethnicity, class, sexual and gender identity, religious belief, age, immigration status and ability. Abuse is a health care issue that impacts people of all ages, including children, adolescents, and the elderly; its impact can manifest throughout the lifespan. Domestic violence has serious health consequences.

The impact of domestic violence on individuals' health and well being is substantial: psychological and psychiatric problems such as depression, anxiety, despair, post traumatic stress disorder, suicide attempts etc are higher among those who have been abused, compared with those who have not.

Physical injuries are also common and include bruises and abrasions, fractured bones, lost teeth, internal injuries, gynaecological problems and miscarriages.

Whether in general practice, dentistry, health visiting, nursing, maternity services, psychiatry and mental health care, general medicine and surgery, or in Accident and Emergency care, health care professionals have daily contact with patients whose health is damaged by domestic violence, and who often face risks of further and more extreme injury.

It is important that the issue of domestic violence is not ignored by health professionals if a truly successful health care response is to be offered.

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It is estimated that women on average experience 35 episodes of domestic violence before seeking help. Women who do eventually disclose their abuse to someone typically describe a history of long-standing and escalating violence, and also remark on how much they wanted to be able to talk about what was going on, if only someone had asked them.

Asking about domestic violence helps improve patient health and safety. Many victims of domestic violence interact with health care providers when seeking routine or emergency care. The healthcare setting offers a critical and unique opportunity for early identification and even prevention of abuse.

Yet, health care providers remain reluctant to inquire and assess for domestic violence, citing reasons ranging from discomfort, to lack of information on how best to support a patient disclosing abuse.

Domestic violence, undeniably, is a sensitive topic. However, asking a patient about an abusive relationship is no more difficult than asking patients about sex, drugs, and bowel habits!

If you identify that a victim is at high risk make a referral to the MARAC- Multi Agency Risk Assessment Conference by contacting our MARAC Co-ordinator Allison Buchanan on 020 8227 2363

When questions are asked in a caring manner and with a stated reason (e.g. “Domestic violence is quite common and therefore I routinely ask all my patients about it”), patients are not offended and will frequently say they are glad someone finally asked them about the violence.

Both patient and provider testimonies show that inquiry not only affirms DV as an important health care issue for the patient but also sends a prevention message that DV is unacceptable. **When providers inquire about domestic violence, they help patients understand the connection between the abuse, health problems, and risk behaviour. In addition, they also provide the victim with relief from the isolation they are likely to be experiencing.**

Clinicians help patients improve their options for health and safety by assessing for violence, validating the patient’s experience, performing a brief safety assessment, documenting the abuse in the medical record, and making referrals to domestic violence experts.

It is really that simple. This is no more, and no less, than what we do for any other problem we find out is harmful to our patients health.

Previously professionals may have been reluctant to ask about DV because of a perceived lack of local services, however over the past ten years there has been a substantial expansion in services to support both people that are affected by, and involved in, domestic violence.



Take action – get involved!

Here are some ways:

1. Commit to begin routine assessment for domestic violence at your health setting. Begin by trying routine assessment for one week.
2. Place victims safety cards in the bathroom, and/or exam rooms for patients who need information, but may not be ready to disclose.
3. Hang domestic violence posters in waiting areas to give patients the message that support is available.
4. Have healthcare providers wear “Is someone hurting you? You can talk to me about it” badges. (NB – these will be developed as part of the resource pack)
5. Organise a resource table and distribute patient education materials with phone numbers of local shelters, hotlines, and community resources for
6. Create a domestic violence protocol or review and amend an existing protocol for your health care setting.
7. Organise training for your staff on domestic violence intervention and assessment.
8. Work with domestic violence programs in your community to let patients and the community know that your clinic, health care facility or health association cares about addressing domestic violence.
9. Consider writing an article on your experiences of patients experiencing domestic violence for the PCT newsletter.
10. Document assessment of domestic violence in Vision or Emis, you may want to use an abbreviation such as DVA in the record of the consultation

Key contacts

POLICE

In an emergency contact the police on 999

National Domestic Violence Helpline

0808 2000 247

(24 hour helpline run by Women's Aid and Refuge)
Provides access to 24-hour emergency refuge accommodation, as well as an information service, the helpline offers safety planning and translation facilities.

National Centre for Domestic Violence

**0844 8044 999 or
08009 70 20 70**

Free support to obtain injunctions from court

Rights of Women

020 7251 8887

Free sexual violence legal advice.

Greater London Domestic Violence Project

020 7785 3860/1/2/3/4

Useful information for agencies responding to domestic violence available on their website www.gldvp.org.uk

The Havens

London's Sexual Assault Referral Centres- offer free medical help and advice, counselling and practical and emotional support

Haven – Camberwell

020 3299 1599

Haven – Paddington

020 7886 1101

Haven – Whitechapel

020 7247 4787

The Hideout

www.thehideout.org.uk

An online resource for young people developed by Women's Aid

Child line

0800 1111

Free and confidential helpline for children and young people in the UK

The Men's Advice Line

Freephone 0808 801 0327

For men experiencing domestic violence

The Respect Phonenumber

0845 122 8609

For domestic violence perpetrators

Everyman

020 7263 8884

Advice line for perpetrators

Domestic Violence Intervention Project (DVIP)

020 8563 7983

Violence Prevention Programme for men who are abusive to their partners or ex-partners

Survivors

0845 430 9371

Helpline for adult male survivors of child sexual abuse and adult rape

Victim Supportline

0845 30 30 900

Provides information and support to victims of all reported and unreported crime, including sexual crimes, racial harassment and domestic violence

Jewish Women's Aid

0800 591203

Free-phone national confidential helpline for Jewish women

Apna Ghar

0845 451 2547

Support for Asian women

Turkish Cypriot Women's Project

020 8340 3300

Advice service for Turkish Cypriot, Turkish and Kurdish women on all matters relating to domestic violence

Broken Rainbow

08452 604460

National helpline for lesbian, gay, bisexual and transgender people experiencing domestic violence

SOLA (Survivors of Lesbian Partner abuse)

020 7328 7389

Service for lesbian victims

Lesbian and Gay Switchboard

020 7837 7324

Helpline for LGBT victims

Muslim Women's Helpline

020 8908 6715 and

020 8904 8193

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