



UNIVERSITY OF
BIRMINGHAM

RISK, ABUSE AND
VIOLENCE (RAV)
RESEARCH PROGRAMME

Strengthening the nursing role in reducing the impact of intimate partner violence (IPV) on children and families

Dr Maria T. Clark (with Dr Caroline Bradbury-Jones and
Prof Julie Taylor) for QNI Healthcare for Homeless Families
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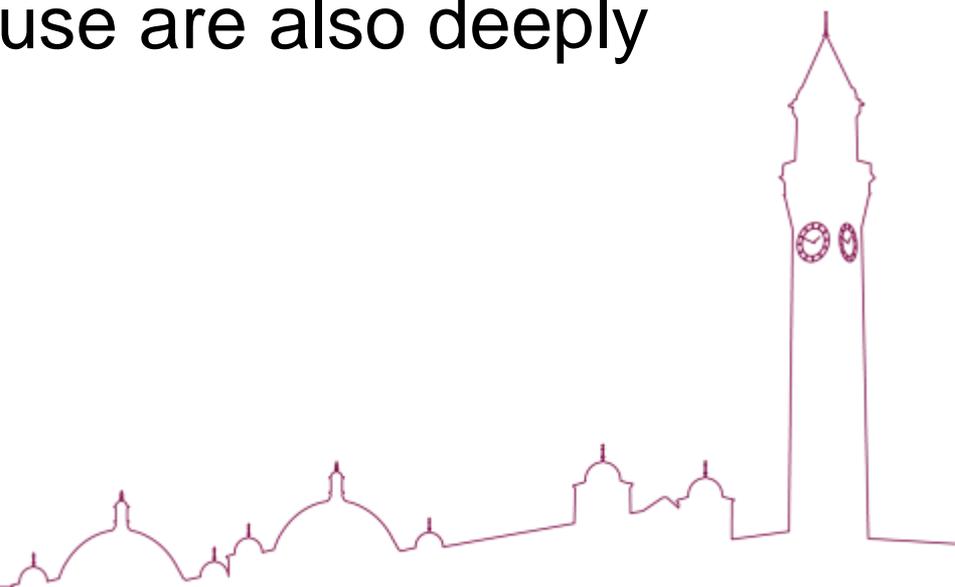
Aim of presentation

- ❑ To raise awareness of the nurse's role in identifying and responding to IPV
- ❑ To help nurses and others to recognise the health impact of IPV on children and families
- ❑ To consider why women in particular don't always leave abusive relationships (for good)
- ❑ To highlight the problem of homelessness in helping women and children preserve safety.



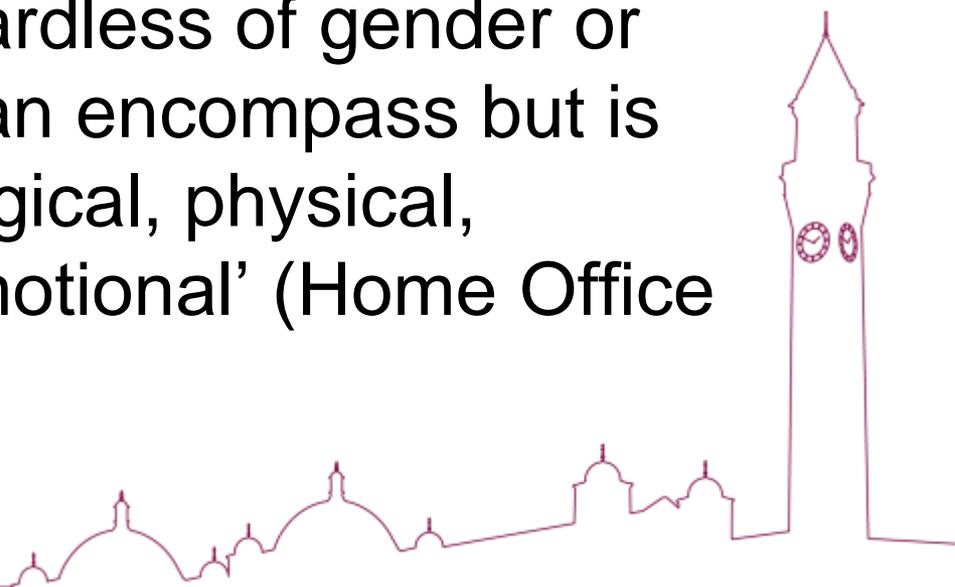
Domestic Violence and Abuse

More than 2 million people over 16 years old in England and Wales suffer domestic abuse in some form every year. That is 1 in 4 women and 1 in 6 men. The children who are trapped seeing and hearing the abuse are also deeply affected (DH 2017).



Domestic Abuse is:

‘Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to: psychological, physical, sexual, financial [or] emotional’ (Home Office 2012).



Intimate Partner Violence (IPV)



Complex family problems



Nurses and domestic abuse

- ❑ Nurses play a key role in responding to domestic abuse. Yet nurses' responses are sometimes inappropriate and unhelpful, such as trivializing or ignoring the abuse.
- ❑ Reasons include organizational constraints, e.g. lack of time and privacy; and interpersonal factors such as fear of offending women and lack of confidence.
- ❑ Nurses themselves are often victims of abuse and may need support.





Department
of Health

Responding to domestic abuse

A resource for health professionals



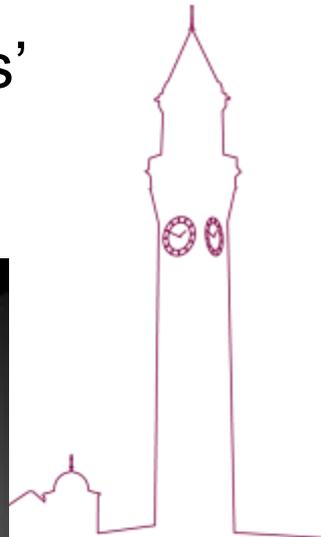
Domestic Abuse Resources and Guidance/ Toolkit (DH 2017)

A study of 2,500 women accessing domestic abuse services, showed that prior to receiving specialist help, just under half had attended a GP an average of 5.3 times and one in five had attended A&E as a result of the abuse



Previous research

Previous empirical work (Taylor et al, 2013, Bradbury-Jones et al, 2016) suggested that increasing nurses' awareness, recognition and empowerment in relation to IPV may positively influence their responses. A gap exists in linking awareness, recognition and empowerment to better outcomes regarding nurses' responses to IPV.



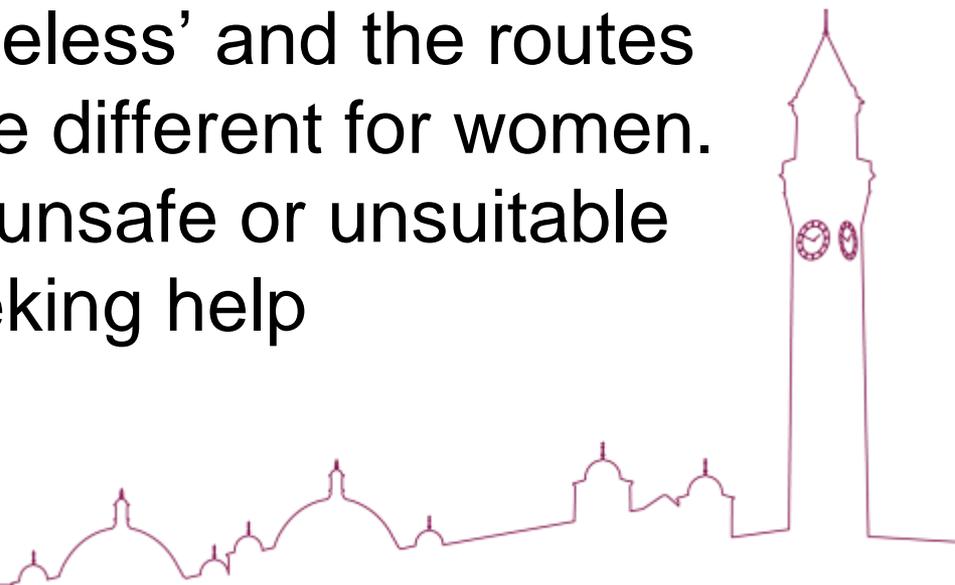
Key points for Nurses

- ❑ Domestic violence and abuse is a major health problem
- ❑ All nurses have an important role in detecting DVA
- ❑ Assessing patients for DVA should be part of routine nursing care
- ❑ Nurses have a key role in getting patients to talk about DVA
- ❑ Nurses should prioritise the safety of vulnerable adults and children



Homelessness and DVA

- Domestic violence and abuse (DVA) is a significant factor in females and males presenting as homeless
- Females may be more likely to be in the category of 'hidden homeless' and the routes to homelessness may be different for women. They may be staying in unsafe or unsuitable situations instead of seeking help (Rhodes 2017).



Understanding DVA and its impact on health and wellbeing

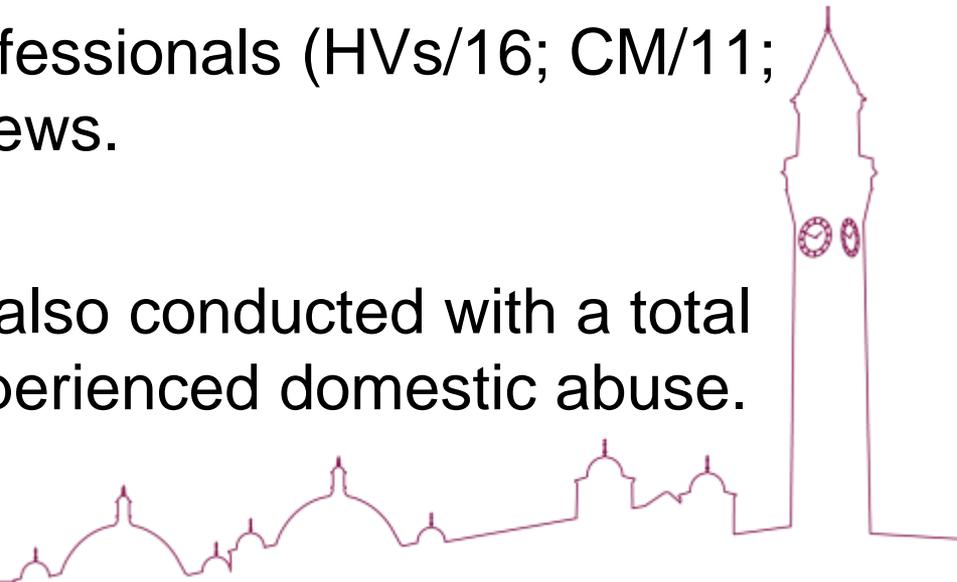
- Different forms of DVA
- Anyone can be a victim
- Child witnessing / long term impacts
- Health impacts across the life-course
- Open mind/non-judgemental attitude helps people to disclose abuse.



Primary healthcare professionals and domestic abuse

A qualitative, two-phase study conducted in Scotland in 2011 aimed to explore primary healthcare professionals' beliefs about domestic abuse and the influences of these beliefs on responses to disclosure.

- 29 primary healthcare professionals (HVs/16; CM/11; GPs/2) took part in interviews.
- Three focus groups were also conducted with a total of 14 women who had experienced domestic abuse.



Some nurses' perspectives

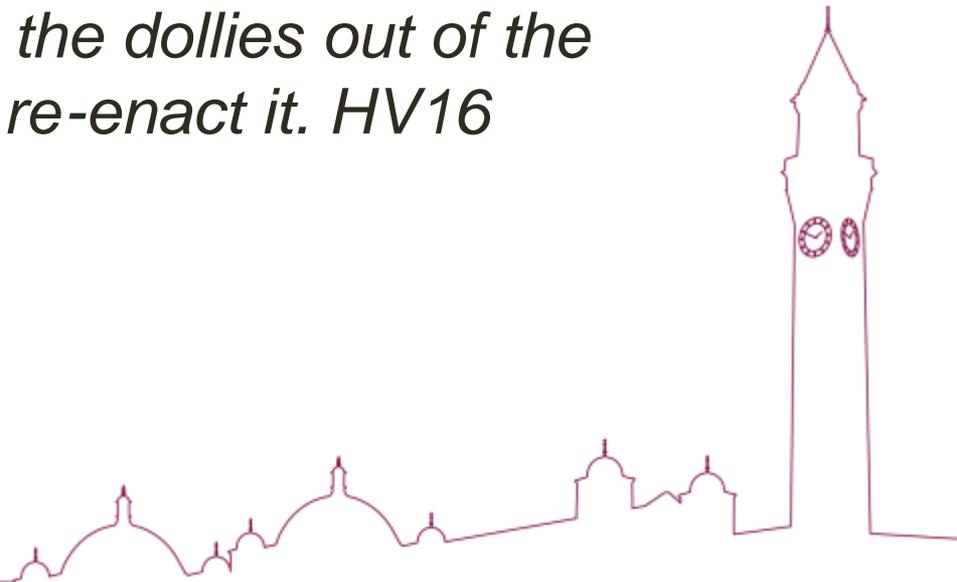
He had punched holes in the walls, punched holes in the doors, he was shouting at her, he was berating her, he was swearing at her in front of the kids. She didn't see that as emotional abuse. HV1

You could be lulled into thinking that woman isn't controlled. I think actually the middle-classes are harder to ask [about abuse] because...I think the women in a lower socio-economic class don't care that you've asked... the middle-class are always argumentative about everything so I think it is harder to ask them. MW5



Children & Families

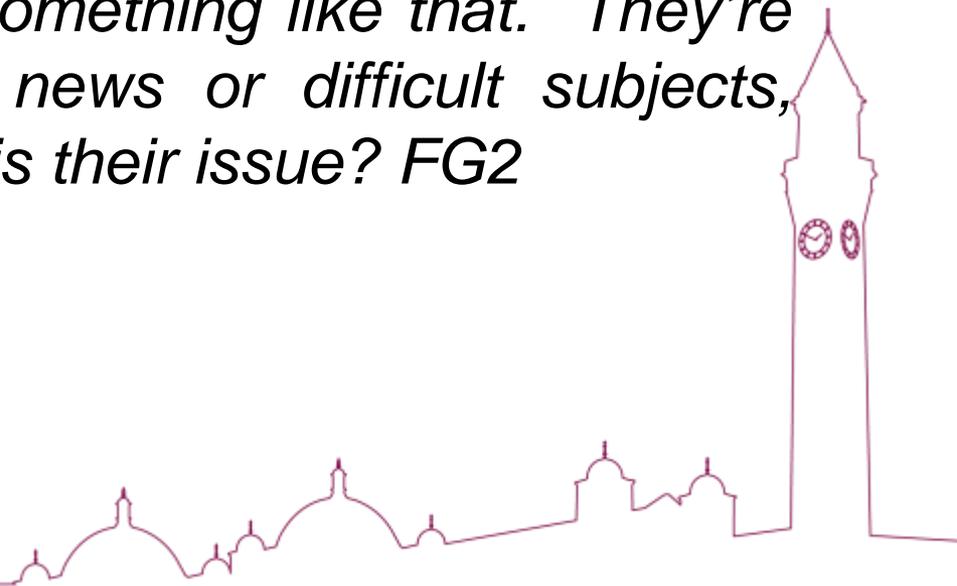
I've got a family at the moment, recently the father tried to burn the house down with the mother and the youngest child inside and this child now is having counselling. He's at nursery. He's shouting "Fire, Fire" in the playhouse and chucking the dollies out of the window because he's trying to re-enact it. HV16



Some women's perspectives

See if you didn't know that you are being abused you cannot tell somebody that you are being abused. FG1

These people are supposed to be professional... they have to deal with telling people every day of the week that they've got cancer or something like that. They're used to dealing with bad news or difficult subjects, difficult situations. So what is their issue? FG2



Being a witness

He [partner] was pushing me around when the district nurse was there... I said... 'his temper is getting worse and worse as the time's going on here. What do I do?' She just goes, well, if it gets out of hand, just call the police... She saw my husband pushing me around and she just stood there like a numpty. FG2



So why doesn't s/he leave?

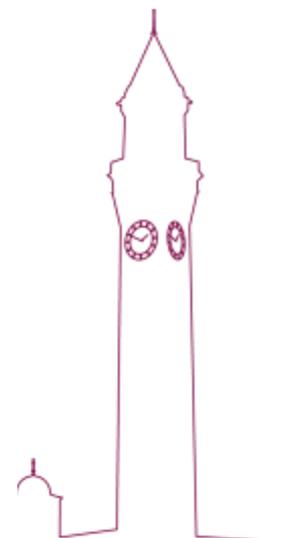


The Costs of Freedom

Finding the Costs of Freedom

How women and children rebuild their lives after domestic violence

Liz Kelly, Nicola Sharp and Renate Klein



Insecure housing

A lack of move on accommodation for women who were in refuge, decreased availability of social housing and barriers to accessing private rented accommodation ..meant that many women had to wait several years to settle safely, create a home and establish a routine

Long Journeys to Freedom



Homelessness and social support

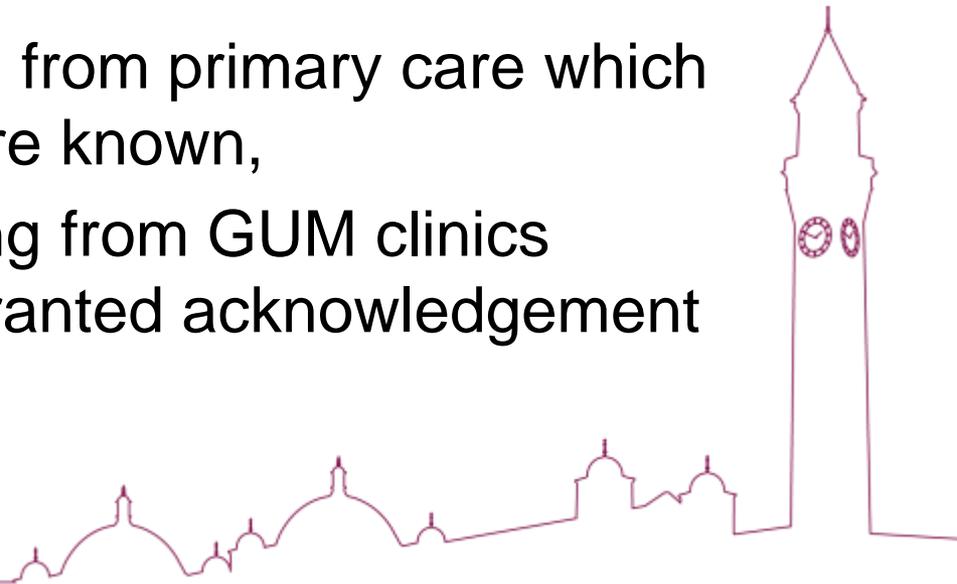
- ❑ Previous studies showed that homeless women score the lowest in social support and reciprocity in relationships
- ❑ Never-homeless women who have experienced an abusive childhood scored second lowest
- ❑ Never-homeless women who have not had an abusive childhood score highest and vice versa for social support and reciprocity in relationships



Gender & sexuality impacts help-seeking behaviour

Gender and sexuality influences help-seeking in different healthcare contexts (Morgan et al, 2016).

- ❑ Disclosure of IPV to mental health services was rare.
- ❑ Women favour help-seeking from primary care which is familiar and where they are known,
- ❑ Gay men favour help-seeking from GUM clinics where there is a taken for granted acknowledgement of sexual identity



Integrating assessment of DVA into routine nursing care

- ❑ Be aware of signs - physical, psychological, and/or emotional abuse
- ❑ Clinical health assessment is very important
- ❑ But the signs of abuse are not always visible
- ❑ People/patients may be reluctant to disclose
- ❑ ALL nurses have a role in identifying DVA





Creating opportunities to discuss DVA

Positive signals

- It is OK to talk
- You are willing to help
- Be sensitive
- In a safe environment



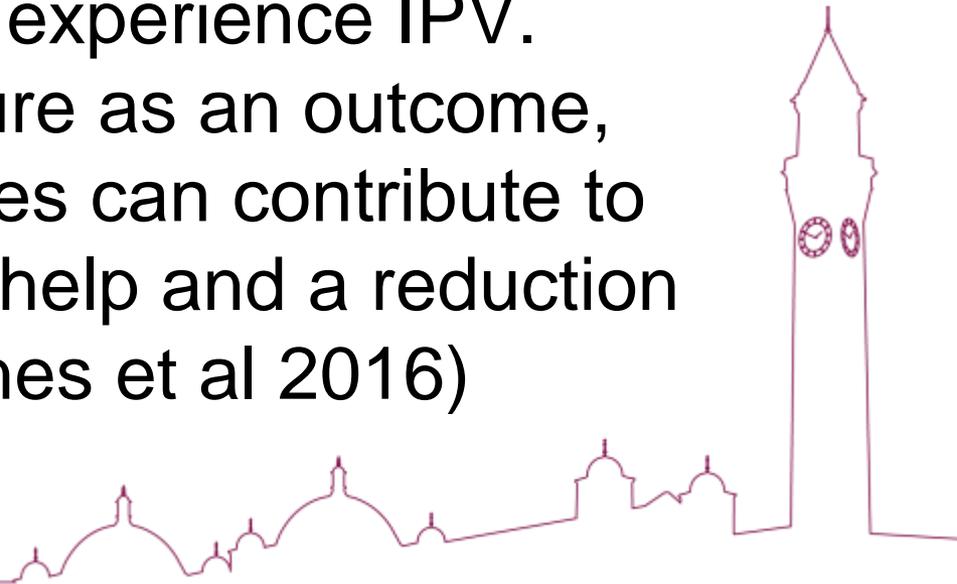
Nursing conversations

- The Institute of Health Visiting have referred to 'difficult conversations' (McInnes & Nettleton 2015);
- Patterson and colleagues (2012) refer to 'crucial conversations' as those that may contain: opposing opinions, strong emotions, and high stakes;
- Nurses are crucial in opening up discussions about abuse and having crucial conversations with patients, clients and the next generation of nurses;
- This can break cycles of silence and provide opportunities for safety planning.



Training for 'Real World' Practice

Access to adequate and timely IPV education and training is important in improving nurses' responses to IPV. Getting this right can lead to enhanced safety planning and better health outcomes for women who experience IPV. Although difficult to measure as an outcome, nurses' improved responses can contribute to higher rates of referral for help and a reduction in IPV rates (Bradbury-Jones et al 2016)



Crucial conversations

*What has
happened to you?*



Preserving safety

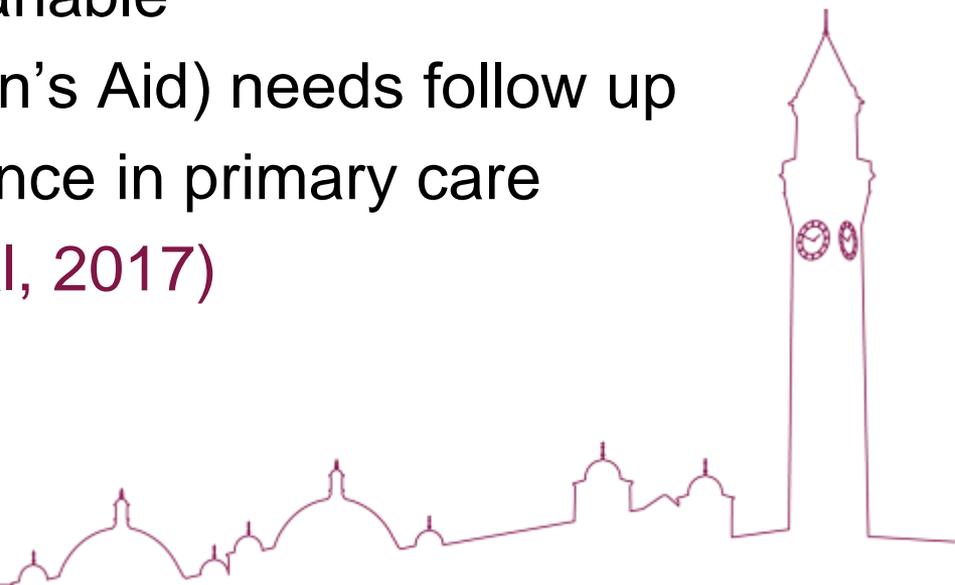
- Patient and family safety must be prioritised
- Self care/safety crucial (preserving oneself)
 - Follow local safeguarding policy
 - Use clinical judgement on confidentiality vs safety
 - Signpost to resources (non-urgent)
 - Safety planning (urgent)
 - Consult with senior colleagues
 - Collaborate (make referrals)
 - Peer support and supervision



Training and Education

Training and education is crucial.

- ❑ Bespoke resources and training is readily available
- ❑ Access to and use of training materials is variable
- ❑ Content of training is also variable
- ❑ Onward referral (e.g. Women's Aid) needs follow up
- ❑ There are models of excellence in primary care
(IRIS) (Bradbury-Jones et al, 2017)



Essential Resources



solace
women's
aid

The National Domestic Violence

HOTLINE

0808 2000 247

women's aid

until women & children are safe

www.womensaid.org.uk



Ending
domestic
abuse



Refuge



For women and children.
Against domestic violence.



Key References

- Bradbury-Jones, C., Clark, M.T. & Taylor, J. (2017) Abused women's experiences of a primary care identification and referral intervention: A case study analysis. *Journal of Advanced Nursing*. DOI: 10.1111/jan.13250
- Bradbury-Jones, C. & Clark, M.T. (2016) Intimate partner violence and the role of community nurses. *Primary Health Care*, 26(9), 42-48.
- Bradbury-Jones, C. & Clark, M.T. (2016) How to address domestic violence and abuse. *Nursing Times*, online issue, 12, 1-4.
- Bradbury-Jones, C., Clark, M.T., Parry, J. & Taylor, J. (2016) Development of a practice framework for improving nurses' responses to Intimate Partner Violence. *Journal of Clinical Nursing*. DOI: 10.1111/jocn.13276
- Kelly, L. Sharp. N. Klein, R (2015) Finding the Costs of Freedom. *Solace Women's Aid* with London Metropolitan University.
- Morgan, K et al (2016) The role of gender, sexuality and context upon help-seeking for intimate partner violence: A synthesis of data across five studies. *Aggression and Violent Behaviour* Vol 31 p 136-146
- Taylor, J., Bradbury-Jones, C., Kroll, T. & Duncan, F. (2013) Health Professionals' Beliefs about Domestic Abuse and the issue of Disclosure: A Critical Incident Technique Study. *Health & Social Care in the Community*, 21(5), 489-499.

