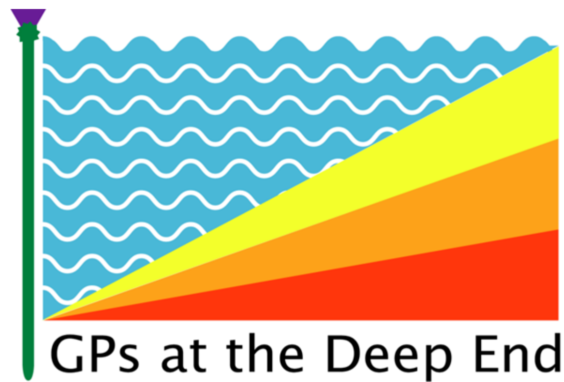

Pioneer Scheme Half-day Learning programme

Wednesday 11th December 2019

KNOWLEDGE EXCHANGE

Gender based violence

With Katie Cosgrove, Lead for GBV in NHS Health Scotland

1) What were the key learning points from this session?

- Domestic abuse (as **gender-based** abuse) – Scottish Government definition:
    - May be perpetrated by partners & ex-partners
    - Includes **physical abuse**, **sexual abuse**, **mental & emotional abuse** (e.g. threats, verbal abuse, racial abuse, withholding money & other types of controlling behaviour such as isolation from family & friends).

- New Scots law on domestic abuse was passed on 1 February 2018 - statutory offence of domestic abuse against a partner or ex-partner.
  3 conditions:
    - The accused engaged in a course of behaviour which was abusive of their partner/ex-partner
    - A reasonable person would think it likely that this course of behaviour would cause physical or psychological harm
    - The accused intended the course of behaviour to harm their partner/ex-partner, or 'was reckless' as to whether it would.

  NB: Includes physical and **non-physical** abuse; includes **coercive control.**
- 1:4 women & 1:7 men experience domestic abuse over their lifetime (Scot Gov 2010)
- Of 59,541 incidents reported to police in 2017/18
    - 79% were female victims with a male perpetrator, 18% were male victims.
    - 44% cases by ex-partner/ex-spouse

- Young people significantly affected – 1:6 girls aged 13-17 years reported being hit by their boyfriend, 1:16 reported being raped (NSPCC 2011).
- Violence against women is more frequent, more severe and associated with significant mortality - over 50% of female homicides committed by current or ex-partner.
- Rape in marriage only became a crime in 1989 in Scotland (1991 in England & Wales), and attitudes that 'marital rape' is not a crime still persist.

Symptoms / consequences are wide ranging:

- Mental health problems, including complex PTSD
- Physical injuries – one of the most common causes of injury in women
- Increased minor infectious illnesses
- Gynaecological problems
- Medically unexplained symptoms e.g. neurological (fainting, dizziness), IBS
- Increased risk of high blood pressure and coronary artery disease

- Pregnancy
    - Abuse may begin or escalate antenatally and postnatally
    - Risk of miscarriage
    - Increased antenatal and postnatal depression

- Impacts on children
    - Multiple pathways to harm: trauma from experiencing or witnessing abuse; effect on victim's parenting; effects on family ecology and stability.
    - Physical injuries – direct / indirect
    - Failure to thrive / weight loss
    - Speech & language delays; sleep disturbance; bed-wetting
    - Behavioural and emotional problems

- Refreshed Health Visitors Pathway (2016) requires Routine Enquiry & use of Risk Indicator Checklist (RIC)

- Multiple reasons why victims struggle to leave abusive partner
    - E.g. shame, fear (of being alone, further violence), social isolation, financially dependent, emotionally tied

Role of specialist services:

- Emotional and practical support-for victim; children
- Providing choices and empowerment
- Risk assessment & safety planning
- Flexible approach according to the woman's situation, pace, readiness to change and individual goals
- Onward referral to wide range of services, including child safeguarding, MARAC

- MARAC = Multi-Agency Risk Assessment Conference – core agencies:
    - Police, Children & Families social work, Criminal Justice social work, independent domestic abuse advocate (IDAA) / Women's Aid, adult support & protection, housing
    - Health visiting, maternity care, mental health, substance misuse services, primary care

- Specialist Perpetrator Programmes exist with the aim of changing behaviour, e.g. Respect, Sacro, Caledonian System
- May only be helpful for a minority of men
    - Some cease physical abuse but shift to emotional abuse
    - Need to identify their own behaviour as abuse – many challenges to this including dominant role of men/masculinity in society.

2) What changes to practice might you consider?

- Four key priorities: **ask, respond, refer** (where appropriate)**, record.**
- Keep an open mind about who could be a victim.
- Be aware some things may not be seen as abuse – consider use of language – what does it mean to them?

- Ask - raising the issue / encouraging disclosure, e.g.
    - *"Do you ever feel afraid of your ex/partner?"*
    - *"Does your ex/partner try to control you in any way, for example by preventing you from going out / seeing friends?"*
    - *"Has your ex/partner ever forced you to have sex when you didn't want to?"*
    - *"Sometimes people with chronic pain have a lot of tension in their lives that is reflected in their bodies. Might that be happening to you? Are things okay at home? Are you ever afraid of, humiliated or hurt by anyone?"*

- Respond - as clinicians this is key; it may be the first time the patient has disclosed domestic abuse and how we respond may impact on how they seek help in future.

    - **Key messages:** *"I believe you; it's not your fault; support is available; thank you for telling me; everyone has the right to be safe at home"*
    - ➔ Validation, empathy, compassion
    - **Non-blaming language**, e.g. *"Has (your partner) ever interfered with you trying to leave/stay away?"*, rather than *"Why haven't you left?"*

    - **Risk assessment**
      "Is it safe for you to go home?"
      "Do you think that he/she will seriously injure you or the children?"
      "Are things getting worse?" (frequency, type, severity, escalation)
      "What was the most severe incident?" (most frightened or injured)

- SPECCS+ risk indicators: *S*eparation; *P*regnancy; *E*scalation; *C*ultural issues/sensitivity/isolation; *S*talking; *S*exual assault

  - **Child protection**
  - Identify needs of children and safeguard them
  - Work with and empower the non-abusing parent/carer as far as possible – are they able to protect the children?
  - Impact on children should be understood as consequence of perpetrator choosing to abuse rather than the victim's failure to protect
  - *"It's clear you're really trying to protect the children but that he's choosing to hurt them"*

  - Safety Planning - includes helplines, sources of advice, what to do in an emergency, e.g. keeping bag packed with essentials – leave with supportive neighbour

- Refer - depending on what **patient wants/needs** and level of risk:
  - Specialist support agencies e.g. Women's Aid
  - Police – Domestic Abuse Unit – offers remote reporting and disclosure scheme. In Glasgow police refer on to ASSIST (advocacy and support service)
  - Child Protection Unit / Social Care
  - Other health & social care services; welfare and housing

- Also - *"Is there anything else I can do personally as a GP for you?"*

3) Any useful resources to share?

Domestic abuse helplines:

- National Domestic Abuse and Forced Marriage Helpline 0800 027 1234 (24 hours)
- Rape Crisis Scotland Helpline 08088 01 03 02
- Men's Advice Line 0808 801 0327
- AMIS (Abused Men in Scotland) 0808 800 0024
- Broken Rainbow - LGBT 0300 999 5428
- Survivor Scotland www.survivorscotland.org.uk

Information & advice regarding honour-based violence and forced marriage:

- Shakti Women's Aid 0131 475 2399 www.shaktiedinburgh.co.uk
- Hemat Gryffe 0141 353 0859 www.hematgryffe.org.uk
- Home Office Forced Marriage Unit 0207 0080151 www.gov.uk/stop-forced-marriage

Information for perpetrators of domestic abuse:

- Respect Phoneline 0808 802 4040 www.respect.uk.net