

DEALING WITH INCIDENTS OF RACIST ABUSE IN GENERAL PRACTICE SETTINGS

Sadly, our staff and patients from minority ethnic backgrounds are frequent victims of racist abuse. Throughout this document, we use the term victim and perpetrator, and these can be staff or patients. The severity of abuse varies across a spectrum, from so-called micro-aggressions through to incidents of significant and traumatic abuse. Abuse can take place within the practice premises, in waiting or consultation rooms, but may also happen over the telephone, during video consultations, or on home visits. All staff and patients can be affected, and the types of racist abuse may include:

- verbal abuse – like insults and slurs
- physical abuse
- threatening behaviour
- online abuse
- damage to property.

This policy is designed to support practices to respond to more significant incidents of abuse. But it is important to remember that the impact of an incident on an individual and those around them is personal and subjective. What one person sees as a minor incident may be traumatic to someone else. We should make no judgements about how other people feel about what is happening or has happened without asking them. It is better to assume that someone needs support and to offer it, than to assume that they don't and leave them without.

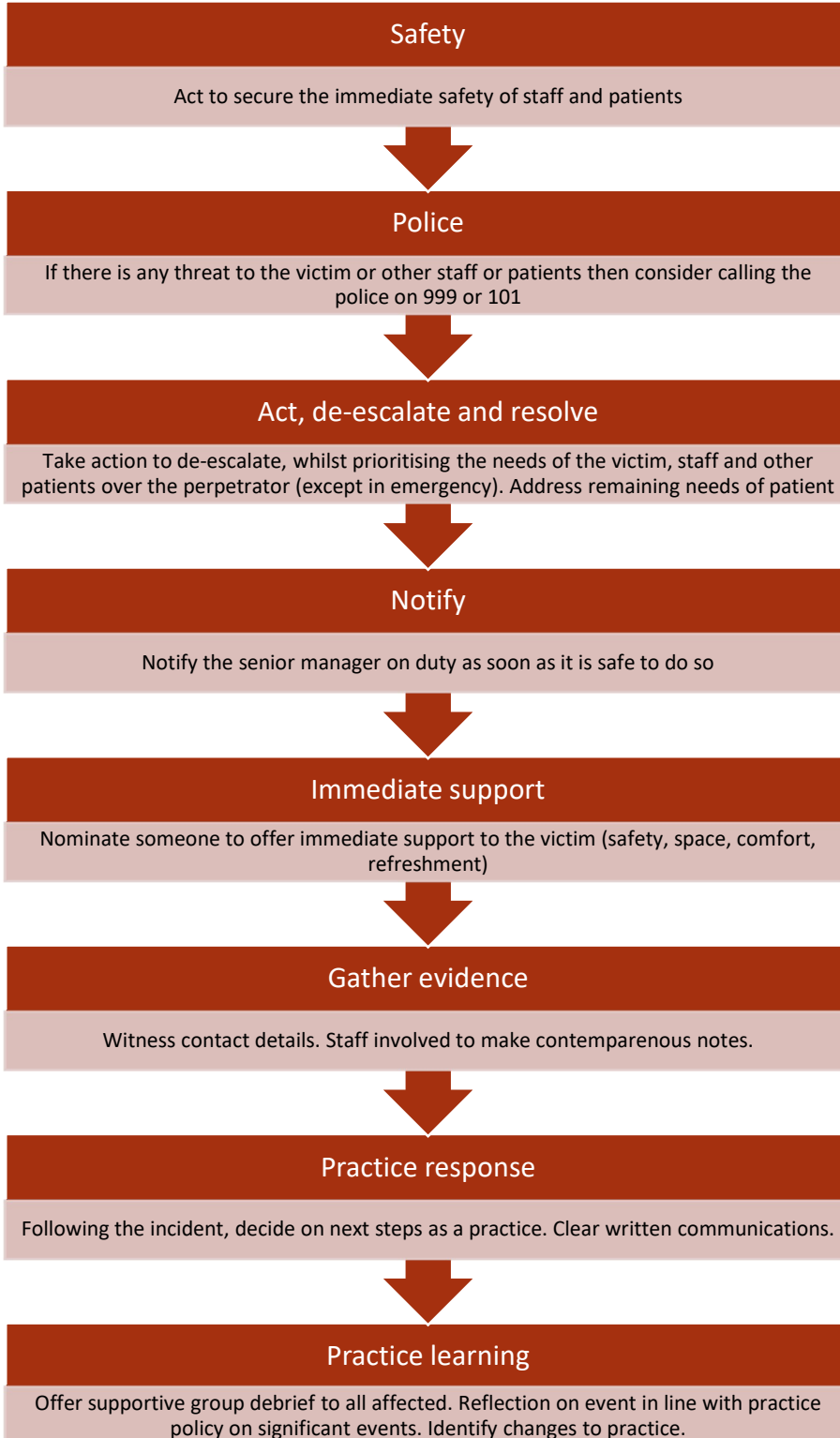
SOURCES OF SUPPORT FOR THOSE WHO HAVE SUFFERED RACIST ABUSE

- [Victim Support](#)
- [TELL MAMA \(National Organisation for Muslim Victims\)](#)
- [Forum Against Islamophobia and Racism \(FAIR\)](#)
- [The Monitoring Group](#)
- [The Community Security Trust \(National Organisation for Jewish victims\)](#)
- [MuslimLine](#)

BEING AN ACTIVE BYSTANDER

People who are present when an incident of racist abuse happens, but who are not directly involved, are bystanders. Those people have a choice about whether to do nothing and be passive, or to act. Actions can take many different forms and people are more likely to be active if they have the knowledge and skills to do so and if their workplace encourages this and supports them. Links to more information are available¹².

PROCEDURE IN THE EVENT OF AN INCIDENT OF RACIST ABUSE



Communicate openly with the victim throughout. Involve them in decisions and actions taken. Make sure they have written signposting to additional support.

DETAIL ON EACH STEP

SAFETY

Employers have a legal duty to protect the health and safety of their staff and you should have policies that detail how you do this. You should consider reviewing the specific guidance that is available to enable you to undertake a violence and aggression risk assessment, identifying necessary actions³.

You can insert here a summary of how [INSERT PRACTICE] protects its patients and staff:

- Bullet point list e.g. lone working policies, emergency call buttons, reception barriers

POLICE

You should call the police if they are needed to help deal with the situation as it is unfolding and keep people safe, for example if a patient is being threatening or violent. You should also report the incident to the police as soon as possible if you think the incident may be a *hate crime*⁴.

ACT DE-ESCALATE AND RESOLVE

As well as active bystander training, there is training available to help practice teams learn and rehearse how to manage violence and aggression. There are models of de-escalation that can be helpful⁵. When dealing with the initial incident, it is important to prioritise the needs of the victim over the perpetrator.

Where the perpetrator is a patient, remember your duty of care and to provide emergency medical treatment if needed. Once any violence or aggression has been managed, then a patient will likely still have unmet needs. The practice has a duty of care to its patients and should take steps not to disadvantage the care that is offered as a result of patient's behaviour. This does not mean that the practice won't take action against a patient as a result of unacceptable behaviour, just that the patient's health needs be continually addressed.

NOTIFY

If an incident is unfolding, it is important that support is obtained through the chains of command within the practice and that the senior manager responsible at the time is informed of what is happening or has happened as soon as possible. This will facilitate advice on appropriate immediate and subsequent actions to deal with the situation.

IMMEDIATE SUPPORT

What does the victim need now? Consider safety, privacy and space, comfort and refreshment. Allocate a member of staff to be with them to understand and meet their immediate needs, preferably someone with whom they have a supportive relationship. Following an incident of racist abuse, make the assumption that a staff member will not be able to return to their duties and seek cover as you would if they were incapacitated for any other reason. Offer them the opportunity to return to their duties, if they wish and when they want, but ensure that they are supported by colleagues in the coming hours and days.

GATHER EVIDENCE

Consider what recording facilities are available to you, for example, CCTV footage and telephone recordings. As the situation is unfolding it may be safe and appropriate for a member of staff to film the incident on their phone. It is important to get the details of any witnesses to the incident, in case their testimonies will be required at a later date. Staff who were involved in or witnesses to the event should make clear and detailed notes about what happened as soon as it is possible to do so.

PRACTICE RESPONSE

If at all possible, the line manager should meet with the victim within 48 hours to check if they are ok, aware of the avenues of support available to them and explore what their expectations are for how the incident is now dealt with.

Practice management need to consider the next steps, for example you may take formal disciplinary action if a staff member was the perpetrator or consider other actions such as warning and removal from the practice list if it was a patient. Guidance on the removal of patients is available from the BMA⁶ and the Medical Protection Society⁷ and confirms that if there is violence or threat of violence then immediate removal is acceptable.

PRACTICE LEARNING

Consider holding a group session (facilitated if necessary) where people can talk about how they felt and feel about what happened. In line with your processes for significant event analysis and quality improvement, consider holding a meeting to discuss the incident, that includes all appropriate staff members and patient representatives, reflecting on how you responded and identifying things that you might put in place to prevent or better-deal with such incidents in the future.

LINKS

¹ <https://www.breakingthesilence.cam.ac.uk/prevention-support/be-active-bystander>

² <https://www.ihollaback.org/bystander-resources/>

³ <https://www.healthyworkinglives.scot/workplace-guidance/violence%20and%20aggression/Assessing-risk-of-violence-and-aggression-in-the-workplace/Pages/managing-violence-and-aggression-risks.aspx>

⁴ <https://www.citizensadvice.org.uk/law-and-courts/discrimination/hate-crime/racist-and-religious-hate-crime/> and <https://www.supportline.org.uk/problems/hate-crime/>

⁵ <https://www.nursingtimes.net/roles/mental-health-nurses/de-escalating-anger-a-new-model-for-practice-25-07-2016/> and <https://www.medpagetoday.com/nursing/nursing/82157> and [https://research.birmingham.ac.uk/portal/files/41991537/CA de escalation accepted manuscript.pdf](https://research.birmingham.ac.uk/portal/files/41991537/CA%20de%20escalation%20accepted%20manuscript.pdf)

⁶ <https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/removing-patients-from-your-practice-list>

⁷ <https://www.medicalprotection.org/uk/articles/removing-patients-from-the-practice-list-uk>