

## In safe hands?

### Domestic abuse survivors' experiences of general practice

Primary care is an important point of contact for people to ask for help when experiencing domestic abuse, but little was known about this experience.

The aim of this research project was to explore whether general practice is meeting the needs of people who are experiencing domestic abuse within Surrey, and what improvements could be made to better meet these needs.

#### Domestic abuse: a growing problem nationally and within Surrey.

In 2023 **5,224** calls were made to the Surrey domestic abuse helpline, up by **24%**

#### What did we do?

Via an on-line survey and a series of focus groups we sought to gauge the views of both survivors and professionals. In total we spoke to **64** Surrey survivors and **8** GP practices about all stages of the victims' primary care journey, from disclosure to onward referrals and follow up.

#### This project was co-produced with:



Plus: The Surrey-wide designated GP for safeguarding children and adults and the Surrey-wide designated nurse for safeguarding adults.

#### Barriers to disclosing domestic abuse

1. Lack of professional curiosity – clinicians not questioning the reason behind presentations related to domestic abuse
2. Appointment booking and confidentiality – lack of confidential spaces and concerns around digital trail
3. Perceived lack of understanding – fear of not being believed
4. Fear of authority – feelings of intimidation around GPs
5. Perpetrator presence – physical presence of perpetrator – or registration at the same practice
6. Generational and cultural attitudes – beliefs around not discussing domestic matters outside the home
7. Recognition of domestic abuse – lack of awareness that what was being experienced was domestic abuse.



"When you ring up the GP you have to talk to the receptionist first and they don't know about domestic abuse and how to deal with it. When I first got help I spoke to 10 different doctors over 16 appointments and had to tell my story each time. No one knew where to signpost me. I was told I looked nice so no one believed me." **Surrey Survivor**



## Experiences following disclosure or the decision to disclose

Survivors told us they were concerned that they would not be believed, particularly if their abuse was non-physical, or that they were male or a parent. Some cited issues of 'problematism' or being labelled with a specific medical condition or problem (and then being treated for that problem not supported to deal with the abuse). Survivors also were concerned that the members of the GP practice team did not have the domestic abuse knowledge to support them going forward and, on occasion, providing harmful or unsafe advice.

## Signposting and referrals

**68%** of respondents to our survey said they were not signposted to specialist help from an independent domestic abuse and violence service once they had shared their domestic abuse experience with their GP.

**89%** of respondents said that a GP or another member of the practice team had not directly referred them to receive specialist help.



"I always refer people, rather than signpost, but people decline as they don't want it on their record and are worried that their perpetrator might find out. I suspect that people are signposted when they should be referred."



**SWSDA reported only 0.1% of all referrals came from GP practice in 2024.**

### Positive change

Systems partners, general practice and external stakeholder organisations representing survivors attended a convening workshop on 14 May 2025 to review the findings and agree short and long term recommendations. They committed to:

- Developing a "Trojan Horse" which enables people experiencing domestic abuse to communicate discretely with their GP practice.
- Promoting domestic abuse specialists within GP practice.
- Providing ongoing training and education in general practice to improve understanding of the different forms of domestic abuse.
- Providing training in trauma informed approaches to care to front line staff in general practice.
- Continuing to work on the development of a health passport for survivors.
- Sharing examples of best practice in individual GP practices.
- Creating a pathway for domestic abuse survivors.
- Creating a standardised referral form.
- Developing stronger links between outreach providers/link workers and local GP practices.
- Creating a directory of specialist domestic abuse services for use within GP practice.

Read the full report: [\*\*In safe hands - Domestic abuse survivors experiences of general practice - July 2025 - Healthwatch Surrey\*\*](#)