

# Managing the impact of violence on mental health, including among witnesses and those affected by homicide

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# Authors

**Jonathan Shepherd**

Professor of Oral and Maxillofacial Surgery, and Director of the Violence and Society Research Group, Cardiff University, and Cardiff and Vale University Health Board

**Jonathan Bisson**

Director of Research and Development and Honorary Consultant Psychiatrist, Cardiff University School of Medicine, and Cardiff and Vale University Health Board

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This guidance is endorsed by The College of Emergency Medicine, the Royal College of General Practitioners and the national charity Victim Support ([www.victimsupport.org](http://www.victimsupport.org))

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# Introduction

Physical violence, including sexual violence, is a major cause of mental health morbidity among individuals injured in violence, witnesses and those affected by homicide.<sup>1</sup> Traumatic stress is high on public and healthcare agendas, although services are relatively undeveloped. Cost-effective interventions have been developed<sup>2</sup> but pathways in which they can be delivered have been identified only recently.<sup>3</sup> Guidance is necessary which defines and promotes a care pathway across all relevant agencies. Mental health professionals have unique opportunities to institute these interventions by working in and with the justice system, third-sector organisations and health services. The approach, which is the basis of this Position Statement, integrates the management of physical and mental health injury and takes account of the significant mental health histories of many of those injured in violence.

The purpose of this Position Statement is to improve mental health outcomes for those affected by violence across genders, all age groups and all violence categories. This Position Statement is intended for psychiatrists, mental health service commissioners and managers, Victim Support and other support providers and commissioners, government victim service commissioners and planners, general practitioners and emergency physicians.

# Policy context

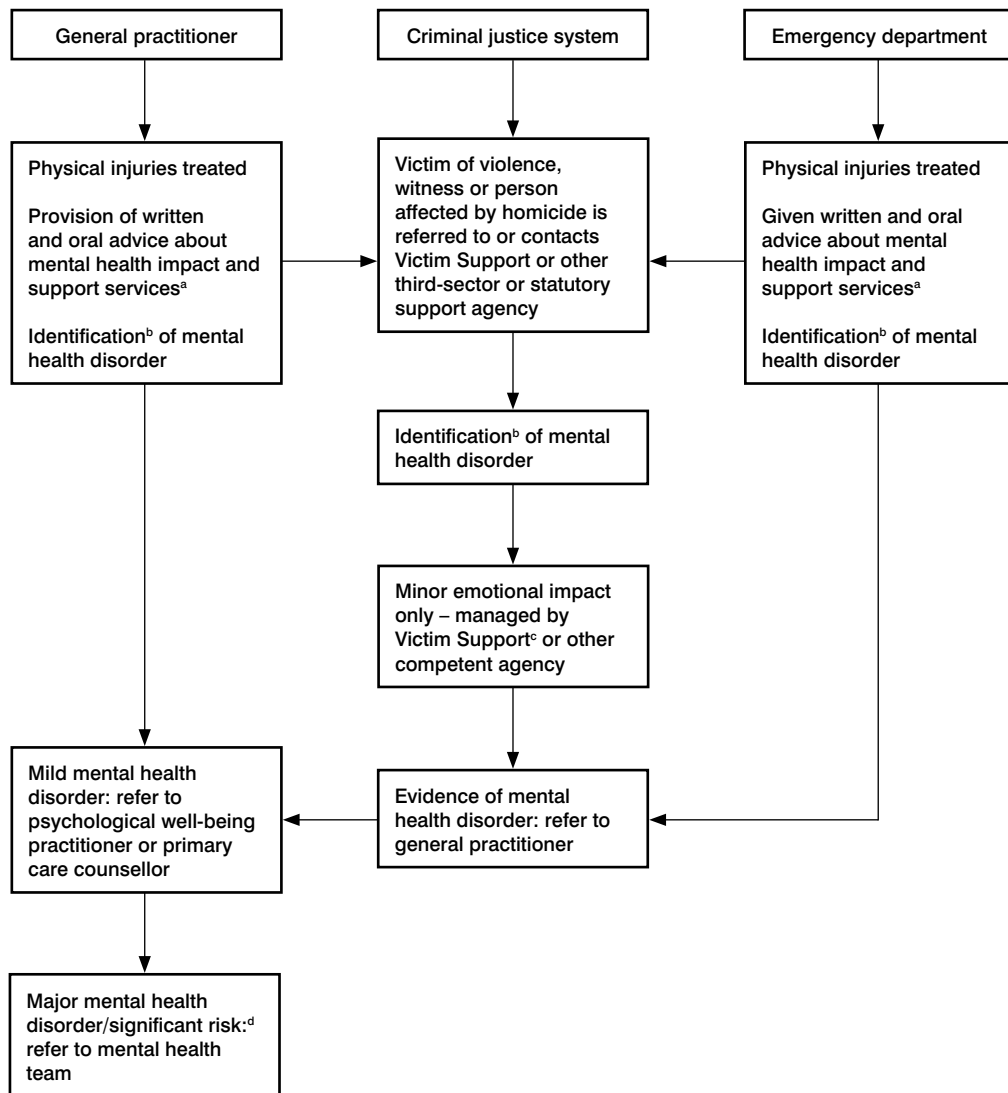
Successive UK governments have taken steps to bring prisoner care into the National Health Service,<sup>4</sup> and there is now also keen interest among policy makers to integrate victim services. In England, and also in the devolved UK administrations, traumatic stress services have been developed largely outside mainstream mental health services. Separate health, crime and justice and safety partnership funding have made uniform delivery difficult.

A care pathway for people injured in violence has been established ('preventing violence – caring for victims'),<sup>3</sup> which is underpinned by the Royal College of Surgeons' guidance on managing alcohol misuse,<sup>5</sup> and College of Emergency Medicine guidance on information sharing for violence prevention.<sup>6</sup> The guidance presented here concerns the management of the impact of violence on mental health to complement this existing Royal College guidance, thereby providing an integrated approach to care across specialties and relevant statutory and third-sector parties. The National Institute for Health and Clinical Excellence (NICE) has published guidance on the management of post-traumatic stress disorder (PTSD).<sup>7</sup>

# Guidance

There is a strong evidence base for trauma-focused psychological treatments to treat PTSD and for both psychological and pharmacological interventions to treat comorbid conditions such as anxiety, depression and substance use disorders commonly found in individuals injured in and otherwise affected by violence.<sup>2,8</sup> Trauma-focused cognitive-behavioural therapy for patients with acute PTSD or acute stress disorder reduces the risk of chronic PTSD.<sup>9</sup> Formal screening and triage of everyone exposed to traumatic events in primary care and in emergency department settings has been found to be inefficient and wasteful.<sup>10</sup> However, raised awareness among health professionals and trained volunteers in community and criminal justice settings can result in more individuals affected by violence and other crime accessing the support and treatment they need. Individuals injured or affected by violence in other ways who demonstrate evidence of mental health effects should be referred by Victim Support or other competent support agencies to primary care for further assessment. The stepped care approach summarised in Fig. 1 takes account of co-existing mental health conditions.

The Royal College of Psychiatrists is championing the introduction of this pathway in collaboration with the Royal College of General Practitioners, the College of Emergency Medicine and Victim Support, acknowledging that a wide range of third-sector and statutory agencies can provide effective services. The College can help by increasing awareness of this approach, highlighting the training opportunities for staff who deliver the interventions, and supporting the work of other sectors in this context. Psychiatrists themselves can identify and implement ways in which this pathway can be facilitated in their services, for example ensuring that psychiatrists and other mental health professionals/counsellors are trained to recognise and manage mental health disorders that occur following violence.



**Fig.1** Stratified, stepped care model for people injured in or affected by violence in other ways.

a. For example, the leaflet 'Silence Hurts Too' published by Cardiff Community Safety Partnership ([www.vrg.cf.ac.uk/Files/2011Silence\\_Hurts\\_Too\\_leaflet\\_b.jpg](http://www.vrg.cf.ac.uk/Files/2011Silence_Hurts_Too_leaflet_b.jpg)). Services include third-sector agencies such as Victim Support and statutory sector agencies such as sexual assault referral centres (SARCs).

b. Identification should consider common mental disorders, including depression, anxiety, substance misuse and post-traumatic stress disorder. Brief questionnaires such as the Trauma Screening Questionnaire<sup>11</sup> may help in this process ([www.completepractitioner.com/assessment/PSD.pdf](http://www.completepractitioner.com/assessment/PSD.pdf)).

c. Support defined as practical, pragmatic and empathic.

d. For example: severe forms of common mental disorders; psychosis; high suicide, homicide or other risk.

# Recommendations

- 1 Health and criminal justice professionals and agencies, including third-sector organisations, should integrate their efforts to pre-empt, identify and reduce the impact of violence on mental health. This position statement describes specific collaborations and a service framework to achieve this, based on a stratified, stepped model of care.
- 2 The management of mental health disorders caused by and associated with violence should take account of comorbid conditions as well as PTSD.
- 3 Identification of acute stress disorder and PTSD is important; early intervention reduces the risk of chronic PTSD.
- 4 Formal mental health screening and triage in primary care and in emergency departments of people exposed to traumatic events is inefficient and wasteful and should not be instituted.
- 5 Victim Support and other competent statutory and third-sector personnel should refer victims and others affected by violence who demonstrate signs of mental ill health to primary care health professionals for further assessment.
- 6 Psychiatrists should identify and implement ways in which the pathway described here can be facilitated in their services, for example through training of healthcare and well-being teams.
- 7 Health professionals who treat those affected by violence and the health services in which they work should be recognised as major contributors to and advocates for victim health and well-being.

# References & further reading

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