

Domestic violence: a priority health issue

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RCGP Clinical Champions for Domestic Violence

More than one in four women in the UK experience physical or sexual violence during their lifetime; one in ten will have done so in the past year. Domestic violence and abuse occurs in all societies regardless of ethnicity, age, class, sexuality and region, although it is more prevalent in socio-economically deprived communities. It has particular health consequences for women who, compared with men, experience more sexual violence, more severe physical violence and more coercive control from their partners.

Domestic violence damages health. Whatever the general population prevalence, it is consistently found more frequently among women seeking health care. Survivors suffer more long-term health problems including gynaecological conditions, chronic pain, neurological symptoms, gastrointestinal disorders and self-reported heart disease. Domestic violence may start in pregnancy and is associated with miscarriage and low birth weight. The physical health consequences are dwarfed by its impact on mental health, including 4–5 times increased risk of post-traumatic stress disorder, depression, anxiety and substance abuse, which can persist long after the violence has ceased. Children witnessing domestic violence are more likely to have developmental delay, mental health problems and educational difficulties.

Healthcare services may be a survivor's first or only point of contact with professionals, and abused women are more likely to be in contact with primary care services than with other agencies. The isolation that survivors of domestic violence experience as a direct result of the control of abusers over their relationships with friends, family and professionals means that their GP may be one of the few people to whom they can turn. The magnitude of the health consequences of domestic violence contrasts with its virtual invisibility within primary health care; in one general practice-based questionnaire study, only 15% of women with a history of domestic violence had any reference to violence in their medical record.

General practice has a role in managing the long-term consequences of domestic violence. Yet it is likely that whilst treating many of the common consequences, such as depression, chronic pain and substance abuse, the role of either historical or current domestic violence is not recognised by the clinician. This is neither appropriate nor safe. This invisibility of domestic violence can only result in suboptimal management of these conditions and in effect denies women an important pathway for accessing further care from specialised domestic violence advocacy services.

If a woman discloses domestic violence to a clinician, whether in a primary care or specialist setting, there can be an inappropriate, poor-quality response. Doctors and nurses have seldom received any training about domestic violence. Nevertheless, abused women identify doctors as the professionals from whom they would most like to seek support and there is growing evidence for the effectiveness of domestic violence advocacy and psychological treatment for survivors of domestic violence.

For more information on this topic – including how to ask about and respond to a disclosure of domestic violence – see the Violence against Women and Children e-learning course accessible through the RCGP Online Learning Environment (www.elearning.rcgp.org.uk). This free course provides a practical understanding of the issues and serves as a platform for further high-quality, practice-based training (see panel opposite).

The IRIS (Identification and Referral to Improve Safety) programme is a practice-based, domestic violence training programme and care pathway that has been endorsed by the RCGP and can be commissioned locally. In a randomised controlled trial it increased the identification and referral of women experiencing domestic violence. For further details about IRIS, see www.irisdomeesticviolence.org.uk.

Supporting GPs to deal with domestic violence

In recognition of the public health impact and clinical importance of domestic violence and abuse, the RCGP has designated it a priority condition and appointed two Clinical Champions. Over the next three years, the Champions will raise the profile of domestic violence within general practice and represent the GP perspective to clinicians and policymakers concerned with the issue.

New RCGP e-Learning Course: Violence against Women and Children

The NHS taskforce on violence against women and children has highlighted the importance of training healthcare professionals in identifying women experiencing domestic violence, throughout all career stages. To support this aim, the RCGP has launched a new e-learning course on domestic violence, available free to all healthcare professionals in the RCGP Online Learning Environment (www.elearning.rcgp.org.uk).

Designed to complement other methods of domestic violence training, this engaging course will familiarise practitioners with how to recognise and respond to patients experiencing violence. It was written by Dr Fiona Duxbury, a working GP in Oxford, with input from the Champions and other experts, and was funded by the Department of Health.

The first session – **Recognising Violence** – helps practitioners to understand how to identify patients who may be suffering, or have suffered, from violence. The second session – **Asking about Violence** – considers the issues around asking about violence in the consultation, including when and how to approach it and the immediate response to disclosure. The third session – **Responding to Violence** – gives further detail on the problems facing women experiencing different forms of violence, the choices that they will face, and the support available to them. The final session – **Improving Your Practice** – explores how the practice organises and manages the issues relating to violence against women and children.

A self-assessment exercise at the end of the course enables the practitioner to test their knowledge, attitudes and decision-making skills. It also provides the opportunity to earn a certificate for CPD credits to use towards appraisal and revalidation.

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