



## The case for change – why implement “Ask and Act”?

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Asking patients about abuse in some specialised health care settings is considered good practice by professionals in those fields<sup>1</sup>. The National Institute of Health and Care Excellence (NICE) and the World Health Organisation<sup>2</sup> recommend a system of targeted (or clinical) enquiry across health and social care to better identify and therefore respond to domestic abuse.

**The Welsh Government takes this recommendation and identified good practice further** by supporting the use of such enquiry across the relevant authorities. It also proposes a wider focus on violence against women, domestic abuse and sexual violence.

This approach has been taken in consultation with specialist service providers on the basis that where a general question is asked about someone’s experience of abuse it may lead to a disclosure of several forms of abuse. It is expected these forms of abuse could include:

- Domestic abuse
- Sexual violence (within and not within relationships)
- Female Genital Mutilation
- Forced marriage
- “Honour” based abuse
- Stalking and harassment (within and not within relationships)
- Sexual exploitation.

## The aims of “Ask and Act”

- increase identification of those experiencing violence against women, domestic abuse and sexual violence;
- offer referrals and interventions for those identified which provide specialist support based on the risk and need of the client;
- begin to create a culture across the Public Service where the experience of violence against women, domestic abuse and sexual violence is understood in the correct context, where disclosure is accepted and facilitated and support is appropriate and consistent;
- improve the response to those who experience violence against women, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health; and
- pro-actively engage with those who are vulnerable and hidden, at the earliest opportunity, rather than only re-actively engaging with those who are in crisis or at imminent risk of serious harm.

These aims are explored further below:

### **Increasing identification of those experiencing violence against women, domestic abuse and sexual violence**

The majority of research into the effectiveness of types of screening for violence against women, domestic abuse and sexual violence has focussed on healthcare settings and primarily relate to domestic abuse. Although there is less data available outside of health, similar, innovative projects indicate the effectiveness of such an approach across the Public Service.<sup>3</sup>

Where routine enquiry takes place a greater proportion of abused women are identified by healthcare professionals than where screening does not take place, although not necessarily more than would be identified by clinical enquiry.<sup>4</sup> Enquiry typically results in a doubling of identification rates of domestic abuse and it increases referrals to outside agencies.<sup>5</sup>

Where specialist training and support for the clinician is provided to use a low threshold for clinical enquiry, primary health care clinicians are three times more likely to secure a disclosure of domestic violence than those where no enquiry is made.<sup>6</sup>

Where information about a client is provided or gathered by a professional, which “cues” them to investigate issues of domestic abuse, this improves rates of identification and disclosures of domestic abuse.<sup>7</sup>

Enquiry for domestic abuse in pregnancy, when supported by staff training and organisational support, improves screening practices and documentation of domestic abuse.<sup>8</sup>

### **Offering referrals and interventions for those identified which provide specialist support based on the risk and need of the client**

Professionals who are not trained to identify violence against women, domestic abuse and sexual violence may overlook, mislabel and misdiagnose people’s problems, leading to inappropriate plans or ineffective remedies.<sup>9, 10</sup> Where the primary issue for seeking treatment is identified as violence against women, domestic abuse and sexual violence, the services offered can relate to this primary issue, rather than the symptoms caused by it.

Referrals to external resources (e.g. police, specialist services and social care) increase as a result of enquiry and this presents an opportunity for advocacy intervention, a strategy linked to decreased violence and isolation, increased safety practices and a cost benefit.<sup>11</sup> The evaluation of the IRIS project (Identification and Referral to Improve Safety) found individuals in the intervention were 22 times more likely to be referred to advocacy services than those in general practices which did not receive the programme.

Studies which have measured rates of domestic abuse as outcomes detect a reduction of physical and non-physical abuse with counselling and advocacy support for women identified in antenatal clinics.<sup>12</sup>

The Independent Domestic Violence Advisor (IDVA) advocacy model (in use across Wales) as a service for those at high risk of serious harm due to their experience of domestic abuse has been found to be effective in improving the lives of those who have been abused and in terms of value for money.<sup>13</sup>

The IDVA forms a crucial element of the Multi Agency Risk Assessment Conference (MARAC) approach which is also well evidenced as an effective means of addressing high risk domestic abuse. The majority of adult victims who engage with these services report improved safety and wellbeing outcomes after receiving support, including a cessation of abuse, feeling safer and an improved quality of life.

- 63% of the victims who engage with IDVAs report a total cessation of abuse at case closure.
- For every £1 spent on MARACs and IDVAs, at least £2.90 of public money can be saved annually on direct costs to agencies such as the police and health services.<sup>14</sup>

## **Beginning to create a culture across the Public Service where the experience of violence against women, domestic abuse and sexual violence is an accepted area of business and where disclosure is supported, accepted and facilitated**

Being asked about abuse can go some way to remove the shame and stigma some associate with the experience. Those who have experienced violence against women, domestic abuse and sexual violence also see being asked as a means of increasing knowledge, developing a sense of self-validation and getting support.<sup>15</sup> Adopting a clear process of targeted enquiry can remove this sense of stigma by demonstrating the service has an awareness of violence against women, domestic abuse and sexual violence and showing professionals are open to having these discussions as part of routine areas of work which can be a conduit for specialist services.

Research into the acceptability of targeted enquiry has focussed on the experience of women; the majority of whom are in favour of a process of enquiry about domestic abuse in maternity settings, provided it is conducted in a safe confidential environment.<sup>16</sup>

## **Improving the response to those who experience violence against women, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health**

The co-occurrence of domestic abuse, mental health and substance misuse has been referred to as the “toxic trio”. Where a parent experiences the three issues they are viewed as indicators of increased risk of harm to children and young people. The combined experience of these issues by a parent can create a “toxic” care giving environment.

Providing and selecting services for these three issues when experienced in combination or as part of a dual diagnosis is challenging for practitioners and can hamper client engagement. Practice based reports emphasise the importance of addressing each issue separately and utilising the expertise of each related profession but also of providing treatment or services in partnership to acknowledge the complexity of the clients situation. In order to do this effectively, each issue must first be identified.

The risk of developing depression, post-traumatic stress disorder (PTSD), substance misuse issues or becoming suicidal is 3 to 5 times higher for women who have experienced violence in their relationships compared to those who [have] not.<sup>17</sup> 70% of women psychiatric in-patients and 80% of those in secure settings have histories of physical or sexual abuse and child sexual abuse is associated with an increased rate of mental disorders in adulthood for men and women.<sup>18, 19</sup>

Whilst substance misuse by either perpetrator or victims of violence against women, domestic abuse and sexual violence is not a causative factor, the two issues do frequently co-occur; requiring knowledge and identification by the professional. 44% of domestic violence offenders are under the influence of alcohol and 12% are affected by drugs when they commit acts of physical violence. A number of studies have found the perpetrators' use of alcohol, particularly heavy drinking, is likely to result in more serious injury to their partners than if they had been sober.<sup>20, 21</sup> Moreover two thirds of those experiencing abuse began misusing substances following this experience.<sup>22</sup>

At least half of all women in touch with mental health services have experienced violence and abuse, despite guidance to the contrary, women are rarely asked about their experience of violence or sexual abuse.<sup>23</sup>

Screening protocols for domestic abuse within screening/entry assessment for alcohol or substance misuse have been found to improve rates of identification of the issue.<sup>24</sup> The Wales In-Depth Integrated Substance Misuse Assessment Toolkit (WIISMAT) includes indirect and direct questions on violence and abuse and encourages use of the Live Fear Free helpline. However, it should be noted, use of WIISMAT is not fully mandated and is not always applied in its entirety.

Undertaking a risk assessment is part of the Mental Health Measure guidance to support developing a care and treatment plan.<sup>25</sup> Asking about violence forms part of all risk assessments in Mental Health services in England and Wales, however this relates to all forms of violence, not violence against women, domestic abuse and sexual violence specifically. Currently this would be explored as appropriate if people admitted to a history or thoughts of violence.

**Pro-actively engaging with those who are vulnerable and hidden, at the earliest opportunity, rather than only reactively engaging with those who are in crisis or at imminent risk of serious harm**

Early identification and prevention may also help stop violence against women, domestic abuse and sexual violence from escalating and, therefore, reduce future support and criminal justice costs.

Evidence suggests an improved response through non-criminal justice agencies identifies a client group who are not engaging with other services and are therefore hidden from other agencies.<sup>26</sup>

Evidence collected from specialist services which have been situated in acute or maternal health services indicates there is a group of clients, experiencing domestic abuse who make fewer reports to the police than other victims but who attend emergency health services regularly<sup>27</sup>.

In identifying violence against women, domestic abuse and sexual violence through health and co-locating hospital based specialists within clinical settings, a more vulnerable group of younger victims are being identified. These clients are experiencing higher severity abuse with additional complex needs, e.g. substance misuse, mental health issues. They tend to still be in a relationship or living with the perpetrator and have been in relationships for shorter periods of time than the client group who access community based services.<sup>28</sup>

In many settings, co-location of violence against women, domestic abuse and sexual violence specialists is not realistic. In those settings, it is essential to have explicit referral protocols between clinicians and these specialists, often based in third sector organisations.

Earlier identification of these issues, through non-traditional methods of engagement, can facilitate an awareness of service availability at the earliest opportunity and safeguard vulnerable people immediately, rather than just at the point of crisis.

## **The Cost benefit of “Ask and Act”**

The costs of domestic abuse in Wales are estimated to be £303.5 million annually – £202.6m for service costs and £100.9m in lost economic input.<sup>29</sup>

It is likely “Ask and Act” will initially see an increase in referrals to specialist services including the Independent Domestic Violence Advisor (IDVA) service. This model, integrated within Multi Agency Risk Assessment Conferences provides evidenced cost saving of at least £2.90 for every £1 of public, direct costs.<sup>30</sup>

If a process of “Ask and Act” is fully implemented it should be expected more people who experience violence against women, domestic abuse and sexual violence will be identified and provided with support. This may increase short-term costs, in terms of existing workforce capacity and support services. However, it may also lead to longer term savings for a range of organisations.

It is difficult to accurately describe these savings as local practice varies significantly and such savings will be tied to the characteristics of local service provision and process. Walby’s research on the costs of domestic violence suggest increased utilisation of Public Services in tackling these issues does increase the cost of services. However she also links the development of and increased utilisation of Public Services with a decrease in domestic violence, as a result of which, the costs for business and the wider society of domestic violence have declined.<sup>31</sup>

Therefore, expectations of the cost effectiveness of the “Ask and Act” model include additional savings associated with reduced costs to the criminal justice system, the economy and in relation to the additional quality-adjusted-life-years for those affected by violence against women, domestic abuse and sexual violence. Small scale pilots of similar processes to “Ask and Act” indicate the cost, in both human and economic terms, is so significant that to take any action to intervene will be cost effective.<sup>32</sup>

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