

The role of GPs in helping women experiencing domestic violence

July 7 2011

The research will be presented today at the 40th Annual Scientific Meeting of the Society of Academic Primary Care, hosted this year by the University of Bristol's Academic Unit of Primary Health Care.

A recent study among [women](#) seeking healthcare in UK primary care [surgeries](#) found six per cent to 23 per cent of women had experienced physical and [sexual abuse](#) from a partner or ex-partner in the last year. Women experiencing domestic violence are more likely to be in touch with [health services](#) than any other agency, yet doctors and nurses rarely ask about domestic violence, often failing to identify signs of domestic violence in their patients.

The study by Alice Malpass (Research Fellow) and Professor Gene Feder from the Academic Unit of [Primary Health Care](#), University of Bristol, in [collaboration](#) with the Nia Project, Nextlink and Domestic Violence Training Ltd, aimed to understand women's experience of disclosing domestic violence in primary care settings and the role of GPs in supporting women. Women who had been referred to a specialist domestic violence agency by a GP were interviewed by a survivor of domestic violence about their experiences.

The study found that women wanted their GPs to ask about domestic violence, one women said "nobody ever asked me. Never. I've got bruises round my neck and so stressed out and never asked 'what's happening in your life?' or 'why have you got these bruises'? I just want someone to say 'so what's going on?' and I would just sit there and cry".

Women saw their GP's role to be one of referral and signposting, rather than one of action. Women do not want to be coerced by the GPs to leave the violent or abusive partner before they are ready to do so but do welcome being given access to specialist support.

Dr Malpass said: “In the UK the role of GPs in identifying women who may be experiencing [domestic violence](#) and abuse is currently under debate. Two competing approaches are shaping this debate one is an agency-led understanding of change that prioritises high risk women and measures successful outcomes in terms of ‘leaving the perpetrator’. The other approach is more women-centred, focusing on attitudinal and emotional changes as important precursors to action. It is the latter that the women in the study welcomed, seeing their GP's role as being one of referral to specialised advocacy services rather than being a source of direct-action.”

The 40th Annual Scientific Meeting of the Society for Academic [Primary Care](#) is hosted by the Academic Unit of Primary Health Care, University of Bristol on 6-8 July 2011.

Provided by University of Bristol

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