Pathfinder
Enhancing the response to domestic abuse across health settings

Pathfinder Profile: Hospitals

Guidance for practice staff in acute hospitals responding to domestic abuse

This guidance paper has been designed for practice staff in hospitals as part of the Pathfinder project which aims to establish a comprehensive health practice in relation to domestic abuse and wider issues relating to Violence Against Women and Girls. It will outline how to ask about abuse, respond to disclosures from patients, refer and signpost victims of domestic abuse and share best practice approaches of responding to domestic abuse in acute hospitals.

The UK definition of domestic abuse is “any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, emotional.” It includes coercive control, which is an act of or a pattern of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Each year an estimated 2 million adults in England and Wales experience some form of domestic abuse – 1.3 million female victims and 695,000 male victims[1] with these figures likely to be an underestimate because all types of domestic violence and abuse are underreported in health and social research, to the police and to other services.

Domestic abuse costs the health services £2,333 million every year[1] and every practitioner in the health system will already be treating patients who are experiencing abuse. NICE guidelines have created four quality statements[2] which GPs should use as a guide in their response to domestic abuse:

1. People presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion.
2. People experiencing domestic violence and abuse receive a response from level 1 or 2 trained staff.
3. People experiencing domestic violence or abuse are offered referral to specialist support services.
4. People who disclose that they are perpetrating domestic violence or abuse are offered referral to specialist services.

Identifying domestic abuse victims in an acute hospital

Recognising victims of domestic abuse in acute hospitals has its challenges – a busy environment, little time spent with a patient and lack of domestic abuse training for staff. However, Cry for Health[3] reports that a large proportion of victims are identified in A&E, meaning there is a great opportunity to improve recognition of victims in other departments and by other members of staff, such as consultants and junior doctors. Information about local specialist domestic abuse services should be displayed in waiting rooms to raise awareness of services and creating an environment where disclosures can be made[4].

NICE guidelines state that if a patient presents to you with indicators of domestic abuse you should ask about their experiences in a private discussion. Indicators will vary for adult and child victims and perpetrators, however common conditions linked to domestic abuse are depression, anxiety, sleep and eating disorders, suicidal tendencies, unexplained chronic gastrointestinal symptoms, adverse reproductive outcomes, including multiple unintended pregnancies or terminations, chronic unexplained pain, traumatic injury, particularly if repeated and with vague or implausible explanations and an intrusive

[1] Home Office (2019), The economic and social cost of domestic abuse
[2] National Institute for Health and Care Excellence (2016), Domestic violence and abuse
[3] SafeLives (2016), Cry for health
4 Standing Together Against Domestic Violence (2016) Domestic Homicide Review (DHR) case analysis

'other person' in consultations, including partner or spouse, parent, grandparent or an adult child (for elder abuse).

If you spot any of the above indicators in your patients you should ask them about their experiences in a private room. This is especially important in an acute hospital, where many discussions take place on a ward which could be easily overheard by other patients.

"The evidence is saying we should actually ask it and ask it with confidence. Not 'I am really sorry, I have got to ask this'. Without an apology, as if it is a normal thing to ask"

Council Commissioner

Four questions were developed as a framework for helping to identify victims of domestic abuse which could be used in a hospital setting, and have been found to be a sensitive and accurate tool[5]. These will need to be adapted if you believe the abuse is inter-familial (for example abuse by parents or in-laws to adult children, or parent to child abuse) rather than by a partner. They will also need to be framed in a way that is age and learning-age appropriate for all victims.

- **H**umiliation: "In the last year, have you been humiliated or emotionally abused in other ways by your partner/family member?" "Does your partner/family member make you feel bad about yourself?" "Do you feel you can do nothing right?"
- **A**fraid: "In the last year have you been afraid of your partner or ex-partner/family member?" "What does your partner/family member do that scares you?"
- **R**ape: "In the last year have you been raped by your partner or forced to have any kind of sexual activity?" "Do you ever feel you have to have sex when you don't want to?" "Are you ever forced to do anything you are not comfortable with?"
- **K**ick: "In the last year have you been physically hurt by your partner/family member?" "Does your partner/family member threaten to hurt you?"

Responding to domestic abuse in an acute hospital

NICE guidelines state that being trained to respond to disclosure (level 1) and how to ask about domestic violence and abuse (level 2) is essential for safe enquiry about experiences of domestic violence and abuse and a consistent and appropriate response. It is crucial that enquiring about domestic abuse is done sensitively in a private environment. Do not use friends, family or carers as interpreters, and avoid unhelpful assumptions, for example that two people of the same sex attending together must be friends rather than partners. If the patient discloses, you should respond with empathy and understanding, letting them know you believe them and remind them that being a victim of abuse is not their fault.

You should also be able to assess the patient's immediate safety. There are standardised risk assessments, such as the Dash risk checklist, which should be used if you are trained to do so. Whether you complete a risk assessment or not, it is important you refer the victim/survivor onto local specialist domestic abuse services (information on these is publicly available). If they do not wish to be referred to a specialist service, provide them with the National Domestic Abuse Helpline free-phone number **0808 2000 247** (which is run 24 hours a day, 7 days a week and answered by fully trained female support workers and volunteers). The helpline is a member of the Language Line and can provide an interpreter if needed. You can also provide them with Galop's national domestic abuse helpline number for LGBT+ victims **0800 999 5428** (which is run Monday to Friday at varying times).

If the victim/survivor is BME, they may face additional barriers preventing them from accessing the help they need. They may prefer to access a specialist BME service – please support your victim by finding out what your local specialist BME services are and what support they provide. Alternatively, the national helpline mentioned above will also be able to provide information on local specialist services.

Remember that children living with families experiencing domestic abuse will also experience it themselves. Please follow your local routes for safeguarding children. SafeLives Insight data has found that children's outcomes significantly improve after support from specialist children's services[6]. Some specialist domestic abuse services will provide support for children – please find your local service which does this to ensure effective support is also provided to children experiencing abuse.

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[5] Sohal H, Eldridge S, Feder G; The sensitivity and specificity of four questions (HARK) to identify intimate partner violence: a diagnostic accuracy study in general practice. BMC Fam Pract. 2007 Aug 298:49

[6] SafeLives (2014) In plain sight: Effective help for children exposed to domestic abuse

Referring to a specialist domestic abuse service

It is important that people who disclose that they are experiencing domestic violence or abuse can access appropriate support. This should include support for children. Specialist support services can offer advice, help to develop plans for the future and increase the safety of those affected.

Please ensure you know if an Independent Domestic Violence Advocate (Idva) is based in your hospital and if so how to make a referral to them and share information appropriately – including for staff who are victims. Idvas are specialist domestic abuse workers who address the safety needs of an adult victim at high risk from abuse, with practical steps to protect themselves (and their children) as well as longer term solutions. If you do not have a hospital based Idva service, ensure you know what specialist services are in your local area and what their referral routes are. This information is publicly available online.

Several of the Pathfinder sites have embedded Idvas in their acute trusts. In Exeter and North Devon an Idva was co-located in the Royal Devon and Exeter NHS Foundation Trust Safeguarding Team in April 2019. This has proved extremely positive and the Idva has received approximately 80 referrals (from the emergency department, maternity, psych liaison, and other inpatient departments) in the five months she has been in role.

"We are catching people at point of crisis, at the time. Otherwise, they have gone home and been reluctant to engage. We are getting there earlier"

Hospital Idva

Responding to perpetrators

Acute hospital practice staff are not expected to identify perpetrators. However, you should be able to respond appropriately in case a patient makes a disclosure or raises concerns about their own behaviour (for example stating they are worried about their temper or often feel out of control). People who disclose that they are perpetrating domestic violence or abuse should be able to access evidence-based specialist perpetrator services and programmes. We understand such services do not exist in every local area. You can find your nearest accredited behaviour change programme by calling the national Respect phoneline **0808 802 4040** (open Monday to Friday 9am-5pm)**.** The disclosure should always be recorded on the patients' notes, using the patient's words.

Disclosure and data recording of domestic abuse

Disclosures of domestic abuse made to health practitioners are not always recorded- this can be due to safety concerns, lack of understanding of abuse, no structural framework requiring such data to be recorded, concerns over GDPR legislation and many others. It is, however, important to collect and record such information, as it will allow practitioners to better understand the root cause of some of their patient's illnesses and offer better support.

Not only is effective data recording useful for practitioners, it is also helpful for survivors themselves. Recording disclosures in case notes means survivors do not have to repeat their story to multiple professionals, which can be traumatising and impair their mental health and wellbeing. Every practitioner who is working with and supporting the survivor should know about their experience of abuse. This means that disclosures of domestic abuse must be clearly recorded in a factual manner on case management systems. Note details of the abuse as told to you by the survivor. A Case Analysis Report produced by Standing Together Against Domestic Violence, a Pathfinder partner, found that consistent and comprehensive record keeping are crucial in ensuring appropriate continuity of care and an integrated response.[7]

Best Practice

Staff awareness campaign

There is no typical survivor or victim of domestic abuse. Those of us impacted by domestic abuse work in every office and live on every street, behind every kind of front door. It is likely some of your colleagues

[7] Standing Together Against Domestic Violence (2016), Domestic Homicide Review, case analysis

are experiencing abuse as well- over 50,000 NHS staff are estimated to have experienced abuse in the last 12 months[8]. We know that schemes that raise awareness of staff experiencing domestic abuse are successful and support staff in living safer lives. Yeovil Hospital, a Pathfinder site, has created a 'You Don't Seem Yourself' campaign. It encourages staff to have informal conversations with each other if they feel their colleague may be experiencing abuse. It reduces stigma and is a simple way of asking the question to a fellow staff member which allows them to open up.

Royal Devon and Exeter NHS Foundation Trust uses other ways to safeguard its staff. These include information about support being widely spread throughout the trust via social media, newsletters and intranet; security measures being put into place, e.g. photos of perpetrators being given to security, personal alarms; return to work forms asking if absence is related to abuse and non-attendance flow charts. If you can, start an awareness campaign in your hospital, the above are some of the things you may want to campaign for.

Further reading

- SafeLives (2016), Cry for Health
- National Institute for Health and Care Excellence (2016), Domestic violence and abuse
- Department of health (2005), Responding to domestic abuse: a handbook for health professionals
- Royal College of Nursing: Risk assessment pathway to identify domestic abuse
- Standing Together Against Domestic Violence (2016) Domestic Homicide Review (DHR) case analysis

[8] SafeLives (2016), Cry for Health