



Domestic Abuse

GPNI Webinar May 2023

HEALTH WARNING ***

OBJECTIVES

- Increase awareness of DA as it presents to us in primary care .
- How to ask about DA
- Telephone Consultations and DA
- Child safeguarding /DA interface

- Who to refer to
- Male victims
- Perpetrators
- Recording in notes .



How common is it ?

- NISRA 2018 26% of adult women experience DA in their lifetime
- **1 in 4 women** *** DA is a gendered crime .
- 1 in 3 of youngest poorest mothers
- 1 in 5 women experience sexual violence
- Women in physical abusive relationship 30 % had first assault in pregnancy
- Male victims , 1 in 7 men
- On average 2 women per week are killed by partner or former partner

CMRs over 50 % have DA as risk factor (child protection)

,



Who is at risk

EVERYONE BUT

Increased vulnerability to abuse and barriers to seeking advice :

Physical and Learning disability 1in 2 women

Same sex couples 1in 4 lesbian women , 1 in 2 bisexual men

Immigrants, English not first language

Religion and Race, Class

Elderly

**Many of your patients are therefore experiencing domestic abuse !



Role of primary care

- GP surgery is seen as safe place
- Continuity of care
- Linked families
- 90% of females over 16 consult in primary care over 5 year period
- Victims are on a journey
- Disclosure is a process . SO KEEP ASKING .
- Help them manage their problems , we don't impose or necessarily resolve their problems
- BEWARE FAMILIARITY IN PRIMARY CARE
- *Intimate partner violence was responsible for more ill-health(*in under 45s) than all other common factors which we ask about smoking obesity high blood pressure – study Victoria 2004*

Physical indicators

- Patterns of presentations – missed appts , frequent appts , poor control chronic conditions , over use medications
- Conditions –non ulcer dyspepsia, IBS, chronic pain , fibromyalgia , neurological presentations , recurrent headaches
- Gynae conditions , pelvic pain, recurrent discharge , dyspareunia STIs , unwanted pregnancy , unplanned pregnancy , avoiding smears highly assoc with SV , STIs more common in research in male victims (*finneran 2013*)
- **Pregnancy related problems : unplanned , miscarriage , pre term labour .**
- ***Injuries – attendance ED , delayed presentations , esp if story changes or seems unlikely***

Mental health indicators

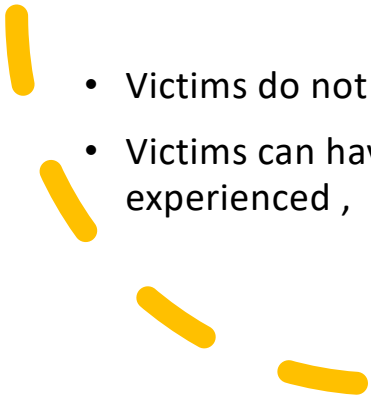
- Generalised anxiety
- Depression
- PTSD
- Suicidal attempts / suicide
- Alcohol dependence
- Illegal or prescribed drug addiction .
- Mental health often used as tactic of abuse – convincing victim they are unwell ,
- Mental health effects can last a lifetime
- Depression x4 times as common
- PTSD x 7 times
- Alcohol x5times
- Suicide or attempted x3, 1in 8 of all female attempts or suicides due to DA
- Even More common in male victims



Reaction to trauma :

- Acute trauma and chronic stress affect Amgydala , , Primitive brain
- Separated from Rational brain , frontal cortex
- Highly associated with hippocampus – memory brain
- Highly associated with attachment emotions
- Highly associated with self preservation , (whatever it takes to keep victim safe !),

- Victims do not act “rationally “apparently
- Victims can have emotions triggered even long after event and original emotional reaction is re – experienced ,





DA: Telephone Consults

- Consulting remotely: do not ask about abuse when any possibility of abuser in house ,
- use statements such as “are you free to talk “ are you ok to talk freely about something confidential,
- are you on speaker phone , if any suggestion not free to talk safely then don't ask , suggest follow up , better if face to face



How to ask :

*Targeted enquiry versus routine enquiry .

- Don't show shock , don't minimise , don't blame (esp if victim has MH /addiction issues), non judgemental
- If you get negative to a question **Keep asking** at each appropriate consultation , remember their on a journey to disclosure.
- *"How are things at home "*– open question follow it up always with second more direct question .
- *"sometimes patients who have these symptoms / injuries are frightened or have been hurt by someone . Are you frightened of someone . Has someone hurt you "* useful question for possible psychosomatic illness



Ask Regularly and Safely and it will be Easier .

.

- Do you feel supported by your partner .
- How is he feeling about your -----(symptoms)
- If he were here what would he say about ----
- Are you afraid of his reaction.
- Do you feel like you are walking on egg shells at home.
- Do you feel he criticises you .
- What other support do you have ?
- Has he threatened you .
- Does he force you sexually even though you don't want to .



Responses

Thank you for telling me.

I appreciate this is difficult to talk about

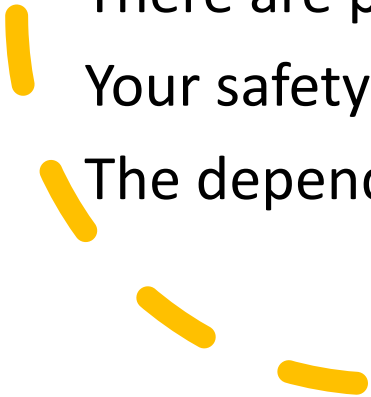
I believe you

This is not your fault

There are people who can help you.

Your safety and the safety of your children are my priority

The dependence on alcohol to help you get through this is unhelpful .





Unhelpful Responses

- You need to do –a b c
- Why don't you leave
- Why did you go back
- I cant help you if you don't tell me
- Had you or partner been drinking .

Abuse is about control so you want to give control back to victim .

Abuse isolates victims . They are told no one will believe them .

Children are never innocent bystanders

- Act as a distraction
- Caring role
- Increased risk of physical, neglect and sexual abuse
- Living in family with DA of all its types not just violence is an ACE – lifelong effects
- Develop risk taking behaviours
- Become withdrawn isolated poor self esteem
- Copy behaviour



Male victims

- Most common is male on male abuse
- Females can abuse, less likely to be repetitive and physical
- Male often present in this situation with MH probs , addiction probs self harm, suicide,
- Men more likely to keep DA a secret
- Again asking open questions about partner , relationships , again using the open question ! “Sometimes people with these symptoms are -----”
- Referral to DV helpline tel 08088021414 and onward referral to Mens Advisory Project



DA grown old :

- Don't forget to consider this in older couples
- Often will have suffered years of control and abuse
- Dynamics change – caring role , illness ,
- Not as easy to leave,
- DA can worsen at retirement due to change in home dynamics,
- Primary care can help with managing issues not resolving them –such as help as carer , outlets for victims outside home , social prescribing , women's aid resource centre ,
- Sometimes just having it out in open in consultation can help



Perpetrators as patient

- Perpetrators can present as victims as part of their control tactic , and they can groom others in victims life, blame victim
- Often present looking “anger mx “ maybe as part child safety plan
- NEVER EVER CONFRONT and advise that you know he is a P.
- But you could ask open questions like – How did you behave in that situation
- How do you behave at home when you get angry/ drink alcohol/ are anxious and agitated .
- high risk those who are feeling suicidal or have means to suicide



Coding Record Keeping

- History of domestic abuse 14 XD : others can be used
- Ensure reference to DA is not accidentally visible to perpetrator**
- Victim --- major code
- Take care in children's notes– P may have parental responsibility
- LINK FAMILIES
- Perpetrators notes: only code if P aware that you know !
- Disclosures of violence – put exact words of victim and factual examination if bruises etc ask her / him to keep photos etc
- If Sexual Violence – ROWANS – which is not about prosecution its about evidence gathering and assessment and advice