

Minutes of the APPG on Domestic Violence and Abuse Meeting

Domestic Abuse – A Neglected Public Health Issue

2:30-4pm, Wednesday 5th December 2018

Committee Room 11, House of Commons

Chair: Gavin Newlands MP

Domestic abuse is a widespread public health issue that needs a long-term strategy to prevent. Survivors have often been subject to years of prolonged abuse - severely traumatic experiences associated with long term health impacts. Despite the huge health impacts of domestic abuse, it is not a health or social care priority at a national or local level. In 2010 an independent taskforce stated it was a 'disgrace' that the NHS had done so little on tackling violence against women and girls (VAWG) and urged comprehensive reform across the health system¹, but little progress has been delivered since.

The meeting was suggested by APPG officer Gavin Newlands MP, and the APPG hoped to learn lessons from best practice; including IRIS and partnerships between local health services and specialist domestic abuse services. It was also an opportunity to discuss how to improve commissioning and service provision, and what measures could be brought in through the Domestic Abuse Bill to ensure domestic abuse is a priority within the health and social care sector.

The meeting was guest chaired by Gavin Newlands MP, and the other parliamentarians in attendance included –

- Alex Norris MP
- Jackie Doyle-Price MP
- Anna Watson MP (New South Wales, Australia)

Gavin Newlands MP

Gavin welcomed everyone to the meeting and indicated that the APPG would be hearing from a number of great speakers. He highlighted that he was proud to be the first man to chair a meeting of the APPG on Domestic Violence and Abuse.

¹ [The Report](#) of the Taskforce on the Health Aspects of Violence Against Women and Children, March 2010.

Gene Feder, professor of primary health care

Gene explained that Identification and Referral to Improve Safety (IRIS) is a general practice-based domestic violence and abuse training support and referral programme, and emphasised that it is more than just raising awareness. He stated that the success of the programme is hinged on its relationship and collaboration with organisations specialising in domestic abuse, as well as resources. He reflected that it was unfortunate that just as the health sector is waking up to the issue, the domestic abuse sector is struggling with being over-stretched and under-funded.

Gene commented that the Domestic Abuse Bill can play a role in aiding this, but the basis of this is still rooted in the need for better clinical training. He added that the Bill, and the proposed Commissioner role in the Bill, will be helpful in highlighting the public duty that the health service have in regards to responding to domestic abuse. He concluded that compulsory training on domestic abuse should be combined with the already mandatory safeguarding training, and that services should be commissioned by CCGs alongside the commissioning by local authorities.

Dame Donna Kinnair, chief executive, Royal College of Nursing

Donna highlighted that college has 435,000 nurses, with a vast amount working directly in people's homes and therefore coming face to face with domestic abuse. She spoke of personal experiences of dealing with a client in a domestic abuse situation as a 22 year old nurse, and added that the importance of understanding abuse carried out by different cultures.

Donna emphasised that there was a real need for mandatory training whether it this was through legislation (such as the Domestic Abuse Bill) or other methods. She indicated this was particularly vital as the education and training of nurses is currently under threat. She added that either way nurses will be educated through their work, but due to the professional responsibility of nurses and the positive action that can result from their identification that it must be a key part of training.

Maxine Hendry, MARAC strategic lead, Renfrewshire MARAC

Maxine explained that the Renfrewshire MARAC was set up in 2015 and has played a role in informing the public health agenda. During an evaluation of the MARAC, it was suggested that a GP should be invited however once round the table the GPs were not making any referrals. She added that as a result this has led to health staff in Renfrewshire being trained in domestic abuse, and she emphasised that a key opportunity for intervention is when a survivor sees a GP.

Maxine urged for GPs to make early interventions, and to carry out their lawful responsibility to share information in the best interests of their patient. She added that there also needs to be a change in the language used by health staff about survivors, and that they should not be referred to as 'hostile' or 'non-compatible'. She concluded that she hoped the Domestic Abuse Bill would aid health staff to make more early interventions.

Discussion

- The important role of health visitors was highlighted, but the frustration of not being seen as having as much authority in comparison to GPs.
- It was emphasised that older people are also affected by domestic abuse, but that there is not enough awareness of this. There was agreement that abuse amongst older generations can often be minimised or ignored due to their primary health needs. There is clear need to improve health staff's awareness and, as a result, their responsibility for also addressing an older person's health needs as a result of the abuse they have experienced.
- There was agreement that the IRIS programme had led to an increase in referrals to specialist domestic abuse organisations and support for women who had not previously accessed these services.
- There were concerns raised that GP appointments were too short and did not give them enough time with patients.
- It was highlighted that not all training for health staff is funded.

Olwen Kelly, director, Swindon Women's Aid

Olwen set out that Swindon Women's Aid has a refuge and is also an organisation that offered a number of services including health; advice in GP offices and Independent Domestic Violence Advocates (IDVAs) in A&E. She highlighted that currently in their refuge 37% of the women were suffering from mental health issues, and that there is a year on year increase in people with complex needs who require refuge. She added that there is a clear link between domestic abuse and mental health, including people who already have mental health issues who are often targeted by perpetrators.

Olwen stated that survivors often use alcohol and substances, including anti-depressants, to cope and that this should not be seen as a barrier to their access into a service but highlight their need for constant support and care. She emphasised the importance of offering a range of therapies and counselling and to work with local mental health and substance misuse teams, who in their area they have trained in domestic abuse. She concluded that there's an increased expectation from local authorities on specialist services to do more for survivors but on smaller budgets.

Jemma, survivor and campaigner

Jemma explained that she came into the healthcare realm through her pregnancy, but found the response she received unsupportive and challenging. She indicated that due to short appointments she never felt listened to, and always saw different GPs so never had any chronicity. She stated that she needed someone to take authority as she had no personal authority and was being controlled by her husband. She also set out her frustration that despite her husband's notes (who used the same GP surgery) stating his violent nature at work and levels of drinking, the GPs never made the links to what she was saying.

Jemma stated that her positive experience came through her health visitor who identified what was happening as she had experienced it too. Her health visitor started visiting more, labelled the abuse in her notes and encouraged her to leave – which she felt able to do as she had been believed. She concluded that mandatory training for health staff is imperative.

Jackie Doyle-Price MP, Parliamentary Under Secretary of State for Mental Health, Inequalities and Suicide Prevention

The Minister opened by stating that it was not the first instance she's heard about the important role of health visitors, and that Jemma's experience highlighted the behavioural changes we need to see in the health system. She stated that her message to health professionals is to look at the holistic needs of the person in front of you, particularly as they will often have come to you for a different reason. She added that a greater understanding of domestic abuse and the lifelong impact this has is key and while there are online resources available, they need to develop more training modules and IRIS was a fantastic example of this that should be used more widely.

The Minister added that as the Domestic Abuse Bill is a Home Office bill it does focus heavily on the criminal justice system, but it does put pressure on health services to improve their response. She added that the Women's Mental Health Task Force and Women's Health Task Force are other bodies to carry out change. She concluded that tackling behaviour is vital, and it's important that services share best practice.

Katie Ghose, chief executive, Women's Aid

Katie paid a special thanks to Jemma for highlighting her experience, and for shining a light on the importance of language and statutory service showing leadership. She added that a spotlight has been on policing and domestic abuse, which has resulted in improvements, but that we needed to see the same in health services. She highlighted the range of health impacts domestic abuse has on survivors, and that Women's Aid's 2017 annual survey showed that three quarters of women (77.9%) using refuge services

on the Day to Count and two fifths of women (41.1%) using community-based services during the Week to Count had health-related needs.

Katie highlighted Change That Lasts which is Women's Aid's plan for a future where all survivors get the right response to domestic abuse the very first time, and that the team had been working with health bodies such as the Nursery and Midwifery Council to achieve this. She added that the Domestic Abuse Bill provides a golden opportunity to make efforts to improve the health response – not just through the letter of the law but also the message it sends and the resources attached.

Discussion

- The need to train faith leaders on domestic abuse was flagged.
- It was highlighted that it is also important to remember the health needs of children living with domestic abuse.
- It was urged that more needed to be done to tackle certain cultures that deem it acceptable to abuse your wife or family.
- It was emphasised that methods such as IDVAs in A&E can bring savings to other sections of the health system.