



QUICK REFERENCE GUIDE **SUMMARY**

Domestic Violence and Abuse
Recognition and Management
in General Practice



ORIGINAL AUTHORS

Dr Naoimh Kenny, Dr Ailís ní Riain

UPDATED BY

Dr Anna Marie Naughton, Dr Nóirín O'Herlihy, Dr Aimee O'Farrell,
Dr Fiona Cianci, Dr Noelle O'Loughlin, Dr Siobán O'Brien Green

REVIEWED BY

Caroline Counihan, Alana Ryan, Dr Mary Short, Dr Melissa Corbally

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Domestic Violence and Abuse Recognition and Management in General Practice

For this document, the abbreviation DVA, for Domestic Violence and Abuse, will be used.

Key Points

RECOGNISE	<ul style="list-style-type: none">• Know the signs, indications and sequelae of abuse
ASK	<ul style="list-style-type: none">• How are things at home?• Make the enquiry alone, sensitively, and in private• Ensure that nobody is listening on a mobile phone
RESPOND	<ul style="list-style-type: none">• Listen• Inquire about needs• Validate• Enhance safety• Support
RISK ASSESS	<ul style="list-style-type: none">• Is the abuse getting worse?• Any immediate danger? If yes, involve Gardaí and safety planning• If children/ vulnerable adult consider safeguarding referral
RECORD	<ul style="list-style-type: none">• Keep a detailed record with consent
REFER	<ul style="list-style-type: none">• Support them by helping them connect to information, specialist support (such as Women's Aid services) and social support
REVIEW	<ul style="list-style-type: none">• Ensure they are encouraged to return for follow-up

Domestic violence (DVA) is defined within the Istanbul Convention as ‘all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit, or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim ⁽¹⁾’.

Coercive control is a persistent and deliberate pattern of behaviour by a partner/ ex-partner designed to achieve obedience and create fear. The victim may fear that violence or threats will be used against him/her, or s/he may be suffering from alarm or distress, with controlling behaviours having a substantial impact on his/her day-to-day activities ⁽²⁾.

Prevalence

- Some 15% of women and 6% of men have experienced DVA at some time in their lives ⁽³⁾.
- On average, victims do not seek advice for 2.3 years ⁽⁴⁾.
- The repeat victimisation rate is high ⁽⁵⁾.

Early Identification

- Know and recognise the risk factors, signs, and presenting problems or conditions, including the patterns of coercive or controlling behaviour associated with domestic abuse.
- Facilitate disclosure in private, without any third parties present, be attentive and approachable, use selective, routine enquiry to question what you hear, and decide if the presentation of the patient warrants concern.

Table 1. Risk Factors for DVA ^(3, 6-8)

VICTIM	PERPETRATOR	RELATIONSHIP	COMMUNITY
<ul style="list-style-type: none"> • Young females • Mental health difficulties • Isolation • Pregnancy • Substance misuse • Chronic illness/ disability • Minority groups • Unemployment • Stress, e.g. acculturation/ financial • Homelessness 	<ul style="list-style-type: none"> • Access to weapon(s) • Breach of protection order • Substance abuse • Early exposure to violence • Childhood sexual abuse or violence • Antisocial behaviour • Lack of positive parental support in adolescence 	<ul style="list-style-type: none"> • Separation • Financial difficulty • Violence 	<ul style="list-style-type: none"> • Poverty or low income • Poor supports • Culture of female genital mutilation or ‘honour crimes’ • Education, which may indicate lower socio-economic status

Table 2. Possible Presentations/Outcomes of DVA^(7,9)

FATAL OUTCOMES	<ul style="list-style-type: none"> • Homicide • Suicide • Maternal mortality 	MENTAL HEALTH	<ul style="list-style-type: none"> • Depression • Anxiety, phobias • Self-harm • PTSD • Sexual dysfunction • Substance misuse
PHYSICAL INJURIES	<ul style="list-style-type: none"> • Fractures • Cuts • Knife wounds • Lacerations • Bruises • Burns • Loss/impairment of hearing/vision • Physical symptoms • Poor subjective health • Permanent disability • Obesity • Injuries due to sexual assault • Signs of attempted strangulation • Injury inconsistent with explanations • Evidence of multiple injuries at different stages of healing 	REPRODUCTIVE HEALTH	<ul style="list-style-type: none"> • Rape • Unplanned pregnancy • Pregnancy complications • Miscarriage • Low birth weight • Unwanted abortion • Sexually transmitted infections • Pelvic inflammatory disease • Recurrent urinary tract infections
CHRONIC CONDITIONS	<ul style="list-style-type: none"> • Chronic pain syndrome • Gastrointestinal disorders • Range of somatic conditions 	NEGATIVE HEALTH BEHAVIOURS	<ul style="list-style-type: none"> • Smoking • Alcohol and/or drug misuse • Physical inactivity • Overeating • Sex work • Frequently missed medical appointments • Frequent appointments for self/children for apparently minor complaints • Partner often present at consultation

Ask

The majority of patients (76% of women and 73% of men) feel comfortable discussing domestic violence with their GP⁽¹⁰⁾. GPs should be confident in asking about DVA (a possible life-saving intervention).

Ensure that the consultation is conducted in private while informing the woman of the limits of confidentiality.

Table 3. Sample Questions ^(11–13)

BROAD	How are things at home? How are you and your partner relating? Is there anything else happening that might be affecting your health?
SPECIFICALLY LINKED TO CLINICAL OBSERVATIONS	You seem very anxious. Is everything alright at home? When I see injuries like this, I wonder if someone could have hurt you ...? I heard ...? I saw ...? I noticed ...? Is there anything else that we haven't talked about that might be contributing to this condition?
MORE DIRECT QUESTIONS	Are there ever times when you are frightened of your partner? Are you concerned about the safety of your children? Does the way that your partner treats you make you feel unhappy or depressed? I think that there is a link between your [insert illness/injury here] and the way that your partner treats you. What do you think? Are you fearful/afraid/scared?

Using an Interpreter ⁽¹⁴⁾

- Never use a relative or friend.
- If possible consider a professional interpreter who has had DVA training, or an advocate from a local specialist DVA agency.
- If possible ensure that the interpreter is the same gender as the patient, and consider having him/her sign a confidentiality agreement.

Respond**Table 4. WHO Guide in Best-Practice Responses to DVA: LIVES** ^(11, 15)

LISTEN	Listen to the woman closely, with empathy, being non-judgemental and supportive, but not pressuring her to talk.
INQUIRE ABOUT NEEDS AND CONCERNS	Assess and respond to the various needs and concerns – emotional, physical, social, and practical, e.g. 'Is there anything that you need or are concerned about?' 'It sounds like you may need a place to stay.' 'It sounds like you are worried about your children.'
VALIDATE	Show that you understand and believe them. Assure them that they are not to blame, e.g. 'It's not your fault. You are not to blame.' 'It's OK to talk.'
ENHANCE SAFETY	Discuss a plan to protect him/herself from further harm if violence occurs again. Discuss if it is safe for him/her to return home.
SUPPORT/REFER	Provide practical care and support that responds to concerns, but does not intrude. Support him/her by helping to connect to information that might help, e.g. legal services, specialist support such as the Women's Aid 24-hour helpline, local DVA services, social support. Does s/he have a family member, friend, or trusted person in the community to whom s/he could talk? Does s/he have anyone who could help with money, e.g. 'What would help the most if we could do it right away?'

Safety planning⁽²⁾

Consider providing a safety plan (see the appendix document). The safety plan includes:

- a safe person to contact in an emergency
- a safe place to go
- useful phone numbers, e.g. doctor, refuge, Gardaí (see the appendix document)
- essential information, e.g. PPS number, list of medications, Child Benefit book number
- a number of items that may be needed if the victim(s) had to escape, e.g. clothes, money, extra set of car keys
- essential documents, e.g. medical card, social welfare card
- The repeat victimisation rate is high⁽⁵⁾.

Record

- Inform the victim of what you would like to document in the patient chart.
- Keep detailed records of the victim's injuries and any disclosures.
- Keep to the facts – use the exact language/words used by the victim.
- Consider photographs or body maps to record, while avoiding too detailed a record that might contrast to any records kept by the Gardaí.
- Avoid words such as 'alleges' or 'claims'.
- Ensure that records cannot be accessed by a third party (unless there is a very good reason for doing so).
- Remember: your clinical notes may be the only record of evidence in subsequent legal proceedings. It may be important to explain the effects of the violence.
- Encourage the patient to record in a safe manner.

Key Points on Sharing Information:

- It is best if the victim makes contact with external agencies him/herself, for confidentiality reasons, but it is useful to facilitate this call.
- Ask permission if sharing any information.
- Explain the limits to confidentiality, e.g. a child at risk.
- The Children First National Guidelines (2017) explain when a report is required by a GP.
- GPs should be alert to the possibility of the abuse of vulnerable persons – e.g. those with a physical, mental or intellectual disability – and notify the appropriate authorities.
- Before sharing or disclosing any identifiable information about a patient, you must consider the Freedom of Information (FOI) principles, be clear about the purpose of the disclosure, and have the patient's consent (or another legal basis) for disclosing the information.
- No third party, apart from the courts, may obtain access to a person's medical file without his/her consent. If you are considering disclosing to a third party, consider discussing it with your indemnifier first.

Refer⁽¹⁶⁾

Each practice should consider electing a safeguarding champion for DVA.

The DVA practice champion may gather information to share with the practice on the services and supports available in the local area.

When the patient attends the DVA services, s/he will engage in the following activities:

1. Providing information about adult and child service users' rights, options, and experiences
2. Safety planning
3. Building skills
4. Offering encouragement, empathy, and respect
5. Supportive counselling
6. Increasing access to community resources and opportunities
7. Increasing social support and community connections
8. Community and systems change work

Contact Details to Gather for Your Location

REFERRAL/SERVICE	HOW TO FIND YOUR LOCAL SUPPORT
Shelter/Housing	<ul style="list-style-type: none"> • Safe Ireland has a list of places providing refuge: www.safeireland.ie/get-help/where-to-find-help/
Domestic Violence Support Services	<ul style="list-style-type: none"> • See map: www.womensaid.ie/services/local.html
Financial Aid	<ul style="list-style-type: none"> • See: https://mabs.ie/
Legal Aid	<ul style="list-style-type: none"> • See: www.legallaidboard.ie
An Garda Síochána	<ul style="list-style-type: none"> • Locate your local Garda station: www.garda.ie/
Sexual Assault	<ul style="list-style-type: none"> • Rape Crisis Centre: Freephone (24-hour helpline) 1800 77 88 88 or rapecrisishelp.ie • Find your nearest Sexual Assault Treatment Unit (SATU): www2.hse.ie/services/sexual-assault-treatment-units/where-to-find.html
Other Contacts	<ul style="list-style-type: none"> • AkiDwa (the national network of African and migrant women living in Ireland): Call 01 834 9851, email info@akidwa.ie or see www.akidwa.ie • Aoibhneas women's and children's refuge: Call 1800 767 767 or email helpline@aoibhneas.ie • Childline: 1800 66 66 66 • CHO contact details: www.hse.ie/eng/services/list/4/mental-health-services/national-counselling-service/contact-us/ • Connect is a freephone support and counselling service for any adult who experienced abuse, trauma or neglect in childhood: 1800 235 235 • Elder Abuse (HSE Live Information/Crisis Lines): Call 1800 700 700, email hselive@hse.ie or see www.hse.ie/eng/services/list/4/olderpeople/elderabuse/what-is-elder-abuse/ • HSE National Counselling Service national freephone number: 1800 252 524. • Immigrant Council of Ireland: Call 01 674 0200 or see www.immigrantcouncil.ie • LGBT advice line: 1800 929 529 • Male advice line: 1800 816 588 • Men's Aid Ireland: Call 01 554 3811, email hello@mensaid.ie or see www.mensaid.ie • Men's Development Network: Call 051-844260/1, email men@mensnetwork.ie or see https://mensnetwork.ie • Safe Ireland – Creating safety for women & children: www.safeireland.ie • Still Here – Governmental public awareness campaign on domestic abuse during the COVID-19 pandemic: www.stillhere.ie • Women's Aid national freephone helpline for domestic abuse (24/7 availability): 1800 341 900 or www.womensaid.ie Instant messaging service: www.womensaid.ie and www.toointoyou.ie

A desktop-printable version of this page – with an additional column provided for practices to add local contact information – is available here.

[Print colour version from here](#)

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The Irish College of General Practitioners (ICGP) is the professional body for general practice in Ireland. The College was founded in 1984 and is based in Lincoln Place, Dublin 2. The College's primary aim is to serve the patient and the general practitioner by encouraging and maintaining the highest standards of general medical practice. It is the representative organisation on education, training and standards in general practice.

The Irish College of General Practitioners, 4/5 Lincoln Place, Dublin 2
Tel. 01-676 3705, Fax. 01-676 5850, Email. info@icgp.ie, Web. www.icgp.ie

REFERRAL/ SERVICE	LOCAL CONTACT INFORMATION	HOW TO FIND YOUR LOCAL SUPPORT
Shelter/Housing		Safe Ireland has a list of places providing refuge: www.safeireland.ie/get-help/where-to-find-help/
Domestic Violence Support Services		See map: www.womensaid.ie/services/local.html
Financial Aid		See: https://mabs.ie/
Legal Aid		See: www.legallaidboard.ie
An Garda Síochána		Locate your local Garda station: www.garda.ie/
Sexual Assault		Rape Crisis Centre: Freephone (24-hour helpline) 1800 77 88 88 or rapecrisishelp.ie Find your nearest Sexual Assault Treatment Unit (SATU): www2.hse.ie/services/sexual-assault-treatment-units/where-to-find.html
Other Contacts		AkiDwA (the national network of African and migrant women living in Ireland): Call 01 834 9851 , email info@akidwa.ie or see www.akidwa.ie Aoibhneas women's and children's refuge: Call 1800 767 767 or email helpline@aoibhneas.ie Childline: 1800 66 66 66 CHO contact details: www.hse.ie/eng/services/list/4/mental-health-services/national-counselling-service/contact-us/ Connect is a freephone support and counselling service for any adult who experienced abuse, trauma or neglect in childhood: 1800 235 235 Elder Abuse (HSE Live Information/Crisis Lines): Call 1800 700 700 , email hselive@hse.ie or see www.hse.ie/eng/services/list/4/olderpeople/elderabuse/what-is-elder-abuse/ HSE National Counselling Service national freephone number: 1800 252 524 . Immigrant Council of Ireland: Call 01 674 0200 or see www.immigrantcouncil.ie LGBT advice line: 1800 929 529 Male advice line: 1800 816 588 Men's Aid Ireland: Call 01 554 3811 , email hello@mensaid.ie or see www.mensaid.ie Men's Development Network: Call 051-844260/1 , email men@mensnetwork.ie or see https://mensnetwork.ie Safe Ireland – Creating safety for women & children: www.safeireland.ie Still Here – Governmental public awareness campaign on domestic abuse during the COVID-19 pandemic: www.stillhere.ie Women's Aid national freephone helpline for domestic abuse (24/7 availability): 1800 341 900 or www.womensaid.ie Instant messaging service: www.womensaid.ie and www.toointoyou.ie

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