Guidance on recording domestic abuse in the electronic medical record.

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Introduction

The challenge of recording domestic abuse (DA) information in the electronic medical record (EMR) of people experiencing or perpetrating abuse is how to do this without increasing risk of harm to victims – adult and child. Recording information about domestic abuse in the patient electronic record is vitally important to provide holistic care and holistic safeguarding. It is important to note that children too experience DA and are also victims.

Throughout this document 'victim' refers to both adults and children.

This document deals *only* with the management of information about DA, not with how DA should be managed or safeguarding procedures.

Perpetrators may not know that their victim has disclosed DA to a GP or nurse. Nor will they necessarily know if their case is being discussed at a multi-agency risk assessment conference (MARAC). When the perpetrator is not aware of a disclosure of DA, an accidental discovery increases the risk to their victims.

It is also important to note that there may be multiple perpetrators, for example in cases of Honor Based Violence. Perpetrators are not just partners/ex-partners/parents of their victims; they can also be siblings, adult children, wider family members and multi-generational.

This guidance is published in the context that there are several clinical IT systems in use in primary care across the UK. Currently, while they all have some features aimed at supporting safeguarding workflows, none of them provide a perfect user experience in which to record DA or other safeguarding concerns. All have different nomenclature and mechanisms for hiding sensitive information, and all rely on GPs and primary care staff using the 'hide from online access function', time-consuming document redaction, and caution in opening the record in a consultation when the patient is accompanied. We therefore recognise that GPs and primary care staff are working in challenging environments with systems that don't yet fully meet primary care safeguarding requirements.

This document aims to provide best practice guidance in managing information about DA in primary care within the constraints of time and systems available to primary care. We recognise that there is still significant work to be done to ensure this guidance works effectively and safely across the entirety of the clinical IT systems, end to end. We are committed to achieving this, and are working positively with the system suppliers,

BMA/RCGP Joint GP IT Committee and the RCGP Health Informatics Group in order to further this work.

This document should be read in conjunction with Part 4 of the RCGP Safeguarding toolkit.

Recording of domestic abuse information

Principles relevant to all recording of domestic abuse information:

- ALL information in the EMR (Electronic Medical Record) about domestic abuse MUST be hidden from patient online access.
- Family records should be linked in practices where possible.
- The name of anyone accompanying a patient in a consultation should be documented
- The name of any alleged perpetrator/s should be included when documenting disclosure of DA.
- Ensure that any reference to DA on a victim's records is not accidently visible to the perpetrator during appointments. The computer screen showing the medical record should never be seen by third parties (i.e. family or friends accompanying a patient). When providing a summary printout for a hospital admission for example, care should be taken that information about DA is not inappropriately included when printing out these summaries to give to patients as the perpetrator may see this.
- Never disclose any allegation to the perpetrator or other family members.
- Ensure that any decision to record the information in the perpetrator's EMR is made with due regard to the associated risks.
- Ensure that any reference to DA in a perpetrator's record is redacted if provided to the perpetrator unless you are certain it is information that the perpetrator already knows. For example, the perpetrator has disclosed this information themselves to you, or there is a relevant conviction which the perpetrator has disclosed or is aware has been disclosed to you such as in Child Protection Conference minutes when the perpetrator has been present at the conference and is aware this information is being shared.
- Be aware of the potential danger of the perpetrator having access to information about their abuse and to information in children's EMRs; this includes via online access to their own information and their children's information, as well as coercive access to the victim's EMR.
- If you are not sure whether someone is a victim or perpetrator of abuse, or there is suggestion or evidence that someone is both, we recommend following the guidance on documenting victimisation.

Subject Access Requests

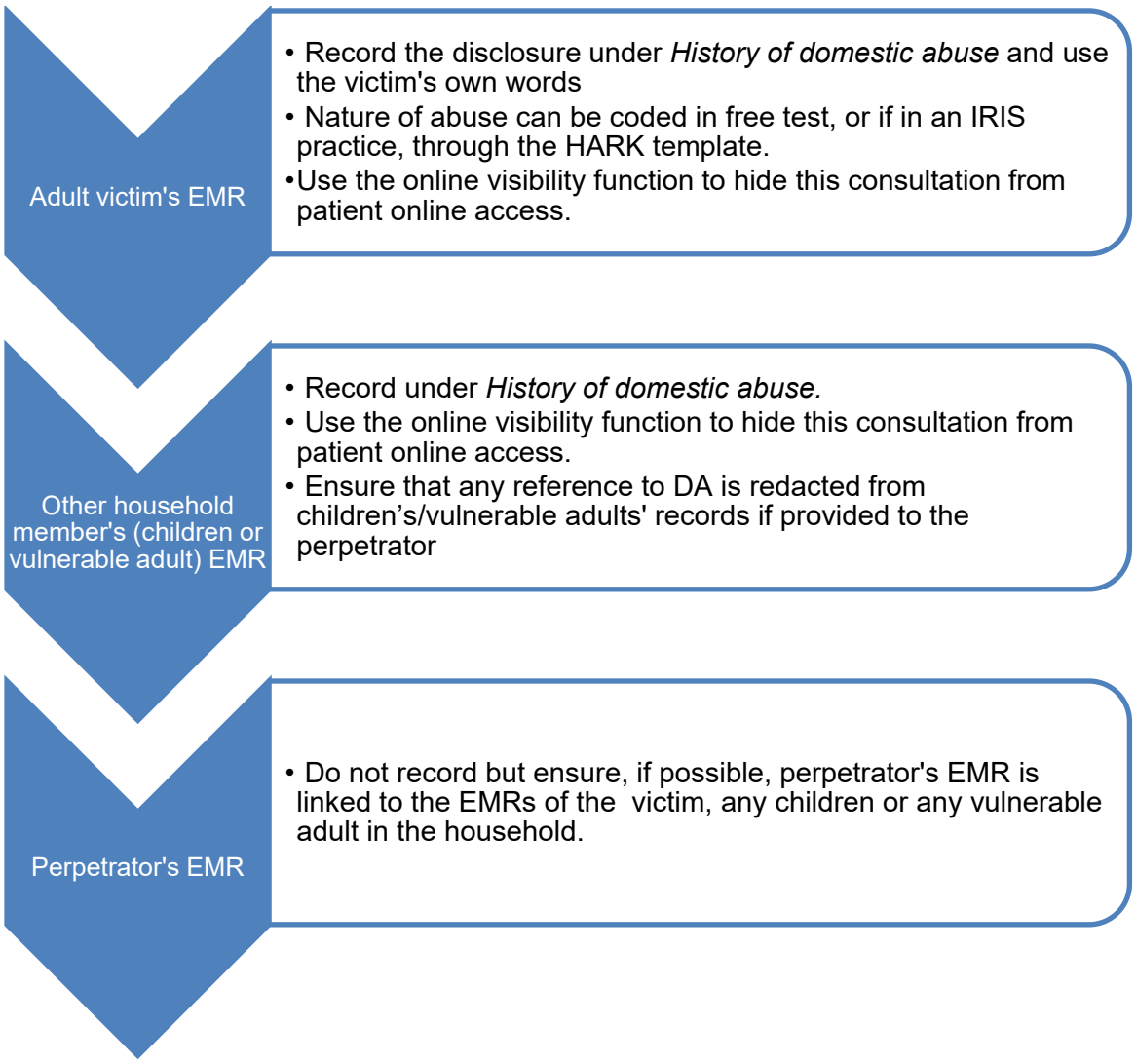
Information about third parties and information that may cause serious harm to either the patient or others should be redacted. For example, ensure that any reference to DA is redacted from children's records if provided to the perpetrator.

Disclosure by an adult or child victim living with DA

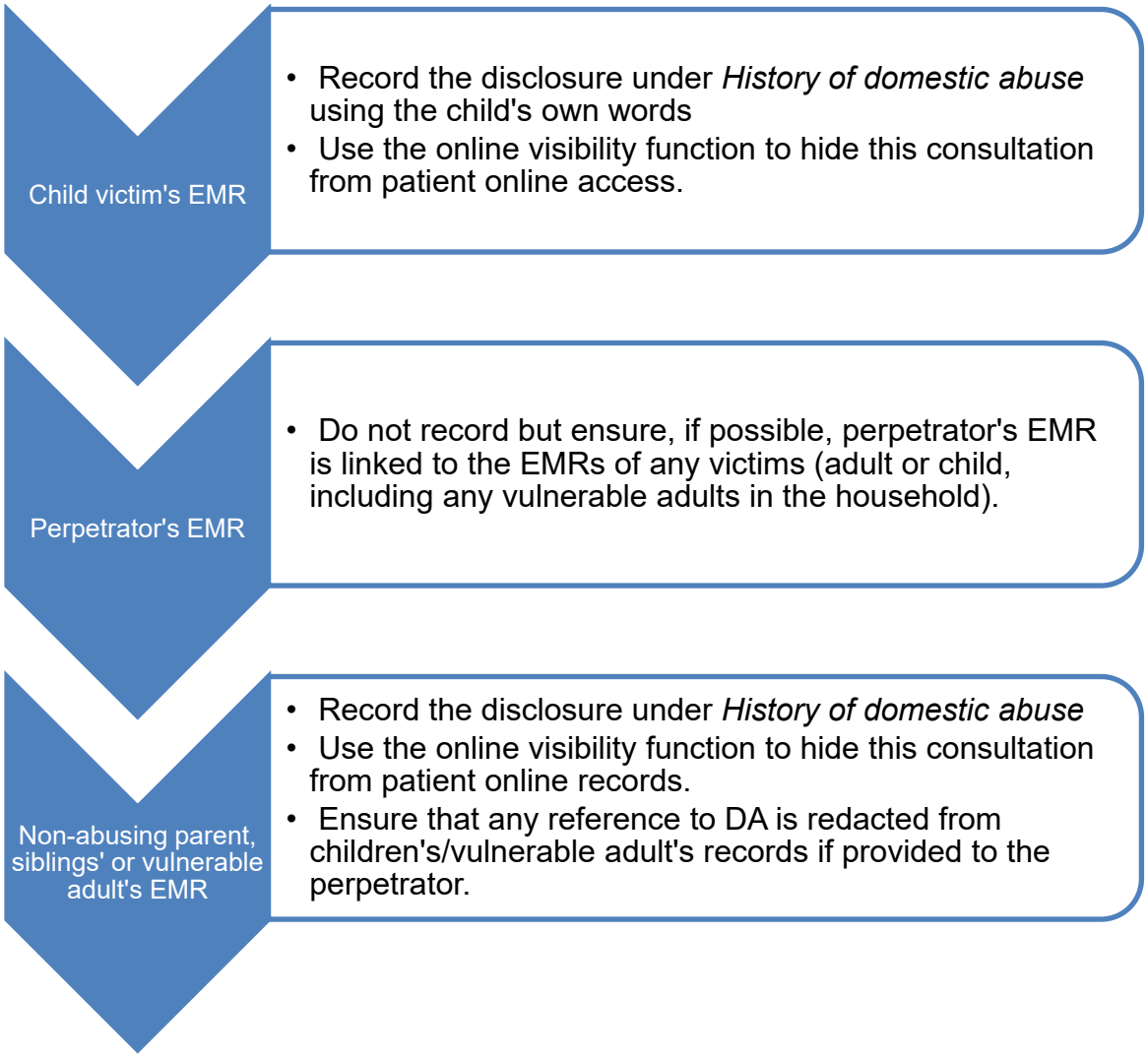
The three flow charts below, based on the source of disclosure, summarise what to do in each of these cases. If you are not sure whether someone is a victim or perpetrator of abuse, we recommend following the victim disclosure flow chart.

If you do code a consultation or communication as *History of Domestic Abuse*, as we recommend, this should be a major active problem until the abuse is resolved or the patient is presenting it as a past problem. Be mindful that DA does not necessarily stop when a relationship ends. Also be mindful that the nature of DA can change over time so may always be relevant. The impact of DA can be significant on a victim's long-term physical and mental health.

Adult victim discloses DVA to clinician in the practice



Child victim discloses DA to clinician in the practice

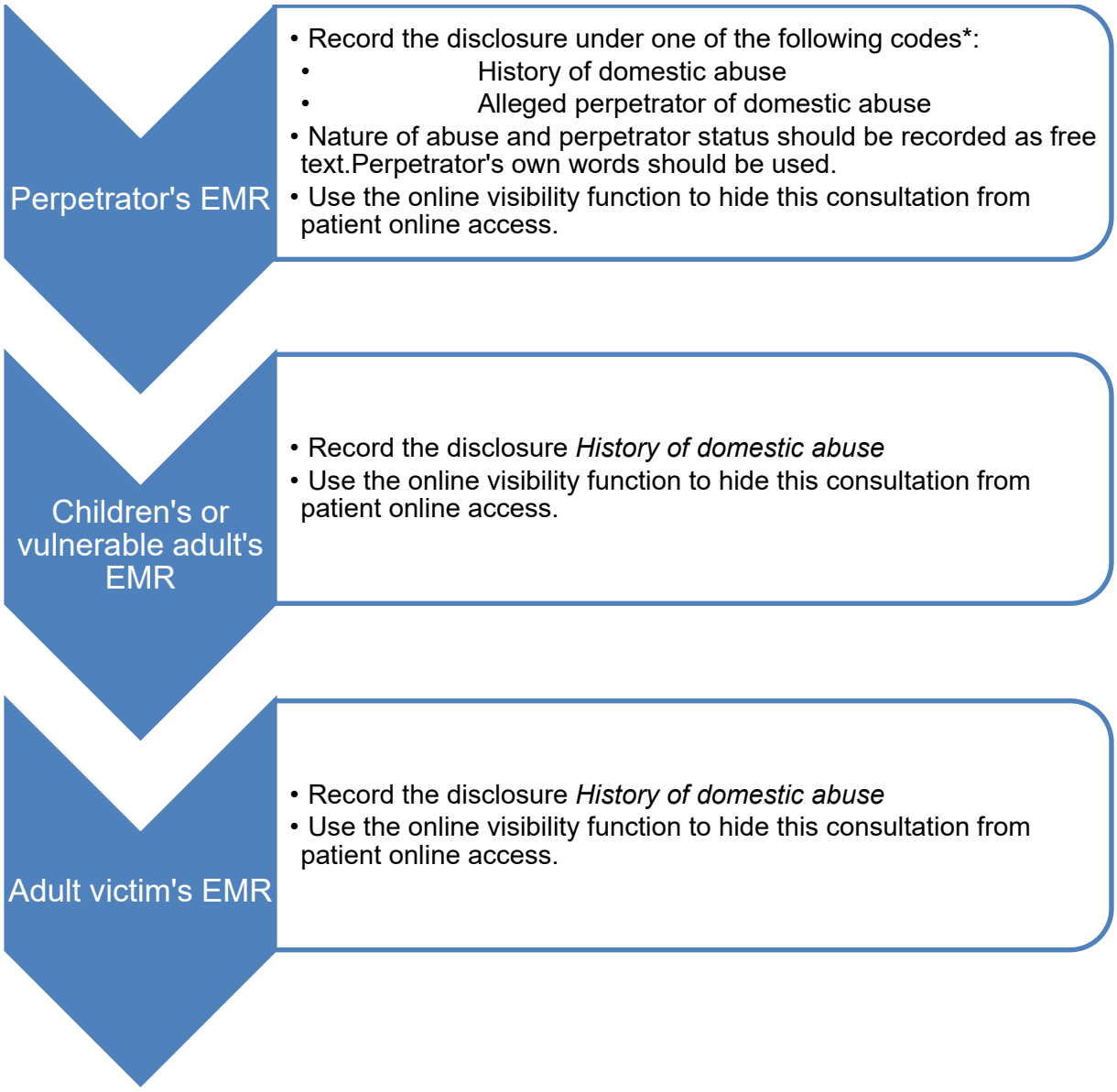


Information about perpetrators

The issue of recording and managing information about perpetrators (alleged or confirmed) of domestic abuse in their EMR is particularly complex due to the serious risk posed to victims should a perpetrator become aware of disclosures of DA.

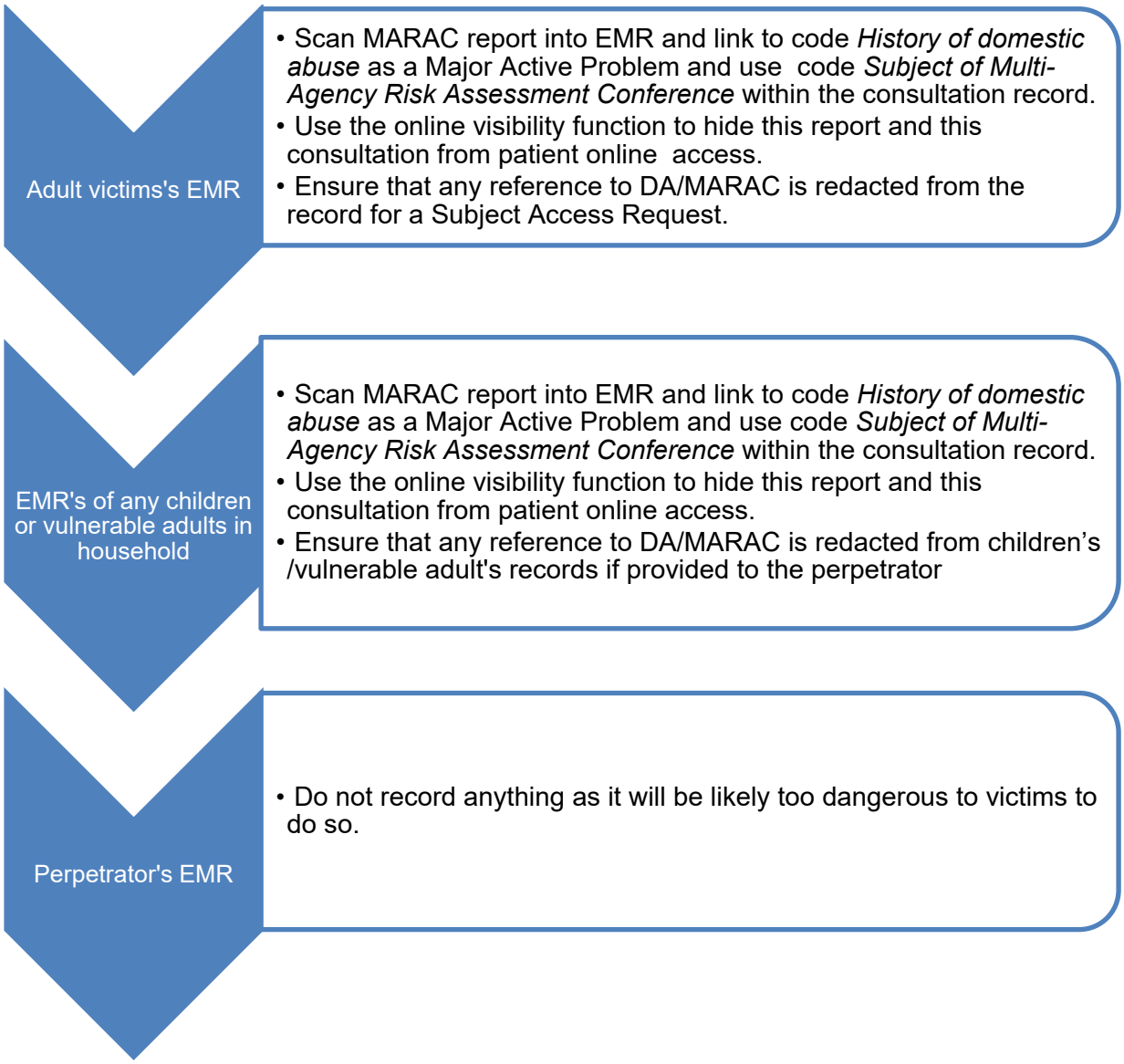
The authors of this guidance consulted with GPs and DA experts in order to fully understand the challenges that this issue brings. The authors recognise that there needs to be a balance between proportionate information sharing about perpetrators in order to keep victims of DA safe and the need to ensure information is not inadvertently shared with a perpetrator which may increase the risk of harm to a victim of DA.

Perpetrator discloses DA to clinician in the practice



* Sometimes there is uncertainty, particularly for disclosures within health care settings and there should be no obligation for the clinician to make an explicit judgement about who does what to whom. In that case 'History of domestic abuse' is completely appropriate.

Information from Multi Agency Risk Assessment Conferences (MARACs) - Information received from MARAC



For further information about and resources for MARACs, please visit Safelives website.

Referrals into MARAC and information requested by MARAC via the MARAC research form

Adult victim's EMR

- Scan MARAC referral and/or information request nto EMR and link to code *History of domestic abuse* as a Major Active Problem with code *Subject of Multi-Agency Risk Assessment Conference* recorded in the consultation record.
- Use the online visibility function to hide this report and this consulatation from patient online access.
- Ensure that any reference to MARAC/DA is redacted from the record for a Subject Access Request.

EMRs of any children or vulnerable adults in household

- Scan MARAC referral and/or information request into EMR and link to code 'History of domestic abuse' as a Major Active Problem with code 'Subject of Multi-Agency Risk Assessment Conference' recorded in free text.
- Use the online visibility function to hide this report and free text entry from online records.
- Ensure that any reference to MARAC/DA is redacted from children's/vulnerable adult's records if provided to the perpetrator

Perpetrator's EMR

- Scan the MARAC referral and/or information request into the perpetrator EMR - DO NOT USE ANY CODES RELATED TO DOMESTIC ABUSE OR MARAC.
- Mark this form *CONFIDENTIAL INFORMATION, MUST NOT BE DISCLOSED TO THE PATIENT AS TO DO SO COULD ENDANGER THE LIVES OF OTHERS.*

Information received from Perpetrator Intervention Programmes e.g. MATAC, Drive. MAPPA

Perpetrator's EMR

- If perpetrator is aware that information is being provided by the Police, scan the information into the EMR, link to the code *History of Domestic Abuse.* The practice should be informed whether or not the perpetrator is aware the information is being shared with primary care.
- If the perpetrator is NOT aware that information is being provided by the Police: scan the information into the EMR and mark as *CONFIDENTIAL INFORMATION, MUST NOT BE DISCLOSED TO THE PATIENT AS TO DO SO COULD ENDANGER THE LIVES OF OTHERS*
- If the Police provide written consent from the perpetrator for their medical information to be provided, check with the perpetrator that they understand what information is being requested and what information is being provided
- Use the online visibility function to hide this information from patient online records

Adult victim's EMR

- If any known partner/victim of the perpetrator is registered at the practice, add an entry to the EMR and link to the code *History of domestic abuse.* Use the online visibility function to hide this information from patient online access.
- Ensure that any reference to DA/MATAC is redacted from the record for a Subject Access Request.

EMRs of any children or vulnerable adults in the household

- If any children or related vulnerable adults of the perpetrator are registered at the practice, add an entry to the EMR and link to the code *History of domestic abuse'.*
- Use the online visibility function to hide this information from patient online access.
- Ensure that any reference to DA/MATAC is redacted from children's /vulnerable adult's records if provided to the perpetrator

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