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# FOUNDATION PROGRAMME CURRICULUM 2012

# SEXUAL AND DOMESTIC VIOLENCE

# TEACHING RESOURCE PACK

Available to download from:

<http://www.stfs.org.uk/faculty/training-about-sexual-and-domestic-violence>

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### Acknowledgements

## INTRODUCTION

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This pack is designed to equip trainers with the information and resources for a one-hour interactive teaching session for foundation doctors, to meet the requirements of the 2012 curriculum.

There are also suggestions for optional further teaching sessions and self-directed learning.

### Why should foundation doctors be trained?

Sexual and domestic violence are extremely common, and affect many people that doctors meet as patients (and elsewhere).

The March 2010 DH document *Responding to violence against women and children – the role of the NHS* states:

***For many women and children who experience violence and abuse, NHS settings represent the one place where it is possible to talk to someone about their experience without discovery or reprisal from the perpetrator. The NHS response to women and children who can be isolated and fearful as a result of their experience is critical to their future well-being.***

and in recommendation 3 of the document:

All NHS staff should have – and apply – a clear understanding of the risk factors for violence and abuse, and the consequences for health and well-being of violence and abuse, when interacting with patients. This should include:

- Appropriate basic education and training of all staff to meet the needs of women and children who have experienced violence and abuse;
- More advanced education and training of ‘first contact’ staff and those working in specialties with an increased likelihood of caring for women and children who have experienced violence or abuse; and
- Staff awareness of the associations and presentations of violence and abuse and how to broach the issue sensitively and confidently with patients.

Universities and other providers of education and training, employers, and regulatory and professional bodies should work together to make this happen.

Relevant competences have therefore been included in the 2012 Foundation Curriculum, to supplement those already covering safeguarding children and vulnerable adults.

## RELEVANT COMPETENCES INCLUDED IN THE 2012 FOUNDATION CURRICULUM

	Section Number	Heading	Page number(s)
Recognises the potentially vulnerable patient, e.g. children, older people, those with learning difficulties, potential victims of abuse and those in need of extra support	7.1	7. Good clinical care 7.1 Makes patient safety a priority in clinical practice	30
Demonstrates awareness of safeguarding children (Levels 1 and 2) and vulnerable adults	7.2	7. Good clinical care	31
Demonstrates the ability to identify, refer and participate in both the medical assessment and care planning, in cases where the interests of a child, vulnerable adult, including those with learning difficulties or a potential victim of abuse, need safeguarding	7.2	7. Good clinical care 7.2 History and examination	31
Demonstrates an awareness of the potential for physical, psychological and sexual abuse of patients, and manages such cases in a similar way to safeguarding children and vulnerable adults	7.2,	7.2 History and examination	31
Describes and demonstrates an understanding of the main principles of medical ethics, including autonomy, justice, beneficence, non-maleficence and confidentiality as they apply to medical practice, refer to <i>Reporting criminal and regulatory proceedings within and outside the UK</i> (GMC, 2008)	4.1	4.1 Medical ethical principles and confidentiality	25
Ensures privacy when discussing sensitive issues. Uses and shares clinical information appropriately while respecting confidentiality	4.1	4.1 Medical ethical principles and confidentiality	25
Describes and applies the principles of child protection procedures. <i>This is covered within Trust mandatory training programmes.</i>	4.2	4.2 Legal framework of medical practice	25

## OBJECTIVES OF THE TEACHING RESOURCE PACK

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To provide materials to support relevant training for foundation doctors.

At the end of the session foundation doctors should:

1. Be aware of the associations and presentations of violence and abuse\*
2. Have an understanding of how to broach the issue sensitively and confidently with patients
3. Be aware of local referral pathways and documentation

\*the session should focus on adults, as additional training on safeguarding should be provided separately

## DELIVERING A TEACHING SESSION

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Who could deliver the session?

- Local experts with an interest eg:
- Specialist in Emergency Medicine / Obstetrics and Gynaecology / GUM
- More senior doctor in training eg CT / ST / F2 but would need support eg from specialist social worker / adult safeguarding lead / liaison DV service / women's aid / specialist police officer. This could be a suitable example for a F2 or other doctor with an interest in this area to use for their teaching assessment

A teaching plan and resources are included in this pack to aid teaching. Prior to the teaching session, ensure that preparation has been carried out as follows:

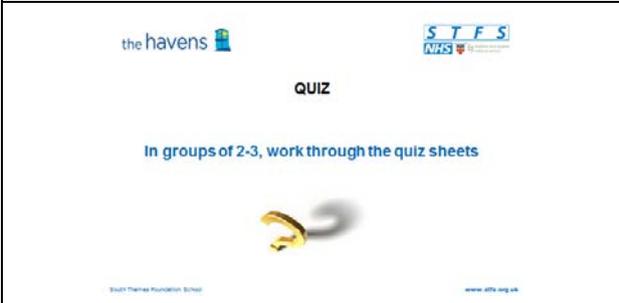
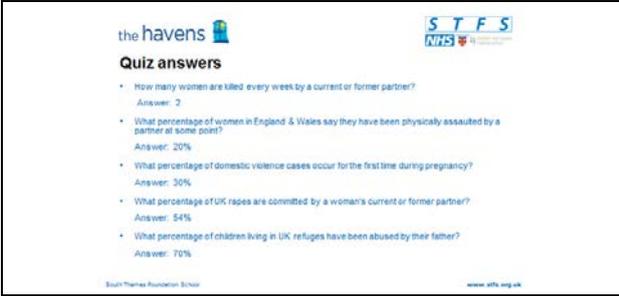
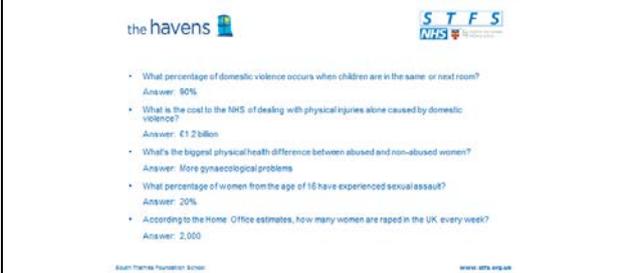
## PREPARING FOR THE TEACHING SESSION

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- ✓ Identify a slot within the teaching programme for the year via your Postgraduate Medical Education Centre
- ✓ Read this pack!
- ✓ Identify who will be delivering the session– if two facilitators they should meet in advance to plan the session
- ✓ Ensure that equipment required is available:  
Laptop and projector  
DVD player (if showing DVD - not required at initial session)
- ✓ Download weblink slides from <http://www.stfs.org.uk/faculty/training-about-sexual-and-domestic-violence>
- ✓ Photocopy quiz (Appendix A)
- ✓ Photocopy case scenarios (Appendix B) – ideally using two different colours of paper
- ✓ Photocopy sheet of questions participants can use during role play session (Appendix C)
- ✓ Prepare and identify local resources (include national resources)
- ✓ Be aware that the audience may include people who have been subjected to abuse, or perpetrated it. Opportunities should be made available for individuals to discuss any concerns they may have privately, and access suitable local support.
- ✓ Photocopy evaluation form for use (Appendix D) - optional

# TEACHING PLAN OVERVIEW

<b>1. Introductions and quiz</b>	<b>15 minutes</b>
<b>2. Recognising the potentially vulnerable patient</b>	<b>5 minutes</b>
<b>3. Broaching and exploring</b>	<b>5 minutes</b>
<b>4. Role play</b>	<b>15 minutes</b>
<b>5. Feedback and interventions</b>	<b>10 minutes</b>
<b>6. Evaluation (optional)</b>	<b>5 minutes</b>

<b>1. Introductions and quiz (see pages 9-11)</b> Time allowance: 15 minutes	
 <p>the havens </p> <p><b>QUIZ</b></p> <p>In groups of 2-3, work through the quiz sheets</p> <p></p> <p>South Thames Foundation School <a href="http://www.stfs.org.uk">www.stfs.org.uk</a></p>	<ul style="list-style-type: none"> <li>- to gauge the audience's level of knowledge and potentially challenge beliefs</li> <li>- quiz (on quiz sheets, carried out in small groups, answers on slides)</li> <li>- introductions / statistics</li> </ul>
 <p>the havens </p> <p><b>Quiz answers</b></p> <ul style="list-style-type: none"> <li>• How many women are killed every week by a current or former partner? Answer: 2</li> <li>• What percentage of women in England &amp; Wales say they have been physically assaulted by a partner at some point? Answer: 20%</li> <li>• What percentage of domestic violence cases occur for the first time during pregnancy? Answer: 30%</li> <li>• What percentage of UK rapes are committed by a woman's current or former partner? Answer: 54%</li> <li>• What percentage of children living in UK refuges have been abused by their father? Answer: 70%</li> </ul> <p>South Thames Foundation School <a href="http://www.stfs.org.uk">www.stfs.org.uk</a></p>	<ul style="list-style-type: none"> <li>- discussion of quiz answers (slides)</li> </ul>
 <p>the havens </p> <ul style="list-style-type: none"> <li>• What percentage of domestic violence occurs when children are in the same (or next) room? Answer: 90%</li> <li>• What is the cost to the NHS of dealing with physical injuries alone caused by domestic violence? Answer: £1.2 billion</li> <li>• What's the biggest physical health difference between abused and non-abused women? Answer: More gynaecological problems</li> <li>• What percentage of women from the age of 16 have experienced sexual assault? Answer: 20%</li> <li>• According to the Home Office estimates, how many women are raped in the UK every week? Answer: 2,000</li> </ul> <p>South Thames Foundation School <a href="http://www.stfs.org.uk">www.stfs.org.uk</a></p>	
 <p>the havens </p> <p><b>Definitions</b></p> <p><b>Rape</b></p> <ul style="list-style-type: none"> <li>• This is the intentional penetration by the penis of the vagina, anus or mouth of another person without consent.</li> </ul> <p><b>Assault by penetration</b></p> <ul style="list-style-type: none"> <li>• This is the intentional penetration of the vagina or anus with part of the body or anything else without consent.</li> </ul> <p><b>Sexual Assault</b></p> <ul style="list-style-type: none"> <li>• This is intentional sexual touching without consent.</li> </ul> <p><b>Consent</b></p> <ul style="list-style-type: none"> <li>• A person consents if s/he agrees by choice and has the freedom and capacity to make that choice. No offence if the child is aged 13 years or younger. Possible reasonable belief if child is aged 13 – 15 years old.</li> </ul> <p><b>Domestic Violence</b></p> <ul style="list-style-type: none"> <li>• Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to baby and nursery nurses (BASIC) communities such as so-called honour based violence, female genital mutilation (FGM) and forced marriage.</li> </ul> <p>South Thames Foundation School <a href="http://www.stfs.org.uk">www.stfs.org.uk</a></p>	<ul style="list-style-type: none"> <li>- definitions of rape, sexual assault and domestic abuse (slide)</li> </ul>

<p><b>2. Recognising the potentially vulnerable patient</b> (see page 12) Time allowance: 5 minutes</p>	
  <p><b>Recognising abuse</b></p> <ul style="list-style-type: none"> <li>• Co-vulnerabilities common, eg age, disability, isolation, alcohol</li> <li>• Repeated presentations eg with abdominal pain or non-specific symptoms</li> <li>• Always with partner who seems concerned, but takes over and is reluctant for patient to be seen alone</li> <li>• Recurrent injuries / explanation implausible</li> <li>• Remember – anyone can be a victim, and anyone can be a perpetrator (regardless of background, profession, etc)</li> </ul> <p><small>South Thames Foundation School</small> <a href="http://www.stfs.org.uk">www.stfs.org.uk</a></p>	<ul style="list-style-type: none"> <li>- slide on co-vulnerabilities</li> </ul>
<p><b>3. Broaching and exploring</b> (see pages 13-14) Time allowance: 5 minutes</p>	
  <p><b>Exploring abuse</b></p> <p>Have you seen anyone who has been abused or assaulted? Were there any questions you found it especially useful to ask?</p>  <p><small>South Thames Foundation School</small> <a href="http://www.stfs.org.uk">www.stfs.org.uk</a></p>	<ul style="list-style-type: none"> <li>- identifying potential victims of abuse</li> <li>- invite participants to share previous experiences (while respecting confidentiality)</li> </ul>
<p><b>Exploring abuse</b></p> <ul style="list-style-type: none"> <li>• Privacy and sensitivity</li> <li>• Setting the scene first, eg:             <ul style="list-style-type: none"> <li>– ‘how are things at home?’</li> <li>– ‘I am concerned that we have already seen you in A&amp;E three times this year . . . and it is important that I ask about your safety’</li> <li>– ‘I am concerned that this injury seems to be more severe than I would expect from tripping...’</li> <li>– ‘it is good that you have asked for emergency contraception . . . can I just ask whether the sex that happened was with your consent?’</li> <li>– ‘are you safe to go home?’</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- broaching the subject and ensuring privacy and sensitivity during discussions</li> <li>- exploratory and HARK questions</li> </ul>
<p><b>4. Role play to practice identifying and exploring abuse</b> (see page 15 and App B) Time allowance: 15-20 minutes</p>	
  <p><b>Role plays with scenarios</b></p> <ul style="list-style-type: none"> <li>• Each of you will be given a sheet with 1 ‘doctor’ and 1 ‘patient’ scenario, and a sheet of possible questions to ask</li> <li>• Working in pairs, take it in turns to play each role for 5 minutes</li> <li>• In your pairs, briefly feedback to each other:             <ul style="list-style-type: none"> <li>– what went well?</li> <li>– was anything difficult / made you feel awkward?</li> </ul> </li> <li>• Think about what next steps might help the patient in each scenario?</li> </ul> <p><small>South Thames Foundation School</small> <a href="http://www.stfs.org.uk">www.stfs.org.uk</a></p>	<ul style="list-style-type: none"> <li>- introductory slide</li> <li>- scenario sheets</li> <li>- role-playing session with case scenarios (foundation doctors working in pairs)</li> <li>- feedback between pairs</li> </ul>
<p><b>5. Slides with feedback on individual scenarios, with discussion about interventions</b> (see pages 19-21) Time allowance: 10 minutes</p>	
  <p><b>Feedback after role plays –</b></p> <p><b>Scenario - Amy</b></p> <ul style="list-style-type: none"> <li>• Amy has presented to A&amp;E asking for emergency contraception. She is tearful and has brought a young child with her</li> <li>• Last night her husband raped her while her 3 year old daughter was in the same room asleep</li> <li>• What next steps might be helpful?</li> </ul> <p><small>South Thames Foundation School</small> <a href="http://www.stfs.org.uk">www.stfs.org.uk</a></p>	

  <p><b>Interventions for Amy</b></p> <ul style="list-style-type: none"><li>• Is she safe to go home?</li><li>• Emergency contraception</li><li>• Discussion with senior colleagues / safeguarding staff as regards child</li><li>• Does she want to report to police / local sexual assault referral centre (SARC)?</li><li>• Sexual health referral / follow-up</li><li>• Discussion about local domestic violence services</li><li>• Good documentation</li></ul> <p><small>South Downs Foundation School</small> <a href="http://www.sdfs.org.uk">www.sdfs.org.uk</a></p>	
<p><b>6. Evaluation (optional)</b> (see page 21 and App D) Time allowance: 5 minutes if possible</p>	



## 1b. INTRODUCTION AND STATISTICS

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Domestic and sexual violence are extremely common. Anyone can be affected, but people with a limiting illness or disability are more at risk.

Direct health consequences are increased risk for a wide range of long-term health problems, including mental health problems, alcohol misuse, risky sexual behaviour, obesity, chronic pelvic pain and other conditions such as irritable bowel syndrome and headaches.

- 28% of women aged 16-59 have experienced domestic violence *Home Office (2009)*.
- 35% of households that experience a first assault will experience a second within five weeks *Department of Health (2005)*.
- About 10,000 women are sexually assaulted and 2000 women are raped every week. *Home Office (2009)*.
- 16% of children under 16 experienced sexual abuse during childhood but 72% of sexually abused children did not tell anyone at the time. 31% of disabled children have been abused.
- in the UK there are >5 million adult women who experienced some sexual abuse during childhood (*NSPCC study of child sexual abuse*).
- 2.6% of people aged 66 and over living in private households reported that they had experienced mistreatment involving a family member, close friend or care worker during the past year – about 227,000 people across the UK. *O’Keeffe, M, et al (2007)*.
- About 66,000 women in the UK are estimated to be affected by female genital mutilation, with 24 000 young girls at high risk *FORWARD (2007)*.
- 9/10 people with learning disabilities experienced harassment or violence within a year. *Mencap (2000)*.
- Survivors of sexual abuse can experience retraumatisation in their response to some treatment and care, eg pelvic examination, which unintentionally reawakens early abusive experiences

## 1c. LEGAL DEFINITIONS

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The following definitions have been taken from the Sexual Offences Act 2003:

### **Rape**

This is the intentional penetration by penis of the vagina, anus or mouth of another person without consent or reasonable belief of consent having been determined.

### **Assault by penetration**

This is the intentional penetration of the vagina or anus with part of the body or anything else without consent, or reasonable belief of consent having been determined.

### **Sexual Assault**

This is intentional sexual touching without consent, or reasonable belief of consent having been determined.

### **Consent**

A person consents if s/he agrees by choice and has the freedom and capacity to make that choice. No defence if the child is aged 13 years or younger. Possible reasonable belief if child is aged 13 – 16 years old.

The Government's definition of domestic violence against both men and women (agreed in 2004) is:

### **Domestic Violence**

Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour based violence', female genital mutilation (FGM) and forced marriage.

**Both the Sexual Offences Act and the definition of domestic violence are currently under consultation and revision. Please go to [www.legislation.gov.uk](http://www.legislation.gov.uk) for information.**

## 2. RECOGNISING THE POTENTIALLY VULNERABLE PATIENT

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### Be aware of the associations and presentations of violence and abuse

Things to think about include:

- Repeated presentations to A&E or other healthcare settings with eg abdominal or pelvic pain or non-specific symptoms, as these can relate to current or past abuse.
- The age and/or vulnerability of patient and their partner eg the very young and old, those with learning or physical disability or who are dependent on others; those who are isolated, eg who do not speak English or have mental health issues.

#### a. Physical abuse

- Patient always presenting with partner who seems very concerned, but often answers questions for them and is reluctant for patient to be seen alone.
- Injuries where the explanation is or seems implausible, or recurrent presentations with injury.
- The association of domestic violence presenting or escalating during pregnancy.

#### b. Sexual abuse

- Asking whether sexual activity is something to which they have agreed or not, especially in an 'emergency situation'.
- Concerns about infection, patient requesting post-exposure prophylaxis following sexual exposure (PEPSE), or patient requesting emergency contraception.
- Recognising those who are vulnerable e.g. commercial women involved in prostitution being at risk of physical and sexual assault, those with mental health needs.

This list is inclusive but not exhaustive of all potential associations and presentations of violence and abuse.

Organisations including the police use the CAADA-DASH MARAC (multi-agency referral assessment conference) form which offers a quick checklist for identification when domestic abuse, 'honour'-based violence and / or stalking are disclosed. This is available from [http://www.caada.org.uk/marac/RIC\\_for\\_MARAC.html](http://www.caada.org.uk/marac/RIC_for_MARAC.html)

### 3a. HOW TO BROACH THE ISSUE SENSITIVELY AND CONFIDENTLY WITH PATIENTS

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Ensure adequate privacy, eg a 1:1 conversation in a quiet office is likely to be much more constructive than asking as part of a busy ward round.

The safety and autonomy of patients are an absolute priority when asking about domestic violence. Discussions about abuse need to be out of the sight and hearing of the patient's partner, family, friends, carer and children. Try to see patients alone at least once.

To avoid endangering patients, only use professional interpreters - never ask partners, 'friends' or relatives to translate. The use of professional interpreters is imperative (Department of Health, 2006).

You do not 'have' to get a disclosure and never insist. Just asking gives permission for someone to talk when they are ready, and research shows that this is welcomed. Mention that help is available if needed.

#### Asking:

- *How are things at home?*
- *I am concerned that this injury seems to be more severe than I would expect from tripping...*
- *I am concerned that we have seen you here in A & E 3 times this year...*
- *....and it is important that I ask about your safety. Do you feel safe at home? Is someone close to you, or at home with you, hurting you?*
- *It's good that you were able to come and ask for emergency contraception, and providing it to you will not be a problem, and we'll discuss that more, in a minute. It's important that I check on your safety and wellbeing and one of the things we always ask is whether the sex which happened (last night/whenever) was that with your permission?*
- *Are you safe to go home?*

#### Remember:

- Listen
- Believe
- Don't judge
- Be sensitive
- Help

### 3b. HARK questions\*

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**H HUMILIATION**

Within the last year, have you been humiliated or emotionally abused in other ways by your partner or your ex-partner?

**A AFRAID**

Within the last year, have you been afraid of your partner or ex-partner?

**R RAPE**

Within the last year have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

**K KICK**

Within the last year, have you been kicked, hit, slapped or otherwise physically hurt by your partner or ex-partner?

*\*screening questions developed in general practice Hardip Sohal (2011).*

## 4. PRACTICAL SESSION

Audience should be asked to work in pairs and carry out role plays on the following scenarios.

Scenarios should be photocopied onto yellow and blue paper as indicated. **See Appendix B for printable scenarios.**

Each pair should be given two scenarios (each pair of sheets contains 2 matching 'doctor' and 'patient' scenarios) taking it in turns to play the doctor in one scenario and patient in the other.

### 1a. Amy scenarios (Blue sheets)

#### Doctor (Amy) scenario

You are an F2 in A&E.

Amy presents to A&E asking for emergency contraception. She is tearful and has brought a young child with her.

Ask questions to find out why Amy is upset.

#### Patient (Amy) scenario

Last night your husband raped you while your 3 year old daughter was in the same room asleep. Things have been difficult in your marriage. Your husband has lost his job and you think that he has been seeing other women.

You recently came off the Pill and had been using condoms for contraception, but last night your husband didn't use one and you would like emergency contraception.

#### Interventions

- Emergency contraception
- Discussion with senior colleagues / safeguarding staff as regards child
- Does she want to report to police / local sexual assault referral centre (SARC)?
- Sexual health follow-up
- Local domestic violence services
- Documentation

#### *Note for trainer*

*Marital rape has been illegal in the UK for over 20 years, is illegal in many other countries, but remains legal or tolerated in some.*

## 1b. Paul scenarios (Blue sheets)

### Doctor (Paul) scenario

You are an F2 in trauma and orthopaedics. A young man is brought in by ambulance with the police following a severe physical assault by a group of young men, and is admitted with fractured ribs and a small pneumothorax. He asks if he can talk about something that is troubling him.

Find out about what is troubling Paul

### Patient (Paul) scenario

Not only did the youths beat you up physically, three of them also anally raped you. You are feeling very upset, concerned about how you will tell your girlfriend, and worried about whether you could have caught HIV.

### Interventions

- PEP / sexual health follow-up
- Does he want to tell police / report to SARC?
- If not going to SARC, other sources of support
- Documentation

#### **Note for trainer**

*Rape of males by males represents <10% of reported rapes, but is even more under-reported than is rape of females. Heterosexual men are almost as likely to be raped as gay men. Most men who rape other men identify themselves as heterosexual.*

*Male rape frequently involves high levels of violence, weapons, and multiple assailants. Victims are at significant risk of internal injury, acquiring HIV, and committing suicide.*

*Further information on [www.survivorsuk.org](http://www.survivorsuk.org)*

## 2a. Mrs Brown scenarios (Yellow sheets)

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### Doctor (Mrs Brown) scenario

You are an F1 on a Care of the Elderly ward. Mrs Brown was admitted last night following a fall, but the nurses have told you that she is very bruised on her upper arms and backs of her legs, and what looks like a bite mark on her shoulder.

Explore with Mrs Brown what has happened to her.

### Patient (Mrs Brown) scenario

You are a retired headmistress living with your son and daughter-in-law and their child, who has cerebral palsy. You were able to help with your grandson, but since you broke your wrist last month you have needed help yourself. Your daughter-in-law has become very frustrated and angry and taken it out on you by hitting and biting you, and you fell last night in an attempt to get away from her.

### Interventions /resources

Management of injuries inc. human bite

Safeguarding adults team (and safeguarding children team re grandson)

Ask her what action she would like to take eg police / not go home

If she does not want to go home, social services

## 3a. Fatima scenarios (Yellow sheets)

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### Doctor (Fatima) scenario

You are an F2 in GP. Fatima, aged 17, comes to see you with her husband, who looks at least 40. Fatima moved to the UK last year, but can speak English. Her husband, who does all the talking, tells you that she is pregnant. Fatima makes no eye contact and looks thin and withdrawn.

Explore the situation.

## **Patient (Fatima) scenario**

Your marriage was arranged for you against your wishes. Your husband does not let you out alone, or have any contact with your family. You have no friends in the UK. Your husband has sex with you against your wishes several times a week, and hits you if you refuse. You are pregnant but are frightened of having the baby. You are only allowed food if you have done all the housework for your mother-in-law, who also lives with you.

## **Interventions**

- See Fatima without her husband or other relative.
- Ask senior colleague.
- Confirm pregnancy and document any injuries.
- Find out what she would like to do – but consider breaking confidentiality (following advice) for her safety so that police informed.
- Arrange counselling appointment to consider termination of pregnancy if this is what she wants to do
- If she wishes to keep baby, involve antenatal team and safeguarding midwife.
- Involve safeguarding children team (as under 18 plus unborn child)

### ***Note for trainer***

Further information on [www.forcedmarriage.net](http://www.forcedmarriage.net)

## 5a. UNDERSTANDING REFERRAL PATHWAYS AND THE SERVICES AVAILABLE

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### The role of the Sexual Assault Referral Centre (SARC)

A SARC is a one-stop location where victims of rape, sexual abuse and serious sexual assault, regardless of gender or age, can receive medical care such as interventions to prevent pregnancy and infections including HIV, and counselling, and have the opportunity to assist a police investigation, including undergoing a forensic examination, if they so choose.

All of London is covered by SARCs called the Havens, which are available 24/7 (telephone for advice / appointment) [www.thehavens.org.uk](http://www.thehavens.org.uk)

SARCs aim to promote recovery and health following a rape or sexual assault on victims, whether or not victims wish to report to the police. Most do not report, but may still benefit from medical care and support.

### National Domestic Violence Helpline

The Freephone 24 Hour National Domestic Violence Helpline, run in partnership between the domestic violence charities Women's Aid [www.womensaid.org.uk/](http://www.womensaid.org.uk/) and Refuge <http://refuge.org.uk/> is a national service for women experiencing domestic violence, their family, friends, colleagues and others calling on their behalf.

The Helpline can give support, help and information over the telephone, wherever the caller might be in the country. The Helpline is staffed 24 hours a day by fully trained female helpline support workers and volunteers. All calls are completely confidential. Translation facilities for callers whose first language is not English, and a service for callers who are deaf or hard of hearing are available.

<http://www.nationaldomesticviolencehelpline.org.uk/>

### The role of the SOIT / specialist police officer

SOITs are specially trained police officers (the term varies in different police forces). They ensure that the immediate physical, mental and welfare needs of the victim/patient are met. They will explain the criminal justice process and gather evidence and information from the victim/patient to support the investigation. They ensure the victim/patient is regularly updated about the progress of the investigation and will provide support from the beginning to the end of the investigation, including accompanying them to a SARC and throughout the trial process. All disclosures are dealt with in a sensitive and compassionate manner by dedicated and committed officers.

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## 5b. WHAT TO DO

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### **Respect confidentiality**

All discussions must occur in private, without other family members present. This is essential in building trust and ensuring safety

### **Believe her and validate his / her experiences**

Listen to the patient and believe them. Acknowledge their feelings and let them know they are not alone.

### **Acknowledge the injustice**

The violence perpetrated against them is not their fault. No-one deserves to be abused or assaulted.

### **Explore sensitively and record carefully**

Following an acute assault:

Who? - a known individual or a complete or relative stranger?

When? – estimated date and time are important for both medical and evidential reasons

What? – happened, including verbatim recording of key elements of their account

Where? – did it happen

Are all important to explore and record in detail. Body maps can be used to document injuries.

If a patient who has been abused in the past finds a medical intervention, eg pelvic examination, upsetting then this should be recorded to inform future care and avoid unnecessary distress later.

### **Collect evidence**

This is especially relevant when someone presents within hours / up to 7 days following an acute assault. Every contact leaves a trace such as the assailant's DNA or hairs, or fibres from clothing, but as a victim moves around, washes, or drinks evidence is lost.

Early evidence kits are available to collect useful samples such as a mouth rinse and mouth swab, sanitary wear and wound dressings, and clothing worn during and after the assault.

Further information is available on [www.careandevidence.org](http://www.careandevidence.org)

### **Respect their autonomy**

Respect their right to make decisions in their own life, when they are ready. They are the expert in their life.

### **Help them plan for future safety**

What have they tried in the past to keep themselves safe? Is it working? Do they have a place to go if they need to escape or someone they can trust?

NICE (National Institute for Clinical Excellence) offers the following tips for safety planning for people deciding to stay in an abusive relationship:

- keep some money, keys, important documents and emergency numbers hidden somewhere safe in case you need to get away quickly,
- remove anything that could be used as a weapon from the house,
- if you can, ask a neighbour to keep an eye on you and call the police if they notice anything is wrong, and
- teach your children how to call for help if necessary, either by contacting a nearby friend or relative, or calling the police.

### **Promote access to community services**

Know the resources in your community. Ensure you have a list of numbers and websites for referral if required.

## **5c. WHAT NOT TO DO**

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### **Violating Confidentiality**

Interviewing him/her in front of family members. Telling colleagues issues discussed in confidence without her consent. Calling the police without her consent.

### **Trivialising and minimising the abuse**

Not taking the danger they feel seriously. Expecting tolerance because of the number of years in the experience.

### **Blaming the victim**

Asking what they did to provoke abuse or an assault. Focusing on them as the problem and asking “why don’t you just leave?”, “why do you put up with it?”, or “why do you let him/her do that to you?”

### **Not respecting their autonomy**

“Prescribing” divorce, sedative medications, going to a shelter, couples counselling, or the involvement of law enforcement. Punishing him/her for not taking your advice.

### **Ignoring the need for safety**

Failing to recognise their sense of danger. Being unwilling to ask “is it safe to go home?” or “do you have a place to go if the abuse escalates?”

### **Normalising victimisation**

Failing to respond to their disclosure of abuse. Acceptance of intimidation as normal in relationships.

## **6. EVALUATION**

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Ask audience to complete short evaluation sheet and return at end of session.

Optional – see **Appendix D** for a printable copy of the evaluation form template.

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## RESOURCES / LOCAL SERVICES

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### **24 Hour National Domestic Violence helpline: 0808 2000 247**

The Freephone 24 Hour National Domestic Violence Helpline, run in partnership between Women's Aid and Refuge, is a national service for women experiencing domestic violence, their family, friends, colleagues and others calling on their behalf.

### **Sexual Assault Referral Centres (SARCs)**

SARCs are specialist centres for people who have been raped or sexually assaulted, where patients can have a forensic and medical examination (including tests for sexually transmitted infections and pregnancy), and receive medical help and advice. They can also help and support patients through the immediate trauma.

The Havens are SARCS covering all of London. They also provide training courses – further information is available on <http://www.thehavens.org.uk/training.php>

### **Camberwell Haven (south London)**

King's College Hospital  
020 3299 1599  
[www.thehavens.org.uk](http://www.thehavens.org.uk)

### **Kent SARC**

Renton Clinic  
Darent Valley Hospital  
01322 428595

### **Paddington Haven (west and central London)**

St Mary's Hospital  
020 3312 1101  
[www.thehavens.org.uk](http://www.thehavens.org.uk)

### **Suffolk SARC**

The Ferns, Ipswich  
01473 668990

### **Surrey SARC**

The Solace Centre  
Cobham Community Hospital  
01932 867581

### **Sussex SARC**

The Saturn Centre  
Crawley Hospital  
01293 600300

### **Whitechapel Haven (east London)**

Royal London Hospital

020 7247 4787

[www.thehavens.org.uk](http://www.thehavens.org.uk)

### **Other organisations:**

#### **Broken Rainbow**

Broken Rainbow offers support for lesbian, gay, bisexual and transgender (LGBT) people experiencing domestic violence. It also aims to raise awareness in the LGBT community and elsewhere of the impact of homophobic, transphobic and same sex domestic violence on the lives of LGBT people.

0300 999 5428

[www.broken-rainbow.org.uk/](http://www.broken-rainbow.org.uk/)

#### **Childline**

0800 1111

[www.childline.org.uk/](http://www.childline.org.uk/)

#### **Eaves**

A London-based charity providing high quality housing and support to vulnerable women. Eaves carry out research, advocacy and campaigning to prevent all forms of violence against women.

020 7735 2062

[www.eaves4women.co.uk/post@eaveshousing.co.uk](http://www.eaves4women.co.uk/post@eaveshousing.co.uk)

#### **MPower**

Supporting Male Survivors of abuse

0808 808 4321 (Thursday 8pm - 10pm)

[www.male-rape.org.uk/support@seva-uk.org](http://www.male-rape.org.uk/support@seva-uk.org)

#### **Police**

Dial 999 and let them know you want to report a rape.

#### **Rape Crisis**

Rape Crisis groups exist across the UK and Ireland to provide services for women and girls. They also provide information of support agencies for men.

[www.rapecrisis.org.uk](http://www.rapecrisis.org.uk)

#### **Refuge**

Domestic Violence help for women and children.

0808 2000 247

[www.refuge.org.uk](http://www.refuge.org.uk)

### **Respond**

Provides a service to people with learning disabilities who are vulnerable victims and/or perpetrators of sexual abuse.

020 7383 0700

[www.respond.org.uk](http://www.respond.org.uk)

### **Survivors UK**

Information, support and counselling for men and boys who have been raped or sexually abused.

0845 122 1201 (Monday/Tuesday/Thursday 7pm -10pm)

[www.survivorsuk.org/info@survivorsuk.org](http://www.survivorsuk.org/info@survivorsuk.org)

### **Victim Support**

National charity helping people affected by crime. Provides free and confidential support to help you deal with your experience, whether or not you report the crime.

0845 30 30 900

[www.victimsupport.org.uk](http://www.victimsupport.org.uk)

### **Women's Aid**

Women's Aid is the key national charity working to end domestic violence against women and children. We support a network of over 500 domestic and sexual violence services across the UK.

0808 2000 247

[www.womensaid.org.uk](http://www.womensaid.org.uk)

### **Women and Girls' Network**

A community-based organisation providing a comprehensive range of therapeutic services, which facilitate healing and recovery from experiences of violence.

020 7610 4345

[www.wgn.org.uk](http://www.wgn.org.uk)

## FURTHER RESOURCES

### POWER AND CONTROL WHEEL

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. Other abusive behaviours, however, when reinforced by one or more acts of physical violence, makes up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the woman's life and circumstances.

The Power & Control diagram is a helpful tool in understanding the overall pattern of abusive and violent behaviours, which are used by an abuser to establish and maintain control over his (or her, but usually his) partner. Very often, one or more violent incidents are accompanied by other types of abuse. These are less easily identified, yet establish a pattern of intimidation and control in the relationship.



DOMESTIC ABUSE INTERVENTION PROJECT  
202 East Superior Street  
Duluth, Minnesota 55802  
218-722-2781  
[www.duluth-model.org](http://www.duluth-model.org)

## GENERAL

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World report on violence and health WHO (2002)

[http://whqlibdoc.who.int/publications/2002/9241545615\\_eng.pdf](http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf)

Sexual Offences Act 2003 and Domestic Violence, Crime and Victims Act 2004

[www.legislation.gov.uk](http://www.legislation.gov.uk)

### Domestic abuse

Personal view: Domestic abuse experienced by a doctor from a doctor

'Keeping it secret'

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1847862/>

Reported frequency of domestic violence: cross sectional survey of women attending general practice (2002)

<http://www.bvsde.paho.org/bvsacd/cd26/bmj/271.pdf>

Crown Prosecution Service (CPS):

<http://www.cps.gov.uk/publications/prosecution/domestic/index.html>

Bewley S, Friend J, Mezey G. (Eds)

Violence Against Women RCOG (1997)

Department of Health (2005)

[Responding to domestic abuse: a handbook for healthcare professionals](#)

Feder G et al (2009)

[How far does screening women for domestic \(partner\) violence in different health-care settings meet criteria for a screening programme? Systematic reviews of nine UK National Screening Committee criteria](#)

Kier Starmer, DPP: (April 2011)

[http://www.cps.gov.uk/news/articles/domestic\\_violence\\_-\\_the\\_facts\\_the\\_issues\\_the\\_future/](http://www.cps.gov.uk/news/articles/domestic_violence_-_the_facts_the_issues_the_future/)

Checklist for identification when domestic abuse, 'honour'-based violence and / or stalking are disclosed

[http://www.caada.org.uk/marac/RIC\\_for\\_MARAC.html](http://www.caada.org.uk/marac/RIC_for_MARAC.html)

## Sexual Violence

Sexual Offences Act 2003 on <http://www.legislation.gov.uk/ukpga/2003/42/schedules>

Care and Evidence DVD – available from [www.careandevidence.org](http://www.careandevidence.org)

The DVD provides two 10-15 minute videos on medical care and evidence collection following sexual assault, to support a further teaching session. Additional information and resources are available on the site.

<http://www.thehavens.org.uk>

[www.rapecrisis.org.uk](http://www.rapecrisis.org.uk)

<http://www.stmaryscentre.org/>

<http://www.nhs.uk/livewell/abuse/pages/violence-and-sexual-assault.aspx>

Hillman, R J, Tomlinson D, McMillan A, French P D, Harris J R W. Sexual assault of men: a series (1990)

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1194522/?page=1>

## Child abuse

<http://www.patient.co.uk/doctor/Child-Abuse-Recognition-of-Injuries.html>

[http://www.nspcc.org.uk/Inform/research/research\\_wda48228.html](http://www.nspcc.org.uk/Inform/research/research_wda48228.html)

JAMA review article <http://jama.ama-assn.org/content/300/23/2796.full>

USA: Crimes Against Children Center <http://www.unh.edu/ccrc/>

Useful booklets to help young people and their parents cope after rape / sexual assault

[http://www.thehavens.org.uk/help/young\\_people.php](http://www.thehavens.org.uk/help/young_people.php)

## E-Learning

BMJ eLearning

Sexual assault: a practical guide to managing patients, Wilken and Butler

<http://learning.bmj.com/learning/module-intro/sexual-assault--a-practical-guide-to-managing-patients.html?moduleId=10014676>

Elder abuse: a guide to detection and management, Cooper and Livingstone

<http://learning.bmj.com/learning/module-intro.html?moduleId=10011320&searchTerm=%E2%80%99Celder%20abuse%E2%80%9D&page=0>

Social Care Institute for Excellence, Supporting clients who experience abuse

<http://www.scie.org.uk/assets/elearning/sexualhealth/Web/Object3/main.html>

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Department of Health. *Responding to domestic abuse: a handbook for health professionals* 2005. Available at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4126161](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4126161) (Accessed 8 March 2012)

Department of Health. *Revised National Service Guide: A Resource for Developing Sexual Assault Referral Centres* 2009. Available at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_107570](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107570) (Accessed 8 March 2012)

Domestic Abuse Intervention Programmes. *Power and Control Wheel Duluth Model*. Available at: <http://www.theduluthmodel.org/pdf/PowerandControl.pdf> (accessed 29 February 2012)

MARAC (multi-agency referral assessment conference form) [http://www.caada.org.uk/marac/RIC\\_for\\_MARAC.html](http://www.caada.org.uk/marac/RIC_for_MARAC.html)

Povey D (Ed), Coleman K, Kaiza P and Roe S. *Homicides, Firearm Offences and Intimate Violence 2007/08* (Supplementary volume 2 to *Crime in England and Wales 2007/08*). Home Office Statistical Bulletin 2009; 02/09. Numbers are derived by multiplying the prevalence rate by the 2007 population aged 16 to 59 in England and Wales (based on mid-2006 estimates from the Office for National Statistics)

Sohal, (A) H. *Identifying intimate partner violence in different ethnic groups in primary care - a systematic review and secondary data analysis* 2011 April

Taskforce on the Health Aspects of Violence Against Women and Children. *Responding to violence against women and children – the role of the NHS* 2010 March. Available at: [http://www.health.org.uk/media\\_manager/public/75/external-publications/Responding-to-violence-against-women-and-children%E2%80%93the-role-of-the-NHS.pdf](http://www.health.org.uk/media_manager/public/75/external-publications/Responding-to-violence-against-women-and-children%E2%80%93the-role-of-the-NHS.pdf) (accessed 8 March 2012)

Walker, A, Kershaw, C and Nicholas, S. *Crime in England and Wales 2008/09*, Home Office Statistical Bulletin 2009 July

Welch J, Mason F (2007)  
BMJ Review on <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1885326/?tool=pubmed>



## Appendix Bi:

### ROLE PLAY

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#### Blue

#### Participant A

Please spend 5 minutes for each role play, followed by 2 minutes feedback:

What went well?

Was anything difficult / made you feel awkward?

#### Scenario 1

##### Doctor seeing Amy

You are an F2 in A&E.

Amy presents to A&E asking for emergency contraception. She is tearful and has brought a young child with her.

Ask questions to find out why Amy is upset.

#### Scenario 2

##### Patient (Paul)

Your name is Paul and you have just been assaulted by a group of youths. Not only did they beat you up physically, three of them also anally raped you. You are feeling very upset, concerned about what you will tell your girlfriend and friends and worried about whether you could have caught HIV.

## Appendix Bii:

### ROLE PLAY

---

#### Blue

#### Participant B

Please spend 5 minutes for each role play, followed by 2 minutes feedback:

What went well?

Was anything difficult / made you feel awkward?

#### Scenario 1

##### Patient (Amy)

Last night your husband raped you while your 3 year old daughter was in the same room asleep. Things have been difficult in your marriage. Your husband has lost his job and you think that he has been seeing other women.

You recently came off the Pill and had been using condoms for contraception, but last night your husband didn't use one and you would like emergency contraception.

#### Scenario 2

##### Doctor seeing Paul

You are an F2 in trauma and orthopaedics. A young man is brought in by ambulance with the police following a severe physical assault by a group of young men, and is admitted with fractured ribs and a small pneumothorax. He asks if he can talk about something that is troubling him.

Find out about what is troubling Paul.

## Appendix Biii:

### ROLE PLAY

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#### Yellow

#### Participant A

Please spend 5 minutes for each role play, followed by 2 minutes feedback:

What went well?

Was anything difficult / made you feel awkward?

#### Scenario 1

##### Doctor seeing Mrs Brown

You are an F1 on a Care of the Elderly ward. Mrs Brown was admitted last night following a fall, but the nurses have told you that she is very bruised on her upper arms and backs of her legs, and what looks like a bite mark on her shoulder. Explore with Mrs Brown what has happened to her.

#### Scenario 2

##### Patient (Fatima)

You are a 17 year old woman who only came to the UK last year. Your marriage was arranged for you against your wishes. Your husband does not let you out alone, or have any contact with your family. You have no friends in the UK. Your husband has sex with you against your wishes several times a week, and hits you if you refuse. You are pregnant but are frightened of having the baby. You are only allowed food if you have done all the housework for your mother-in-law, who also lives with you.

## Appendix Biv:

### ROLE PLAY

---

#### Yellow

#### Participant B

Please spend 5 minutes for each role play, followed by 2 minutes feedback:

What went well?

Was anything difficult / made you feel awkward?

#### Scenario 1

##### Patient (Mrs Brown)

You are a retired headmistress living with your son and daughter-in-law and their child, who has cerebral palsy. You were able to help with your grandson, but since you broke your wrist last month you have needed help yourself. Your daughter-in-law has become very frustrated and angry and taken it out on you, by hitting and biting you and you fell last night in an attempt to get away from her.

#### Scenario 2

##### Doctor seeing Fatima

You are an F2 in GP. Fatima, aged 17, comes to see you with her husband, who looks at least 40. Fatima moved to the UK last year, but can speak English. Her husband, who does all the talking, tells you that she is pregnant. Fatima makes no eye contact and looks thin and withdrawn. Explore the situation.

## Appendix C:

# SAMPLE QUESTIONS FOR EXPLORING SEXUAL AND DOMESTIC VIOLENCE

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### Setting the scene, eg:

- ‘how are things at home?’
- ‘I am concerned that we have already seen you in A&E three times this year . . and it is important that I ask about your safety’
- I am concerned that this injury seems to be more severe than I would expect from tripping...
- ‘it is good that you have asked for emergency contraception . . can I just ask whether the sex that happened was with your consent?’
- ‘are you safe to go home?’

### HARK questions\*

- **H HUMILIATION**

Within the last year, have you ever been humiliated or emotionally abused in other ways by your partner or ex-partner?

- **A AFRAID**

Within the last year, have you been afraid of your partner or ex-partner?

- **R RAPE**

Within the last year have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

- **K KICK**

Within the last year, have you been kicked, hit slapped or otherwise physically hurt by your partner or ex-partner

**\*(screening questions developed for use in general practice (Sohal, 2011))**

## Appendix D:

### EVALUATION FORM

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Please evaluate this session by circling the appropriate scores:

1. On a scale of 1 – 10, how much did you know about domestic and sexual violence in the UK before this session?

Very little      1      2      3      4      5      6      7      8      9      10      A lot

2. On a scale of 1 – 10, how confident did you feel about identifying a patient who is/has experienced domestic or sexual violence?

Not confident at all      1      2      3      4      5      6      7      8      9      10      Very confident

3. On a scale of 1 – 10, how confident do you now feel about recognising a patient who is/has experienced domestic or sexual violence and knowing what to do next?

Not confident at all      1      2      3      4      5      6      7      8      9      10      Very confident

4. What further information would you have liked to know more about:

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For further resources, please go to:

<http://www.stfs.org.uk/faculty/training-about-sexual-and-domestic-violence>

## ACKNOWLEDGEMENTS

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Please send any feedback or comments to [enquiries@stfs.org.uk](mailto:enquiries@stfs.org.uk). We plan to update and develop the materials in response to feedback.

This teaching resource was developed in order to support the delivery of the Foundation Programme Curriculum 2012 by staff from the South Thames Foundation<sup>1</sup> School:

Chevonne Blackwood  
Marc Terry  
Dr Jan Welch

with help from Dr Andrea Killick and Dr Alice Waldock

and

the London Havens<sup>2</sup>:

Dr Bernadette Butler  
Victoria Poon  
Dr Jan Welch  
Marion Winterholler

Colleagues are welcome to download and amend the materials for local use although we should be grateful if the source was acknowledged.

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<sup>1</sup> The South Thames Foundation School is a collaboration between the KSS and London Postgraduate Deaneries and King's College, London, St George's University of London and Brighton and Sussex Medical Schools. The school manages all F1 and F2 doctors in NHS trusts in the South London and KSS regions (approximately 1700).  
[www.stfs.org.uk](http://www.stfs.org.uk)

<sup>2</sup> The Havens are specialist centres in London for people who have been raped or sexually assaulted. Since the first of the Havens was opened in 2000 we have helped over 20,000 people.  
[www.thehavens.co.uk](http://www.thehavens.co.uk)

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