

# Primary care needs to 'wake-up' to links between domestic abuse and safeguarding children

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Researchers looking at how healthcare professionals deal with domestic violence cases have identified that GPs, practice nurses and practice managers are uncertain about how to respond to the exposure of children to domestic violence.

With at least 1.2 million women and 784,000 men experiencing [domestic violence](#) and abuse in England and Wales each year, the negative effect on families and children can be far-reaching. Childhood exposure to domestic violence and abuse can result in long-term behavioural, mental health and education problems.

However, new research has shown that lack of clear guidance and training on the interface between domestic violence and child safeguarding has led to uncertainty about how such cases should be managed.

Researchers from the University of Bristol will share their findings with health practitioners and researchers at the South West Society for Academic Primary Care (SW SAPC) meeting today [07 March].

Preliminary results from the two-and-a-half year RESPONDS (Researching Education to Strengthen Primary care ON Domestic violence and Safeguarding) project funded by the Department of Health shows that there is uncertainty among primary healthcare professionals

about the appropriate management of families experiencing domestic violence.

Interviews were conducted with 42 GPs, 12 practice nurses and 15 practice managers across six sites in England. Scenarios were used to explore how practitioners identified and responded to cases of domestic violence where children were involved.

Conversations about domestic violence and child safeguarding were described as 'difficult' and many respondents were unsure of thresholds for referral to social services.

Respondents' reactions to the same scenarios were substantially different, highlighting a lack of clear guidance and training.

Primary care practitioners had little knowledge of local domestic violence services and few had direct communication with children's social services.

The study also found practitioners' face-to-face communication with children and young people was limited.

However, they appeared ready to talk to mothers about domestic violence and some suggested that they would attempt to engage with abusive fathers.

Professor Gene Feder, Professor of Primary Care at the University of Bristol, led the research. He said: "Domestic violence poses a major challenge to public health, social care and [health care services](#), yet it often goes unrecognised by professionals in those sectors. Being exposed to it can have a damaging effect on children, so the role of primary healthcare professionals is vital."

Dr Eszter Szilassy, from Bristol University's School of Social and Community Medicine, added: "Our study showed that many [primary care](#) clinicians are unsure how to support the parent experiencing abuse whilst protecting her safety and autonomy, maintaining confidentiality, and ensuring the safety of her children.

"The lack of clear guidance and training on the interface between domestic violence and child safeguarding is resulting in a variation of care and uncertainty in managing these families. This major gap in policy means that opportunities to support women and children experiencing domestic violence are being missed."

The findings of the RESPONDS study have been used to help develop a training programme which is currently being piloted and evaluated in two sites in England.

The training aims to increase professionals' confidence and skills in managing these complex issues and to improve their understanding and links with local domestic violence and child protection services.

Provided by University of Bristol

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