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Domestic Abuse

Introduction

The cross-government definition of domestic abuse is: any incident or pattern of incidents of controlling, coercive, 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 [1].

Women's Aid states that in England and Wales alone, 2 women are killed by their partner or ex-partner every week and the police receive on average one phone call every 30 seconds regarding domestic abuse. However, domestic abuse is not just confined to physical or sexual abuse. 63% of all domestic abuse is classified as 'coercive control,' which was defined as a crime under UK law in late 2015. This has significant psychological morbidity associated with it [2].

Domestic abuse has a profound cost to society. It is estimated that in 2008, domestic abuse cost society £15.9 billion. This figure takes into account the costs to the legal system, health and social services as well as the costs of absenteeism from work and/or carer duties [3].

Domestic abuse, along with other forms of gender-based violence, affects a substantial proportion of the population. It leads to significant physical and psychological suffering - in the saddest of cases, death [4]. These can extend beyond the immediate victim. It is therefore a public health issue of the starkest importance [5].

The terms "domestic abuse", "domestic violence", "intimate partner violence (IPV)" are often used interchangeably. Domestic abuse/violence refers to abuse within a domestic setting, and IPV refers to violence directed towards current or former intimate partners. We have used the term "domestic abuse" throughout this policy statement as we feel that this is more inclusive of all types of abuse beyond physical and sexual abuse within a domestic setting, including coercive control and financial abuse.

Medsin's Position

Medsin condemns any form of domestic abuse. It believes that this injustice violates the basic human rights of the victim, as well as having detrimental effects on wider society, and in particular on gender equity. Medsin believes that as healthcare professionals of the future, it is important that we can identify and act appropriately when dealing with victims of domestic abuse and that we should be able to care for our own wellbeing when handling such cases.

Main Text

Epidemiology

Domestic abuse, as defined above, is a persistent and widespread problem in the UK. According to figures collated by the Office for National Statistics, 8.2% of women

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and 4.0% of men over the age of 16 in the UK experienced at least one episode of domestic abuse in the year ending in February 2016 [2]. This amounts to 1.3 million female, and 600,000 male victims. The lifetime risk of domestic abuse is much greater: overall, 27.1% of women and 13.2% of men (equivalent to 4.5 million female victims, and 2.2 million male victims) have experienced at least one episode of domestic abuse throughout their life [2]. Unfortunately there is not specific data on domestic abuse of non-binary people.

Although people of all genders can experience domestic abuse, it is approximately twice as prevalent amongst women as it is men. Across all different categories of domestic abuse, women are more likely than men to have experienced these forms. Additionally, women are more likely to experience more than one form of domestic abuse concurrently [2].

Whilst domestic abuse can affect people from all socioeconomic and ethnic backgrounds, women and men in the lowest income bracket (yearly income of less than £10,000) are at a three times greater risk of domestic abuse than their wealthier counterparts. Income inequality also poses an additional layer of vulnerability, as people who do not have independent financial means may remain dependent upon an abusive partner: over 52% of those who stay in abusive situations do so because they cannot afford to leave [2].

Additionally, women and men alike who live in the 20% most deprived areas of England and Wales are more likely to experience domestic abuse when compared to the general population. This geographical inequality further perpetuates itself through the "post-code lottery" of service provision. Policies in various regions of England and Wales are fragmented, and there is an inconsistency in provision of specialised domestic abuse services: in 2009, 26.5% of boroughs lacked any form of specialised domestic abuse service. This poor provision has only exacerbated with the austerity policies, which have led to a lack of funding for refuges and social services for survivors, in many cases forcing them to shut. This means that a large proportion of victims of domestic abuse are without refuge, further increasing their vulnerability [6].

The impact of domestic abuse on the victim

All types of domestic abuse have effects on both the physical and psychological health of the victim [4][7][2]. The most serious potential consequence for the victim is death [4]. While men are more likely to be victims of homicide in general, women are much more likely to be victims of 'domestic homicide.' [2] In England and Wales, on average 2 women a week are murdered by an intimate partner. However, this statistic does not highlight the complete mortality risk of domestic abuse. It was estimated in 2004 that over a six month period, 500 women committed suicide due to domestic abuse [4].

Morbidity associated with domestic abuse is also high. According to the BMA (2014), women who experience domestic abuse are at a greater risk of chronic physical

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injuries, gastrointestinal disorders, unwanted pregnancies, complications during pregnancy, sexually transmitted infections and substance misuse. However, more insidious forms of abuse and violence and their effects on the victim must not be overlooked. In 2015, "coercive and controlling behaviour" was introduced as a criminal offense in England [1]. This has a profound psychological effect on the victim and can lead to a range of mental health problems.

The impact of domestic abuse on vulnerable groups

Children and young people

In households where domestic abuse occurs, children witness approximately 75% of the abusive incidents [8]. Of these children, approximately half are beaten or hit themselves [4]. Witnessing or experiencing abuse does not just cause short term physical implications for the children but also leads to long term mental health problems [9][4]. Research shows that between 25-75% of children witnessing domestic abuse present with physical and/or psychological problems as a result of what they witness [4].

Children who witness domestic abuse all react and cope differently with the stress [4][10][9]. A change in behaviour is common; young girls are more likely to become withdrawn whereas young boys are more likely to become violent [4][8]. They may also resort to self-harm as a coping mechanism. Children who witness domestic abuse are at a greater risk of developing anxiety and depression both as a child and as an adult [11].

It is also known that children who witness domestic abuse while growing up are more likely to be in an abusive relationship when they are an adult, whether as the victim or the abuser [9][8]. It has been shown that girls are more likely to become victims in adulthood whereas boys are more likely to become abusers. This is thought to be due to children learning the behaviours of their parents and normalising the violence and abuse they see in their household [8].

Witnessing or experiencing abuse is not the only risk for children living in an abusive household. Children are also at risk of being neglected due to the reduced caring ability of their guardian [4]. This in itself can then lead to physical health problems and impaired development in the children.

Pregnant Women

Pregnancy is a known risk factor for domestic abuse, with a third of domestic abuse commencing during pregnancy [12][1][4]. Any form of violence or stress during pregnancy can be detrimental to the growth of the baby and the health of the mother. Depending on the type, severity and gestational age of the foetus, domestic abuse can lead to miscarriage, preterm birth and low birth weight of the baby [4][13]. Due to this, domestic abuse is recognised as a significant contributory factor to maternal and foetal morbidity and mortality [4].

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Domestic abuse during pregnancy does not only affect the person's physical health but also has implications on their mental health. Research in Brazil has shown that women who experience violence during pregnancy are at an increased risk of postpartum depression [4].

LGBT and other gender minorities

The BMA report Domestic abuse (2014) highlights that there is insufficient research into domestic abuse among the LGBT community and that, because of this, it is likely to be overlooked by many health professionals. There is evidence that LGBT people are just as likely, if not more likely, to experience domestic abuse than their heterosexual counterparts. However, access to services specifically designed for LGBT people is more limited. It has been shown that in the UK there is a lack of specialist services dedicated to LGBT people who have experienced domestic abuse. There is a particular lack of refuge provision: In the UK, there is only one refuge available for homosexual male victims [4].

There are also aspects of domestic abuse that are specific to the LGBT community. An LGBT person who has not 'come out' to their family and friends is also at risk of emotional abuse and threats of coercive 'outing'. Many domestic abuse services are not equipped to tackle LGBT-specific issues such as this [4].

Minority Ethnic Groups

There has been research to show that the prevalence of domestic abuse within minority ethnic groups in the UK is no different to the national prevalence rates [4]. However, there is evidence to indicate that women from the Black and Ethnic Minority (BAME) community put up with domestic abuse for much longer and are reluctant to access services [4]. This puts them at risk of greater physical and psychological harm from the domestic abuse. 'Honour' is also known to be a large barrier for women from minority ethnic groups in accessing services. This may be because they feel that they have to endure the violence and abuse to preserve the 'honour' of their family rather than seek help [4].

Refugees, Asylum seekers and Migrants

Refugees, asylum seekers and migrants are known to be at a greater risk from domestic abuse [14]. This is often due to isolation from the wider community. Additionally, language barriers can prevent such groups from accessing services and understanding their rights to access services as a refugee/ asylum seeker. Undocumented people are particularly vulnerable as they are unable to access healthcare due to increasing pressure on NHS services to insist on proof of residency [15]. It is also a common for the victim to be financially reliant on their abuser, or for their abuser to be responsible for the victim's passage to the UK. This makes the victim more reluctant to access services or leave their abuser as they fear being deported.

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Older people

Abuse of an elderly person is known as elder abuse. However, if the abuse occurs within relationships of care from a partner or relative then it is classified as both elder abuse and domestic abuse [4]. There is limited amount of research published in this area of domestic abuse and so the scale of the issue is unknown. The elderly population in the UK is growing and so it is thought that the incidence of domestic abuse among the elderly population will rise [4]. However, with so little data it is difficult to estimate how this will burden our society.

The most common form of maltreatment of elderly people is neglect, usually in the form of withholding physical and/or emotional care [4].

People with Long Term Illness or Disability

People with long term illness or disability are more vulnerable to domestic abuse [4]. They can experience the same forms of domestic abuse as people without disability. However, there are also forms of abuse that are specific to their disability or long term illness. Examples include withholding care or removing the victim's independence by taking away items that they require for mobility [4]. People with disabilities also face barriers to accessing services. This can be because the victim relies on their abuser for mobility, and so cannot physically attend appointments/ access services without the help of their abuser [4]. Additionally, there may be psychological barriers to accessing services. There is also limited specialised services such as refuges for people who have disabilities or long term illness, making it more difficult for the person to get help [4].

The effects of Domestic Abuse on Healthcare Professionals

Domestic abuse is a deeply distressing subject for both the patient and healthcare professionals. Being the first professional for a victim to disclose to can place a healthcare professional in a stressful position [4], leading to feelings of upset and guilt over the care of that patient. This may then have ramifications on the mental health of the healthcare professional.

Domestic abuse, because of its prevalence within society, can occur among healthcare professionals themselves [7]. A healthcare professional who is experiencing domestic abuse may not want to access services due to their professional identity. This results in healthcare workers not seeking the help they need, putting them at greater risk of the long term health implications.

Calls to action

Medsin calls upon:

Students and Healthcare providers to:

- Acquire evidence-based knowledge pertaining to domestic abuse and its relationship to health. Develop necessary skills for the support of victims of

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domestic abuse.

- Follow NICE recommendations on domestic abuse to ensure proper care of patients [16]
- Raise awareness of the issue of domestic abuse, its implications and consequences, and ways of prevention, especially within medical faculties and teaching institutions.
- Participate in and/or develop awareness activities as well as education campaigns aimed at eliminating domestic abuse and caring for the victims of domestic abuse.
- Organize educational activities aimed at the prevention and support of victims of domestic abuse.

Medical schools and Universities to:

- Incorporate teaching about the prevention, recognition and handling of issues of domestic abuse within the curriculum.
- Create and/or update clear guidelines on how to deal with first disclosure as a student
- Offer faculty development programs to support teachers in delivering these topics to their students.
- Form and/or highlight support systems for victims of domestic abuse within institutions.

Hospitals and other medical workplaces to:

- Train all healthcare providers to effectively manage cases of domestic abuse, such as being aware and able to identify cases of violence, as well as prevention, treatment and management. This includes ongoing professional development training and updates on the services available to victims and perpetrators of domestic abuse.
- Ensure that essential and appropriate referral processes are in place as well as connection with appropriate NGOs and community organisations that specialise in the rehabilitation of victims and/or perpetrators of domestic abuse.
- Provide sensitive and safe psychosocial support and medical treatment for victims of domestic abuse.
- Form and/or highlight support systems for healthcare providers who are managing cases of domestic abuse

Governments (UK, Scotland/Northern Ireland and Wales, local councils) and NGOs to:

- Recognise domestic abuse as a public health issue that affects all areas of society.
- Conduct and promote research on the epidemiology and consequences of domestic abuse locally to help highlight the issue of domestic abuse at a local

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- and national level.
- Work on identifying factors that contribute to and influence domestic abuse and thereby focus on prevention campaigns.
 - Organise public campaigns to raise awareness of domestic abuse and the services available for victims.
 - Increase access to services for victims of domestic abuse to avoid the postcode lottery effect.
 - Provide legal support for victims of domestic abuse.
 - Develop services that are specialised to vulnerable groups and their specific issues.

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