Research

Jessica Drinkwater, Nicky Stanley, Eskter Szilassy, Cath Larkins, Marianne Hester and Gene Feder

[AQ1: Please check with all authors that spelling, presentation, and order of names are correct.

Juggling confidentiality and safety:

a qualitative study of how general practice clinicians document domestic violence in families with children

Summary text provided by the Editor

ADDRESS FOR CORRESPONDENCE

Jessica Drinkwater

Leeds Institute of Health Sciences, Charles Thackrah Building, 101 Clarendon Road, Leeds, LS2 9LJ, UK.

E-mail: j.m.drinkwater@leeds.ac.uk

AQ2: This table has been selected to accompany the abridged version. OK? Or do you want something else? Also, it's cited in the text under Results. Is this placement OK?

BACKGROUND

Domestic violence and abuse (DVA) and child safeguarding are interlinked problems, impacting on all family members. Documenting in electronic patient records (EPRs) is an important part of managing these families. Current evidence and guidance, however, treats DVA and child safeguarding separately. This does not reflect the complexity clinicians face when documenting both issues in one family. This study aimed at exploring how and why general practice clinicians document DVA in families with children.

METHOD

This was a qualitative interview study using vignettes with 54 clinicians (42 GPs and 12 practice nurses). Semi-structured telephone interviews were conducted across six sites in England. Data were analysed thematically using a coding frame incorporating concepts from the literature and emerging themes.

RESULTS

Most clinicians recognised DVA and its impact on child safeguarding, but struggled to work out the best way to document it. They described tensions among the different roles of the EPR: a legal document; providing continuity of care; information sharing to improve safety; and a patient-owned record. This led to strategies to hide information, so that it was only available to other clinicians (Table 1).

CONCLUSION

Managing DVA in families with children is complex and challenging for general practice clinicians. National integrated guidance is urgently needed regarding how clinicians should manage the competing roles of the EPR, while maintaining safety of the whole family, especially in the context of online EPRs and patient access.

How this fits in

Domestic violence and abuse (DVA) and child safeguarding are interlinked problems, but this is not necessarily recognised in evidence, policy, or professional guidance. Focusing on how clinicians document DVA in families with children reveals variation and inconsistency in practice. This is partly because of the multiple different roles of the electronic patient record. National integrated guidance is urgently needed to help clinicians to support all family members, especially in light of the move to online patient access.

Table 1. Electronic mechanisms used by general practice clinicians for documenting DVA in families with children

Coding mechanisms	Examples
Read codes within the EPR	Mainly use child safeguarding Read codes: '26 different codes' Little use of existing DVA Read codes Read code as 'cause for concern' Read code as 'depression' Practice has own template of Read codes
Hidden alerts within EPR software	Alert message on home screen Reminders on home screen Practice code word 'DIARIN' Individual GP code 'marital problems ???' Safeguarding icon Traffic light system
Messaging systems	Internal messaging system — audit trail — not in notes External NHS email to all partners/clinicians — not in notes Liaising with OOHs
Free text	Detailed free-text comments — document injuries Use the patients' own words Vague free-text comments

EPR = electronic patient record. OOHs = out of hours.

This article is Open Access

Read the full-length citable article, including information on funding, ethical approval, provenance, competing interests, and acknowledgements online: **bjgp.org**

Discuss this article

Contribute and read comments about this article: **bjgp.org/letters**