

Domestic Violence Station

Domestic Abuse can be physical, sexual or emotional. 1 in 4 women (and 1 in 6 men) will be affected during their life. Outcomes may include traumatic harm and death, and abused suffers are more likely to suffer from chronic illness and mental health problems such as headaches, recurrent infections, chronic fatigue, depression and alcohol abuse.

Possible Stations

- A patient comes to see you with recurring headaches which they put down to difficulties at home
- Please speak to this patient who was reluctant to be examined, and when they were, multiple bruises on their body were discovered
- A patient complains that their partner has “a bit of a temper”

Aims of the Station

- Be re-assuring and non-judgemental
- Don't be afraid to ask about abuse
- Assess risk to patient and their children
- Don't assume the patient wants to leave their partner immediately, just offer advice and support

Before raising the issue

- Develop a good **rapport** with the patient and make them feel comfortable
- Assure them about **privacy, safety and confidentiality**
- Ensure their potential abuser isn't present

When raising the issue

- Use an **open question** to allow them to explain the situation: “Tell me about things at home”, “Does your partner's behaviour upset you?”, “Do you feel scared/safe at home?”, “I'm worried someone may have hurt you”, “I'm worried you may not be safe at home”
- Establish the details of the situation
 - **Type(s)** of abuse:
 - **Physical**: “Has your partner ever hurt you?”
 - **Sexual**: “Does your partner ever make you do sexual things you don't want to?”
 - **Emotional**: “How does your partner make you feel? Do they belittle you or try to control you?”
 - **Perpetrator**: Who is it? What's their relationship?
 - **Pattern**: When does it occur? Are alcohol/ drugs involved?
 - **Timeframe**: How long? Has the abuse been escalating?
 - **Coping**: How have they coped? Have they tried anything to stop it/ get away?
 - **Who else is involved**: Any children or vulnerable adults potentially at risk?
- Determine their **social situation**
 - Who do they live with?
 - Are there weapons in the house?
 - Does the patient have an emergency safety plan? If not, consider trying to construct one with them and tell them they can always call the police
 - Do they work?
- Tips
 - Offer them emotional **support** and tissues if they get upset
 - Be relaxed and compassionate with the patient
 - Don't pressure them into telling you, but they may need to be asked several times before opening up
 - Allow **time** for the patient to talk

Risk assessment

- **NEVER FORGET RISK!!!!!!**
 - **To patient**:
 - From partner: Do they currently feel in danger? What would happen if they go home?
 - Risk to self: Has it affected their mood? Have they ever considered harming them self or taking their own life?
 - **To others**: Any children or vulnerable adults potentially at risk?
- Abuse risk factor assessment – consider assessing risk factors if relevant
 - **Victim**: low self esteem, low income, young

- **Partner:** pregnancy, alcohol/ drug use, psychiatric issues/ personality disorders, unemployment, being a victim of poor parenting/ abuse/ physical discipline, convictions
- **Relationship:** separation/ divorce, poor housing situation

Management

- Be non-judgemental, establish the patients concerns and allow them to control the situation and make decisions
- **Acknowledge and assure**
 - Is a very complex situation and must have been difficult for the patient to disclose
 - It is not their fault and no one deserves to be treated that way
- Explain about sources of **support**
 - Establish if they have any friends/ family that know or could support them
 - Counselling/ support and helplines (e.g. national domestic violence helpline, WomensAid.org.uk) - give a leaflet
 - Refuge is available if they cannot go home
- Offer **referrals** (and explain how they can help)
 - Police
 - Local domestic abuse service
 - Counselling/ support services
 - Social services must be informed *if* children or vulnerable adults are involved

NB. if the victim is an adult with capacity, you can only refer them if they consent (unless a child or vulnerable adult is involved)
- **Encourage** the patient to talk about it and seek help

Conclusion

- Again acknowledge how difficult it must be for them
- Formulate a plan together
- Arrange follow up and advise them they can come see you anytime