Domestic Abuse and General Practice

RECOGNISE → **RESPOND** → **REFER** → **RECORD**

(Adapted from the Iris i model IRISi)

RECOGNISE

- If you see it, you can do something about it; make every contact count
- Domestic abuse is a type of **gender- based violence**, with the majority of victims being female and the majority of perpetrators being male but anyone of any age, gender, disability, sexuality, race, class, culture or education can be a victim
- Perpetrators can be partners, ex-partners, and family members, including children under the age of 18, adult children or siblings
- **NHS Staff (our colleagues and friends) can be affected** and require support
- Complex and cumulative different forms of discrimination known as **intersectionality**) are crucial, with additional oppressive traumas compounding those from domestic abuse, and creating barriers to care
- Complex adversity benefits from continuing of care, and general practice is best placed for this, recognising holistic care of patient as crucial to understanding them as people
- Use professional curiosity to enquire about abuse; ask if people are safe at home, at work
- People can live complex lives and still need support, the distinction between perpetrators and victims can often be blurred

RESPOND

- Using communication skills such as actively listening, giving the patient your full attention
- Without being in a rescuer role but by supporting patients
- By making is clear the person is in a safe place. Put posters on how to ask for help in waiting rooms and private areas like bathrooms
- By listening to the concerns of the whole team and training the admin and clinical teams together. Receptionists can often pick up subtle signs of abuse either on the phone or in the waiting area
- To disclosures with compassion from you and your organisation (with **trauma informed care**)
- With knowledge of hidden cues and how patients tell us information obliquely
- Using professional interpreters when indicated and not members of a patient's family
- With written information in the patient's language if appropriate, considering options such as **Easy Read**
- Being aware of your conscious and unconscious biases of what a victim or perpetrator looks like
- With awareness you may have **wilful blindness;** make sure that you take action instead of closing your eyes and ears to the high probability that the abuse exists
- In the widder setting, challenging attitudes in community and practice, speaking out against domestic abuse within the surgery and influencing the behaviour of colleagues. Confront social norms surrounding domestic abuse and institutional issues of racism and sexism that impact on victims
- With awareness that discussing this may impact on **your own wellbeing**; dealing with DA can be hard work and heart work

Refer

- To the Police in an emergency
- To social care for adults and children
- To the local support. Whether this is within the practice, PCN or wider be aware of what resources are local to you for your patients, ideally by age, gender and ethnicity if these are available and how referrals are made
- To **national organisations**
- With safe follow up arranged
- And work together to safeguard families

RECORD

- With reference to **statutory guidance to the 2021 Domestic Abuse Act** " Health professionals should record and share information about suspected and actual abuse accurately and robustly to enable other health professionals to spot the signs of abuse, enquire appropriately about abuse and/or provide suitable care and referrals"
- Using the code History of domestic abuse (Snomed 42974600), **following guidance from RCGP**, using free text details
- With awareness of patient online access and how to keep records secure and redacted where necessary
- Recognising **good recording keeping flags risk factors of domestic abuse** and offers opportunities to enquire and listen, as well as assisting with record sharing as appropriate

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