Domestic Violence and mental health: a whistle-stop tour on how to make a difference in an hour or less

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Issues for discussion?

- Domestic violence perpetrators/victims are mentally ill
- Talking about domestic violence makes clients feel uncomfortable, upset and unsafe
- Domestic violence is usually caused by a bad childhood or substance misuse
- Children should be removed from a home where there is domestic violence
- Domestic violence victims are usually in a repetitive cycle of violent relationships
DV and Mental Illness

Proportion of participants meeting DSM-III criteria for Axis 1 MH diagnoses:

- 88% male perpetrators; 65% female perpetrators.
- 88% male victims; 65% female victims.

» Moffit & Caspi 1999
What is domestic violence?

Any incident or pattern of incidents of controlling, coercive or threatening behaviour violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality.

Home Office, 2013
Exercise

Thinking of some of your clients, share one example each with a partner of:

- Physical abuse
- Sexual abuse
- Financial control
- Social isolation
- Coercive control
What is missing from the core definition

Violence will often be witnessed by children and there is an overlap between the abuse of women and abuse (physical and sexual) of children. The wide adverse effects of living with domestic violence for children must be recognised as a child protection issue. They link to poor educational achievement, social exclusion and to juvenile crime, substance misuse, mental health problems and homelessness from running away.
How are children exposed?

- Direct harm
- seeing a mother assaulted or demeaned
- hearing loud conflict and violence
- seeing the aftermath (e.g. injuries)
- being used by an abusive parent as part of the abuse
- seeing a father abuse his new partner on contact
- being neglected through financial control
What else is missing

It is acknowledged that domestic violence and abuse can also manifest itself through the actions of immediate and extended family members through the perpetration of illegal activities such as forced marriages, so called 'honour' crimes and female genital mutilation. Extended family members may condone or even share in the pattern of abuse.

Home Office, 2004
Women’s experiences of physical violence
Refuge 2001-2004

- Murder
- Suffocation, choking
- Throwing objects
- Shooting, stabbing
- Pushing or shoving
- Slapping or punching
- Twisting arms
- Breaking bones
- Bending fingers back

- Stamping on toes
- Using an object as a weapon
- Banging head, Drowning
- Kicking, Biting
- Burning, scalding
- Punching or kicking tummy
- Forcing to take drugs
- Cutting or stabbing
- Tying up, starving
- Pouring over acid or petrol
Women’s experiences of sexual violence

- Rape: vaginal, anal, oral: with penis or objects
- Forced prostitution, trafficking
- Forced sexual acts with others
- Sexual acts with animals
- Cutting or disfiguring breasts
- Chemicals poured into labia
- Refusal to practice safe sex or allow contraception
- Forced into pornography
- Genital mutilation
- Abuse after Type 3 FGM
- Sexual abuse of children
- Forced sex after childbirth, operations causing infection, haemorrhage or ruptures
- Religious prohibitions ignored.
- Deliberately infecting STIs
- Threats to get compliance
- Sexual insults
Effects of Domestic Violence on mental health

- Physical Violence
  - Sexual
  - Emotional Abuse
- Using Coercion and Threats
  - Making and/or carrying out threats to do something further
  - Threatening to leave her
- Economic Abuse
  - Preventing her from getting or keeping a job
  - Making her ask for money
  - Giving her an allowance
- Using Male Privilege
  - Treating her like a servant
- Using Isolation
  - Controlling what she does
  - Limiting her contact with others
- Using Children
  - Making her feel guilty
  - Threatening to take the children
- Using Denying and Blaming
  - Making light of the abuse

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If you understand the scale

You can use statistics about the incidence of domestic violence to:

• Counteract a victim’s fear that they are alone,
• Challenge beliefs that the abuse is due to some personal failing/mental illness
• Inform your risk assessment / safety planning
• Review your case load
Exercise: complete the quiz

1. About 1 in 4 women has been physically assaulted by a partner or ex- at some time in their lives
   
   True / False

2. Women are most at risk of fatal violence if they
   a) remain in the violent situation
   b) try to leave the violent relationship
   c) have recently left the violent partner

3. On average, how often are women killed by their partners or ex-partners?
   a) 2 women a year
   b) 2 women a month
   c) 2 women a week.

4. Women are safer while pregnant
   True/False

5. What percentage of physical domestic violence results in injury?
   a) 49%
   b) 69%
   c) 89%

6. Men are as likely to experience domestic violence as women
   True/False

7. Lifetime prevalence of severe domestic violence is found in what % of psychiatric in-patients:
   a) 5-10%
   b) 10-20%
   c) 30-60%

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Effects of Domestic Violence on mental health

Prevalence

- 1 in 4 women, 1 in 6 men suffer domestic violence over their life-time
- 1 in 9 women in year needed medical attention
- 2 women killed a week in England or Wales
- ½ female murder victims and 7% men killed by partner or ex-partner
- It is the major cause of injury to women under 60 years of age and a major risk factor for psychiatric disorders, chronic physical conditions and substance abuse
What about gender?

- 1 in 4 women and 1 in 6 men are victims over their life time
- 89% of people who suffer 4 or more domestic violence assaults are women (Walby & Allen)
- women sexually assaulted by partner 7X more often than men
- women more than 3x more likely to sustain serious injury
- 38% of women and 7% of men in violent relationships feared for their lives
- violence against women was more frequent and more severe (beaten, choked or raped)
Effects of Domestic Violence on mental health

Types of abusive behaviour by gender
UK sample
(Marianne Hester, 2009)

<table>
<thead>
<tr>
<th></th>
<th>Of male perpetrators %</th>
<th>Of female perpetrators %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal abuse</td>
<td>94</td>
<td>83</td>
</tr>
<tr>
<td>Physical violence *</td>
<td>61</td>
<td>37</td>
</tr>
<tr>
<td>Threat *</td>
<td>29</td>
<td>13</td>
</tr>
<tr>
<td>Harassment *</td>
<td>29</td>
<td>11</td>
</tr>
<tr>
<td>Damage to partner’s property</td>
<td>30</td>
<td>16</td>
</tr>
<tr>
<td>Use of weapon</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td>Damage to own property</td>
<td>6</td>
<td>11</td>
</tr>
</tbody>
</table>
Problem for abused male victims

In 2010, Erin Pizzey* wrote:

‘In my experience I found that in most relationships the violence is consensual – both partners are equally responsible for what goes on behind the front door. In those cases we rarely hear from either partner unless the children of those doomed relationships are drawn to the attention of the schools and then the courts or the psychiatrist’s office. However when one of the partners is an innocent victim of their partner’s violence if they happen to be a woman, they can at least find comfort and refuge but for men, at the moment, there is nothing. If he is involved with a violent woman he risks the laughter of his friends and a truly frosty reception from all the agencies.’

*The founder of the first refuge in Chiswick, opened in 1971.
Health response

- negligible in the UK
- within primary care, majority of women who are experiencing abuse and its sequelae are not identified by clinicians
- aetiological role of abuse in mental health problems not recognised
- insufficient evidence about appropriate interventions

RCGP (2013) Domestic Violence & Mental Health
Is it a health issue?

- Cost to NHS £1.2 billion for physical injuries
  £176 million for mental healthcare

- Prevalence in general population 12 month rates 5-17%
- Prevalence in Accident and Emergency population 15-20%
- Increased use of primary care and obstetric services after abuse
  Walby, 2004; Mcmillan et al, 2006; Racheed et al, 2002
- Increased use of mental health services Howard et al, 2011, 2012
- Public health problem
Domestic violence, mental health and substance use

- 47 Serious Case Reviews (2003-2005) of child deaths - 1/3 cases recorded parental substance misuse, domestic violence and mental health

- MPS DV Homicide Reviews (2008-09) – five mothers and one father killed by sons. All six perpetrators suffered mental health problems or under the influence of alcohol and/or drugs
A one-off? A need for early questions!

• Domestic violence shows the highest rate of repeated victimisation of any crime (Dodd et al, 2004; Stanko, 2003).
• In 35% of households where a first assault has occurred, the second will occur within five weeks (Walby & Myhill, 2000).
• Violence typically escalates in severity and frequency over time (Horley, 2002; WHO, 2002).
• In 87% of domestic violence homicides, escalation of violence was reported prior to the murder (MPS, 2003)
Implications for professionals

1. Women may experience multiple victimisation so early intervention prevents further harm
2. Defining experience as abuse is a big step and experiences are difficult to talk about so safe questions by professionals are essential

40% of women in Crime Survey told no-one about their worst experience of rape (Walby & Allen, 2004)
1 in 7 wives in UK were raped by their husbands & 91% told no-one at the time (Painter & Farrington, 1998)
Impacts of domestic violence on health

• **Injuries following an assault**
  e.g. fractures, miscarriage, facial injuries, scars

• **Chronic illness after living with abuse**
  e.g. headaches, gastrointestinal disorders, gynae problems

• **Psychiatric or emotional problems**
Effects of Domestic Violence on mental health

Violence and people with disabilities

Based on data from 2009-10 British Crime Survey (Khalifeh, 2013)

- Disabled people were more likely to experience mental health problems following violence, especially those with pre-existing mental illness
- They found a clear association between disability and both physical and sexual assaults. With a higher risk of violence among those with mental illness that any of the other subtypes of disability
- Domestic violence was reported around 7% more in disabled versus non-disabled victims
- Those with one or more disabilities were more likely to be a victim of violence in the past year when compared with the non-disabled population
Exercise

Linking Abuse and Recovery through Advocacy

(Howard, Trevillion, Rose et al 2010)

Read a LARA case study

What impact did domestic violence have on this client’s physical health &/or mental health?
Indicators? Physical health problems

- Gynaecological problems are the most consistent, longest lasting and largest physical health difference between women who have and have not been abused.

- 3X increased risk of gynaecological problems, with dose-response relationship & increased risk if combined sexual and physical abuse:
  - STIs
  - vaginal bleeding, abrasions and infection
  - painful intercourse
  - chronic pelvic pain
  - recurrent UTIs
### Effects of Domestic Violence on mental health

**pooled data from WHO 15-country study**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Unadjusted OR</th>
<th>95% CI</th>
<th>Adjusted OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-reported general health: poor or very poor</td>
<td>1.9</td>
<td>1.7–2.1</td>
<td>1.6</td>
<td>1.5–1.8</td>
</tr>
<tr>
<td>Difficulty walking in past 4 weeks</td>
<td>2.0</td>
<td>1.8–2.1</td>
<td>1.6</td>
<td>1.5–1.8</td>
</tr>
<tr>
<td>Difficulty with daily activities in past 4 weeks</td>
<td>1.9</td>
<td>1.8–2.1</td>
<td>1.6</td>
<td>1.5–1.8</td>
</tr>
<tr>
<td>Pain in past 4 weeks</td>
<td>1.8</td>
<td>1.7–2.0</td>
<td>1.6</td>
<td>1.5–1.7</td>
</tr>
<tr>
<td>Memory loss in past 4 weeks</td>
<td>2.0</td>
<td>1.9–2.2</td>
<td>1.8</td>
<td>1.6–2.0</td>
</tr>
<tr>
<td>Dizziness in past 4 weeks</td>
<td>2.0</td>
<td>1.9–2.2</td>
<td>1.7</td>
<td>1.6–1.8</td>
</tr>
<tr>
<td>Vaginal discharge in past 4 weeks</td>
<td>2.3</td>
<td>2.1–2.5</td>
<td>1.8</td>
<td>1.7–2.0</td>
</tr>
<tr>
<td>Ever suicidal thoughts</td>
<td>2.4</td>
<td>2.2–2.6</td>
<td>2.9</td>
<td>2.7–3.2</td>
</tr>
<tr>
<td>Ever suicidal attempts</td>
<td>3.5</td>
<td>3.0–4.1</td>
<td>3.8</td>
<td>3.3–4.5</td>
</tr>
</tbody>
</table>

Adjusted ORs were adjusted for site, age group, current marital status, and education. *ORs and 95% CI are given for the
Children and domestic violence

- In over 50% of known domestic violence cases, children were also directly abused (NSPCC, 1998; Farmer & Owen, 1995)

- In 90% of domestic violence when children are part of the household, the violence is directly witnessed by children (Abrahams, 1994)
Impacts on children

- Fetal loss, premature birth, low birth weight
- Child abuse (in >40%)
- Psychological disturbance (depression, anxiety, substance misuse, aggressive behaviour)
- Adult mental health problems

Alio et al, 2009; Bair-Merritt et al, 2006; Eddleson 1999; Hester et al 2000; Humphreys et al 2002; Shankleman et al 2001; McWilliams 1993
Pregnancy and babies

- Miscarriage
- Stillbirth
- Premature birth
- Low birth weight
- Brain damage leading to disability
- Fretfulness
- Flinching
- Sleeplessness
- Failure to thrive
- Eating problems
Assess need for safeguarding children

- If child protection procedures are needed, try to get the consent of the non-abusive parent. Can you report positive aspects of their care?
- Be clear about the source of potential harm.
- Never blame a victim for failing to protect. The most effective form of child protection is to support the mother to make herself and her children safe.
- The interests of the child are paramount. Initiating procedures does not depend on parental consent.
Victim’s experiences of trauma

Childhood trauma
Impact of: physical, sexual, emotional abuse

Primary domestic violence
Impact of: physical, sexual, emotional abuse

Secondary victimisation
Impact of: friends, family, professionals, community

And all of these impact on mental health
Psychological impacts of violence

- **Magnitude**: size of association
- **Consistency**: replication over place, time
- **Temporality**: symptoms after onset DV
- **Gradient**: greater exposure to violence linked to greater risk of symptoms
- **Experimental**: when violence stops, mental health improves

Golding, 1999
Indicators: Mental health

Odds Ratio (95% c.i.)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Odds Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression (18):</td>
<td>3.8</td>
<td>(3.2 to 4.6)</td>
</tr>
<tr>
<td>(38-83% vs 10-21% gp)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTSD (11):</td>
<td>3.74</td>
<td>(2.1 to 6.8)</td>
</tr>
<tr>
<td>(64% vs 1-12% gp)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol abuse (9):</td>
<td>5.6</td>
<td>(3 to 9)</td>
</tr>
<tr>
<td>Suicidality (13):</td>
<td>3.55</td>
<td>(2.7 to 4.6)</td>
</tr>
<tr>
<td>(18% vs 4% gp)</td>
<td></td>
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</tbody>
</table>

Anxiety 3x (35-73% vs 5-10% gp) more likely to exacerbate psychotic symptoms  Neria et al 2005
Effects of Domestic Violence on mental health

Factors increasing severity or duration of PTSD reaction

- Caused by humans rather than by a natural disaster.
- Caused by a known person, rather than a stranger.
- The experience is personal and individual, not shared.
- Continued contact with the perpetrator.
- Repeated rather than an isolated incident.
- The trauma occurs in a previously safe environment.
- There has been rape or sexual violence.
- There is little sympathetic social support.
- The person is targeted by more than one abuser.

Dutton, 1992; Schornstein, 1997
Depression

- It's healthy to feel sad about abuse
- Emotional abuse leads to self-blame
- Physical abuse damages body, health
- Sexual abuse degrades, humiliates
- Loss of home, family, community leads to grief
- Abuse undermines planning

... But depression affects concentration, memory, capacity to talk, to engage
Why doesn’t she leave exercise
Survival strategies

- Legal strategies
- Formal help-seeking
- Informal help-seeking
- Escape strategies
- Separation
- Hiding
- Appeals to abuser
- Compliance

- Self-defence
- Resistance
- Manages children
- Personal strategies
  - Numbing
  - Substance use
  - Withdrawal
  - Self harm
Effects of Domestic Violence on mental health

- Professional failure to respond to signs of abuse
- Perpetrator disguises abuse
- Putting abuse to back of mind

- Dominance of the medical model
- Psychological distress
- Shame and embarrassment
- Blaming attitudes
- Self-blame

- Fear of disruption to family
- Fear of consequences

- Service Users Barriers to Disclosure of Domestic Violence

- Importance of engagement between client and professional
- Gender and culture
- Perpetrators actions prevent disclosure
- Isolating friends and family

- Fear disclosure will not be believed
- Fear disclosure will result in further violence
- Fear of social service involvement
- Fear of Immigration status
Indicators? What women say

• 31% say the worst incident caused mental or emotional problems
• 60% women leave because of fears for their mental health
• In the long term, women most often stress the impact of DV on their self-esteem, self-worth, confidence
How abusers exploit mental health problems

- Blaming her for his abuse
- Elicits sympathy for ‘what he puts up with’
- Telling her (and others) she is mad or hysterical
- Telling her she could not cope on her own
- Refusing to let her go anywhere on her own, ‘for her own good’
- Speaking for her (preventing her disclosure of violence)
- Threatening to have her sectioned
- Threatening report to Social Services as unfit mother
- Withholding medication, or giving an overdose
How does the trauma impact ways a woman is with a professional?

Avoiding pain:
- she doesn’t attend

Frightened:
- asks the impossible

Powerless:
- sees you as rescuer

Angry: ‘leaks’ anger

BUT

Guilty
- blames herself/you

Compliance
- eager to please

Mourning
- flat, monosyllabic

Vulnerable
- acts tough,

How does that look in court proceedings?
### Common issues around trauma

<table>
<thead>
<tr>
<th></th>
<th>Physical complaints</th>
<th>Numbing and avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anxiety/panic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Substance use</strong></td>
<td>Depression</td>
<td>Anger</td>
</tr>
<tr>
<td><strong>Intrusive memories</strong></td>
<td>Sleeping difficulties</td>
<td>Difficulties in relationships</td>
</tr>
<tr>
<td><strong>Practical worries</strong></td>
<td>Poor self-esteem</td>
<td>Grief and loss</td>
</tr>
<tr>
<td><strong>Parenting issues</strong></td>
<td>Suicide attempt</td>
<td>Self harm</td>
</tr>
</tbody>
</table>
Challenges for professionals

- Fear of offending clients
- Myths hook us too
- Feelings of inadequacy and frustration
- Feeling dumped upon
- Lack of training or time to read/reflect
- Coping with the stigma
- Inability to ‘cure’ the problem
- Lack of time to deal with everything
- Close identification from own experience
- Fear of opening Pandora’s box
Good practice guidelines

- Provide information on leaflets, posters
- Ask questions
- Give her a key message
- Prioritise safety
- Keep a record
- Refer to support services 0808 2000 24 7 (women)
  refuge.org.uk  womensaid.org.uk
  0808 8010 327
  mensadviceonline.co.uk
Effects of Domestic Violence on mental health

Identification & Referral to Improve Safety

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IRIS trial design

48 general practices in Bristol & London

24 intervention

- Asked about DV by clinicians
- Referred for advocacy

24 control

- Asked about DV by clinicians
- Referred for advocacy
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IRIS intervention

- practice based training, audit and reinforcement
- medical record prompts
- advocate educator linked to the practice
- practice champion

- posters + cards
- clinical enquiry
- validation documentation
- safety assessment

identification + referral
Posters or leaflets

- Link domestic violence and psychological distress
- Show you think it’s important
- Help the victim not feel crazy or alone
- Can point to help
Get posters or leaflets from

- Your local domestic violence forum
- Refuge
- Women’s Aid
- Home Office
- Forced Marriage Unit
- Mensadvice line
- Respect
- menshealthforum
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IRIS card

You can get help to:
- Make your home safe
- Know your rights
- Build your confidence
- Plan a safe place to go
- Recover from the effects of domestic violence

Useful numbers
nia project: 020 7683 1210
National Domestic Violence Helpline (freephone, 24 hr): 0808 200 0247
Men’s Advice Line: 0808 801 0327

Respect each other: (If you are concerned about your own or someone else’s violent behaviour)

In an emergency ALWAYS call 999

Domestic Violence Aware Practice
Are you a woman who is being hurt by someone you know or are you afraid of someone at home?
Show us this card if you need help or talk to us here in private

IRIS Identification and Referral to Improve Safety
Why ask about domestic violence?

- Health care system may be the victim’s first or only point of contact with professionals

- Survivors identify health care professionals as the people they would trust most with their disclosure of domestic violence

- CMHT service users in LARA (SLaM) said....
They want to talk and want to be asked

- My doctor said to me at the time...“well that was part of the abuse”...If somebody says those words about how, what domestic violence is...I needed to hear it to be able to recognise that I was being abused.” (SUP1)
- “Now they’re saying to me “Jan, what do you want?” And I really appreciate that cause they’re making me feel like I’m somebody...Mary [referring to health professional] she gave me support...and tears came to my eyes, I thought there’s somebody who really cares. (SUP2)
- “The woman said “you really need to talk about some of the things that have happened,” and I just sort of broke down and let everything out. I felt so relieved when I did...and I wanted to talk again.” (SUP3)
- I think sometimes if you’re not asked it can be like a secret that you don’t talk about (SU17)
- A lot of people don’t come out and tell, they feel embarrassed...I think they [referring to health professionals] should ask....they should be asking because some people just suffer in silence (SU3)
Is it safe to ask?

• Can you be overheard?

• Is your client alone?

• Are you ready to ask?
Opening the conversation

• We know that 1 in 4 women (and 1 in 6 men) experience domestic violence at some time in their life so I ask everyone about physical, sexual or psychological abuse. Is that happening to you?

• Many women/men have these symptoms when they are experiencing abuse. Are you afraid of anyone at home?

• Has anyone hurt you physically, sexually or tried to control what you do and who you see over the last year or so?
Direct/follow up questions

• Have you felt put down or emotionally abused by your partner (ex-partner)?
• Has your partner ever physically threatened or hurt you? Or someone else?
• In the past year have you been forced to have any kind of sex? Or had to go along with sex when you didn’t want to?
• What scares you at home?
• How do arguments happen in your house?
• Who makes the rules in your family/relationship?
Key messages

• Thank you for telling me…it’s important because domestic violence can affect your health

• What do you need?
• You have the right to be safe at home

• Would you like some information or can I put you in touch with someone who can give you practical support and discuss options?
Referral to domestic violence services

Help-lines, outreach workers, websites offer

- Practical support and information
- Emotional support – to validate and help victims understand their experiences of domestic violence
- Signpost to relevant agencies e.g. police, housing, refuge, benefits agencies
- Risk assessment and safety planning
- Ongoing support depending on needs

E.g. Women’s Aid, Refuge, local DV coordinator
Support for men

Men’s advice line and enquiries (MALE)
www.mensadvice line.org.uk  0808 801 0327

LGBT clients LGBT domestic abuse services
lgbtforum@ava.org.uk

Perpetrators
For men and professionals if perpetrators disclose
0845 122 8609   www.respect.uk.net
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Help for children  thehideout.org.uk
Feedback from service users

On GPs:

• She made it clear that she was available to talk. I did not feel pressurised into making any decisions and I wasn’t just offered medication.

• When my GP asked, I felt that I was believed, that what was happening was affecting my health.

On Advocates:

• Well I was with her about 2, 3 hours. The first time I talked to her she made me feel a lot better straight away. I felt really a lot better.

• I needed somebody at that time because I was, I’ll be honest, I was quite suicidal by that time. We had time to talk and it was very, very helpful. It was somebody to unload off to.
Feedback from clinicians

• Just asked my first lady about domestic abuse. She was fine and was glad I asked.
• Many thanks. I’m sure this one I wouldn’t have picked up previously.
• Thanks, it is so good to at last feel one can help.
• Thanks so much. I saw her shortly after and she felt so supported and understood. Really moving. One of those special moments in GP when you feel that there is proper support out there for those most needing it. Fab.
Risk assessment

- Is it safe for you to go home?
- What are you afraid might happen?
- What has the abuser threatened?
- What about threats to the children?
Risk factors for later DV

- The strongest risk factors for both male and female perpetrators and victims were:
  - A record of substance abuse before age 15.
  - Physically aggressive delinquent offending before age 15.

- Other consistent factors were school leaving age, Parent-child attachment difficulties at age 15, One parent absent at age 15.

- Men were also more at risk from low socioeconomic resources and low educational achievement.

- Women were also more at risk from early family relational difficulties.

Moffit & Caspi 1999
Effects of Domestic Violence on mental health

Other risk factors

• Women who had children by age 21 were twice as likely to be victims of domestic violence as women who were not mothers.

• Men who had fathered children by age 21 were more than three times as likely to be perpetrators of abuse as men who were not fathers.
Safety planning

- Which five things would you take from your home if you had to leave in a crisis?

- Safety plans can be
  - for a crisis
  - medium term
  - after separation
Keep accurate records

Include

– Questions and answers in clients words
– Symptoms or injuries observed
– Any info. on frequency/severity of abuse
– Describe facts don’t judge or assume
– Record your action e.g. referral
– Keep records secure
What if they say they don’t want you to?

- Explain (relative) confidentiality of the records

- Explain possible advantages of recording it:
  - to access housing, welfare, legal rights
  - to secure immigration status
  - to protect children

- Explain use of tab/code to protect information
Who are your partners to refer to?

- Domestic violence specialists
- Social services
- Safeguarding teams
- Family services
- Criminal/civil justice representatives
- Primary health care services
- Mental health teams e.g. CAMHS or DAT team
### Outcomes of IRIS

<table>
<thead>
<tr>
<th>Recorded disclosures</th>
<th>Control</th>
<th>Intervention</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12</td>
<td>223</td>
<td>22.1</td>
</tr>
</tbody>
</table>

No of referral received by dv agencies

|                     | 40      | 238          | 6.4   |

Feder et al (2011) Lancet, 378, 1788-95
What you can do

- Provide information on leaflets, posters
- Ask questions
- Give them a key message
- Prioritise safety
- Keep a record
- Refer to support services 0808 2000 24 7

It is not your role to encourage a victim to leave but instead help them to be informed of choices
Is the victim alone responsible?

*It takes two to speak the truth* – one to speak and another to hear

Thoreau, 1854