Domestic Violence

Working with perpetrators – A guide for Healthcare Professionals

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Research shows that healthcare professionals are one of the few groups of people that perpetrators may disclose to about domestic abuse.

This leaflet sets out how to support disclosure and what you can consider doing when a perpetrator discloses to help them end the abuse.

Not all perpetrators of domestic violence come home from the pub and beat their partners when their dinner is not on the table… **but there are still those that do.**

People can be abusive without being violent and this too can have devastating effects on their partners and children. Perpetrators may be patients that you like and have cared for over the years.

Domestic violence crosses all categories of identity – including age, socio-economic status, religious belief, racial and cultural grouping, and educational level.

The majority of domestic violence is committed by men against women but it also occurs in same sex relationships and from women to their male partners.

Be open to the possibility that your patient is violent/abusive to their partner

Most male perpetrators of domestic violence accessing help from their GPs will state that they have problems with stress, anger, depression or alcohol.

They may be one of your 'frequent flyers' who attend with these non-specific health concerns. Rarely will they admit they are abusive without sensitive but direct exploration.

They may attend at life-changing times – when a relationship is breaking down or their partner is pregnant for example. They may be seeking help because the police have become involved.

30% of domestic abuse begins during pregnancy – abuse is more common in pregnancy than gestational diabetes or pre-eclampsia.

How to ask about domestic violence

Asking about how a patient's relationship is going, or how they are handling stress or difficult situations at home will help disclosure.

Simply asking 'How are things at home?' may be enough to prompt disclosure, but you can follow up with other questions such as:

- 'Do you argue a lot with your partner?'
- 'Have you ever pushed/ slapped/hit your partner or used other force?'
- 'Do you smash things/ shout a lot/put your partner down?'
- 'What are you like when you argue?'
- 'How would your partner describe how you are in an argument?'
- 'What are you most ashamed about doing to your partner?'

How to respond and refer

You can say things to a patient who has disclosed that make a real difference and you can influence the situation.

Do:

- Acknowledge that their disclosure statement is an important first step towards finding a way out of domestic abuse.
- Affirm any accountability shown by them. Their behaviour is a choice and they can choose to stop.
- Be respectful and empathic but do not collude. Domestic violence is unacceptable and many behaviours are against the law.

There are no excuses for domestic violence.

- Give the patient the Respect Phoneline number and make sure they understand that this is a confidential information and advice line for people worried about their abusive behaviour.

Don't:

- Assume that accessing help for alcohol or drug difficulties will stop someone's violence/abuse.

  They may need to get help for their substance abuse alongside help for their abusive behaviour.

- Assume that anger management, individual or couples counselling are appropriate.

  These are potentially dangerous interventions where there is domestic violence.

- Assume that medication will 'fix' domestic violence.

  It is not a medical condition – the Respect Phoneline hears from a number of men that have been prescribed anti-depressants or similar medication and are still looking for help because they have been violent again.

How the Respect Phoneline can help
0845 122 8609

The Respect Phoneline can encourage a caller to get help by accessing a perpetrator programme if there is one in their local area.

These are designed to help clients change their abusive behaviours by addressing the underpinning attitudes and beliefs and to develop respectful, non-abusive relationships.

They generally take place in a group-work setting on a weekly basis for at least six months.

The Respect Phoneline also offers information and advice to healthcare practitioners who have contact with people who are being abusive and are looking for help on how to safely manage this.

For further information visit:
www.respectphoneline.org.uk.

You can also request the document ‘Guidelines for working with domestic violence perpetrators’.

Recording Perpetrator Status

Recording perpetrator or victim disclosure in the notes is an area where most healthcare professionals feel uncomfortable because of a lack of standardised guidance.

There is currently work to establish an electronic patient record code for intimate partner violence but in the interim we would suggest the following:

IPV-V to indicate a victim of domestic violence

IPV-P to indicate a perpetrator of domestic violence

It is important that you do document the disclosure in some form in the records, as it will be important to return to the topic with the patient the next time you see them.

Further issues and information

Managing perpetrators of domestic violence can raise ethical issues relating to practice where:

- Both perpetrator and victim are patients at the same service.

- Disclosure identifies risk to a named individual and hence there is the potential for a breach of confidentiality in the public interest.

- There are concerns for the safety of children in the home setting relating to the disclosure.

There is guidance on these issues from the GMC, BMA and RCGP:

General Medical Council (2004)
Confidentiality: protecting and providing information. Paragraph 27. London: GMC.

BMA Board of Science (2007)
Domestic Abuse.
London. British Medical Association

Shakespeare J & Davidson L (2003)
Domestic Violence in families with children. Guidance for primary health care professionals.
London: Royal College of General Practitioners

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