

HEALTH SERVICE IMPACT OF GENDER-BASED VIOLENCE

1. PURPOSE OF PAPER

This paper provides a snapshot of the impact of gender-based violence on health and the consequent impact on key health services and settings. The evidence is drawn from a number of sources, and much of it forms the basis of the recommendations and guidance contained within the *BMA Board of Science Report on Domestic Abuse (June 2007)*. It is intended that comprehensive briefing papers will be developed in relation to each of the settings in due course.

2. OVERALL HEALTH IMPACT

- Experience of child sexual, physical and emotional abuse, all forms of domestic abuse and sexual assault/ rape (both inside and outside the home) are common amongst women and are a significant factor in the development of mental ill health (and its many manifestations) and physical ill health.
- Victims of domestic abuse use health services frequently and require wide-ranging medical services. They are likely to be admitted to hospital more often than general population and are issued more prescriptions.

3. WOMEN'S USE OF HEALTH SERVICES

- Women see the health sector as an appropriate site for intervention against domestic abuse and expect the health service to take an interest in understanding and acting on women's experience of abuse.¹

¹ Davidson L, KingV, Garcia J et al (2000) Reducing domestic violence....what works? Health Services. London: Policing&Reducing Crime Unit.

- However there are many barriers in the way of reporting abuse and the levels of reporting remain small. One UK study highlighted the extent to which domestic abuse is unreported (and undetected) with the finding that only 17% of women who had experienced domestic abuse reported this to their GP. This echoes a Women's Aid Federation England study which reported 19% of female victims of abuse approached their doctor for help.
- Only 30% of women who sustained injuries in their worst incident of domestic abuse approach health services. Of those who sought help the service most frequently used was GP (65%) followed by A&E (35%)².

4. KEY SERVICE SETTINGS

4.1 Mental Health

- Self harm is an indirect outcome for survivors of domestic abuse, sexual abuse and child sexual abuse. Women who self harm are often the same women who have eating disorders, who have post-natal depression and who may also be given a diagnosis of borderline personality disorder. There is more that links these symptoms than divides them in that they are all secondary symptoms of primary distress located in the lives and experiences of women, notably childhood sexual abuse.
- Domestic abuse has long term consequences on the mental health of the victim. The World Health Organisation (WHO) reported in 2000 that abused women are more likely to suffer from depression, anxiety, psychosomatic symptoms, eating problems and sexual dysfunction. Over a third of female victims and a tenth of male victims are likely to suffer self – defined emotional problems as a result.

4.2 Sexual Health

- Forced or coercive sexual intercourse with an HIV infected partner is one of the most common routes of transmission of

² Walby S & Allen J (2004) Domestic Violence, sexual assault and stalking: findings from the British Crime Survey. Home Office Research Study No. 276. London: Home Office

- HIV and other sexually transmitted infections (STIs) including chlamydia.
- Long-term sexual abuse may increase a women's risk of urogenital infections and chronic pelvic pain.³

4.3 Children's Services

- Approximately half the children in families where domestic abuse exists have themselves been hit or badly beaten.
- There is clear evidence of a co-occurrence between domestic abuse and child sexual abuse. One study showed that 40% of sexually abused children were also living with domestic abuse.⁴
- There is increased likelihood of smoking or alcohol consumption by mother during pregnancy if she is experiencing domestic abuse.⁵
- Financial abuse is a common element of the controlling and coercive behaviour used by perpetrators. Withholding or limiting access to money impacts on health of women any children in household, contributing to children being under-nourished and failing to thrive physically.

4.4 Community Care Services

- Disabled people and older people can experience same form of abuse as other people but be more vulnerable.
- It is estimated that as many as half a million older people are victims of domestic abuse in the UK, although only a minority of cases will be recorded.
- Abuse specific to disabled people includes:
 - the abuser withholding care or undertaking it neglectfully or abusively.
 - removing mobility or sensory devices that are needed for independence;
 - using an impairment to taunt or degrade the individual
- Different types of impairment may make it more difficult to get out of the way of an assault or to seek or obtain refuge.

³ Coker AL, Smith PH, Bethea Let al (2000) Violence Against Women and HIV/AIDS: critical intersections. Switzerland: WHO

⁴ Goddard and Hiller (1993)

⁵ BMA Report: Breaking the cycle of children's exposure to tobacco smoke(2007) www.bma.org.uk
BMA Report Foetal alcohol spectrum disorders (2007) www.bma.org.uk

- Social stereotyping that perceives older people/ disabled people as non-sexual can prevent detection of sexual abuse.
- Financial abuse is also commonly seen amongst older people or disabled people as they may be dependent on carers/ partners to collect pensions or organise bank accounts. This can adversely affect their health psychologically as a result of ongoing distress, as well as physically as a result of lack of resources to obtain food, medication or transportation. This is over and above any additional abuse either physical or sexual they are more vulnerable to.
- Elder victims of financial abuse have a three times higher rate of mortality than non-victims.⁶

4.5 Emergency Services

- A study in the U.K. has found that 1.2 % of A&E Department visits are due to domestic abuse. This means an A&E department with 5,000 patients of all ages attending over 1 year would see 500 adult patients attending as a result of domestic abuse.⁷
- An American study identified that emergency department attendance is common in the two years before murder by a partner.⁸
- Depersonalised A&E intelligence is pivotal in directing assault reduction initiatives in collaboration with police and local authority partners. (Evidence from Cardiff model)

4.6 Women and Children's Services

Maternity Services

- Research has found that physical violence during pregnancy is the second leading cause of trauma during pregnancy, after motor vehicle accidents.
- Pregnancy can also be the result of rape by a partner. Victims of domestic abuse are much more likely to describe their pregnancy as unplanned or unwanted than women not living with abuse.

⁶ Quoted in :www.seniorsummit.ca.gov/materials/betty-malks.pdf (accessed May 2007)

⁷ (Williamson, E., WAFE 2005, *A study of domestic violence services findings. England Women's Aid*

⁸ Wadman MC, & Muelleman RL (1999) Domestic Violence Homicides: ED use before victimization. *Am J Emerg Med* 17: 689-91

Obstetrics and Gynaecology

- Almost a third of domestic abuse begins during pregnancy or if it already exists it will intensify. Domestic abuse is associated with low birth weight, premature birth, fetal injury and fetal death, due to falls or blows to the abdomen during pregnancy. Obstetricians are key health professionals in contact with women at, or at high risk of complications during pregnancy and in opportune position to identify victims of domestic abuse.

4.7 Primary Care

A range of primary care health care professionals are well –placed to identify and respond to disclosures of abuse.

- GPs also have a long term involvement with a women though presentations she makes on her own behalf and on behalf of her children and are very well placed to identify patterns and repeated presentations of illness/ injuries including anxiety and depression.
- Practice nurses are very involved in well-women care and are often responsible for completing new patient screening appointments.
- Community nurses often have on-going relationships with patients and visiting them in their homes means they often can observe other family interactions.
- A recent study found that abused women (not solely domestic abuse) had almost double the consultation rate together with a sevenfold prescription rate of pain medication in the youngest and middle age categories and threefold in the oldest age group compared to that of the average female population.⁹

4.8 Addictions Services

- Alcohol and drug misuse do not cause domestic abuse, but can be contributing factors. The British Crime Survey 2005/06 found that 46% of domestic abuse offenders were under the influence of alcohol and in 12% of domestic abuse cases the victim judged the offender to be under the influence of drugs.
- Many victims of abuse will use alcohol and or drugs (medicated and non-medicated) as a coping mechanism and therefore there may be higher levels of alcohol consumption or anti-depressant drug usage amongst victims of abuse.

⁹ Lo Fo Wong S, Wester F, Mol S et al. (2007) Utilisation of health care by women who have suffered abuse: a descriptive study of records in family practice. British Journal Of General Practice 57: 396-400

- Some women are forced or co-erced by partners/pimps to become involved in prostitution in order to fund their partners drug habit.

4.9 HR Services

- Abuse can occur at all levels of society and healthcare professionals can be victims or perpetrators of abuse.
- Many health service staff who are required to respond to patients' experiences of abuse may themselves be survivors of sexual abuse/ assault, be living with domestic abuse, or be perpetrators of domestic and/or sexual abuse.

Kath Gallagher September 2008