



*Briefing and case studies
December 2017*

Promising practice and research for health organisations to meet NICE guidelines on violence against women

Welsh Women’s Aid is the national umbrella organisation working to end violence against women, domestic abuse and sexual violence.

We work with all specialist services and partner agencies to achieve our mission, which is to prevent domestic abuse, sexual violence and all forms of violence against women and ensure high-quality services for survivors that are needs-led, gender-responsive and holistic. The values and principles that inform our work are founded on gender and intersectional equality, human rights and non-discrimination, with a focus on empowerment, collaboration, integrity and excellence.

Our membership comprises of 22 violence against women, domestic abuse and sexual violence (VAWDASV) specialist services in Wales, with whom we have national partnership agreements to ensure our work is coordinated and integrated.



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INTRODUCTION: THE ISSUE OF VIOLENCE AGAINST WOMEN

Violence against women, including domestic abuse and sexual violence (VAWDASV) is a serious concern for society. The term 'violence against women' includes violence and abuse aimed at women and girls because they are women, or violence and abuse suffered disproportionately by women and girls as a group.

Violence against women is a cause and a consequence of inequality between women and men, a result of an abuse of power and control, and is a serious breach of women's human rights. It can include intimate partner violence/domestic abuse, rape and sexual violence and abuse, stalking, forced and child marriage, so-called 'honour' based violence, female genital mutilation (FGM), trafficking and sexual exploitation including through the sex industry, and sexual harassment in work and public life.¹ The Crown Prosecution Service defines it as covering the crime types of: child abuse; domestic abuse; forced marriage; harassment; honour-based violence; human trafficking; pornography; prostitution; and rape and sexual offences.²

Men can also suffer from some of these crime types and must also be given high-quality safe and appropriate support when needed, but because of the context of women's inequality in our society and consequently the frequency and severity of abuse suffered by women and girls, violence against women needs to receive a particular targeted focus to be able to treat and prevent it.

VIOLENCE AGAINST WOMEN & HEALTH

The impact that VAWDASV has on public services is at a level which could be described as significant in terms of the cost to society, not only financially, but in terms of the well-being of citizens. A report published by the World Health Organization states that "violence against women is a global health problem of epidemic proportions".³

Health services are also impacted on a significant scale by VAWDASV within GP surgeries, hospital departments and mental health services, and it is estimated that the cost to UK health services sits at £1.9 billion of the £4.3 billion total cost to public services each year.⁴

Many recent changes and additions to legislation in Wales have now put a responsibility on public services to recognise and respond to victims of VAWDASV within its services. The intention of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 is to ensure that all public services, including health boards, "focus on the prevention of VAWDASV, the protection of victims and support for those affected". It also places further duties on each local authority and health board within Wales to publish strategies of how they will implement their services with a view to ending VAWDASV.⁵

¹ UN Women <http://www.endvawnow.org/en/articles/296-forms-of-violence-against-women-.html?next=297> (accessed Dec 2017).

² CPS <https://www.cps.gov.uk/publication/violence-against-women-and-girls> (accessed Dec 2017).

³ Dr. Margaret Chan, WHO <http://www.theepochtimes.com/n3/1957338-the-public-health-impact-of-domestic-violence/>

⁴ Walby S. 2009. Cost of Domestic Violence update. Lancaster University)

⁵ Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 <http://www.legislation.gov.uk/anaw/2015/3/contents/enacted>

The Social Services and Well-Being (Wales) Act 2014 also requires local authorities, health boards and Welsh Ministers “to work to promote the well-being of those who need care and support, or carers who need support.” This includes the prevention of an escalation of need by ensuring that the correct support is available at the right time⁶.

This Act emphasises the promotion of well-being in adults and children, and places a duty on relevant authorities to report to the local authority, if they believe that an adult may be at risk of neglect or abuse.

Prior to the VAWDASV Act, survivors often failed to meet thresholds with regards to adult services. Referrals for domestic abuse survivors where there was clearly physical abuse were frequently assessed as ‘no further action needed’. With the VAWDASV Act, survivors are now further protected by the additional responsibility that local authorities must “consider whether it would still be necessary to meet the individual’s needs in order to protect them from abuse or the risk of abuse. Consideration must also be given to the benefits of providing preventative services and information, advice and assistance” and that is even if the individual does not meet the required eligibility⁷.

NICE GUIDELINES

The National Institute for Health and Care Excellence (NICE) Guidelines also recognise the importance of ensuring that health services respond to VAWDASV as well as to support the outcomes set out in the ‘Public Health Outcomes Framework’ which aim for the population to have healthy lifestyles and report wellbeing⁸.

All health and care settings are expected to achieve high standards in relation to domestic violence and abuse and are expected to provide the following⁹:

- Quality Statement 1 “Asking about domestic violence and abuse” - People presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion” – staff are trained to recognise indicators and offer a discrete discussion in a safe environment.”
- Quality Statement 2 “Response to domestic violence and abuse” - People experiencing domestic violence and abuse receive a response from level 1 or 2 trained staff, providing a consistent response to disclosure and assessing a person’s immediate safety.”
- Quality Statement 3 “Referral to specialist support services for people experiencing domestic violence or abuse” – People experiencing domestic violence or abuse are offered referral to specialist support services to address emotional, psychological, physical and sexual harms arising from domestic violence and abuse.”

⁶ Social Services and Well-being Act (Wales) 2014 http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

⁷ Ibid

⁸ Measuring the health and well-being of a nation Public Health Outcomes Framework for Wales 2016

<http://gov.wales/docs/phhs/publications/160329frameworken.pdf>

⁹ National Institute for Health and Care Excellence; Domestic violence and abuse; February 2016;

www.nice.org.uk/guidance/qs116

- Quality Statement 4 “Referral to specialist services for people perpetrating domestic violence or abuse” – People who disclose that they are perpetrating domestic violence or abuse are offered referral to specialist services to attempt to reduce the incidence of domestic violence and abuse.”

“The quality standard for domestic violence and abuse specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people experiencing or perpetrating domestic violence and abuse”¹⁰

The above standards are in place to ensure that policies within health and care settings enable survivors to feel supported to disclose and become safer if they wish to engage.

Further to these requirements, Public Health Wales’ Strategic Plan 2017-2020 prioritises supporting the ‘Well-being of Future Generations (Wales) Act 2015 which outlines a set of ‘goals’ that public bodies must work towards.¹¹ Within the Act there are three goals that directly relate to VAWDASV:

“**A healthier Wales** – A society in which people’s physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood”

“**A more equal Wales** – A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances”

“**A Wales of cohesive communities** – Attractive, viable, safe and well-connected communities”¹²

A SURVIVOR’S PERSPECTIVE ON HEALTH SERVICES

“It’s not about creating specialist in every service but making sure general services have enough information to signpost you to the right services for your needs at that time” (Sarah)¹³*

Welsh Women’s Aid’s “Are you listening, am I being heard?” consultation with survivors of VAWDASV captured direct experiences with, and opinions on experiences with health services.

¹⁰ National Institute for Health and Care Excellence; Domestic violence and abuse; February 2016; www.nice.org.uk/guidance/qs116

¹¹ Public Health Wales Strategic Plan 2016-2021.

<http://www.wales.nhs.uk/sitesplus/documents/888/Integrated%20Medium%20Term%20Plan%202017-2020%20v1.pdf>

¹² Well-being of Future Generations (Wales) Act 2015, The Essentials, Welsh Government, www.gov.wlaes

¹³ Are you listening, am I being heard – WWA Survivor Consultation: A report of the recommendations made by survivors of violence, domestic abuse and sexual violence, to inform the National Strategy in Wales, 2016

During the consultation, it was clear that survivors felt that the lack of awareness of safe spaces, separate to others had prevented them from asking for help when they presented at health settings:

“He hit me and bruised me and took me to hospital but he sat with me all the time so no one said anything” (Survivor Hannah)*

“I had gone through FGM... women try to hide things because we are frightened, they should ask us when we are alone, women together, let us know it’s safe to talk, like ‘are you ok’ or ‘are you struggling” (Sophia)*

“I did not even know that I could speak to my GP or tell anyone at the hospital what was happening to me.” (Christina)*

Survivors also spoke about their concerns about health services medicalising their need for support for the trauma they had experienced, and treating them with medication, without access to specialist services or other talking therapies. Long waiting lists for counselling services or lack of provision of therapeutic services in some areas was a real concern for many survivors:

“I disclosed that things had happened which led me to feeling suicidal and there and then the police referred me to the crisis team in hospital, they asked me do you still feel the same, I said I don’t really know, and they said that’s good enough, here’s some sleeping tablets, off you go.” (Magda)*

IDENTIFICATION AND REFERRALS TO IMPROVE SAFETY (IRIS)

Identification and Referral to Improve Safety (IRIS) is a general practice-based domestic abuse and sexual violence training and referral programme. It is a programme to help health practitioners identify victims of domestic abuse and intervene to provide them with the appropriate support¹⁴.

The programme, the first of its kind in Wales, was been commissioned by South Wales Police and Crime Commissioner alongside the Cardiff and Vale University Health Board in November 2014, covering Cardiff and the Vale region. Due to the success of this project the same initiative was then launched in the Cwm Taf area of South Wales.

Core areas of the programme are training and education, clinical enquiry, care pathways and an enhanced referral pathway to specialist domestic violence services. It is aimed at women who are experiencing domestic abuse from a current partner, ex-partner or adult family member. IRIS also provides information and signposting for male victims and for perpetrators of these crimes.

¹⁴ <http://www.irisdomesticviolence.org.uk/iris/>

IRIS is a collaboration between primary care and third sector organisations specialising in DVA. An advocate educator is linked to general practices and based in a local specialist DVA service. The advocate educator works in partnership with a local clinical lead to co-deliver the training to practices.

PROMISING PRACTICE

Cardiff IRIS – Cardiff Women’s Aid

IRIS in Cwm Taf – Women’s Aid RCT and Safer Merthyr Tydfil

The project aims to improve the identification of and response to patients who are or have been affected by domestic abuse across the 46 GP Surgeries in Merthyr and RCT. This enables health services to work in partnership with third sector front-line services to provide a more effective response to domestic abuse, and enables primary health care to respond to the Welsh Government legislation (VAWDASV Act) which places a duty on health services in Wales to ‘Ask and Act’ on VAWDASV.

To date the project has delivered:

- 41 surgeries recruited to engage
- 253 clinical staff have been trained
- 216 administrative staff have been trained
- 275 referrals for support have been received by Women’s Aid RCT and Safer Merthyr Tydfil.

Of the 275 referrals received, 199 have engaged with support:

- 29 were assessed as high risk victims
- 76 were assessed as medium risk victims
- 94 were assessed as standard risk victims
- 69 did not engage so no risk assessment completed
- 99 referrals were for first time disclosures of domestic abuse.

Welsh Women’s Aid is keen to support health services to meet their statutory duties and would welcome opportunities to engage with Health Boards to assess their current practice and offer guidance. If you wish to discuss this briefing or further explore opportunities for Welsh Women’s to support, please contact:

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