

**Domestic Violence
Can Seriously
Damage Your Health!**



**Information and Guidance for
Healthcare Professionals on
Domestic Violence**

Police statistics has shown that on average two women are seriously assaulted by their male partner every day in Northern Ireland.

What is Domestic Violence?

Domestic violence is the intentional physical, emotional, sexual or financial abuse of one person by another, with whom they have or have had an intimate relationship. The abuser may be their partner, husband, ex-partner, father, son, boyfriend, girlfriend etc.

It can be **physical** and can include: punching, slapping, nipping, pushing, beating, kicking, burning - often leading to permanent injuries and sometimes death.

It can be **sexual** abuse, this could include being forced to have sex against your will, sexual degradation and forcing sex in ways that hurt and injure.

Domestic violence can also result in **emotional** and mental harm caused for example by constant criticism, being told that you are useless, ugly, worthless or humiliating you in public. Threats to kill or harm you or the children, intimidation, bullying, being locked in or kept in isolation away from family and friends, withholding money, food, sleep and being made a prisoner in your own home:- all of these are patterns of abuse experienced by many women.

Domestic violence crosses all boundaries including: age, sexuality, social and economic class, profession, religion and culture.

Over 90% of reported cases of such violence are by men against women and we refer to the abused as female in this leaflet. However, it is recognised that men may also suffer domestic violence and this information may be applied accordingly.

It is estimated that one in four women will experience domestic violence at some point in their lives.

Domestic violence is rarely a one-off event. It tends to escalate in frequency and severity over time.

Why doesn't she just leave?

She may be under serious threats from her partner about what will happen to her if she ever leaves or tells anyone about the abuse.

She may be isolated from her friends and family and lack support needed to break free.

She may love the perpetrator – she wants the abuse to end, not necessarily the relationship.

She may worry about her physical safety and that of her children if she leaves – Research shows that women are often at greater risk of violence on separation.

She may be in denial of the impact the violence is having on her life or she may blame herself for her partner's behaviour.

She may worry about her financial situation, especially if the perpetrator has control of all the money.

Domestic violence is more likely to result in injury than any other violent crime.

(British Crime Survey 1996)



A health care issue?

The British Medical Association has reported (BMA, 1980) that domestic violence has a substantial impact on the health and welfare of adults and children, with the two most important health consequences being physical injury and psychological effects.

Women experiencing domestic violence may seek medical help for the consequences of domestic violence; they may also be in routine contact with the health service for reasons unrelated to the violence.

Health professionals who will most often encounter survivors of domestic violence include: GPs, practice nurses, A&E staff, obstetricians, school nurses, health visitors, midwives, gynaecologists, community psychiatric nurses, psychiatrists and psychologists. But all healthcare professionals need to be alert to the signs of domestic violence, and be confident in responding appropriately.

Some women will not always wish to reveal to health staff that their injuries or other health problems are due to domestic violence, but health professionals should always make it possible for patients to talk about domestic violence if they wish to.

The impact which domestic violence has will vary from person to person but she may suffer from any of the following health problems:

- ✓ **Depression**
- ✓ **Insomnia**
- ✓ **Anxiety**
- ✓ **Unexplained somatic symptoms**
e.g. stomach pains, palpitations, headaches
- ✓ **Alcohol/drug dependency**
- ✓ **Eating disorders**
- ✓ **Low self esteem**
- ✓ **Physical injuries – bruises, burns, vaginal bleeding, black eyes etc.**
- ✓ **Still-birth/miscarriage**

Please note this list (and the behavioural indicators listed on page 3) is not exhaustive and that none of these symptoms are proof that domestic violence has definitely occurred and they should not be taken as such. Rather, they are signs that health professionals should ask further questions, carefully and tactfully.

Did you know?..In the London Borough of Hackney in 1996 it was estimated that the cost of domestic violence to the Health Service, excluding hospitalisation and medicines was £580,000. (Stanko et al, 1997)



Behavioural Indicators of Abuse and other early warning signs

Along with the physical and psychological signs of abuse there may be other indicators that a woman is experiencing domestic violence:

- The woman appears evasive/ embarrassed/nervous or ashamed.
- She may be in denial of the abuse.
- The injuries are present on areas of the body usually covered by clothing.
- Repeated visits to hospital A&E departments or medical history reveals repeated suspicious injuries.
- Explanation of injuries do not correlate with objective evidence.
- The woman may always be accompanied by her partner or another person.
- She may seem nervous or afraid of her partner.

Raising the question



GPs are quite often the first port of call for women seeking help when in an abusive relationship. The manner in which the GP or other health professional responds to a woman's attempt to seek help to change her situation can make an immense difference to her life and that of her children.

You should talk to the woman alone and stress confidentiality issues.

When questioning show a caring, non-judgemental attitude.

Enabling women to disclose abuse may be difficult. Initially you should try to approach the issue of domestic violence by asking non-threatening/in-direct questions in an empathetic manner. This should help build a relationship of trust with the woman.

Examples of indirect questions

How are you feeling?

Is everything alright at home/do you get the support you need at home?

Do you get on well with your partner?

If the woman affirms that there are problems at home or gives an answer that suggest that she may be living with domestic violence, it is important to ask more direct questions. The questions asked will depend on the individual circumstances but here are a few examples.

Direct questions

Are you frightened of your partner?

Do you feel unsafe at home?

How did you get those injuries?

Has your partner ever hurt you physically?

Has your partner used threatening and controlling behaviour towards you?

Has your partner ever hurt your children?



Domestic Violence and Pregnancy

Research has shown that domestic violence often manifests for the first time or increases in severity during pregnancy. The number of unwanted or unplanned pregnancies and terminations is higher among women experiencing domestic violence.

Abused women have a higher rate of miscarriage, stillbirths, premature labour, haemorrhaging, low birth weight babies and injuries to the foetus including fractures.

Other immediate effects on pregnancy include:

- Rupture of uterine, liver or spleen
- Premature rupture of the membranes
- Vaginal bleeding
- Exacerbation of chronic illness
- Blunt trauma to the abdomen
- Complications during labour
- Foetal injury/death.

The Department of Health - A Resource Manual for Healthcare Professionals and the 'Why Mothers Die' Report both indicate that a screening process conducted by health professionals is essential for identification of pregnant

women at risk of domestic violence. This will be most effective when conducted by midwives initially at the booking in visit and on at least one other occasion during pregnancy. This can also be carried out at the general practice.

Where patients receive private antenatal services the screening process should be conducted by the consultant obstetrician responsible for the patient's care.

Agencies and professionals who come into contact with pregnant women should **always** use the screening process, as far is appropriate when:

They are aware that the patient/client is pregnant.

and

There is reasonable cause to believe that she is experiencing domestic violence (see indicators of abuse.)

In a Northern Ireland study, 60% of 127 women resident in Women's Aid refuges experienced domestic violence during pregnancy. 13% of these women lost their babies as a result of this violence.

The actions of health professionals should not increase the risks or dangers for individuals.

What to do when Domestic Violence is Disclosed

- ✓ Respect the wishes of the individual involved.
- ✓ Discuss the individual's immediate needs e.g. health care, personal safety etc.
- ✓ Believe her and reassure her that the violence is not her fault.
- ✓ Be sensitive and allow her to discuss her fears.
- ✓ Respect her right to choose to stay in the relationship
- ✓ Let her know that she is not alone in being abused.
- ✓ Document the evidence - use body maps to show the nature and location of all injuries.
- ✓ Record a statement from the victim/patient regarding how she was injured and who caused the injuries, also if appropriate record a statement regarding the history of violence.
- ✓ Give written information regarding options and resources - details of Women's Aid (helpline cards etc.), Social Work Departments etc.
- ✓ Individuals should not be referred on to other agencies or organisations without their consent except in Child Protection cases.
- ✓ Discuss a safety plan (see page 9).

Risk Assessment

Going through a risk assessment with a woman may help her to think through her situation and make decisions about what she needs to do. If a woman chooses to remain in the same situation help her to explore ways of maximising safety. Here are some questions that may help to assess her current situation.

Has the violence increased in intensity, frequency and severity?

Is the abuser:

Making verbal threats?

Threatening to harm or abduct the children?

Actually harming the children?

Frequently intoxicated (drugs/alcohol) and more violent when in this state?

Has she attempted or threatened self-harm or suicide?

What is the availability of emotional and practical support (e.g. friends, family).

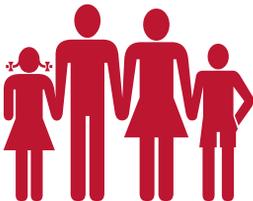
What is the availability of alternative safe accommodation if she does not wish to return home?

The person who is experiencing the violence is ultimately the only one who can predict the risks she faces and the likelihood of further violence.

If it is believed that children are at risk, Child Protection policies and procedures must be adhered to.

Domestic Violence and Minority Ethnic Groups

It is important to realise that women from minority ethnic groups, for whom English is not their first language, may find it more difficult to disclose domestic violence. This may be due to a range of cultural differences which prevents a woman seeking help and also the language barrier faced when accessing support services. Women's Aid has produced a range of leaflets in Urdu, Arabic, Chinese, Hindi and Portuguese and the 24-hour helpline now has access to translators through a language line.



Domestic Violence and Children

In most cases of domestic violence children will be in the same room or the next room when the violence occurs.

Common 'adjustment difficulties' among children who witness domestic violence include: increased levels of anxiety, psychosomatic illnesses, including: headaches, abdominal complaints, asthma, peptic ulcers, rheumatoid arthritis, stuttering, enuresis; sadness, withdrawal and fear; lower rating in social competence, particularly for boys; a reduction in understanding social situations including thoughts and feelings of people involved (Jaffe et al, 1990).

It is important to remember that as with women who live with domestic violence, every child's experience will be different and some children show no **obvious** negative effects at all.

24 hour domestic violence helpline

0 2 8 9 0 3 3 1 8 1 8

How can Women's Aid Help Health Professionals?

The Women's Aid **24 hour helpline** can provide support and information for all those agencies who come into contact with women experiencing domestic violence.

How can Women's Aid help women experiencing domestic violence?

Women's Aid has a 24 hour helpline which offers information, support and crisis intervention for abused women. Women's Aid workers offer support and assistance in a way that will help an abused woman recover her self-esteem. They will also help her to identify the available options and thus, encourage her to make informed decisions and choices.

NIWAF have a range of **leaflets** and a **website** that provides a wealth of information for women seeking help from domestic violence.

There are also 10 local Women's Aid groups (see page 11) throughout Northern Ireland who provide **refuge** (emergency accommodation), aftercare, outreach, training, support and advice for women and children who are experiencing or have experienced domestic violence.

DID YOU KNOW?.. Northern Ireland has specific legislation to protect victims of domestic violence (Family Homes & Domestic Violence NI Order) and that the PSNI have specially trained Domestic Violence Officers.

A Safety Plan

Discuss a safety plan for her. She can telephone the Women's Aid helpline or local group for advice and support.

Here are some points she should consider:

- ✓ Know where the nearest telephone is located.
- ✓ Know where refuge can be sought.
- ✓ Make a list of important and emergency numbers.
- ✓ Save money for bus or taxi fare.
- ✓ Have an extra set of keys to home and car.
- ✓ Pack an emergency bag - take enough clothes, including school uniforms and children's favourite possessions.
- ✓ Consider when it is best to leave. Discuss it with the children. It is important to try to leave with all the children.
- ✓ Keep important documents together e.g. benefit books, medical cards, certificates, bank books, legal orders etc.
- ✓ Keep a note of the family's essential medicines.

When Leaving

- ✓ *Leave when partner is not around.*
- ✓ *Take all of the children.*
- ✓ *Take personal belongings.*
- ✓ *Take clothing for several days.*
- ✓ *Take toys.*
- ✓ *Take any essential medicine.*
- ✓ *Take important documents (medical cards, passports etc.).*

Further Reading & Useful Resources



Domestic Violence: A Resource Manual for Health Care Professionals. Copies available from DH Publications, PO Box 777, London SE1 6XH.
Fax: 01623 724 524 or can be downloaded from www.doh.gov.uk/domestic.htm



Domestic Violence: a health care issue? British Medical Association (1998). ISBN 0 7279 1370 0



Why Mothers Die: Confidential enquiry into maternal deaths. Department of Health (1994-96).



Domestic Violence Information Pack. Northern Ireland Women's Aid Federation. Contact details on back page of booklet.



Northern Ireland Women's Aid helpline cards, posters and leaflets.



Northern Ireland Women's Aid Federation: www.niwaf.org



Domestic Violence Data Source: www.domesticviolencedata.org



24 Hour Domestic Violence Helpline. Telephone: 028 90331818 (Minicom and language line service available.)



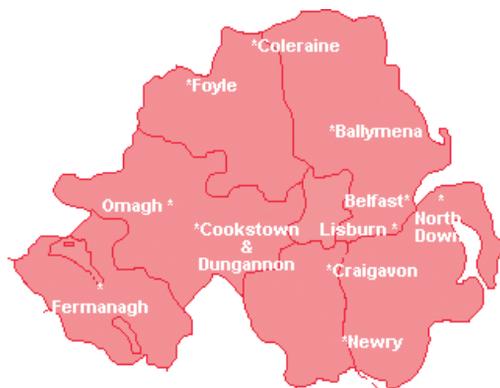
Childline. Telephone: 0800 1111



Youthline. Telephone: 0808 808 8000

Your local Health Trust or domestic violence forum may have also printed specific guidelines on responding to domestic violence.

Local Women's Aid Groups



Belfast/Lisburn: 028 90666049/028 92668142

Ballymena/Antrim: 028 25639301

Coleraine: 028 70356573

Cookstown & Dungannon: 028 86769300

Craigavon & Banbridge: 028 38343256

Fermanagh: 028 66328898

Foyle: 028 71344499

Newry: 028 30250765

North Down & Ards: 028 91273196

Omagh: 028 82245998

24 hour domestic violence helpline

0 2 8 9 0 3 3 1 8 1 8



Northern Ireland Women's Aid Federation

129 University Street

Belfast

BT7 1HP

Tel: 028 90249041

Fax: 028 90239296

24 hour domestic violence helpline:

028 90331818

Email: niwaf@dnet.co.uk

Website: www.niwaf.org

Northern Ireland Women's Aid Federation (NIWAF) is a voluntary organisation that exists to challenge attitudes and beliefs that perpetuate domestic violence. We seek through our work to promote healthy and non-abusive relationships.