

Domestic Abuse



What health workers need to know
about gender-based violence

The Scottish Government has introduced a national programme of work across NHS Scotland to improve the identification and management of gender-based violence. A national team has been established to support its implementation.

This guide is one of a series developed by the programme to support health staff. It has been written and compiled by Shirley Henderson (Shirley Henderson -writing, editing and consultancy, www.shirleyhenderson.co.uk) and Katie Cosgrove, Programme Manager (GBV Programme, NHS Scotland).

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Who is this guide for?

This guide is one of a series designed to support health workers to work effectively with the victims and perpetrators of domestic abuse in line with national guidance issued to health boards^{a,b} and the Scottish Government's shared approach to tackling violence against women.^c It covers how to identify and respond to domestic abuse; child protection and domestic abuse; and working with perpetrators.

As a health worker you are in a unique position to respond to such abuse. You are not expected to be an expert or to provide everything a patient needs, but you can play a crucial part in improving the immediate and long-term health impact on all those affected.

The series of practice guides covers the following aspects of gender-based violence:^d

- **What health workers need to know about gender-based violence: an overview**
- **Domestic abuse**
- **Rape and sexual assault**
- **Childhood sexual abuse (adult survivors)**
- **Commercial sexual exploitation**
- **Stalking and harassment**
- **Harmful traditional practices (for example, forced marriage, female genital mutilation, and so-called 'honour' crimes)**

Note: Given prevalence statistics, the terminology used in this guide assumes victims are female and perpetrators are male. This is not always the case, however, and the principles of the healthcare response apply to both women and men.

^a Gender-based violence encompasses a range of abuse most often perpetrated by men against women and girls. It includes domestic abuse, rape and sexual assault, childhood sexual abuse, commercial sexual exploitation, stalking and harassment and harmful traditional practices, such as forced marriage and female genital mutilation.

^b SGHD Chief Executive's Letter to health boards on identifying and responding to gender-based violence www.sehd.scot.nhs.uk/mels/CEL2008_42.pdf

^c 'Safer Lives: Changed Lives. A Shared Approach to Tackling Violence against Women in Scotland' Scottish Government 2009 www.scotland.gov.uk/Publications/2009/06/02153519/0

^d These are available at www.gbv.nhs.scot.uk

What is domestic abuse?

The Scottish Government defines domestic abuse as 'perpetrated by partners or ex-partners [which] can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family and friends)'.¹

Domestic abuse:

- Is characterised by a pattern of coercive control which escalates in frequency and severity over time
- Can be actual or threatened violence, and can happen occasionally or often
- Can begin at any time, in new relationships and after many years. It sometimes starts in pregnancy

Many people believe domestic abuse is caused by poverty, alcohol misuse or witnessing abuse as a child. Although each of these can be contributing factors, they are not the sole or primary causes of

domestic abuse. Domestic abuse occurs in every social class, and across boundaries of age, ethnicity, disability and religion. Many boys who witness the abuse of their mother do not become abusive adults, nor do girls necessarily become victims of abuse. Alcohol is present in less than half of cases reported.²

Domestic abuse stems from, and reinforces, gender inequality between women and men. Research on perpetrators of domestic abuse found four key themes emerging:

- Men's possessiveness and jealousy
- Men's expectations concerning women's domestic work
- Men's sense of women as their property to be punished after a supposed wrongdoing
- The importance to men of maintaining authority³

The sense of ownership, authority and perceived right to act with impunity within their relationship led the researchers to conclude that the physical abuse of female partners was:

'primarily purposeful behaviour... (used as) a means to enforce that dominance'.⁴

Between one in three and one in five women experience some form of domestic abuse in the course of their lifetime⁵

Over half (53%) of women murdered in Scotland between 1997 and 2007 were killed by a partner or ex-partner⁶

In 54% of rape cases the perpetrator is a current or ex-partner⁷

One in three women experiences sexual abuse along with physical abuse⁸

⁶The context for this work is set out in 'Safer Lives: Changed Lives. A Shared Approach to Tackling Violence Against Women in Scotland.' The Scottish Government 2009

Who is at risk?

Domestic abuse can occur in any intimate relationship. The key risk factor for experiencing abuse is being female.

While no woman is immune from it, not all women are equally at risk. Factors such as age, financial dependence, poverty, disability, homelessness and insecure immigration status can heighten women's vulnerability to abuse or entrap them further.

For example:

- Minority ethnic women may face language barriers or racism in accessing services, but they may also fear being accused in their communities of bringing shame and dishonour upon their families. They may also be unaware of their immigration status and fear deportation
- Disabled women may experience communication or physical barriers to getting help or leaving an abuser, or they may be isolated because of their impairment
- Young women are at a higher risk of all forms of abuse yet often this can be overlooked or minimised, particularly in their teenage years

As a health worker, you need to understand how these factors combine to affect how

Women with limiting illness or disability are three times more likely to experience non-sexual family abuse than women who do not⁹

There are 400 reported cases of forced marriage in the UK every year; 85% of these are women and 15% men¹⁰

Police estimate that 12 women are killed in honour killings a year in the UK, although this is likely to be an underestimate¹¹

37% of aggravated stalking against women is by a partner or ex-partner compared with 8% for men¹²

people access and experience health services so that you can provide the best care possible.

Men experiencing domestic abuse

Some men are abused by their female partners and it is important that their needs are addressed. In the British Crime Survey, for example, 2% of men had experienced at least one incident of non-sexual domestic threat or force in the previous 12 months.¹³ The survey revealed important gender differences in men's and women's experience and perception of abuse:

- Men do not generally report the severe, chronic and repeated abuse and dominant pattern of behaviour experienced by women – of people subjected to more than four incidents of violence, 89% are women. Women are also more likely to experience injury
- Women experience more threats within relationships and are more fearful of their partners. They are also more likely to be harassed and stalked when leaving the relationship
- When sexual violence is included in the definition of abuse, the ratios are markedly increased for women
- Many women use violence in self-defence, so that often the male 'victim' is also a perpetrator
- Men are much more likely to view such incidents as trivial, and do not feel threatened because of them

'There are few, if any, cases of women who systematically and severely assault and intimidate male partners over a sustained period of time while the men remain trapped and terrorised within the relationship; the obverse is commonplace'.¹⁴

Same sex domestic abuse

There is evidence that abuse within same sex relationships is common; higher than one in three according to a recent UK study.¹⁵

Many victims in the study reported that they were silenced by threats from their abusive partner to 'out' them to friends, family or employer, or conversely, by being forced to conceal their sexual orientation.

Being told that no-one would help as the police and other agencies were homophobic further isolated those experiencing abuse. The study also found differences between women and men in same sex relationships:

- Men were more likely to have their spending controlled
- Women were more likely to have their sexual orientation used against them, be blamed for their partner's self-harm or have their children used against them
- Men were significantly more likely to be forced into sexual activity, be hurt during sex and be threatened with sexual assault

How domestic abuse affects health

Domestic abuse seriously affects the physical, emotional and mental health of women and children, and can be both chronic and acute in impact. For some

women, abuse begins or escalates during pregnancy, risking both their health and that of their unborn children. Clinical indicators include:

Physical	Mental/Emotional	Sexual/Reproductive
<ul style="list-style-type: none"> ■ Contusions, abrasions, fractures, sprains ■ Injuries to head, neck, chest, breasts and abdomen ■ Internal injuries, unconsciousness ■ Repeated or chronic injuries ■ Loss of hearing or vision ■ Disfigurement ■ Chronic pain, ill health ■ Dental problems 	<ul style="list-style-type: none"> ■ Depression ■ Anxiety ■ Panic attacks ■ Somatic complaints ■ Eating disorders ■ Post-traumatic stress disorder ■ Alcohol or drug use ■ Self-harm, suicidal ideation ■ Attempted or completed suicide 	<ul style="list-style-type: none"> ■ Pregnancy complications : higher incidence of miscarriage and placental abruption ■ Uterine infection ■ Health risks to neonates include low birth weight, foetal bruising, fractures and haematomas and preterm birth ■ Unwanted pregnancy ■ Gynaecological difficulties ■ Chronic pelvic pain and urinary tract infections

Your role as a health worker

Domestic abuse is a major health issue and you have a duty of care to those affected. Rarely would your actions make things worse for a woman, and if you intervene sensitively and appropriately you could improve her long-term health and well-being and those of any children involved.

Health staff are in a unique position to identify and respond to domestic abuse since virtually all women experiencing abuse will use health services at some point, either on their own or children's behalf.

The combination of physical and psychological threat and abuse can undermine a woman's sense of self and make it difficult for her to see that she is not to blame for the abuse or has a right to safety.

This, together with legitimate concerns about housing, homelessness, money, children and care responsibilities, family/cultural disapproval and social stigma, means that it is hard for many women to leave violent partners. Physical entrapment, debilitated physical and mental health, poor self-esteem, feelings of responsibility for family and children and, often, emotional attachment to the partner, can undermine a woman's resolve and limit her choices.

Identifying domestic abuse

Women experiencing domestic abuse could present in any primary or acute care setting. Be aware of how they might present in yours.

Domestic abuse may not be immediately apparent, especially if the abuse is not physical; women often go to great lengths to conceal it. In addition to the clinical indicators that may alert you to the possibility of domestic abuse, there are other signs that should make you suspicious, such as:

- Missed appointments and non-compliance with treatment
- Overbearing or overly solicitous partner who is always present
- Denial or minimisation of abuse/injuries
- Injuries which don't fit the explanation of the cause
- Multiple injuries at different stages of healing
- Delay between an injury occurring and seeking medical treatment
- Repeated, non-specific symptoms
- Appearing evasive, socially withdrawn and is hesitant
- Children on the child protection register or referred to other specialists for behavioural, emotional or developmental problems
- If visiting the house, damage to the locks, furniture or door panels

Fear of being intrusive makes many healthcare professionals reluctant to broach the subject of domestic abuse, yet research indicates that women want to be asked about it. It gives them the chance to speak about their experience and to receive help. Because of this, NHS Scotland has introduced a programme of routine enquiry of abuse into mental health, sexual and reproductive health, A&E, addictions, primary care and maternity services. Whatever setting you work in, however, if you suspect that a woman may be affected by domestic abuse, it is your responsibility to introduce the subject sensitively and ask her.

It is essential that in doing so, the safety and well-being of the woman and any children are not compromised. Always be prepared to work with other agencies to help increase her safety, ensure that she and any children receive the best help possible, and that the abusive partner is held accountable.

What every health professional can do

All health workers should:

- Be aware that domestic abuse is a possibility
- Recognise signs and symptoms
- Initiate discussion
- Listen and make time
- Give correct information about sources of help

The following approach to responding to domestic abuse derives from good practice recommendations.^{16,17,18,19}

Support her to disclose

- **Provide a safe, quiet and confidential space** – ensuring privacy and confidentiality is essential for protecting women experiencing abuse. Reassure her about confidentiality but tell her about the limits to this e.g. child protection
- **Give her the chance to speak to you on her own** – disclosure is unlikely if the abusive partner or another person is with the woman. Do not ask if she would prefer to be seen on her own since she may be unable to answer honestly if the abusive partner is present and this could endanger her further. The only exception should be for a professional interpreter
- **Treat her with respect and dignity** – it is not easy to disclose abuse, and the woman may feel embarrassed, humiliated or distressed. Be non-

judgemental, supportive and sympathetic. Validate her experience by telling her you believe what she says, that you do not blame her for the abuse, and that it is a common experience. For example, you can say:

- 'No-one deserves to be abused.'
- 'There is no excuse for domestic abuse.'
- 'It's not always easy to know what do. There may be options that we can look at.'
- 'Very often women in abusive relationships feel overwhelmed by it all, and are not sure what they can do. It's not your fault.'
- 'It's your partner's responsibility to stop the abuse, not yours.'
- **Ask non-threatening, open questions** – for example: *How are things going at home? How are you feeling generally? How are you and your partner getting on?* (Where routine enquiry of abuse is being undertaken, follow the guidelines for your service)
- **Ensure access** – if necessary, provide an interpreter for hearing impaired patients or those whose first language is not English, or an advocate for someone with a learning disability. The interpreter must be professional. Do not use family or friends.

Adult support and protection

Be aware of barriers such as age, poverty, language and disability which can increase vulnerability to abuse and limit access to

help and services. You should also consider whether the woman is an adult who is “unable to safeguard her own interests though disability, mental disorder, illness or physical or mental infirmity, and who is at risk of harm or self harm, including neglect” as defined by the Adult Support and Protection Act, (October 2008) and may need more directive intervention.

Assessment and treatment

- Treat the woman for any physical injuries or refer for further assessment, treatment or specialist help
- Assess the pattern and nature of the abuse e.g. how long it has been going on; the degree of control over her life (e.g. money, freedom to go out, social isolation)
- Assess the impact of the abuse on her health. Any treatment should be based on fully understanding what has happened to her, otherwise you may not be able to treat appropriately. For example: *‘How do you feel it is affecting your health?’ (e.g. check for chronic neck or back pain, persistent headaches, stomach pains, IBS, pelvic pain)*
‘How do you think his behaviour is affecting how you feel’ (e.g. check if she is feeling ‘low’, depressed, anxious, suicidal, has been self-harming or drinking/taking drugs)
- Assess her safety – is there an immediate or future safety risk (see page 10) to her or any dependent children?
- Give her correct information about local support agencies including the **Domestic Abuse Helpline 0800 027 1234**. Give supporting literature in a format she can use
- Go over a safety plan with her (see page 11)
- If appropriate, refer the woman to a support agency such as Women’s Aid. She may find it helpful if you make the first contact on her behalf
- Give the woman the name and number of the service and contact person to whom you are referring her and keep a copy for your records so you can follow up the referral
- Consider other specialist health services such as counselling
- Stress that she can ask the NHS for help at any time

It is vital that women decide for themselves what course of action to take. The temptation to tell her what to do should be the signal to resist it.

There is a strong chance that a woman will decide to remain with a violent partner. Research indicates that it takes women a number of attempts to leave a violent partner. Leaving is a process not an event. Many never leave for a whole range of complex reasons and it is **not your role** to persuade her to do so. Be aware that if a woman does decide to leave a violent partner, this is a time of elevated risk and plan accordingly. **Whatever her decision, you should support her and help her plan for her safety.**

Support and information

- Ask her if she wants to report the abuse to the police

Risk assessment

The nature and extent of domestic abuse varies in families. For some, it may be sporadic or relatively 'low risk'. For others, however, it is more dangerous and threatening.

Assessing the degree of risk to a woman and her child/ren and the potential for severe or lethal violence is essential in establishing the safety of both. For many women, leaving is the most dangerous point in the relationship since this presents the most direct and clear challenge to the man's authority and power within the relationship. Any fears expressed by women for their safety should therefore be taken seriously. Women seldom exaggerate the risk of harm and are more likely to try to minimise the abuse.

Assessing for risk is not an exact business. It primarily involves balancing information with previous knowledge, practice and experience and then making a judgement about whether the women/children involved are at risk of serious harm. Key aspects to explore are:

- The type, frequency and severity of violence to which she is, or was, subjected. Is it becoming worse and/or happening more often? Has she sustained serious injuries?
- Has the perpetrator behaved in a jealous or controlling way? Does this cause significant concern? Is she isolated and without support?

- Is she in any present-day danger from the perpetrator? (e.g. Is the perpetrator stalking her? Does the perpetrator have access to guns or other weapons?)
- Is the perpetrator making threats to physically harm others including children?
- Is there sexual violence, pressure or jealousy?
- What is her assessment of the threat from her partner/ex-partner? How frightened is she of him and of taking action that may provoke further violence?
- Has she tried to leave him before and, if so, how did he react?
- Has she and/or the perpetrator threatened to commit suicide or made any suicide attempts?
- Does she and/or the perpetrator have problems with drugs and/or alcohol?
- Is there anything that might represent loss to the perpetrator e.g. recent separation?
- Are there any recent psychotic episodes (victim or perpetrator)?
- Does she feel threatened by her or his family? Is there a possibility that they may harm her?

For women in high risk situations, it is important to discuss the immediate danger to which they may be subjected and to help them consider appropriate action.

Safety planning

One of the most important things you can do following a disclosure of abuse, is to speak to the woman about her immediate and future safety. This will help her think through her options, and help you to assess the situation and offer better support. Below are some things you may wish to discuss as a way of helping her focus on her safety needs.

If you don't know what to do, ask for help e.g. from a colleague, duty social work, police domestic abuse liaison officer or Women's Aid.

If she is planning to leave

- Does she have friends or family with whom she could stay?
- Does she want to report the abuse to the police?
- Does this need to happen just now? If she is reluctant to contact the police, you or she can phone the police domestic abuse liaison officer for advice
- Does she want to go to a refuge or emergency accommodation?

If she needs help to get to safety immediately, don't just give her a leaflet. Remember that leaving can be the most dangerous time for her. Leaving without telling her partner/ex-partner is the safest option.

If she is not planning to leave

- Discuss what behaviour or signs indicate that the abusive partner is going to become violent – how might she protect herself?
- What kind of strategies have worked in the past to protect her and her children – will they continue to be of help?
- Does she have any support nearby to help her if she needs it?

- Are there weapons in the home – can they be removed?
- Identify possible escape routes for her and her children e.g. to friends or family
- Ensure she has phone numbers for organisations that can help including the police, Women's Aid, and the National Domestic Abuse Helpline
- Suggest she keeps a bag packed with items such as clothes, money, important documents (e.g. benefit information, passport, birth certificates), medication, important phone numbers, personal items (photos, jewellery and children's favourite small toys) in case she needs to leave quickly. She should leave this with a trusted friend or relative
- Ask a trusted neighbour to watch out for her and phone the police if they are concerned

If she's being harassed by a former partner

- Discuss safety measures e.g. changing locks, fitting alarms. Has she been advised by police on how to protect herself and children? Has she seen a solicitor to get advice on her rights and on what kind of protection the law can give her?
- Can her neighbours agree to call the police if they see the abusive partner around her house?
- Check that schools, nurseries and so on know not to release the children to the abusive partner.
- Advise her to keep text and answering machine messages, letters and so on as supporting evidence of the harassment

Documenting and recording

Keep detailed records as this may build up a picture over time of the nature of the abuse.

This is important health information which will enable continuity of care. Health care staff do not require permission to record disclosures. If a patient is anxious about the confidentiality of medical records, reassure her about this but explain that if someone, especially a child is at risk of significant harm, this overrides confidentiality requirements.

Explain the benefits of keeping a record. For example, it may help in any future legal proceedings such as prosecution of the perpetrator, or court orders or where deportation is a risk because of immigration status. It may also be used to assess risks to children. Record the following in her case notes, never in hand held notes:

- Nature of abuse, and if physical, the type of injuries and symptoms
- Disclosure as an allegation not fact; contemporaneous notes should be taken where possible and records completed as soon as possible after disclosure
- What the woman says and not what you think, but note if you have any concerns
- Missed appointments and unanswered telephone calls
- Outcome of risk assessment, detailing any concerns about the woman and/or child/ren

- Action taken

- Whether the information is being shared with other agencies

Sharing information

You may need to share information about a particular case. It may be required by law or it may be necessary to share information with support agencies to make sure that the woman and any children are safe and properly supported and the perpetrator is held accountable.

- Seek the woman's permission before you pass on information and get advice if you are in any doubt
- It may be safer to share information than keep it confidential. It is important, however, to keep women informed about any decisions made in this respect
- Be careful not to divulge confidential information by accident - abusive men can be very persuasive and cunning if they are trying to find the whereabouts of their partner and children

Follow up

Your intervention will depend on the setting you work in. You may only see the woman once, for example, in an emergency setting. Where possible, it is helpful to offer a follow up appointment. Always consider the woman's safety and how any approach you make might affect this.

Children and young people affected by domestic abuse

Impact of domestic abuse on children

Children's health may be seriously affected by witnessing the abuse of their mother or by being abused themselves.²⁰

Children affected by domestic abuse may show symptoms such as failure to thrive, anxiety and depression, withdrawal, bedwetting asthma, eczema, disability, attempted suicide.^{21,22,23}

Children may feel responsible, or be made to feel responsible, for the abuse e.g. if their behaviour is used as an excuse by the perpetrator as a trigger for his violence. Abusive men are often very controlling and may impose rigid and unreasonable routines in the home, or prevent normal social contacts with friends, extended family, clubs and so on. The man's control is often maintained by a regime of fear. Coping with such abuse can adversely affect a woman's ability to meet her children's emotional needs. It can also put children at risk of neglect.

In 2002, a report from the then Scottish Executive noted that: *'In addition to the emotional impact of living in an atmosphere of violence, there is also evidence to suggest that men who abuse their partners may also abuse their children, or force them to participate in the abuse of their mothers. Children often try to protect their mothers from physical assaults and may be injured themselves as a result. Children living with domestic abuse may suffer from stress-related illnesses and conditions and experience feelings of guilt, shame, anger, fear and helplessness.'*²⁴

There is also evidence that some men use their relationship with their children to

continue to harass women who have left them. Research conducted by Hester & Radford noted:

*'...a variety of incidents and tactics, including physical and verbal abuse of the mother or others at "handover" time, abduction and use of a child as a hostage in an effort to secure the mother's return to the marriage, grilling children for information about their mothers and manipulating legal procedures relating to child care in an effort to involve the courts and the law in continued harassment.'*²⁵

Although there is a higher risk of developing behavioural, cognitive, and emotional problems in children living with domestic abuse, this is not inevitable. There is a wide variation in children's responses – some exhibit no greater problems than peers not exposed to abuse whilst for others multiple levels of difficulty may arise which can necessitate clinical intervention. The impact of the abuse will be mediated by a number of factors, principally:

- The nature, frequency and severity of domestic abuse within the home, and the extent to which child abuse is also present
- The degree of exposure to such abuse and the degree of risk i.e. from relatively mild exposure to being in a situation of grave danger, including risk of severe injury or murder
- The existence of other stressors within the family e.g. parental addiction, mental health problems, homelessness
- The presence of protective factors in children's lives – for example, the existence of family support, a strong relationship with their mother, their own coping skills

Assessment and intervention

Domestic abuse should significantly increase your suspicion that any children in the family may be at risk.

Assessing risk to women should, therefore, include risks to children. These are likely to be elevated where there has been a previous history of abuse or neglect, and/or there are additional problems and stressors within the family such as:

- Addiction issues
- Chaotic lifestyles
- Homelessness
- Mental health issues

The vulnerability of children within these situations is heightened and requires careful assessment. Some groups of children may have additional needs e.g. children affected by disability, children from minority ethnic groups or for whom English is not their first language.

All of the above need to be considered as part of the response to children within domestic abuse situations. If women and children are identified as being in imminent danger then action must be taken swiftly. Where this is less apparent, assessment of risk should include the above factors.

Risk assessment is not a one-off event. Circumstances change within families, and women and children may become more at risk over time. Where there is ongoing contact, it is essential that the health worker reviews the assessment and is alert to the possibility of such change, which may require further intervention. Balancing the needs of children in a

situation where domestic abuse exists can be difficult and can create anxiety for health staff. Whilst there may be no immediate need for referral to statutory agencies, there should be intervention to try to support the women and children within the family.

As noted in the Report of the Child Protection Audit and Review: *'Agencies and professionals need to exercise greater levels of judgement, in consultation with others, about the best approach to securing a child's welfare, and recognise that protecting the mother may be the best way to protect the child/ren'*.²⁶

Providing practical and emotional support is a major factor in influencing how women and children survive and cope with abuse. It is not good practice to assume that the existence of domestic abuse automatically exposes the child/ren to neglect or abuse and that the non-abusing parent is failing in her duty to protect them or respond adequately to their emotional and developmental needs. If the situation is not dangerous, and you do not have concerns regarding child protection, you should assist women to access community resources.

Where there is little indication of risk as identified above, but you feel uneasy or concerned about a family, discuss it with your supervisor/line manager or with a child protection advisor to decide on the best course of action. Where there is suspicion about safety, action must be taken to safeguard the welfare of a child.

Referral to social work

If there are child protection concerns, action must be taken promptly in line with your local child protection procedures. Referral to social work services must be taken without delay. To assist this process,

Warning signs

Is the child exhibiting signs of distress, emotional disturbance or behavioural difficulties associated with the abuse?

Is there a possibility of direct harm to the child by abuse from the perpetrator?

Are there threats to harm child/ren?

Is the child being emotionally manipulated?

Are pets being harmed or threatened with harm?

Is there evidence of destruction of possessions, toys and so on which indicate a propensity for harm?

it is important that as much information as possible is provided about the basis for concerns. This should include:

- Nature of concerns – knowledge of the family, assessment of harm/risk. This should be as detailed as possible
- Information on the involvement of other agencies
- Whether referral has been discussed with the woman, and how she views this
- Any immediate danger that may be caused by involvement

In some situations where there may be less tangible evidence but the potential for abuse appears real, it is important to

share possible concerns. A discussion of concerns can be held with social work services and documented if there are no grounds for immediate action. This is crucial where several factors, which have become apparent over time, make you suspicious.

Sharing information

Confidentiality of personal health information is the cornerstone of the patient/health professional relationship. In circumstances where a child is at risk, this overrides the need to keep the information confidential. According to National Guidelines on Domestic Abuse *'The need to ensure proper protection for children requires that agencies share information promptly and effectively when necessary'*.²⁷

Assessing child protection needs:

Check whether there is direct injury or harm to the child/ren

Conduct a risk assessment on potential danger to mother and child/ren

Assess the capacity of the mother to plan for child/ren's safety

Assess levels of support available to the woman and child/ren, and access to, and use of, community resources

Documenting and recording

Within case notes and medical records the following should be documented

- Findings of assessment, to include physical/emotional symptoms and injuries
- Details of domestic abuse disclosed/alleged, using the woman's own words – contemporaneous notes should be taken where possible and records completed as soon as possible after disclosure
- Outcome of risk assessment, detailing concerns about woman and child/ren
- Action taken, including:
 - Information / support provided
 - Referral to other agencies

- Any decisions made within each agency or in discussion with other agencies
- A note of information shared with other agencies, with whom and when
- Whether the woman has given or withheld consent for sharing information
- Decisions made about child protection

Where patient held records are in use, any reference to domestic abuse should be kept separate and cross-referenced to the original record. Explain the benefits of recording domestic abuse for later legal action.

The protection of children is a primary concern of statutory agencies, but you should remember that often it is in helping the mother that the child can best be protected.

Perpetrators of domestic abuse

The NHS response to domestic abuse has primarily been focussed on supporting those experiencing abuse.

Perpetrators of abuse have largely been invisible in this work, and there are few guidelines on how health workers should respond.

The following guidance is adapted from 'Domestic Abuse: A Guide for Healthcare Staff in NHS Lothian'.²⁸

How perpetrators of domestic abuse might present

You may encounter perpetrators of domestic abuse as patients or as ex-partners/parents/carers of patients whom you know or suspect to be affected by domestic abuse. The approach you take depends on whether a man is directly acknowledging his behaviour is a problem, is seeking help for a related problem, or has been identified by others as abusive.

Identifying and responding to perpetrators of domestic abuse requires sensitivity and an awareness of how this may affect the health and well-being of all concerned. Your response to a perpetrator and any disclosures could affect the extent to which he accepts responsibility for his behaviour and, therefore, the need to change. You can say things to a perpetrator that make a difference and you can influence the situation. By being responsive and non-collusive, you can play a crucial part in improving the immediate and long-term health impact on all those affected.

Some men may identify their abusive behaviour directly and ask for help to deal with their violence. This is likely to be prompted by a crisis. They are unlikely to admit responsibility for the seriousness or

extent of their violence and may try to 'explain' it or blame other people or factors, such as 'she asked for it'. Even those who are concerned enough about their violence to approach a health worker may present with other related problems such as alcohol, stress or depression and may not refer directly to the abuse.

Some men may say they are victims of partner violence. While you should take such allegations seriously, research indicates that a significant number of male victims are also perpetrators.

Perpetrators might also present to services having attempted suicide or with other self-destructive behaviour. They may have injuries consistent with being physically violent to people or objects, or with defensive wounds.

You may encounter men who insist on accompanying partners or other women/children to appointments or who want to talk for them and to stay with them at all times. You may also have patients whom you know to be abusive because the people they have abused are also your patients and they have told you about it. These men may seem to you as caring and protective and very plausible.

There are clear links between domestic abuse and child abuse. In your role as a health worker, you may know children affected by domestic abuse, and consequently, the abusive man. You may be in contact with him in clinics, in his home and at case conferences. If the issue of the man's abuse has been openly stated as a cause of a child's problem, it may be necessary to speak to him about his abusive behaviour.

You should also be guided by your local child protection procedures.

What every health professional can do

Respond to disclosure

Your response to any disclosure, however indirect, could be significant for encouraging a man to take responsibility and motivating him towards change. It is important therefore to:

- Be clear that domestic abuse is always unacceptable
- Be clear that such behaviour is a choice
- Affirm any accountability shown by the perpetrator
- Be respectful and empathic but do not collude
- Be positive and non-judgemental – men can change
- Be clear that you might have to speak to other agencies and that there is no entitlement to confidentiality if children are at risk
- Whatever he says, be aware that on some level, he may be unhappy about his behaviour
- Be aware that abusive behaviour is not just physical violence
- Be encouraging; do not back him into a corner or expect an early full and honest disclosure about the extent of the abuse
- Be aware of the barriers to him acknowledging the abuse and seeking help (such as shame, fear of prosecution, self-justifying anger)
- Be aware of the likely cost to the man of continued abuse and help him to see this
- See him separately (and not together with a possible victim)

Differences in age, ethnicity, race, immigration status, sexuality, economic status, educational background, and so on produce different cultures and subcultures. Your response needs to make sense within each perpetrator's cultural context.

Your response must prioritise the safety of those most affected by the violence – women and children. It is important to send a clear message that domestic abuse is unacceptable.

Assess risk

It is important to assess risk before deciding what to do next. Although risk assessment is primarily informed by victims' experiences, there may be other factors which you identify through your contact with, or knowledge of, a perpetrator. If he presents with a problem such as drinking, stress or depression and does not refer to his abusive behaviour you could ask questions such as *"How is the drinking/depression affecting how you are with your family?"* or *"When you feel like that what do you do?"*

There is a link between suicidal and homicidal ideation in men who abuse, and either or both should be seen as significant risk factors for domestic abuse. Threatening suicide is a common form of controlling behaviour. Factors which would alert you to heightened risk are:

- Previous physical or sexual assault of strangers or acquaintances
- Past physical or sexual assault of partner
- Past use of weapons or threats
- Extreme minimisation or denial of history of abuse
- Attitudes which support or condone domestic abuse

- Recent or imminent separation from partner
- Partner pregnant or recently given birth

Child protection

If the man abuses his partner/ex-partner, this should significantly increase your suspicion that any children in the family may be at risk. Be aware of local child protection procedures and instigate if necessary. While the existence of domestic abuse does not require you to automatically instigate child protection procedures, your risk assessment should include risks to any children in the family.

Referral

There are few specific services for perpetrators of domestic abuse. There are some court mandated and court non-mandated programmes for men who have perpetrated domestic abuse. The Respect service offers clear guidance on a non-collusive response to men concerned about their abusive behaviour, and advice on short-term strategies.

It may be possible to refer a perpetrator to a generic health service such as mental health or addictions services. The primary role of such services is not to address the violence and there is a risk that focusing on such issues may allow the perpetrator to avoid responsibility for his behaviour and attitudes.

Communication with other agencies is important as often the complexity means that it is not possible for one agency to address all the issues.

Documenting and recording

It is important to keep detailed records if a man discloses domestic abuse. This is important health information which will enable continuity of care. Good records

may also help in any future legal proceedings which may be taken against the perpetrator.

Record the information in his case notes. Remember that medical records are strictly confidential. However, if an individual, especially a child, may be at risk of significant harm, this overrides any requirement to keep information confidential. You should explain this to your patient. Record the following in case notes:

- Disclosure as an allegation not fact
- What the patient says and not what you think, but note if you have any concerns
- Outcome of risk assessment
- Action taken

Sharing information

You may need to share information about a particular case. It may be required by law or it may be necessary to share information with support agencies to make sure that victims are safe and properly supported and perpetrators held accountable.

- Seek permission before you pass on information and get advice if you are in any doubt
- It may be safer to share information than keep it confidential
- Be careful not to divulge confidential information by accident

Follow up

If appropriate, provide aftercare and follow up. Always consider a victim's safety and how any approach you make to a perpetrator might affect this. Risk awareness should be a continuous process and regularly reviewed.

Support for staff

Supporting someone who is experiencing, or has experienced, domestic abuse can be stressful. At times it can be distressing to hear accounts of trauma and abuse, and staff are sometimes worried that they may be overwhelmed by it. It is also common to feel frustrated or helpless if you cannot 'solve' the problem or if you find it difficult to accept that they do not want, or are not ready, to leave an abusive partner. In these situations it is important to be able to acknowledge how you feel and seek support or guidance from a supervisor or colleague.

Given the prevalence of domestic abuse and the number of people employed in the NHS, domestic abuse may directly affect you or a colleague. If you are experiencing abuse, it is important to recognise how this is affecting you. There should be a local employee policy on domestic abuse within your health board which provides guidance on how you can be supported at work, and any help available, for example occupational health or employee counselling. You may also want to contact Women's Aid or the Domestic Abuse Helpline for advice.

If you are concerned about your own behaviour or that of a colleague, check the local employee policy for guidance about who to approach, or how to address this issue.

Further information

Domestic Abuse helpline

0800 027 1234 (24 hours)

www.domesticabuse.co.uk

Rape Crisis helpline

08088 01 03 02 (daily 6pm - midnight)

www.rapecrisisscotland.org.uk

Scottish Women's Aid

Information and training on domestic abuse and main contact for the network of local Women's Aid groups: 0131 226 6606.

www.scottishwomensaid.org.uk

Women's Support Project

Information, training and support on violence against women.

www.womenssupportproject.co.uk

Respect

Promotes, supports & develops effective interventions with perpetrators of abuse across the UK. Useful information can be found on its website: www.respect.uk.net

Broken Rainbow LGBT DV (UK)

Offers advice, support and referral services to LGBT people experiencing homophobic, transphobic and same sex domestic abuse.

Helpline: 0300 999 5428 Mon & Thurs 2-8pm; Wed 10am-1pm

www.broken-rainbow.org.uk

Men's Aid

National charity supporting male victims of domestic abuse.

www.mensaid.org

Men's Advice Line

Offers advice and support for male victims of domestic abuse in England & Wales only but has useful information on website.

www.mensadviceline.org.uk

Role of local health boards

As part of the implementation of the CEL on Gender-Based Violence and the Public Sector Duty for Gender, your health board should have an identified lead to help staff address gender-based violence, and direct you towards training and further information.

Your health board should also be represented on its local Violence Against Women Training Consortium. Training for health staff may also be available through the consortium.

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Local information and notes

This page is for you to record any local information or services for your area



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