# The Department of Health, Social Services and Public Safety

# A Response to: Service Framework for Mental Health and Wellbeing

## March 2011

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24 Hour Domestic Violence Helpline - 0800 917 1414

## Core Work of Women's Aid: Background Information & Statistics

### 1.0 Introduction

Women's Aid is the lead voluntary organisation in Northern Ireland addressing domestic violence and providing services for women and children. We recognise domestic violence as one form of violence against women. Women's Aid seeks to challenge attitudes and beliefs that perpetuate domestic violence and, through our work, promote healthy and non-abusive relationships.

### 2.0 Core Work of Women's Aid

The core work of Women's Aid in Northern Ireland, including Women's Aid Federation Northern Ireland and the 10 local Women's Aid groups is:

- To provide refuge accommodation to women and their children suffering mental, physical or sexual abuse within the home.
- To run the 24 Hour Domestic Violence Helpline.
- To provide a range of support services to enable women who are leaving a violent situation to rebuild their lives and the lives of their children.
- To provide a range of support services to children and young people who have experienced domestic violence.
- To run preventative education programmes in schools and other settings.
- To educate and inform the public, media, police, courts, social services and other agencies of the impact and effects of domestic violence.
- To advise and support all relevant agencies in the development of domestic violence policies, protocols and service delivery.
- To work in partnership with all relevant agencies to ensure a joined up response to domestic violence.

### 3.0 Women's Aid Statistics (2009 - 2010)

- 12 refuges with 300 bed spaces, playrooms and facilities.
- 1077 women and 854 children sought refuge.
- 15 resource centres for women seeking information and support; group work and training.
- 2,938 women and 3,617 children accessed the Floating

Support service enabling women to access support whilst remaining in their own homes and communities.

- Move-on houses for women and children leaving refuges.
- In 2009/10 the 24 Hour Domestic Violence Helpline, open to anyone affected by domestic violence, managed 32,349 calls. This represented an increase of 17% on 2008/09.

## 4.0 Additional Women's Aid Statistical Data

- Since 1999, Women's Aid across Northern Ireland gave refuge to 13,656 women and 13,602 children and young people.
- During the last 15 years Women's Aid Federation Northern Ireland managed 244,564 calls to the 24 Hour Domestic Violence Helpline.

## 5.0 Statistics: Domestic Violence & Violence Against Women

- Domestic violence is a violation of Article 5 of the UN Universal Declaration of Human Rights – that "no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment";

- The joint NIO, DHSSPS Strategy "Tackling Violence at Home" estimates that the cost of domestic violence in Northern Ireland, including the potential loss of economic output, could amount to £180 million each year.

- UNICEF research released in 2006, showing per capita incidence, indicates that there are up to 32,000 children and young people living with domestic violence in Northern Ireland.

- Where the gender of the victim was known, 75% of adult victims of domestic crimes recorded by the PSNI in 2009/10 were female.*

- Over 30% of all domestic violence starts during pregnancy. **

## 6.0 Domestic Violence: Crime Statistics

- Domestic Violence is a crime. PSNI statistics for 2009/10 indicate that there were more recorded crimes with a domestic motivation (9,903) than the combined total of all the following crimes (9,864). These include all recorded sexual offences (1,944), robbery (600), armed robbery (557), hijacking (119), theft or unauthorised taking of a motor vehicle (2975), arson (1980) dangerous driving (865), handling stolen goods (226) and offences under anti-terrorism legislation (7).

- PSNI Statistics for 09/10 indicate that they responded to a domestic incident every 21 minutes of every day of the year.
- The total of 9,903 crimes with a domestic motivation in 09/10 represents an average of approximately 1 domestic crime every 53 minutes in Northern Ireland.

- The number of all recorded offences of murder in Northern Ireland in 09/10 total 18. Those classed as having a domestic motivation total 7. Therefore, 38.9% of all murders in Northern Ireland in 09/10 had a domestic motivation.

- There were 461 rapes (including attempted Rapes) in Northern Ireland in the period 2009/10.

(Source: PSNI Statistics 2009/10)

- Official sources (NISOSMC) estimate that up to 80% of sex crimes are not reported.

- Violence Against Women is not limited to domestic violence, it includes amongst other crimes murder, rape, sexual assault, sexual exploitation, trafficking, sexual stalking and sexual harassment.

(*Findings from the PSNI Crime Statistics Report 2009/10 N.B. "Adult" defined as aged 17 and over)

(** Women's Aid Federation NI)

## 7.0 Comments

7.1 Women's Aid Federation NI welcomes the publication of the DHSSPS Service Framework for Mental Health and Wellbeing and the opportunity to comment upon the document on behalf of our ten local groups. The following comments reflect their collective views.

## 8.0. Overarching Standard 24: Domestic Violence and Abuse

8.1. In welcoming the inclusion of overarching standard 24 (Pg.114) which states that, "Health and Social Care Staff should be aware of the signs and symptoms in relation to violence (including domestic violence), abuse and neglect in order to help them identify victims and that they should be trained where necessary, to offer early help and support," Women's Aid would wish to make the following observations and recommendations.

8.2. Firstly, we would wish to address the rationale for the inclusion of the aforementioned standard, as outlined on page 114 of the consultation document.

8.3. We strongly recommend that Overarching Standard 24 should specifically address both domestic and sexual violence, particularly as the date outlined for the achievement of the performance indicators is March 2013. It is intended that from 2013 onwards the DHSSPS's Domestic and Sexual Violence Strategies will be amalgamated.

8.4. Based upon our own organisational experience and expertise, we would also strongly recommend that the statement that, "Domestic violence and abuse *can* have an enormous effect on mental health and wellbeing," should be changed to reflect that domestic violence *does* in fact have the significant impacts outlined in the rationale, both in respect of adults and children and young people who have experienced domestic violence.

8.5. During the period from [1]1st April 2009 to 31st March 2010, 32,349 calls were managed by the 24 Hour Domestic Violence Helpline, an increase of 17% on the previous year.

8.6. Of these, 13,539 callers identified themselves as suffering from a mental health condition. These included depression, anxiety, panic attacks and suicidal thoughts. Only a minority of callers had received a formal diagnosis of mental illness.

8.7. Addiction and substance misuse, including alcohol, illegal drugs and prescribed medication, was reported by 8% of callers, with a further 10.5% identifying other health impairments including epilepsy and diabetes.

[1] Women's Aid Federation NI, (2010) "**Reach Out, Speak Out, Annual Report 2009-10",** Pgs.25-31

8.8. 5.5% of callers to the Helpline reported mobility issues, including difficulty walking and the necessity to use a wheelchair.

8.9. An article by [2]Hegarty (2011) in The British Journal of Psychiatry identifies domestic violence as, "a hidden epidemic associated with mental illness." (Pg.168)

8.10. Hegarty cites her own research (2006) and that carried out by Campbell, Laughton and Woods, (2006) which indicates that, "Domestic violence is a common hidden problem for women attending clinical practice and is a major cause of mental ill health globally." (Pg.169)

8.11. She further cites a study by VicHealth (2005) into intimate partner violence and another by Golding (1999), which indicates that domestic violence is the leading cause of morbidity and mortality for women of childbearing age, "with the main contribution being from the mental health consequences of abuse." (Pg.169)

8.12. In addition, Hegarty (2011) states that, "Domestic Violence has an inter-generational effect with children witnessing abuse having multiple health problems." (Pg.169)

## 9.0. Training and Barriers to Enquiry

9.1 [3]Research carried out by Waalen, Goodwin, et al (2000) and [4]Hegarty, Feder, et al (2006) which explores the process of screening and identifying intimate partner violence by health care professionals, suggests that, "Domestic Violence is not often looked for in mental health settings, furthermore there are many barriers to enquiry by health professionals."

9.2 These are identified primarily as being a lack of specific training on domestic violence, which leads the individual member of staff to a sense of being ill-prepared to address the issues raised. Similarly, there is a perception by some healthcare professionals that it is simply not their role or responsibility to address the issue, preferring to perceive domestic violence as a function of

[2] Hegarty, K, (2011) **"Domestic Violence: the hidden epidemic associated with mental illness,"** The British Journal of Psychiatry 2011 198: 169-170
[3] Waalen, J, Goodwin, MM, Spitz, AM, Petersen, R, Saltzman, LE (2000) **"Screening for Intimate Partner Violence by Health Care Providers, Barriers and Interventions,"** AM J Prev Med 19: Pgs. 230-7
[4] Hegarty, K, Feder, G, Ramsey, J (2006) **"Identification of Partner Abuse in Health Care Settings: Should health professionals be screening?"** In Intimate Partner Abuse and Health Professionals: New Approaches to Domestic Violence, Elsevier, Pgs.79-92

Social Work. It was also suggested that some health and social care staff have a tendency to be judgemental, which is completely contrary to the interests of establishing a safe and secure context for disclosure.

9.3 It is therefore our opinion that it is imperative that all staff are made fully aware of their responsibilities in respect of identifying abuse and signposting to appropriate support services were necessary. However, support if given in an inappropriate manner, is unlikely to be successful.

9.4. Women's Aid believes that it is essential, in the context of Overarching Standard 24 that rigorous training in domestic and sexual violence should be provided to all health and social care staff.

9.5. To this end, we would further recommend that training should be delivered in partnership with organisations such as our own, which can offer in-depth knowledge and expertise accumulated over several decades spent working directly with women and children who have been subjected to domestic and sexual violence in Northern Ireland.

**10.0. Establishing a Baseline: Screening and Identification**

10.1. Women's Aid would strongly contend that the context of disclosure is essential. This includes the setting in which the conversation takes place, the language used, the listening skills of the health care professional and the staff member's ability to display empathy with and an understanding of the individual they are interacting with.

10.2. [5]Rose, Trevillion, et al, (2011) contends that enquiry and disclosure tends to be successfully facilitated, "by a supportive and trusting relationship between the individual and the professional." (Pg. 189)

10.3. They further cite the barriers to disclosure of domestic violence by mental health service users as including, "fear of the consequences, including fear of Social Services involvement and consequent child protection proceedings, fear that disclosure would lead to further violence, the hidden nature of

[5] Rose, D, Trevillion, K, Woodall, A, Morgan, C, Feder, G and Howard, L (2011), **"Barriers and Facilitators of Disclosures of Domestic Violence by Mental Health Service Users: Qualitative Study,"** The British Journal of Psychiatry, 198: 189-194

the violence, the actions of the perpetrator and feelings of shame and self-blame." (Pg. 189)

10.4. It is also interesting to note that this research states that both service users and professionals reported that, "the medical diagnostic and treatment model, with its emphasis on symptoms could act as a barrier to enquiry and disclosure." (Pg.189)

10.5. If, as stated in the consultation document, establishing a baseline is a key performance indicator within the service framework, this raises an important issue, specifically what methodological approach will be used to identify individuals for the purposes of enquiry?

10.6. Will the process be one of screening based upon prevalence, in which case it is possible that some individuals may be erroneously screened out of the process? Alternatively will there be a reliance on self-selection/self-reporting or will routine enquiry be utilised?

10.7. Given that service provision will be predicated on the establishment of a baseline, Women's Aid would strongly recommend that this process should draw upon, explore and consider other available research which evidences prevalence, such as the PSNI annual crime figures and Women's Aid's annual statistical data, rather than relying solely upon immediate disclosure.

10.8. Further, in attempting to establish a baseline from which performance levels will be determined, our organisation is of the opinion that it is essential to recognise that domestic and sexual violence are significantly under-reported crimes and that as such the resulting data is likely to under-estimate the full extent of the issue.

## 11.0. Safeguarding

11.1. In respect of establishing a baseline, developing and delivering appropriate services and eliminating barriers to inquiry, Women's Aid would also seek assurances that cognisance will be taken of the very specific needs of those with mental health conditions such as Schizophrenia and other psychoses, Bi-Polar Disorder and Dementia, who experience even greater vulnerability when identifying harm and seeking help.

## 12.0. Quality Dimensions

12.1. We would wish to support the quality dimensions as outlined on page 114 of the consultation document, specifically the person centred approach designed to provide targeted help and support for an individual and their family, the emphasis on an consistent approach across Northern Ireland at all levels of service, early recognition, help and support to improve the long-term outcomes for the individual and their family and the recognition of the need to minimise risk both to self and to others.

## 13.0. Inter-Connectivity of Issues

13.1. We would wish to conclude our response by stressing our view that domestic and sexual violence and abuse has a bearing on a number of the standards outlined in the consultation document.

13.2. In Section 5: Standards for Specific Conditions – Children and Young People, domestic and sexual violence and abuse may be factors in cases of Conduct Disorders, Depression, Attention Deficit Hyperactivity Disorder (ADHD) and in the process of Transition to Adult Services.

13.3. Similarly, it is our view that domestic and sexual violence should be considered in the context of Section 6: Standards for Specific Conditions, including Adult Depression, Obsessive Compulsive Disorder (OCD), Addictions and Substance Misuse and Eating Disorders.

13.4. Women's Aid has also had extensive experience of working directly with women who have been subjected to domestic and sexual violence and who have also experienced Post Traumatic Stress Disorder (PTSD), Post Natal Depression and Self Harm and Suicide as a direct result of the abuse they have sustained.

13.5. It is our opinion that in developing a service framework for mental health and well-being the inter-connectivity and impact of issues such as domestic and sexual violence should be fully recognised, considered and evaluated.

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