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Aims

- To inform policy for primary care clinicians on the interface between Domestic Violence (DV) and Child Safeguarding (CS)
- To enhance the DV content of mandatory CS training for primary care clinicians to improve engagement and role definition on the interface between DV and child maltreatment
- To improve engagement and role definition on the interface between DV and child maltreatment and ultimately improve outcomes for families.

Key Impacts

The study includes review of existing evidence on engagement of primary care clinicians, specification of guidance, and implementation in the primary care training context. If training proves acceptable and useful, it can be disseminated nationally and incorporated into the mandatory training that these clinicians already receive, improving identification, support and referral of women and children experiencing DV.

Collaboration

The research groups based at University of Bristol in collaboration with University of Central Lancashire are the leading researchers on DV and health services in the UK with an international profile. The Bristol team have particular expertise in the development of primary care approaches to disclosure of DV and related care pathways. Both groups are leaders in research linking adult DV and child safeguarding. Collaborators at University of Manchester contribute current experience of current GP experience and training.



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RESPONDS (Researching Education to Strengthen Primary care ON Domestic violence & Safeguarding) Bridging the knowledge and practice gap between domestic violence and child safeguarding: developing policy and training for general practice

Plain English Summary

Research specification: We look behind the presenting issues of parents and children in general practice, linking an appropriate response to domestic violence (DV) to child safeguarding (CS). The project directly addresses the attitudes and behaviour of NHS staff towards victims and perpetrators articulating good practice on data sharing between sectors.

Research importance: The poor engagement of primary care clinicians with DV and the uncertainty about children experiencing DV. Ambiguity about the appropriate management of women experiencing DV who have children undermines the engagement of GPs and practice nurses. Our study helps close that gap, providing evidence to clarify national policy on the primary care management of DV and developing a training intervention within general practice.

How and where: The research involves reviewing the literature, interviewing GPs, practice nurses, practice managers and surveying DV co-ordinators and LSCBs, convening a consensus meeting, developing guidance for enhancing training and evaluating implementation in GP practices in southwest and northern England.

Outcomes: The major outcome will be safer and more appropriate management by primary care clinicians of DV and children's exposure to DV, via an enhancement of GP and practice nurse training informed by primary research, a literature review and a consensus process strengthening the evidence for national and local policy.

Patient and Public Involvement

RESPONDS participated in the INVOLVE project that produced a series of example case studies illustrating how researchers are involving members of the public at the very early stages of research prior to being awarded NIHR research funding. The case study is published on the INVOLVE website: www.invo.org.uk/wp-content/uploads/2013/11/Example-7-public-involvement-in-funding-applications-2013.pdf

Once the research commenced, invitations to participate in our PPI group were distributed to women with children who were in contact with Domestic Violence (DV) support agencies. Four women decided to participate in the

group, all of whom were mothers and survivors of DV and had some previous experience of participating in DV research or training. At our initial meeting two researchers (Cath Larkins and Eszter Szilassy) met with the four PPI members, gave details of the research and obtained their informed consent to participate. They discussed how personal experience may contribute to identifying key areas of focus in research on GP and practice nurse responses to DV where children are involved. At the second meeting the schedule for telephone interviews with GPs, practice nurses and practice managers was discussed and the PPI members contributed vital insights to investigate. At the third meeting the researchers fed back initial findings from the interviews and the PPI members helped formulate statements for the consensus process and made suggestions for the content of the training.

Three PPI members also participated in the two stage consensus process. Two members travelled to London to attend the meeting on the 26th September 2013. The PPI members were then asked to reflect on the meeting. Their personal accounts about the RESPONDS consensus meeting and about their participation in the RESPONDS project were published in the 3rd edition of the Domestic Violence and Abuse Research Newsletter in November 2013. This newsletter was circulated among PPI members, academics, general practitioners, safeguarding trainers and stakeholders. We received a lot of positive feedback about these two personal accounts.

Two PPI members also attended the research project advisory board meetings. We are planning another whole PPI group meeting before the end of the project.

The PPI group is very active, strong and committed and no difficulties have been encountered so far with public and patient involvement. However, in future PPI groups and taking the themes of this research forward, we would also seek to involve child survivors of DV.

The women involved with this PPI group described the experience as rewarding and empowering and have enjoyed the opportunity to potentially improve GP practice for other women and children in similar circumstances in the future. The research team has greatly benefitted from their involvement as it ensured that the research was focused on key areas of practice and concern, sometimes reminding us of issues that we were in danger of overlooking.

School for Primary Care Research

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