

Violence reduction – responding differently

With John Carnochan OBE

Background

John was a police officer in Strathclyde for almost 39 years and retired in 2013 as Detective Chief Superintendent. In 2004, he was involved in setting up the ground-breaking Scottish Violence Reduction Unit, recognising that reducing homicides requires a broader approach to reducing violence in general, using a Public Health model.

Violence is the product of failed human connection – “people who are not cared for don’t care” and “people who are hardest to love need love most”. Violence is not inevitable and should not be expected or accepted as such but can be actively reduced.

The human brain places a great emphasis on human relationships and devotes considerable processing power to connections. Drawing on the work of Sir Harry Burns, he explained that a sense of coherence (the extent to which the world around us is **comprehensible, manageable** and **meaningful**) has a profound impact on our social, physical and mental wellbeing. He noted that in the affluent west end of Glasgow, people’s sense of coherence was generally high whereas in the east end it was generally lower and this correlated with incidence of violent crime.

How to reduce violence

- Safe childhood (first 3 years of life are key) and their relationships to carers
- Prevent violence actively by giving people life skills
- Reduce alcohol usage
- Reduce access to knives & fire arms
- Promote gender equality
- Change the culture

Violence in society

A police audit found that only a small proportion of violent attacks/assaults are reported to the police and that their “spikes” in activity correlated with those in the ED-although with higher total numbers of patients and therefore incidents.

People learn *NOT* to be violent and there have been important cultural changes in recent generations (e.g. reduced smacking and corporal punishment).

Chronic stress & adverse health outcomes

- Discussed stress as producing maladaptive chronic stress response
- Differs from evolutionary acute stress response
- Famous Marmot study of Whitehall civil servants into BP and locus of control
- Adverse childhood events leading to lifelong health outcomes

ACEs in Wales (Mark Bellis, 2014)

- 23% verbal abuse
- 17% physical
- 10% sexual

→ If we can tackle these, we will reduce violence and other adverse health and social outcomes. Strong economic case for investing in early years also (see, for instance, Nobel Laureate James Heckman “for every £1 spent in early years you would need to spend £7 later for similar return”)

Considering violence as a contagion (Gary Slutkin TED talk [here](#))

- Clustering
- Epidemiology wave
- Transmission

Health implications

- Acute & chronic medical issues
- Minor infections
- Chronic headaches
- Low back pain
- Neuro symptoms: fainting & dizziness
- GI issues i.e. IBS
- CVD & CAD/BP
- Mental health issues
- Gynae health (sexual violence)

David's story - multiple failed encounters with multiple agencies (also several “rehoused due to Local Authority Plans for demolition and regeneration”) and many chances to prevent ACEs.

“It is easier to build strong children than repair broken men” – Frederick Douglas

Domestic violence

With Katie Cosgrove

Katie is lead for Gender-based violence at NHS Health Scotland.

There is new Scottish Government legislation being introduced to cover 'coercive control', in which a victim's life becomes micro-managed by their partner such that their world shrinks and they begin to self-police their actions. This can result in range of physical as well as mental health symptoms.

Only 17% of cases of domestic violence are known to police.

Approximately 95% of rape cases are by people known to the victim.

90% of all female patients consult their GP over a 5 year period (Wisner, CL et al. Intimate partner violence against women: do victims cost health plans more? 1999)

Issues to consider in domestic violence

Ask ("Are you afraid of your partner?")

Respond ("Everyone has the right to be safe. It's not your fault. We believe you.")

Refer ("We can help you.")

Record

MARACs are Multi-Agency Risk Assessments – common indicators of risk are known as SPECSS+

Separation, **P**regnancy, **E**scalation, **C**ultural issues/isolation, **S**talking, **S**exual assault, **+**Other risk factors (e.g. suicidal thoughts, threats to kill, abusing pets, access to weapons, alcohol/drug use)

Victims of domestic abuse have many barriers to leaving their partners – loss of financial security, loss of home/friends/family/relationship, disruption for children, loss of privacy.

GPs should support victims of domestic violence in a non-judgemental way.

Resources

Scottish Domestic abuse helpline (FREE, 24hr): 0800 027 1234

Rape Crisis Scotland Helpline (6pm to midnight): 08088 01 03 021

Scottish Women's Aid: www.scottishwomensaid.org.uk