Domestic violence as a public health issue

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Facts and figures: the case for treating domestic violence as a public health issue

- House of Commons library, Briefing paper, May 2016 (Woodhouse and Dempsey, 2016) states:

- 8.2% of women and 4% of men were estimated to have experienced domestic abuse in 2014/15, equivalent to an estimated 1.3 million female and 600,000 male victims

- • 27.1% of women and 13.2% of men had experienced any domestic abuse since the age of 16. These figures were equivalent to an estimated 4.5 million female victims of domestic abuse and 2.2 million male victims between the ages of 16

- and 59. This is an increase on the usually assumed figure of 1:4 for domestic violence towards women and 1:8 for men.

- 40% of children who observe DV respond by exhibiting behavioural difficulties, concentration difficulties, and their development is slower than of children not affected by DV (Chai et al, 2016)

- The same source shows a decrease in complaints concerning DV at the same time.

- In each week 2 killings of women by their partner are expected according to the government. The Femicide Census (2015) gives higher figures of 150 in 2014. Fewer men are killed by their female perpetrator (30 per year).

- IPV takes place across all social classes and ethnic groups.

- Focus on DV towards women

Addressing domestic violence at the workplace

- Existing research highlights the harm to the workplace, as well as to the individual employee who has experienced DV.

- The TUC survey of DV and the Workplace (2015) highlights that 41.5% of the workforce surveyed have experienced DV either in the last 12 months or before.

- Impact of harm to the employee is expressed in being late to work, needing to abstain from work, stressed at work due to stalking and threatening calls/e-mails by the perpetrator, the perpetrator turning up physically at the workplace, less able to concentrate at work, and less able to initiate new developments at work.

- Co-workers were affected by increased conflict and tension.

- Several publications highlight the financial cost of DV to the workplace (Hoel, Sparkes and Cooper, 2002).

- The workplace is also potentially a source of support.

The traumatic aspect of DV; impact on mental health

- IPV takes place usually in private, and it is difficult for outsiders to have a clear knowledge and understanding of what has taken place. At times providers come to the conclusion that both the perpetrator and the victim have some secondary gains from the situation.

- Any violent behaviour is experienced as a trauma, as most of us do not expect to be thus treated in our everyday life.

- DV is experienced by most victims as a trauma, because it is felt as a betrayal of the expectations from an intimate relationships. In many of the cases the felt trauma relates also to expectations built on a shared history as a couple, and on being parents to the same children.

- The nature of a particular level of violence in a specific incidence may add to the sense of trauma. Most women cite emotional violence as the more traumatic experience, yet it is the least likely type of violence to be seen by others.

- The betrayal comes with feelings of guilt, shame, and personal inadequacy for the victims, enhanced by the mass media ambiguous treatment of DV. This leaves the victims unsure of what they could do to prevent violence and how to respond to the current abuse.

- Traumas tend to leave people emotionally exhausted, lacking in physical energy, irritable, anxious, depressed, and at times suicidal, as well as less capable to meet their obligations as parents and workers.

- 60% of women experiencing DV in the UK have a psychiatric diagnosis of mental ill health, mostly of anxiety, depression and suicidal thoughts (Humphrey and Thiara, 2003, Itzin, 2006, Rose 2011).

- It takes 35 incidents of DV for a UK woman to complain formally to the police (Stramer, 2011).

- Women's reported feelings of guilt and shame when experiencing domestic violence, are partly fostered by the media (Lloyd and Ramon, 2016)

Why does she not leave?

- In many cases, women withdraw their complaints, and the police feels its involvement is rendered useless. This includes cases which ended in the woman being killed or seriously injured.

- Thus the question of "why does she not leave" is raised time and again by the police, health and social care workers, and teachers (Cavanagh, 2003).

- Research and the highly evocative Ted Lecture by Leslie Morgan Steiner attempt to explain this seemingly irrational response (https://www.ted.com/talks/leslie_morgan_steiner_why_domestic_violence_victims_don_t_leave/transcript?language=en for a successful , middle class, woman.

- Given the nature of the trauma, and the fact that many perpetrators often express regret and promise never to engage again in DV, women wish to believe that their intimate partnership can be restored, and are often ready to do anything for this purpose.

- In addition, leaving the partnership would harm the children; going to a refuge is traumatic too and means loss of home and loss of contact with one's natural supporters (extended family and friends) and employment, economic and social status losses are part of this picture too.

Post traumatic growth (PTG)

- We recognise that given the right intervention, many victims of DV can move out of victimhood and become survivors. A number of such survivors have become leaders of support groups and organisations, and have shared their experience of recovery with others. They provide a shining example to all of us.

- Although PTG comes out initially of the work with people experiencing other traumas, primarily that of being soldiers at war, there is by now convincing body of knowledge of applying this approach to DV (Tedeschi and Calhoun , 1996, Berger, 2015).

- PTG requires trauma-informed work, in which it is aimed that the person will acknowledge being traumatised, with what they and services can do to live better with the trauma and in the case of violence to stop the violence, decide if any other issues needs to be resolved, and to come to terms with the trauma as well as return to ordinary living as much as possible.

- We therefore turn now to helpful interventions.

Interventions

- One to one work is often necessary to enable victims to come to terms that DV is taking place, often not for the first time, and needs to be stopped. Feeling being allowed to disclose DV is a crucial factor in enabling victims to do so. This type of psychological and problem solving work can be carried out by more than one discipline, and does not always require referral to a specialist service.

- Couple work, or work with the perpetrator (Kelly and Westmarland, 2015) , is helpful too, provided the perpetrator is ready to accept his part and does genuinely engage in the shared work.

- Demonstrating to women simple ways of playing with their children while enabling both children and mothers to explore the difficult issues of DV are available (Humphreys et al, 2009); these exercises were constructed by a group of mothers who have had the lived experience of DV together with some researchers. Children and their welfare are one of the strongest motivations for women to get out of the spiral of domestic violence.

- Refuges are a last resort, which can be most helpful when full disengagement from the perpetrator is necessary, though this comes with a high price.

Educational programmes

- Group work for victims is very helpful because it offers a mixture of therapeutic, educational, and solidarity input.

- The principle of enabling women to be in control of their lives and to develop resilience strategies unites all interventions, but is perhaps exemplified in educational group work (Ben Ari and Dayan, 2008, Hamby, 2014, Humphreys et al 2009).

- The non-stigmatising status of educational programmes

- it does not happen only to me,

- I am a learner,

- enabled to say as much as I want without too much pressure

- Empowerment and recovery

Empowering women and providers: Domestic violence and mental health

- The key component of this EU funded project was to:
- empower women experiencing domestic violence and mental health problems who live in the community, following the new meaning of recovery (Ramon et al, 2014, Katz, 2015).
- Empower mental health providers
- The programme is designed to increase the participants' Wellness, Coping capacity, Self management and Control over their environment (Evans and Sault, 2012).
- A range of interactive methods, self-help, mutual support, and solidarity strategies were applied in this therapeutic educational programme.
- The training consisted of an eight days training module and refresher sessions.
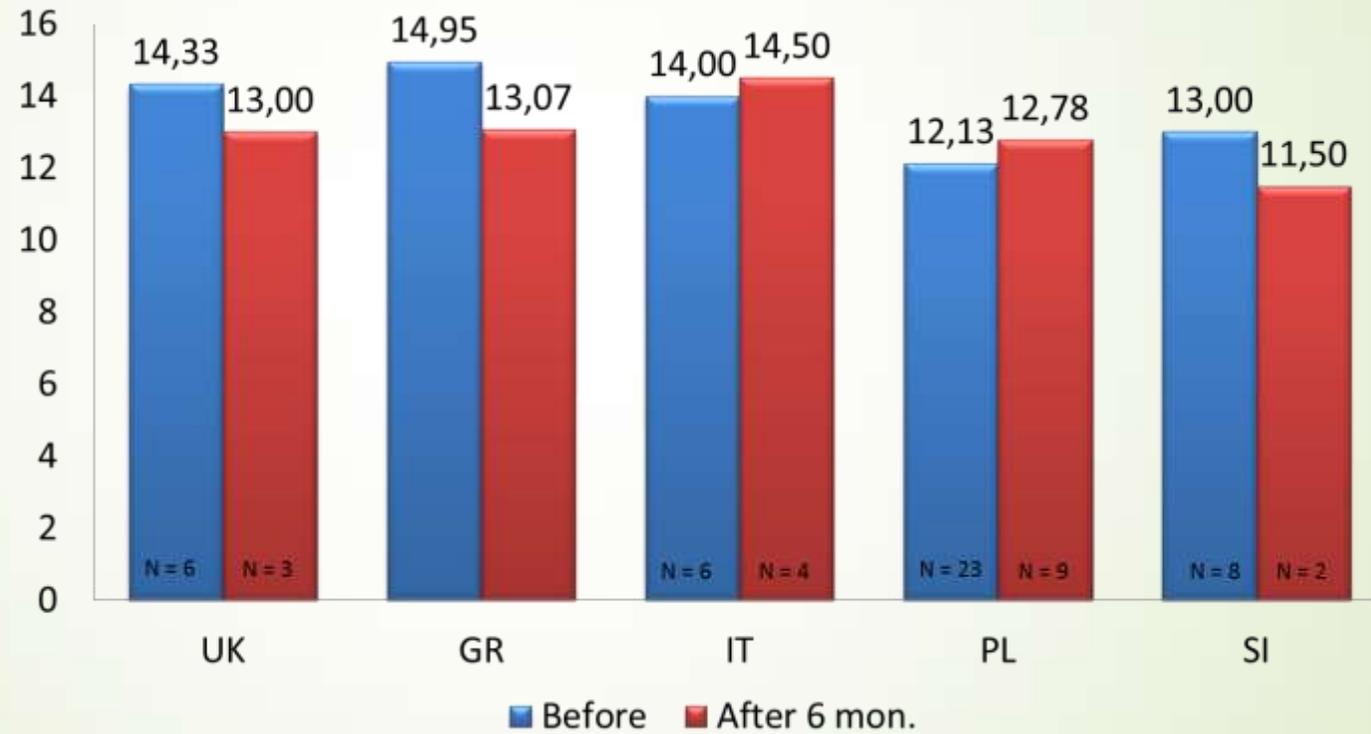- Five countries, 151 participants

Rosenberg Self Esteem scale
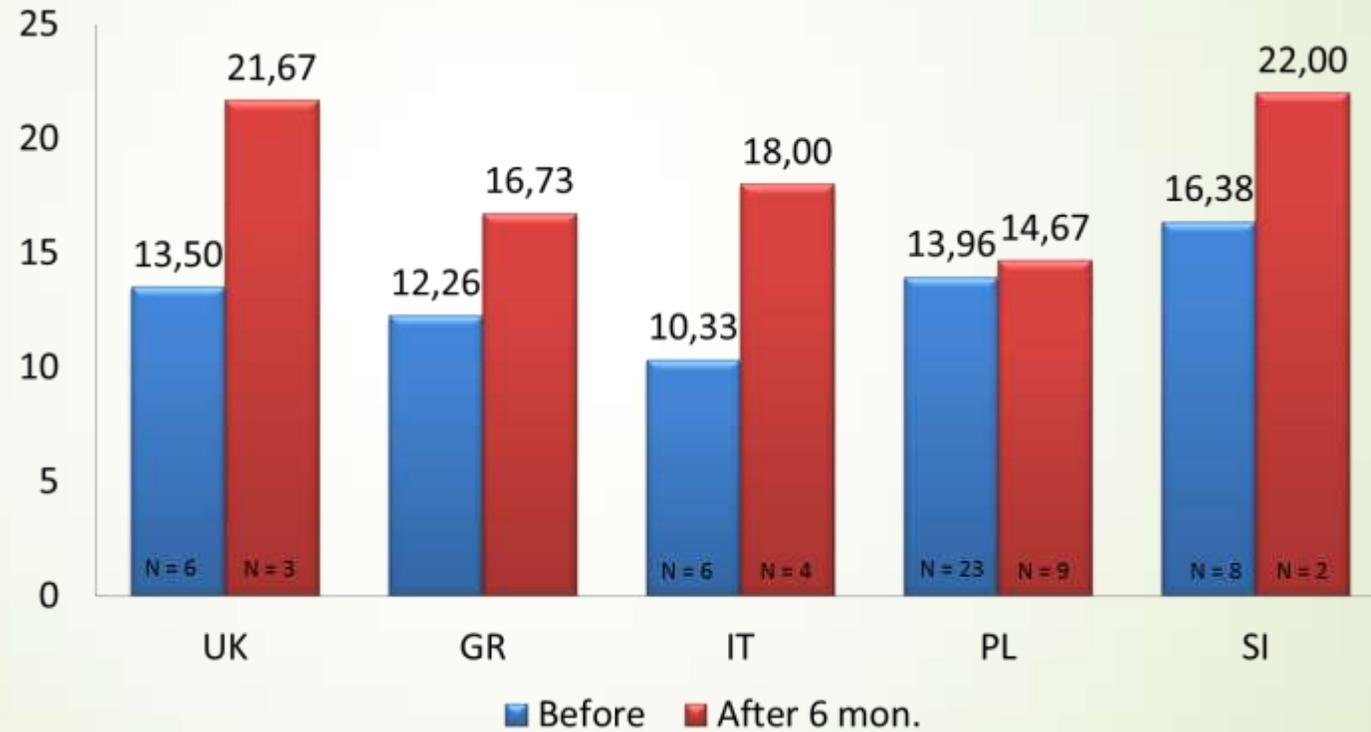
Novaco Anger scale
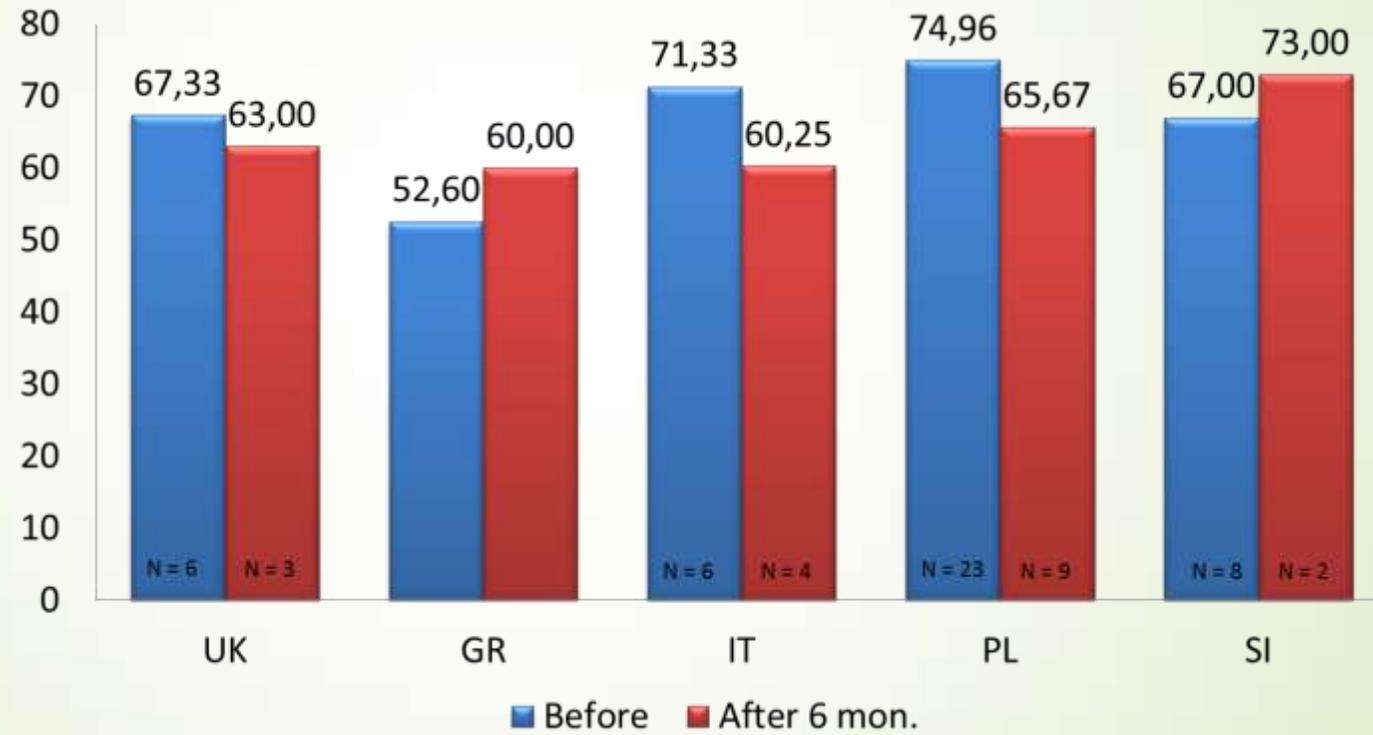
CES Depression Scale

Impact

- ➢ **Women reported changing attitudes towards previous experiences**
- ➢ **The training helped them in all parts of their life from personal growth to how to help themselves and other.**
- ➢ **Reducing guilt**
- ➢ **Becoming a deserving person.**
- ➢ **Being able to take a step back.**
- ➢ **Coping better with stress**

Quotes

Things to try for my wellness support: look for a job ; express my feelings; make new friends; get in touch with nature

Things that I learned from a crisis: I have a lot of people who care about me and can help me; I believe in myself and I can recover from any crisis.

- ‘I repeat [to] myself that I am a valuable person, truthful, that I can realise my aims’
- ‘I learnt that my life is as important as the others’
- ‘I have discovered my anger! Thank you
- ‘To have a safe place where I could learn new strategies and feel accepted

Tracey's perspective: recovery college and personal experience of DV

- Many learners have discussed how they have struggled to find healthy relationships following periods of time in domestic abusive situations, with learners identifying that time spent in abusive relationships can lead to reduced self-esteem which creates an environment in which a person feels 'lucky' to have a relationship at all even if the newer relationship is still very challenging.

- Learners, when they feel safe enough, have been also able to reflect that starting a new relationship before having recovered from the abusive experience still leaves them vulnerable and open to mistreatment.

- The element of peer support for people comes not just from women in a recovery college environment but also from men. Learners feel able to share their experience and have expressed how beneficial it feels to feel comfortable to do this in front of both men and women.

    It is clear that most of the domestic violence is perpetrated by men in relationships with women. However on our courses we also see heterosexual men and people in same sex relationships who have also had this experience too.

Providers programme

- **Providers – especially in mental health - express unclarity as to what they can do, helplessness, and tend to refer women to specialist services which do not focus on their mental health.**

- **Providers aimed to develop their knowledge and understanding of how to identify DV, how to react upon seeing evident violence, accessing and signposting professional help, legal issues and having increased awareness of links between DV and mental health**

- **Health Care Provider Survey on Intimate Partner Violence (IPV) (developed by Short): it is the initial identification of IPV which tends to be problematical for some service providers rather than subsequent discussion of abuse**

- **Providers may be hesitant to come to conclusion of IPV if a woman herself has not disclosed it**

Co-facilitators programme

- Commonly felt they were at the right point to undertake co-facilitator training due to their ability for constructive self-reflection on past experiences: *'I am no longer a victim of domestic violence but a survivor'*

- Most participants noted they would use their co-facilitator skills in the future to help others, but there was also recognition of the personal benefits that helping others was a means of 'self-empowerment'

Addressing Domestic Violence

- Participants identified need for increased knowledge and understanding among public, indicating societal attitudes towards DV remain problematic

- Women across the partner sites spoke of externally and/or internally imposed blame, guilt and shame, with one woman highlighting the importance of 'understanding it's not our fault'

- This prompted us to consider where these feelings of blame and shame come from and reasons for lack of public awareness

- We need to remember the influential role played by media in both shaping and reflecting public opinion on issues such as domestic violence led to sub-project examining media representations of domestic violence

Media Representation and its significance

- **The Blame Game: Provocation**

- 'LAWYER Les Humes stabbed his wife to death in front of their children after she told him she was cheating on him.'

- 'Humes worked long hours to provide his family with a comfortable lifestyle and a beautiful home.' (*Sun* 25 July 2002)

- Humes charged with manslaughter on the grounds of provocation

- jailed for 7 years for manslaughter

- Message to readers - rationale for perpetrator's actions and lenient sentence (2010 - provocation no longer permitted as a defence)

Sexualising DV

- **Association between sex and violence in the *Sun***

- **Rihanna abused in 2009 by her boyfriend Chris Brown also a singer**

- **Sympathetic treatment of Rihanna as *Sun* shows her injuries and condemns Brown's attack on her**

- **However, articles depict sexualised images of her attached to sexual headlines positioned next to photographs of her injuries**

Sexualising DV – Judging the Victim

- **Diana Garbutt fatally beaten with metal bar in bed**

- *Sun*:

- **'had sex with a man on a sofa' when visiting friends with her husband 15 months before she died (22 March 2011)**

- **'romped with a cousin's husband' (22 March 2011)**

- **'sex cheat' (24 March 2011)**

- **'used internet dating sites' (24 March 2011)**

- **'string of affairs' (2 April 2011)**

- **continues to be referred to as 'unfaithful' and as having visited dating websites after her husband's conviction of murder (25 May 2012)**

Small group exercise

- a.work in small groups of 3-4 participants

- B.select an aspect of wellbeing

- c.consider what educational programme would suit working on its development

- 10 minutes for discussion

- 10 minutes for feedback

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