Domestic abuse: a growing problem and how we can help

KEY WORDS
- COVID-19
- Domestic abuse
- Healthcare settings
- Sexual abuse

Domestic abuse is defined as 'an incident, or pattern of incidents, of controlling, coercive, threatening, degrading or violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer' (Women's Aid, 2020). Statistics have shown that levels of domestic abuse are rising, particularly since the start of the COVID-19 pandemic and associated lockdown periods (ONS, 2020). As healthcare professionals, we are often ideally placed to spot signs of domestic abuse and help patients to access help and support.

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Domestic abuse is a significant and ongoing problem in our society. According to the Office for National Statistics (ONS) the Crime Survey for England and Wales showed that an estimated 2.3 million adults experienced domestic abuse in the year between March 2019 and March 2020, equating to 1.6 million women and 757,000 men, which represented a slight but non-significant decrease from the previous year (ONS, 2020).

However, since the start of the COVID-19 pandemic and associated periods of national lockdown, domestic abuse figures have risen significantly. Between April and June 2020, there was a 65% increase in calls and contacts logged by the National Domestic Abuse Helpline compared with the first three months of the year (ONS, 2020).

Increases in demand for domestic abuse support were particularly noticeable following the easing of lockdown measures in mid-May, such as a 12% increase in the number of domestic abuse cases handled by Victim Support during the week lockdown restrictions were eased, compared with the previous week; this reflects the difficulties victims faced in safely seeking support during the lockdown (ONS, 2020).

SUPPORTING PATIENTS

In my role at the Royal Sussex Hospital in Brighton, I support health professionals who may be concerned about their patients and how they can help them if they suspect domestic abuse. We specifically target three departments — A&E, maternity, and sexual health — as these are often the settings where individuals may be more likely to disclose abuse that is happening to them.

However, this is an issue that is relevant across healthcare settings. Only one in five people experiencing domestic abuse will disclose this to the police (Safe Lives, 2021), so we aim to reach out to the other four. Health professionals are ideally placed to be able to speak to patients where abuse may be an issue — we can listen, care, provide a safe environment, and not be seen as threatening.

In lockdown, the health professionals may be the only contact that the individual has had outside their household. Additionally, they may have complex needs and vulnerabilities that make them unable or reluctant to engage with other services.

IF YOU SUSPECT DOMESTIC ABUSE

If you suspect that a wound may be due to domestic abuse, or that a patient may be at risk, the best thing to do is to be honest and use your professional curiosity. You may worry about causing offence, but this often depends upon how the conversation is instigated — we can open the door of opportunity for the individual and allow them to talk if they want to, by asking open questions. See *Box 1* for some examples of how to open the conversation.

It is important that this is done in a safe and private environment and we must not make assumptions about what is 'safe' to the individual. For example, it is important not to start the

Box 1. Conversation openers

'I've noticed that…'

'You seem upset, is this something that happens often?'

'Is there something you're worried/scared about?'

'Is there anything you'd like to talk to me about?'

'This is a difficult time, how are you coping?'

'How are things at home?'

The freephone, 24-hour National Domestic Abuse Helpline: 0808 2000 247

conversation in front of anyone else, even if they appear to be a caring friend or family member.

Types of abuse

Remember that abuse may not fit the 'typical' pattern that we expect. Abuse can take many forms — such as physical, emotional, financial abuse, isolation or coercive control. In older patients, abuse is equally as likely (a 50/50 split) to come from the individual's adult children as it is their partner. In these instances, abuse may be emotional or financial or involve withholding care, sometimes due to reasons relating to finance or housing (Age UK, 2021). This is something that can be overlooked and mean that opportunities may be missed — and if the patient has additional care needs, this may be a very complex situation — but specific support is available.

TALKING ABOUT SEXUAL ABUSE

In situations where sexual abuse may be an issue, this may be difficult to talk about for both the patient and the health professionals. We work closely with Survivors Network, who state that this sort of abuse often goes under the radar (Survivors Network, 2019). A way of opening this may be to ask a question such as: 'have you experienced a trauma in your life that I should know about so that I can offer you better care?'

WHAT TO DO NEXT

The most important thing is to focus on what the individual wants. First disclosure can be very difficult and make them feel under pressure so, if possible, you could make another appointment to see them again and give them the opportunity to think in the meantime.

We mustn't make assumptions about the patient's wishes, take away their choice or put them under any additional pressure. For example, they may not want, or be able, to leave. It is also important to remember that leaving — for example, in the case of an abusive partner — does not necessarily reduce their risk of harm. If possible, it is best to continue to engage with the patient, considering their access to care and any potential barriers to accessing support and support their wishes.

REFERRAL AND SIGNPOSTING

If you believe that someone may be at risk of harm, or if children are involved, there may be a need to refer to adult or child social services or to the police. In these cases, it is important to be honest with the individual about what is happening and why we have a duty to share information.

You can also suggest that the patient makes an appointment with their GP and shares this information with them, so that they can continue to access support if necessary. You can always signpost to domestic abuse charities, who will be able to provide ongoing support. If possible, you can explain what these organisations can offer and what the individual can expect. For example, they will be able to help with ideas for a plan to keep safe, whether they are staying in the situation or planning to leave, and will support their decisions, whatever they may be.

LOOKING AFTER OURSELVES AND EACH OTHER

A small-scale survey by the Cavell Nurses' Trust reported that nurses, midwives and healthcare assistants are three times more likely to have experienced domestic abuse in the last year than the average person in the UK and are twice as likely to be in financial hardship (Department of Health, 2017). Dealing with a patient experiencing abuse may also potentially have an impact on your own wellbeing, particularly if you have experienced abuse or trauma in the past yourself.

NHS organisations have a duty to protect their staff from violence. The NHS has taken a strong stance against verbal or physical assaults on staff by patients or relatives. However, in many cases, domestic abuse is likely to take place outside the work environment. Ideally, a supportive working environment should enable staff members to disclose any information about abuse they may be experiencing. NHS Employers provides NHS organisations with resources on supporting staff experiencing domestic abuse.

It is important to remember that abuse can happen to anyone, and it's not just 'others' who are affected by domestic abuse. Ultimately, if we are able to provide a safe environment for people to talk to us – whether they are patients or fellow staff – if we are able to listen and care, we are able to make a difference. WUK

REFERENCES

Age UK (2021) Protection from abuse. tinyurl.com/3anzswld (accessed 21 January 2021)

Department of Health (2017) Responding to domestic abuse: A resource for health professionals. tinyurl.com/4xshekz3 (accessed 21 January 2021)

Office for National Statistics (2020). Domestic abuse in England and Wales overview: November 2020. tinyurl.com/3v9zjnma (accessed 21 January 2021)

Safe Lives (2021) How long do people live with domestic abuse, and when do they get help to stop it? tinyurl.com/2xfx6o8n(accessed 21 January 2021)

Survivors Network (2019) Resources. https://survivorsnetwork.org.uk/resources/ (accessed 5 February 2021)

Women's Aid (2020) What is domestic abuse? https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/ (accessed 5 February 2021)