

DOMESTIC VIOLENCE AND ABUSE TEACHING IN MB21

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FIRST SOME AUDIENCE PARTICIPATION...

Raise your hand if:

- You were taught about domestic violence and abuse (DVA) in medical school
 - You were taught about DVA as part of your post-graduate training
 - You have received training on DVA as a GP e.g. IRIS
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- You have encountered a case of DVA in the last year in clinical practice
 - ...month
 - ...week

WHAT % WOMEN EXPERIENCE DVA IN THEIR LIFETIME? (E+W)

a) 18%

b) 26% - correct

c) 32%



WHAT % MEN EXPERIENCE DVA IN THEIR LIFETIME? (E+W)

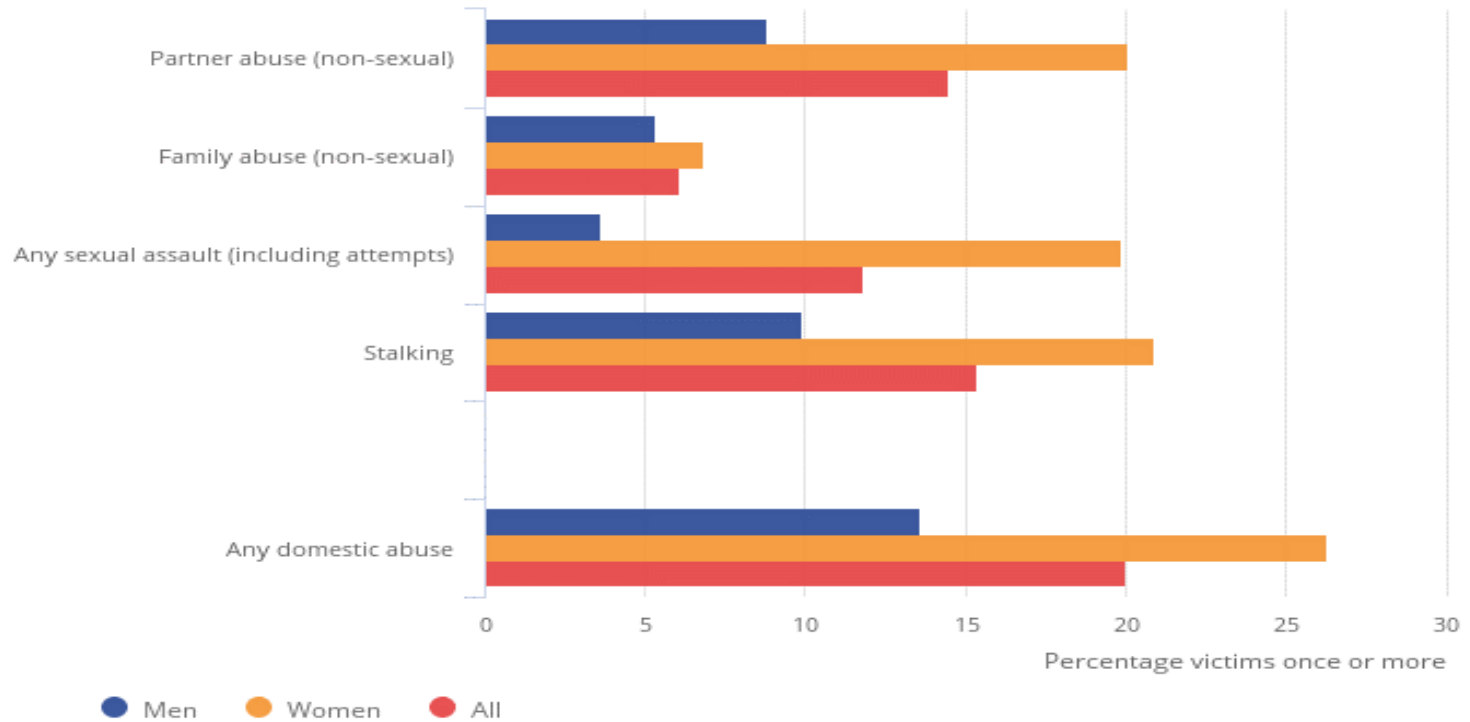
a) 5%

b) 10%

c) **14% - correct**



DVA PREVALENCE (ENGLAND AND WALES)



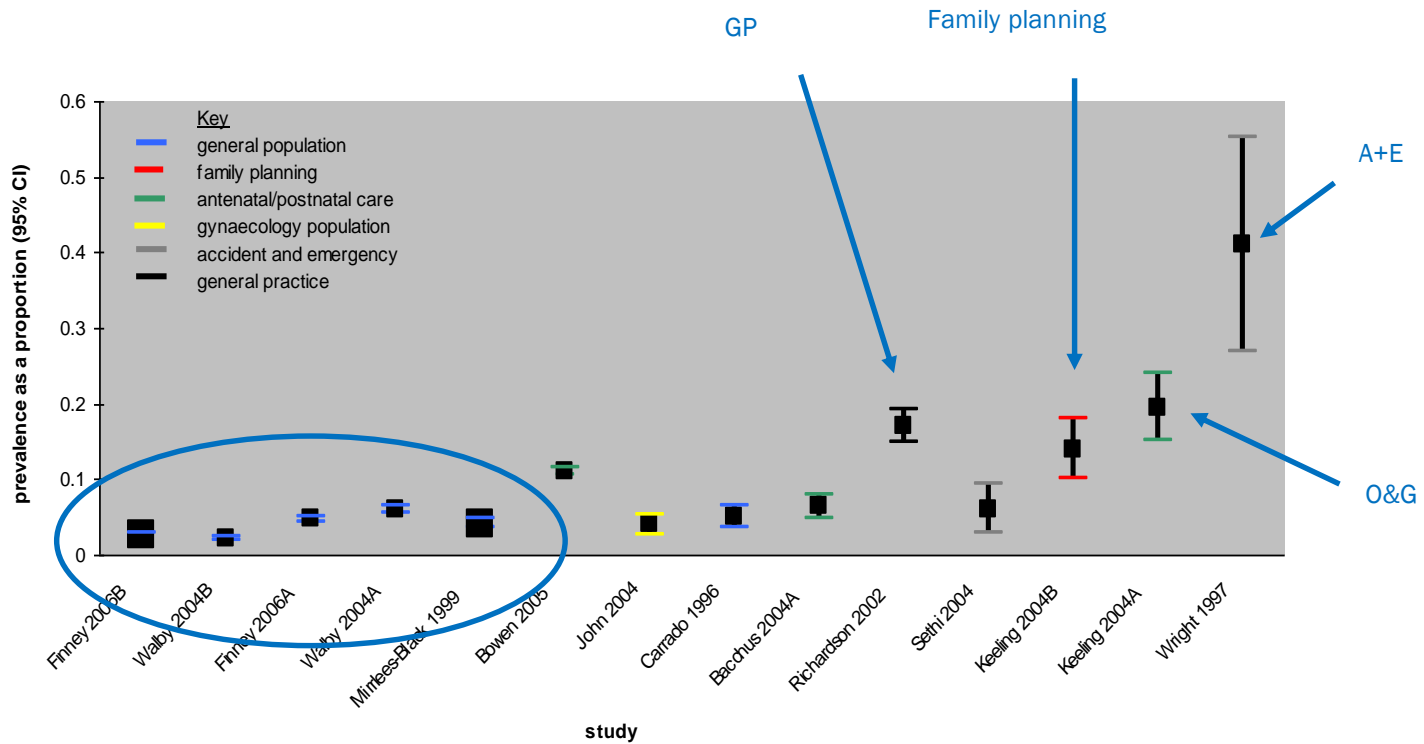
IS DVA A CLINICAL ISSUE?

Domestic violence is a violation of human rights, a cultural and societal challenge and a criminal justice issue.

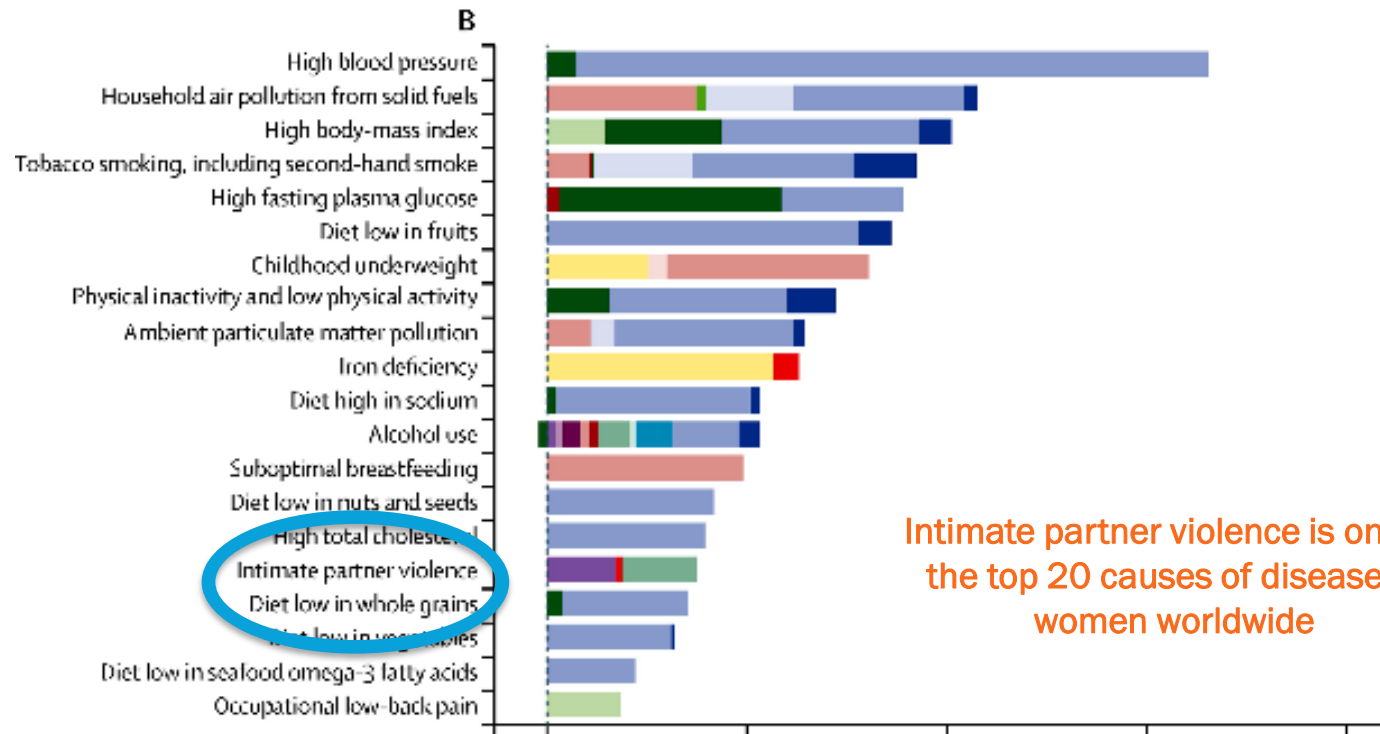
Why is it a **clinical priority**?

- health impact of domestic violence
- survivors' expectations of doctors
- evidence for effectiveness of interventions

PREVALENCE IN HEALTH SETTINGS, UK



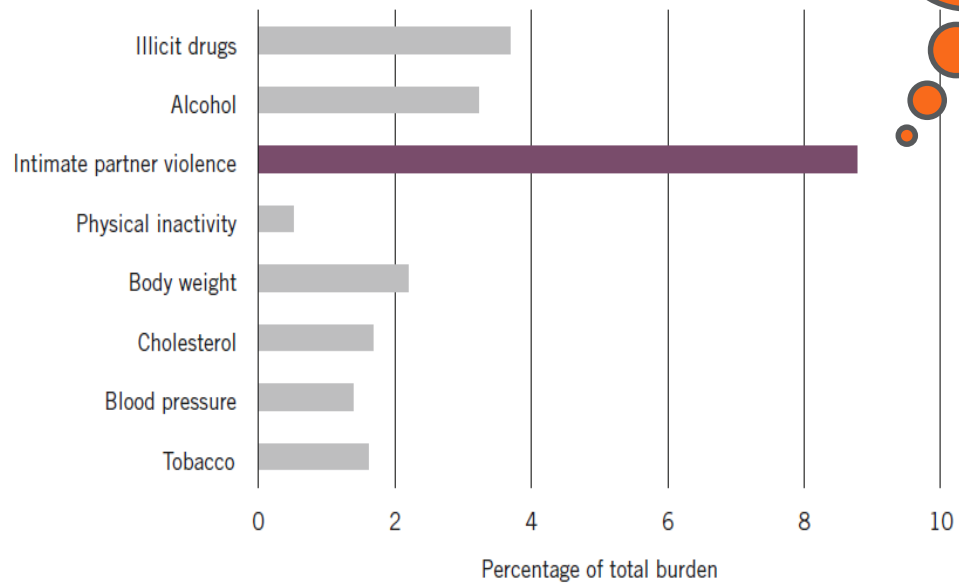
RISK FACTORS FOR DISEASE: WOMEN



Intimate partner violence is one of the top 20 causes of disease in women worldwide

MAJOR RISK FACTOR FOR YOUNG PEOPLE

Figure 2: Top eight risk factors contributing to the disease burden in Victoria aged 15–44 years



Where is the public health response?

A FAMILIAR PRESENTATION?

Fibromyalgia

Medication overuse

Jane's experience – watch the first video

<http://www.healthtalk.org/peoples-experiences/domestic-violence-abuse/womens-experiences-domestic-violence-and-abuse/jane>



PHYSICAL HEALTH ASSOCIATIONS (COKER ET AL, 2009; WHO 2013)

Chronic pain **Infectious illnesses**
Cardiovascular risk **Gynaecological problems**
Memory loss **STIs** **Dizziness**
GI disorders **Vaginal discharge**
Neurological symptoms



MENTAL HEALTH CONSEQUENCES (HOWARD 2013, GOLDING 1999)

	OR (95% CI)
Depression	2.8 (2.0 to 3.9)
PTSD	7.3 (4.5 to 12.0)
<i>Alcohol abuse</i>	5.6 (3 to 9)
<i>Suicidal thoughts</i>	3.6 (2.7 to 4.6)

WHAT ARE OTHER MEDICAL SCHOOLS DOING?

Domestic violence teaching in UK medical schools: a cross-sectional study

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THE CLINICAL TEACHER 2018; 15: 382–386 **385**

Box 1. Themes identified when asked 'Why do you think there should be formal teaching on domestic violence and abuse (DVA) in the curriculum?'

- A common, hidden, important problem
- DVA has a profound impact on health and public health
- A need for future professionals to be aware of DVA, be able to recognise, understand the issues and manage or refer
- Evidence that doctors haven't provided appropriate care to survivors of DVA
- Students request it

TRANSFERABLE SKILLS?

- Asking sensitive questions
- Exploring underlying psychosocial causes of ill health
- Learning a holistic approach to practice
- Thinking about violence and abuse more generally: elder abuse, child safeguarding, sexual assault, cyclical nature of abuse
- Understanding the long-term impacts of trauma
- Thinking about own wellbeing and self-care




FROM MB16 TO MB21

What we delivered in MB16:


- Year 4 lecture
- Year 4 consultation skills case (1 student would practice, others observe)
- Year 4 GP tutorial guide in handbook
- SSCs on offer

Our aspiration for MB21:

- A graded approach to developing knowledge, attitude and skills throughout the 5 years
 - All students to graduate with an empathic understanding of DVA, consider it as a health issue and have some skills to ask and respond appropriately
 - Opportunities for interested students to undertake further research
- 

Year 1	Case: elderly fall	DVA as DD for injury
Year 2	3D central study day	Lecture and small group workshop. Awareness raising, understanding dynamics, start to consider as healthcare issue.
	Headache lecture	DVA as an underlying cause of specific medical problems e.g. headache
Year 3	Dec 2019 Hub session	Evidence for a healthcare response to DVA
	Consultation skills Feb 2020	Gastrointestinal GP workshop – IBS and psychological abuse
	Primary care virtual surgery in May 2020	Practice consultation – victim of DVA presenting with back pain
	Online	Consultation skills training

WHAT WE HOPE FOR BY THE END OF YEAR 3

- Some understanding of the prevalence, dynamics and impact of DVA
 - Knowledge of health impacts of DVA
 - Acceptance of a role of healthcare in responding to DVA
 - Developing skills to ask about home, relationships and DVA
 - Understanding how to respond to a disclosure
 - Awareness that there is professional support available, but not expected to know the details or to attempt to offer support
- 

AN EXERCISE...

Leaving video

- What do you notice about the relationship dynamics in this video?

ASKING ABOUT DVA

- Was there an opportunity for the nurse to do anything differently?
- When would you consider asking?
- How would you ask?

Jane's advice to GPs... - watch the last video:

<http://www.healthtalk.org/peoples-experiences/domestic-violence-abuse/womens-experiences-domestic-violence-and-abuse/jane>

FIND YOUR OWN STYLE OF ASKING

Sometimes women who have these symptoms have been frightened or hurt by someone at home. Has anyone's behaviour upset you?

Have you ever felt threatened or concerned for your own safety?

How are things at home?

Are there things that happen at home that scare you?

Does your partner stop you from doing things that you'd like to ?

Do you ever feel criticised and put down by those close to you?

BUT - Don't ask the woman if a potential perpetrator (or verbal child) is present

REASONS FOR A “NO” RESPONSE



REASONS FOR A “NO” RESPONSE

- Embarrassment/shame
- Fear of retaliation by partner
- Lack of trust in others
- What difference will it make?
 - Economic dependence
 - Desire to keep family together
 - Unaware of alternatives
 - Lack of support system



“I can’t leave”

UNHELPFUL RESPONSES

Why don't you just leave?

You're being an awful parent

Why do you go back?



I can't help you if you won't do what I say

What did you do to make him/her so angry?

HELPFUL RESPONSES

Thank you for
telling me

I believe you

Support is available
for you



This is not
your fault

Your safety at
home, and
that of your
children, is a
priority

OPPORTUNITIES IN GP PLACEMENTS

- Opportunistic consultations
- Case discussions or meeting a patient who is recovering from DVA
- Support students to develop skills to enquire about home and relationships

Online resource – feel free to use these with your students

- Interactive video resource - real Bristol GPs share their advice on how to consult <http://uwewebmedia.net/dvrg/> [weblink may change, will be **on blackboard**]
- Interactive virtual DV disclosure scenario and consultation skills tutorial **accessible via blackboard**
- Healthtalk videos: www.healthtalk.org

FURTHER RESOURCES AVAILABLE

[NICE Pathways](#)[NICE guidance](#)[Standards and indicators](#)[Evidence search](#)[BNF](#)[BNFC](#)[CKS](#)[Journals and databases](#)[Topics](#)[Specialities](#)[What's new](#)[About CKS](#)[Summary](#)[Have I got the right topic?](#)[How up-to-date is this topic?](#)[Goals and outcome measures](#)[Background information](#)[Recognition](#)[Management](#)[Scenario: Managing domestic violence and abuse](#)[Initial assessment](#)[Managing a disclosure by the victim](#)[Managing a disclosure by the perpetrator](#)[Confidentiality and sharing information](#)[Support and information for](#)

Domestic violence and abuse

Last revised in July 2018 Next planned review by December 2023



Scenario: Managing domestic violence and abuse

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From age 16 years onwards.

How should I assess a person with indicators of possible domestic violence and abuse?

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Healthcare services should have a [domestic violence and abuse policy](#) and a designated person responsible for the response to domestic violence and abuse. Healthcare staff should be trained on how to recognize the signs of possible domestic violence and abuse, how to enquire sensitively and safely, the importance of confidentiality, and the organization's process for responding to disclosure.

If domestic violence and abuse is [suspected](#):

- **Facilitate disclosure in private with no third parties present** (the presence of a child, partner, or relative makes disclosure potentially dangerous).
 - Ensure that the person feels safe.
 - Be attentive and approachable, and discuss the concerns with the person in a sympathetic and non-judgemental manner.
 - If needed, always use a professional interpreter who has had domestic violence and abuse training, or an advocate from the local specialist domestic violence and abuse agency. Never use the person's child, relative, or friend as an interpreter.

CONTACT DETAILS

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Student wellbeing: 0117 428 4300, student-wellbeing@bristol.ac.uk

- The Bridge: 0117 342 6999
- Next Link: 0117 925 0680
- National Domestic Violence Helpline (24h free): 0808 2000 247
- Men's Advice Line: 0808 801 0327

For practice training: website: irisi.org

email: bnssg.iris.bristol@nhs.net

