Life & Times

Routine screening for domestic abuse

Raising public awareness of domestic abuse (DA), also known as intimate partner violence, is the first step forward in our battle to combat the detrimental health consequences of the abuse. DA is a global public health problem and is 'everyone's business'. The financial burden to the NHS is enormous as a result of the physical and psychological impacts on the victims and their families, including children. The cost of domestic abuse, in both human and economic terms, is so significant that even marginally effective interventions are cost-effective.1

Public health campaigns to raise awareness are not enough. A victim will experience abuse on average for 3 years before getting effective help, and will visit their GP 4.3 times.2 I feel the 'personal touch' from a clinician in a general practice will have a positive impact towards improving DA awareness in the community, in addition to offering information on support available to the victims and perpetrators. This I believe is the step towards reducing DA.

Evidence suggests that routine or universal healthcare screening for DA improves levels of victim identification in primary care settings.3,4 Many studies have found that lack of time is a provider barrier to screening, and self-administered screening can overcome this barrier.3 Lockdown restrictions, financial difficulties, and social isolation due to COVID-19 force victims to stay indoors with the perpetrators; usual channels of support are jeopardised. Other reasons why victims face barriers to seeking help include stigma, shame, fear of reprisal, financial implications, and perceptions that support may not be available. In addition, some victims do not realise they are experiencing DA.

REMOTE CONSULTATION

Phone, email, and video consultations are being used in place of face-to-face consultations during the pandemic whenever possible, and probably will continue beyond the pandemic. With such consultations, we need to be even more vigilant about asking questions about DA,



ensuring the safety of the patient. It is hard to assess who is on the other side and many survivors may find it difficult to voice what is happening to them when speaking from their home rather than a neutral place such as the surgery. In practice, it is challenging for clinicians when consulting remotely to ask and encourage patients to talk about underlying issues, especially in a busy clinic.

RAISING AWARENESS AND SCREENING

GPs, nurses, and clinical pharmacists are in a key position for early identification in our day-to-day work. We have a dual role as providers, seeing victims and perpetrators of DA in general practice. Challenges imposed due to the current situation require us to review the guidance and practice in our healthcare system, especially the primary care setting.

There is no doubt that educating and training health professionals to recognise and support victims of DA is of paramount importance. Staff should be aware of the referral pathways and information on supporting services for victims and perpetrators of DA. However, with the new ways of remote working we need to look at alternative means of how we could approach and identify victims. Raising awareness of the consequences of DA in our practice population is equally important if we want to make a change to the lives of victims. In practice, we see people who are unaware of the support services available should they need help. It is good clinical practice to routinely ask patients, even where there are no indicators of such abuse. This could be in the form of a screening tool used on all patients (males and females) contacting the clinicians. We can employ a short, simple, safe, and non-threatening screening tool in a busy clinic. By informing all patients about the referral pathways/local services (including an Advocate Educator if available), we can educate our community on the support available. This will help reduce the stigma/shame and fear of patients approaching clinicians.

In addition, promoting our surgeries as a 'DA-aware practice', with clear signposting information on our practice website, will ensure that survivors can self-refer to the local service. Raising public awareness of DA encourages open discussions and help victims recognise and acknowledge the abuse they are experiencing, thus aiding victims and perpetrators to get the necessary help and support. Ultimately this will reduce the detrimental effects of DA and reduce the financial burden of the country.

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REFERENCES

- Department of Health. Responding to domestic abuse: a resource for health professionals. London: DH, 2017. https://www. gov.uk/government/publications/domesticabuse-a-resource-for-health-professionals (accessed 4 Mar 2021).
- 2. Pathfinder. Pathfinder profile: general practitioners. Guidance for general practitioners responding to domestic abuse. https://safelives.org.uk/sites/default/files/ resources/Pathfinder%20GP%20practice%20 briefing.pdf (accessed 25 Feb 2021).
- 3. Chen PH, Rovi SR, Johnson MS. Costs effectiveness of domestic violence screening in primary care settings: a comparison of 3 methods. J Community Med Health Educ 2013; 3(7): 253.
- 4. College of Policing. Healthcare screening for domestic abuse. 2017. https:// whatworks.college.police.uk/toolkit/ Pages/Intervention.aspx?InterventionID=54 (accessed 25 Feb 2021)

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