Ending domestic abuse

Multi-Agency Risk Assessment Conference (Marac)

Guidance for GPs

This guidance aims to clarify the role of GPs in relation to their local Multi-Agency Risk Assessment Conference (Marac) to support patients experiencing domestic abuse.

It explains:
- high-risk domestic abuse and the Marac process
- how to legally share data with Marac agencies
- how to safely record the Marac information on GP records
- how to support your patients during the Marac process

This guidance supports the **Marac information request: general practice form**.

A note about language

Language is fluid, we also know that the use of certain terms is disputed and can be cause for concern. In this document if a person is currently living in danger, we talk about them as a 'victim of domestic abuse' but from the moment they start to receive support/move on from the abusive relationship, they are a 'survivor'. We keep our use of language under close review and encourage professionals to adopt whichever language each patient uses to identify themselves.

Section 1: High-risk domestic abuse and the Marac process

About domestic abuse

Each year an estimated two million people suffer some form of domestic abuse in England and Wales alone: 1.3 million women (7.9% of the population) and 695,000 men (4.2% of the population).[1] Anyone can be a victim of domestic abuse, but some people, particularly women, are more likely to be victims.[2] Women are much more likely than men to be the victims/survivors of high risk or severe domestic abuse: approximately 95% of those going to Marac or accessing an Independent Domestic Abuse Advisor (Idva) service are women.[3,4] We know from the Crime Survey for England and Wales that four out of five victims/survivors of domestic abuse do not tell the police[5] and that women may be more likely to disclose domestic abuse to a health care professional than to the police.[6] The Crime Survey for England and Wales found that in 2014/15, 486,720 victims (32%) experiencing partner abuse within the last year sought medical attention due to the abuse.[7] **Seeing their GP is a vital opportunity for identification and disclosure of abuse and access to support.**

What is high risk domestic abuse?

High risk domestic abuse presents a significant risk of serious harm or homicide to an adult victim/survivor (aged 16+).

1 https://www.ons.gov.uk/releases/domesticabuseinenglandandwalesyearendingmarch2018
2 http://www.safelives.org.uk/policy-evidence/about-domestic-abuse/who-are-victims-domestic-abuse
3 SafeLives (2018), Insights Idva National Dataset 2017-18. Bristol: SafeLives
4 SafeLives (2018), Marac national dataset 2017-18. Bristol: SafeLives
5 https://www.ons.gov.uk/releases/domesticabuseinenglandandwalesyearendingmarch2018
6 http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results-apr14_en.pdf Page 60 7 Crime Survey England and Wales 2014/15'

Victims/survivors at high risk are typically identified using the SafeLives' Dash Risk Indicator Checklist[8], supported by professional judgement. They may also be identified by an escalation in the frequency or severity of abuse.[9] If someone is identified as being at high risk of serious harm or homicide, they should be referred to their local Marac. The perpetrator(s) and any known children are not informed that they will be discussed at the Marac.

GPs are an important gateway into Marac, as for some victims/survivors they are the only person to whom they will disclose abuse. While GPs can make a referral directly to the Marac, it is more common that they will refer their patient to the local domestic abuse service.[10]

Initial education about domestic abuse can be accessed through the Royal College of General Practitioners (RCGP) e-learning module. This should be complemented by practice-based training delivered by a local specialist domestic abuse service or by local commissioning of the Identification and Referral to Improve Safety (IRIS) programme.[11]

What should you do if you have concerns about a patient (adult or child) experiencing domestic abuse?[12]

- Enquire sensitively and provide a safe and empathetic first response.
- Ensure the survivor's level of risk is assessed by someone with domestic abuse training; this could be the practice's Safeguarding GP Lead or, if the practice has access to IRIS, the IRIS Advocate Educator (AE).
- Speak to your practice's Safeguarding GP Lead if a child or adult with care and support needs is involved.
- With the patient's consent, refer the patient to the local IRIS Advocate Educator, if the practice has access to IRIS, or to the local domestic abuse support service(s).
- Understand the practice's process for responding to disclosures and know what to do when there is immediate risk of harm to patients and their child(ren). In this situation, urgent action is required which may include any or all of the following:
    - Help the victim/survivor contact the police.
    - Contact the local domestic abuse service.
    - Ring the 24-hour National Domestic Violence Helpline: 0808 2000 247.
    - Consider a referral to Children's and/or Adults' Social Care.

What is a Multi-Agency Risk Assessment Conference (Marac)?

Marac is a process that brings together statutory and voluntary agencies to jointly support adult victims/survivors of domestic abuse and children who are at a high risk of serious harm or homicide and to address the behaviour of the perpetrator(s).[13] The Marac's working assumption is that no single agency or individual can see the complete picture of the life of a survivor and their child(ren), but all may have insights that are crucial to their safety. The importance of multi-agency working is highlighted in recent analyses of domestic homicide reviews by the Home Office and Standing Together Against Domestic Violence that note that in some cases professionals failed to accurately identify that the victims in these cases were at high risk of significant harm or homicide and as such, the cases were not referred into the Marac process.[14]

At the beginning of the Marac process, local agencies will refer victims/survivors to their area Marac. Before the meeting, all participating agencies will gather relevant, proportionate and necessary information regarding the victim, any children, and the perpetrator(s). The local agency representatives will attend the Marac meeting, (usually taking place monthly or fortnightly) to discuss the shared information, provide specialist expertise, and suggest actions. The Independent Domestic Violence Advisor (Idva) or Independent Domestic Abuse Advocate in Scotland (Idaa) is a specialist practitioner who usually works in partnership with other agencies to implement the action plan, mobilising

8 http://www.safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance%20FINAL_1.pdf
9 Marac referral criteria definitions: http://www.safelives.org.uk/node/1264 & Marac referral criteria FAQs http://www.safelives.org.uk/node/1265
10 For resources please visit http://www.safelives.org.uk/gp
11 http://www.irisdomesticviolence.org.uk/iris/
12 In order to respond safely to any patient suffering domestic abuse, it is recommended that you implement the basic guidance outlined in the "Responding to domestic abuse: guidance for general practice".
13 In the 12 months to September 2018 over 96,000 cases were heard at Maracs nationally, just over 2 cases per registered GP (41,848 GPs in March 2018) https://files.digital.nhs.uk/D1/19B675/GPMS%20Mar%20Final%20Jun%20Prov%202018.pdf.

14 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf and http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf

resources on behalf of the victim/survivor (and any children) to increase their safety. Crucially, they also represent the survivor at the Marac, making sure their voice is heard. Following intervention by a Marac and an Idva service, up to 60% of domestic abuse victims report no further violence.[15]

The victim, children and perpetrator(s) do not attend the meeting. The victim/survivor is informed that the case is being taking through the Marac process, unless it is deemed unsafe to do so. The consent of the victim/survivor of domestic abuse is not required because they have been identified as being at high risk of serious harm or homicide. The process must be compliant with GDPR and the Common Law Duty of Confidence. The Information Sharing Protocol and Caldicott Principles must be adhered to and the decision to share must be recorded as being both proportionate and relevant in relation to the risks.

The GP's role in relation to the Marac process

- Share relevant information and expertise with the Marac agencies.
- Record relevant information shared at the Marac on the survivor and children's records, when safe to do so (discussed below).
- Consider domestic abuse and safety when you next see the victim/survivor, children or perpetrator(s).

GPs referring to Marac

Although GPs can refer directly to the Marac using the forms/criteria found on the Resources for GPs SafeLives webpage, this assessment may best be undertaken by your local specialist domestic abuse service or the police.[16]

Section 2: the GP's role in the Marac process

Sharing relevant information with the Marac agencies

Your patient's medical record may hold important information about either the survivor, the children and/or the perpetrator(s) which is relevant to risk identification and safety planning. This may include details about their mental health, substance use and clinical history or, in the case of a child, their development. It may also include any disclosures made to you about abuse experienced or perpetrated.

Before the Marac meeting: sharing relevant information with the Marac

Once your practice is signed up to the **Marac Information Sharing Protocol (see below)**, you may be notified that one of your patients has been referred to the Marac.

You will be asked to share information on your patients BEFORE the Marac meeting, via your **Marac point of contact**, using the **Marac information request: general practice form.** Only a small number of patients in the Marac process will be registered with any one practice.

Like all other participating Marac agencies, GPs should only ever share information that they consider to be relevant, proportionate and necessary to safeguarding the victim, children, or perpetrator.

What is the role of the Marac named point of contact?

The Marac named point of contact will:
Inform the GP if one of their patients will be discussed at the Marac meeting[17] and request completion of the information request form.
Pass on the information that the GP has decided to share with the Marac. After the Marac meeting, share relevant information with the GP from the Marac about their patient, including any agreed actions.

Deciding whether to share information on your patient

The legal and ethical considerations around data/information sharing are complex. In addition to the General Data Protection Regulation, they will also be covered by the Common Law Duty of Confidence (Confidentiality). There is no absolute right to confidentiality, but to satisfy the Common Law Duty of Confidence, usually data should be shared with the consent of the individual, who must have both mental capacity and be able to give consent freely and voluntarily. Legislation/Statute (e.g the Children's Act or a court order) may also require disclosure and in other cases there may be a

15 http://www.safelives.org.uk/sites/default/files/resources/Saving_lives_saving_money_FINAL_REFERENCED_VERSION.pdf
16 Your practice should have a designated person or access to an external domestic abuse service who undertakes this risk identification on your behalf as recommended in the basic guidance. If this is not the case you should ask your MARAC named point of contact for advice. 17 Where there is a dedicated health representative for Marac they may also provide a brief summary of the reasons for the Marac referral in advance of the meeting to enable the GP to judge whether any information they hold may be relevant to share.

legal justification permitting disclosure/sharing (e.g. in relation to the Common Law Duty of Confidence; when disclosure is in the public interest or to protect the vital interest of the individual). The justification for any such disclosure/sharing should be well considered and documented. Ethical guidance and support is provided by Caldicott principle 7: **The duty to share information can be as important as the duty to protect patient confidentiality**, and many Caldicott Guardians also support the ethical proposition: **"An individual's information may be shared if it is believed that to do so will prevent or reduce the risk of serious harm to themselves or others."**

When deciding whether to share information about your patient(s) with the Marac agencies, or a single agency if that is more proportionate, you must consider under what lawful basis you would be sharing information and any conditions for sharing special category (sensitive) information**.** Patient consent is not required for information sharing in the following circumstances:

- If there is a risk of serious harm or homicide in **not** sharing the information[18] (all survivors referred to Marac will have already been assessed to be at high risk of serious harm or homicide by the agency who referred the case to the Marac).

- If the GP has concerns about the welfare of the child(ren) or a vulnerable adult at risk (e.g. those with learning difficulties, a disability or a severe mental health condition) and believes they are suffering or likely to suffer harm.
    - The 'impairment suffered from seeing or hearing the ill-treatment of another' is now included in the Adoption and Children Act 2002[19], recognising that witnessing domestic abuse is a safeguarding concern.
    - Sharing information at the Marac does not remove a GP's safeguarding responsibilities where there is a child or vulnerable adult in the household. Any safeguarding concerns should also be dealt with according to safeguarding policies.

In order to share information within the Marac process, the GP must

- Use legal grounds for sharing information without consent
- Ensure the information shared is **Caldicott compliant**[20]
- Document any decision in the patient and children's records, including how you reached the decision to share OR NOT share information

Information Sharing Protocol

There are guidelines governing the information sharing process in the Marac; all engaged agencies are signed up to an Information Sharing Protocol (ISP).[21] If you have received notification that your patient is to be discussed at the Marac, via your Marac point of contact, your practice will already be signed up to the ISP. In some circumstances, a governing or commissioning body will have signed the ISP on behalf of GPs collectively. This is often the local Clinical Commissioning Group.

Seek advice from other professionals

After considering the above information if you are still unsure whether to share information about your patient(s), you may also consider consulting one of the following professionals:

- Your GP Safeguarding Lead
- Your practice's IRIS Advocate Educator
- Your Marac point of contact

Recording the Marac information safely

After the Marac meeting, your Marac point of contact will send you information from the meeting that is relevant to your patient. Recording the information from the Marac (such as the type and extent of abuse suffered, or the presence of child(ren) at domestic abuse incidents) in the victim/survivor's and any child(ren)'s records will help ensure that domestic abuse is considered when they next attend an appointment. Recording information in perpetrator's records is covered below. It is a practice decision as to whether Marac information request forms, reports, or action plans are scanned into the health

18 See BMA guidance: https://www.bma.org.uk/advice/employment/ethics/mental-capacity/vulnerable-adults-and-confidentiality
19http://www.legislation.gov.uk/ukpga/2002/38/part/2
20 See 'Striking the balance' – applying Caldicott principles to the MARAC process': https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215064/dh_133594.pdf; and the updated principles with added principle about the duty of sharing information (see page 21): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf
21 See also Caldicott principles: http://systems.digital.nhs.uk/infogov/igfaqs/quickreferencef.doc

records of victims, children, or perpetrators however when it is undertaken, the online visibility function should be used to hide this information from online access.

The challenge of recording/scanning Marac information in the electronic medical record (EMR) of people experiencing or perpetrating abuse (and their children) is how to do this without increasing risk of harm to victims/survivors and their children. The perpetrator may not know that their (ex) partner/family member has disclosed domestic abuse to a professional. Perpetrators are not informed when a case is referred to Marac, so it is unlikely they will know if their case is being discussed at the Marac.

When the perpetrator is not aware of a disclosure of domestic abuse or a Marac referral, an accidental discovery increases the risk to the victim/survivor and their children[22]. Below are steps you should take to ensure domestic abuse and Marac information is safely recorded on your patients' records depending on whether they are the victim/survivor, children, or perpetrator(s).

Safely recording Marac information on the victim/survivor's, children's and perpetrator(s)' records

The victim/survivor's EMR

- If not already documented, record the domestic abuse information under 'History of domestic abuse' or update the existing code if already recorded (14XD).
- The nature of the abuse can be coded through the HARK template, if an IRIS practice, and/or free text
- Record the Marac referral information under 'referred to Marac' (8T0b).
- Use the ***online visibility function*** to hide this consultation from online access
- Ensure that any reference to domestic abuse or the Marac on a victim/survivor's or their child(ren)'s records is **not accidently visible to the perpetrator** during appointments. The computer screen showing the medical record should never be seen by third parties (i.e. family or friends accompanying a patient).
- Never disclose any allegation to the perpetrator or any other family members (there is a risk of family members colluding with the perpetrator, multiple perpetrators within the family, or where there is the risk of 'honour'- based abuse). Additionally, it is important to remember that the perpetrator may be a same sex partner or the person's carer.

The children's EMR

- If you are confident of your practice's redaction protocol, record 'History of domestic abuse' under the 14XD code.
- Record the Marac information under 'subject to Marac' (13Hm).
- Use the ***online visibility function*** to hide this consultation from online access.
- Ensure that any reference to domestic abuse is redacted from children's records if provided to the perpetrator or provided to the children who are deemed to have capacity to request their information.
- Ensure that any reference to domestic abuse or the Marac on the child(ren)'s records is **not accidently visible to the perpetrator** during appointments. The computer screen showing the medical record should never be seen by third parties (i.e. family or friends accompanying a patient).
- Never disclose any allegation to the perpetrator or any other family members (there is a risk of family members colluding with the perpetrator, multiple perpetrators within the family, or where there is the risk of 'honour'-based abuse).

The perpetrator's EMR

If you are **not certain** that the perpetrator is aware of any allegation (or disclosure) or the Marac cases, the GP should not record information on the perpetrator's record. It is unlikely that the GP will be certain of the extent of the perpetrator's knowledge of domestic abuse disclosures or allegations to other agencies. Therefore, in most circumstances, the GP will not record information within the perpetrator's notes.

If you are **certain** that the perpetrator is aware that domestic abuse has been disclosed to a professional AND has been discussed at Marac, the relevant information regarding the Marac should be recorded in the perpetrator's record and the follow steps should be followed:

22 See elearning.rcgp.org.uk/pluginfile.php/74124/mod_folder/content/0/PatientOnline-Coercion-guidance.pdf?forcedownload=1

- Record 'history of domestic abuse' under the 14XD code and input any relevant information in the free text
- Record the Marac information under 'subject to Marac' (13Hm)
- Use the ***online visibility function*** to hide this consultation from online access

If the person being abusive is a child or young person causing harm

In some circumstances, the person being abusive may be a child (under 18) causing harm to the victim/survivor. In these cases, it is important to follow the same protocol as per the perpetrator's EMR.

However, a child causing harm to a parent is also a child safeguarding issue and may need to be recorded as such. More information regarding the child safeguarding processes in place may be obtained through the Marac process or through direct contact with children's social care in your local area. Therefore, the relevant child safeguard EMIS code should be used as well[23].

Supporting your patients during and after the Marac process

Following the Marac process, it is important that all professionals continue to support their patients who are survivors of domestic abuse, children, and perpetrators in order to reduce the risk of further harm. As a GP, you can do the following:

Complete Marac actions

Following the Marac meeting you may be asked by the Marac point of contact to complete any agreed actions. For example:

- Mental health problem identified as a risk for the survivor at the Marac; previously referred to secondary care but did not or could not take up the appointment at that time. GP to review at next attendance.
- If you become aware of a further incident of domestic abuse within a 12-month period, notify your Marac point of contact and record this **safely** in the patient's notes.'

Supporting your patient after Marac

- Consider domestic abuse when the patient next presents and consider any risks to child(ren) (see: 'What to do you if you have concerns').
- Try to ensure that the patient is seen at appointments **alone.** If the patient is not alone do not discuss domestic abuse or the Marac meeting.

Section 3: sharing information with your patient who is the identified perpetrator

Never share any information from the Marac with the perpetrator

Please note that perpetrators are **NOT** informed when a victim/survivor is referred to the Marac, so it is unlikely that they will be aware of this information already.

The risks associated with sharing this information also need to be considered in case the perpetrator makes a subject access request (SAR) (i.e. a request made by an individual for their personal information) for their medical records or requests online access to their medical records. According to the Information Commissioners Office (ICO), where a patient's record contains information regarding another individual or you believe that sharing that information could present a risk to another individual (i.e. the victim/survivor or the child(ren)) you do not have to comply with the SAR and may redact any information regarding those individuals.[24] For more information regarding SARs, refer to the ICO's guidance, particularly the section: What should I do if the data includes information about other people? Also refer to the Royal College of General Practitioners guidance, in particular, section 6.2.2 regarding the risk of coercion.[25]

If a victim/survivor requests this information on behalf of the perpetrator (or consents to the perpetrator seeing their information) you must consider potential coercion by the perpetrator to do so, and whether sharing this information, could present a risk to the victim/survivor or any child(ren).

Visit the Resources for GPs SafeLives webpage for more information and accompanying resources

23 RCGP: Safeguarding adults at risk of harm toolkit; practice resources; coding and management of safeguarding information in general practice (PDF): http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/safeguarding-adults-at-risk-of-harm-toolkit.aspx

24 Information Commissioner's Office: Guidance for responding to subject access requests. https://ico.org.uk/for-organisations/guide-to-datahttps://ico.org.uk/for-organisations/guide-to-data-protection/principle-6-rights/subject-access-request/protection/principle-6-rights/subject-access-request/ Accessed on 01 June 2016/

25 http://www.rcgp.org.uk/-/media/Files/Informatics/Health-Informatics-Enabling-Patient-Access.ashx?la=en