

Guidance on recording of domestic violence and abuse information in general practice medical records

The challenge of recording domestic violence and abuse (DVA) information in the electronic medical record (EMR) of people experiencing or perpetrating abuse and their children is how to do this without increasing risk of harm to victims and their children. The perpetrator may not know that their ex/partner/ family member has disclosed DVA to a GP or nurse. Nor will they necessarily know if their case is being discussed at the multi-agency risk assessment conference (MARAC). When the perpetrator is not aware of a disclosure of DVA, an accidental discovery increases the risk to the victim and their children.

Relevant to all DVA information

- Ensure that any reference to DVA on a victim's or their children's records is not accidentally 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)
- Never disclose any allegation to the perpetrator or any 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, and documented.
- Ensure that any reference to DVA in a perpetrator's record is redacted if provided to the perpetrator unless you are certain it is information that the perpetrator already knows
- Be aware of the potential danger of the perpetrator having access to DVA disclosures through the EMR of their children or vulnerable adults in the family. Online access to their own EMR (if a 3rd party disclosure is recorded there) or a family member's EMR is potentially dangerous for the victim.
- Ensure that any reference to DVA is redacted from children's or vulnerable adults' records if provided to the perpetrator or provided to children who are deemed to have capacity to request their information.

Information about DVA from police report or MARAC correspondence

When you are **certain*** that the perpetrator is aware that domestic abuse has been disclosed to the police or another agency, relevant information regarding the abuse should be recorded in the perpetrator's EMR and that of the victim and children.

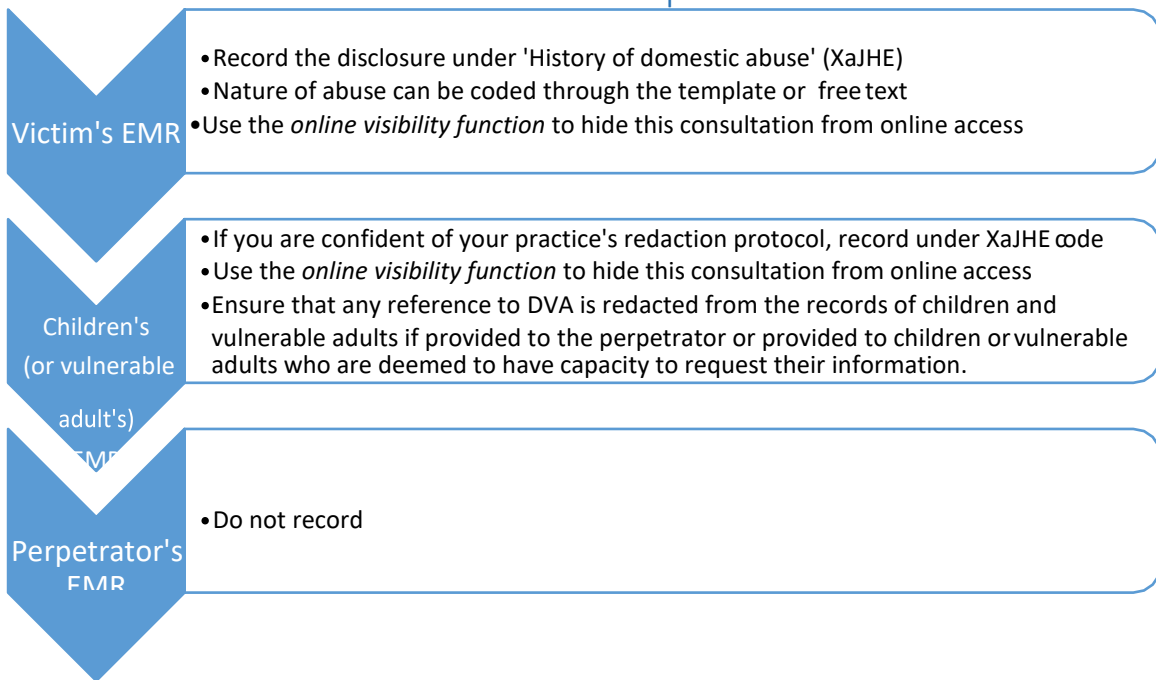
When you are **not certain*** that the perpetrator is aware of any allegation, the guidance is the same as for disclosure from the victim.

*This can be ascertained from the details and source of the information received by the practice. The practice safeguarding/domestic violence lead may be best placed to make this judgement.

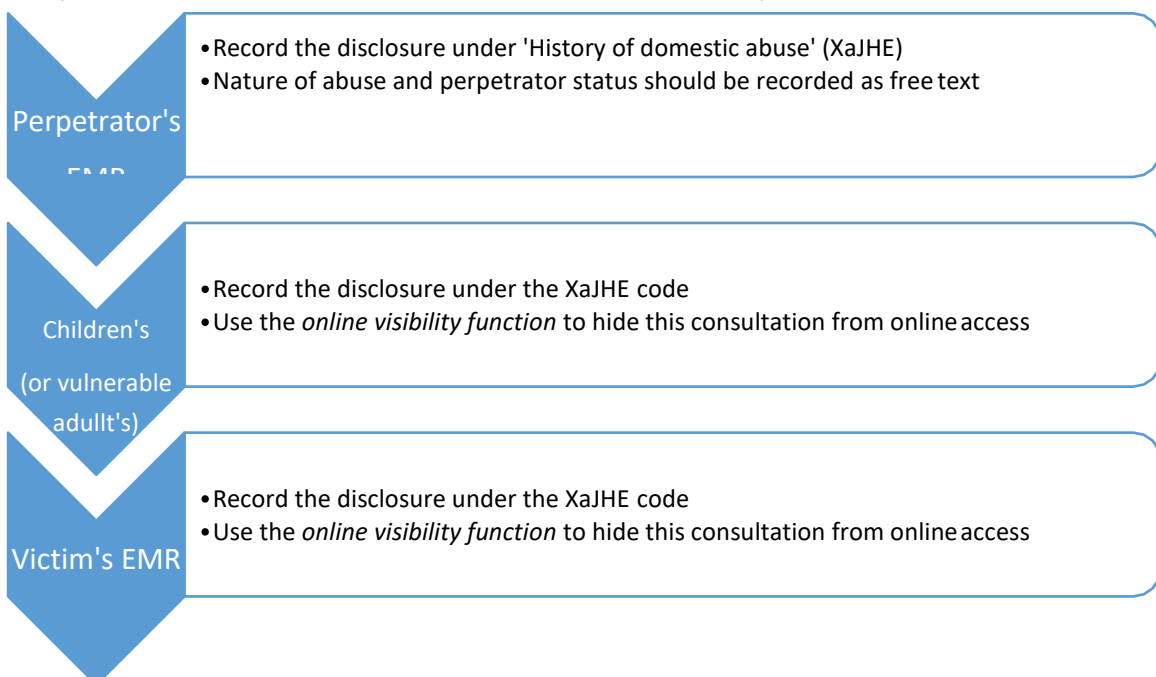
Disclosure by a victim, perpetrator, child or vulnerable adult living in a household with DVA

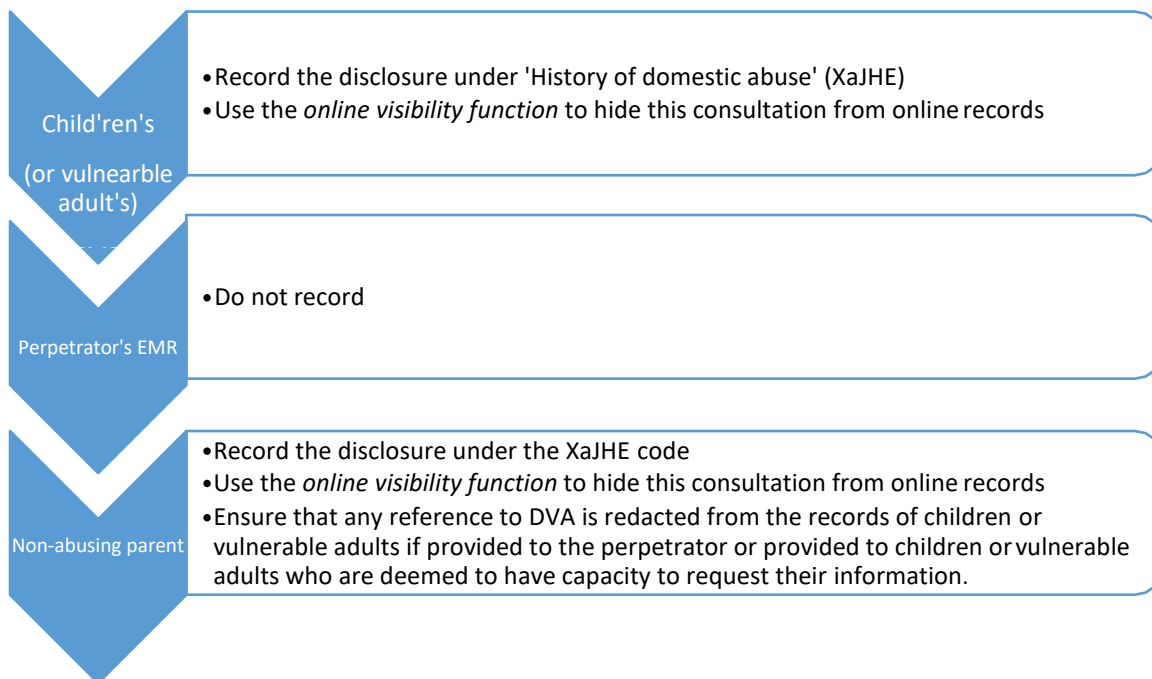
Three flow charts are presented below to summarise what to do in each of these cases. Sometimes it is not clear if someone is a victim or perpetrator and that judgment is best left to specialist DVA agencies. The same code (XaJHE) is used for victims and perpetrators; further details can be captured in free text. 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.

Victim discloses DVA to clinician in the practice



Perpetrator discloses DVA to clinician in the practice





Child discloses DVA to