Domestic Abuse

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Domestic Abuse

• 1) Recognise the *prevalence* & complexities of domestic abuse.

• 2) *NICE & CEM* guidance, current research & government strategy in respect of domestic abuse.

• 3) Understand domestic abuse is everyone’s responsibility and must be addressed in *Emergency Care.*
Domestic Abuse

• “Domestic violence and abuse poses a major challenge to public health, social care and health care services, yet often goes unrecognised by professionals in those sectors”

• Gene Feder GP & Professor of Primary Care, University of Bristol
Facts

- 1 in 3 women, 1 in 6 men
- 1 in 5 Children live with domestic abuse
- Claims the lives of 2 women each week and 30 men per year
- Most widespread violent crime in Britain
- Women between the ages of 16 and 19 years and those who are pregnant are most at risk

(Women's Aid 2012)

- Average length of time a woman endures violence – 7 years
- Rarely a one off event.
- Beaten on average 35 times (severely) before seeking help
- Is the largest cause of morbidity worldwide in women aged 19 - 44, greater than war, cancer or road traffic collision
- Can start at any time in a relationship
Woman names her experience as abuse

Abuse continues

Abuse continues
Support

Abuse continues
Intervention

Tries own strategies

Books validation

Books informal

Books formal

???

AVA -2014
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<tr>
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<th>Agencies</th>
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<td>“Just leave him”</td>
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<td>“He can’t help it”</td>
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<td>Affirmation of victim Safe coping strategies</td>
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<td>Police, DVO’s</td>
<td>Attend the scene</td>
<td>Support via helpline Risk management</td>
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<td>make him stop”</td>
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<td>“he’ll never stop”</td>
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<td>Recovery</td>
<td>“I’m worth more than this”</td>
<td>Courts, Counselling</td>
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<td>“it’s not about him</td>
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<td>Move on emotionally</td>
<td></td>
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<td></td>
<td>anymore”</td>
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Marac today

Victims and children discussed at Marac, 2004 - 2015

- Number of children in the household (excluding repeats)
- Number of victims

17% increase in cases 2014-15

78,114 cases heard in the past year

284 Maracs submitting data

Ending domestic abuse

Scotland rollout

© SafeLives 2015
Toxic Trio

- 41% drug abuse
- 32% mental health problems
- 45% alcohol misuse
Cost of Domestic Abuse to the NHS

- **£1.73 billion** – annual cost to NHS (Sylvia Walby 2009)
- **£176 million** Mental health costs (Sylvia Walby 2009)
- Approx. **100,000** women every week seek medical treatment for injuries sustained in the home.
- An average of **£18,000** per victim of abuse journey - GP visits, prescriptions, A&E attendance, ambulances
- **£1 million** per domestic homicide review (Between 13 April 2011 and 31 March 2013, 54 completed reports were received by the Home Office)
The causes and consequences of violence against women and girls are complex.

This can not be dealt with by central government alone-this requires a coordinated response involving Police, Crime commissioners, voluntary and community organisations.

The work will not stop at the UK borders, this is a global problem.

PREVENT PROVIDE PARTNERSHIP

(Home Office – End Violence Against Women 2015)
National Institute Clinical Excellence 2014

• Mapping of all available services
• Integrated commissioning strategy—Establish integrated care pathways and information sharing protocols
• Services are based on evidence available and local need
• Person centred
Profile of Themis sample – Abuse

Recent abuse (last 3 months)

- Physical abuse: 48%
- Sexual abuse: 39%
- Harassment & stalking (H&S): 86%
- Jealous & controlling behaviour (JCB): 89%
- High-risk (DASH score 10+): 46%
- Marac threshold (DASH score usually 14+): 43%

Ending domestic abuse
SafeLives 2014
• People presenting to A&E departments with indicators of possible domestic abuse have a private one to one discussion.

• Women presenting to maternity with indicators of possible abuse will have a private one to one discussion.

• People who disclose domestic violence or abuse will have an assessment of their immediate safety.

• People experiencing domestic violence or abuse are offered referral to specialist support services.

• People perpetrating domestic violence or abuse are offered a referral to support services.
Barriers

• Survivors- you don’t want to have to tell someone that you’re an alcoholic or a drug addict or that your partner beats you up, or you’ve lost your kids, it makes you feel like crap, and your worthless.

• Professionals- report finding disclosures of domestic violence difficult because of their lack of knowledge and expertise in this area, being left to feel unable to help.

• (2016 – Barriers in Abuse)
CEM – Management of Domestic Abuse 2015

• 1. There should be written information about local domestic abuse services available in the emergency department. Posters in the waiting room and leaflets in the women’s toilets may encourage disclosure.

• 2. There is insufficient evidence to advocate screening all women for domestic abuse, but clinicians should be prepared to ask simple direct questions, if there is any clinical suspicion.

• 3. Any concerns about child welfare should lead to the prompt activation of local child protection services.

• 4. Emergency Department medical and nursing staff should undergo domestic violence training.

• 5. A representative from the emergency department should attend local Multi-Agency Risk Assessment Conferences (MARACs).

• 6. The contact details of the MARAC co-ordinator and the local independent Domestic Violence co-ordinator should be available to all emergency department staff.
Ending Domestic Abuse

• With specialist Domestic Abuse support in place at the earliest opportunity, victims are more likely to access planned healthcare and reduce inappropriate visits to A&E and urgent care services. (SafeLives 2015)
Barack Obama

- the use of violence and threats to intimidate or coerce
- controlling and coercive behaviour to control others’ behaviour
- the use of fear for submission
- threats both verbal and abusive to cause destruction and mayhem
- inflicts fear, pain, chaos
Thank you

- National Abuse Helpline : 0808 2000 247
- Male helpline : 0808 801 0327
- Broken Rainbow (LGBT) : 0300 999 5428
- NSPCC : 0808 800 5000
- Victim Support : 0845 3030 900

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