Early identification of domestic violence high risk victims and preventing repeat victimisation

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Overview

- Risk factors
- Role of health and social care
- Effective training and education
- Other forms of violence against women and girls
Risk is fluid

- risk is not static
- risk changes over time
- perceptions of risk change during the help seeking process
Working with people affected by domestic and sexual violence and problematic substance use

www.avaproject.org.uk
www.twitter.com/AVAProject

Source: AVA, developed in collaboration with colleagues and survivors
Risk factors- DASH

- Physical injury
- Isolation
- Recent separation
- Victim’s mental health
- Conflict over child contact
- Stalking, harassment
- Pregnancy
- Escalation of violence
- Excessive jealousy
- Use of weapons
- Threats to kill
- Strangulation

- Sexual violence
- Physical violence to others
- Violence to animals
- Financial problems
- Perpetrator’s substance use
- Perpetrator’s mental health
- Threatened/attempted suicide
- Non-compliance with criminal sanctions or child contact arrangements
- Criminal history

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Safer Lifes Risk Assessment
NICE guidance

“trained staff in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health children’s and vulnerable adults services ask service users whether they have experienced domestic violence and abuse. This should part of good clinical practice, even where there are no indicators of such violence and abuse”
Indicators of domestic violence

- Appointments
- Injuries
- Mental distress
- Their partner
Barriers to disclosure:

“The barriers to disclosing experiences of abuse are vast. I don’t think we can really appreciate how difficult it is for any survivor, let alone those with mental health and/or substance use problems who experience more stigma, more judgement, more disbelief, more difficulties accessing services and for whom there are more complex consequences to disclosing, to tell someone sat opposite them about what might feel like a huge, shameful secret” Domestic violence worker]
Barriers to disclosure: survivors

▪ Fear
  – Special service involvement
  – Further violence
  – Not being believed
  – Immigration status
▪ Self blame
▪ Shame
Survivors voice

“You don’t want to have to tell someone that you’re and alcoholic, or a drug addict, or that your partner beats you up. Because it makes you feel crap, like you’re worthless”

(AVA: “Complicated Matters”)
Barriers to enquiry: professionals

“professionals reported finding enquiry about domestic violence difficult because of their lack of knowledge and expertise in this area or because they did not think it was part of their role “

Rose et al BJP2011
effective training and education

- Essential to give professionals the confidence and skills to:
  - enquire
  - respond
  - understand how it fits with their role

- http://elearning.avaproject.org.uk/
Supportive environment
IDVAs in Health and social care

- Encourage routine enquiry
- Staff turnover and restructuring
- Early intervention
- Complex needs/multiple disadvantage
Effective risk assessment methods

- Importance of professional judgement
- Needs lead
- Not just a tick box
- Avoid “job done” mentality
Other forms of violence against women and girls

- FGM
- Forced marriage
- So called “Honour based violence”

Health and social care professionals also have a crucial role to play in encouraging disclosure and securing support.
FGM

- 60,000 girls at risk of FGM in the UK
- 137,000 girls and women living with the consequences of FGM in the UK
- Over 130m girls and women worldwide have undergone FGM
- www.forwarduk.org.uk
Mandatory reporting duty

FGM Mandatory reporting duty – What you need to do

What does it mean for me?
Phone the police non-emergency crime number, 101, if a girl under 18 you treat
a) Tells you she has had FGM (female genital mutilation).
b) Has signs which appear to show she has had FGM.

When?
As soon as possible; normally by close of the next working day. Longer timeframes are allowed under exceptional circumstances but always discuss with your local safeguarding lead.

Can someone else do this?
No. This is a personal duty: the professional who identifies FGM/receives the disclosure must report.

Why?
FGM is child abuse and a crime. Health professionals have a responsibility to care for and protect girls.

What if I don’t do this?
If you do not comply, your professional regulator may consider the circumstances under the existing “Fitness to Practise” proceedings.

NSPCC FGM helpline: 0800 028 3550 fgmhelp@nspcc.org.uk

Forced marriage: “Our Girl”
“Honour-based” violence

- More than 11,000 cases recorded by UK police 2010-2014 (IKWRO)
- 2014: 1 in 5 forces failing to properly record honour-based violence (IKWRO)
Raising awareness
Conclusion

▪ Health and social care has an essential role to play
▪ Encourage disclosure – take every opportunity
▪ Health and social care professionals need training to feel confident to ask and to make the right response
▪ Domestic violence and abuse are everyone's business