

# Health and Wellbeing Board

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# Domestic Violence and Health

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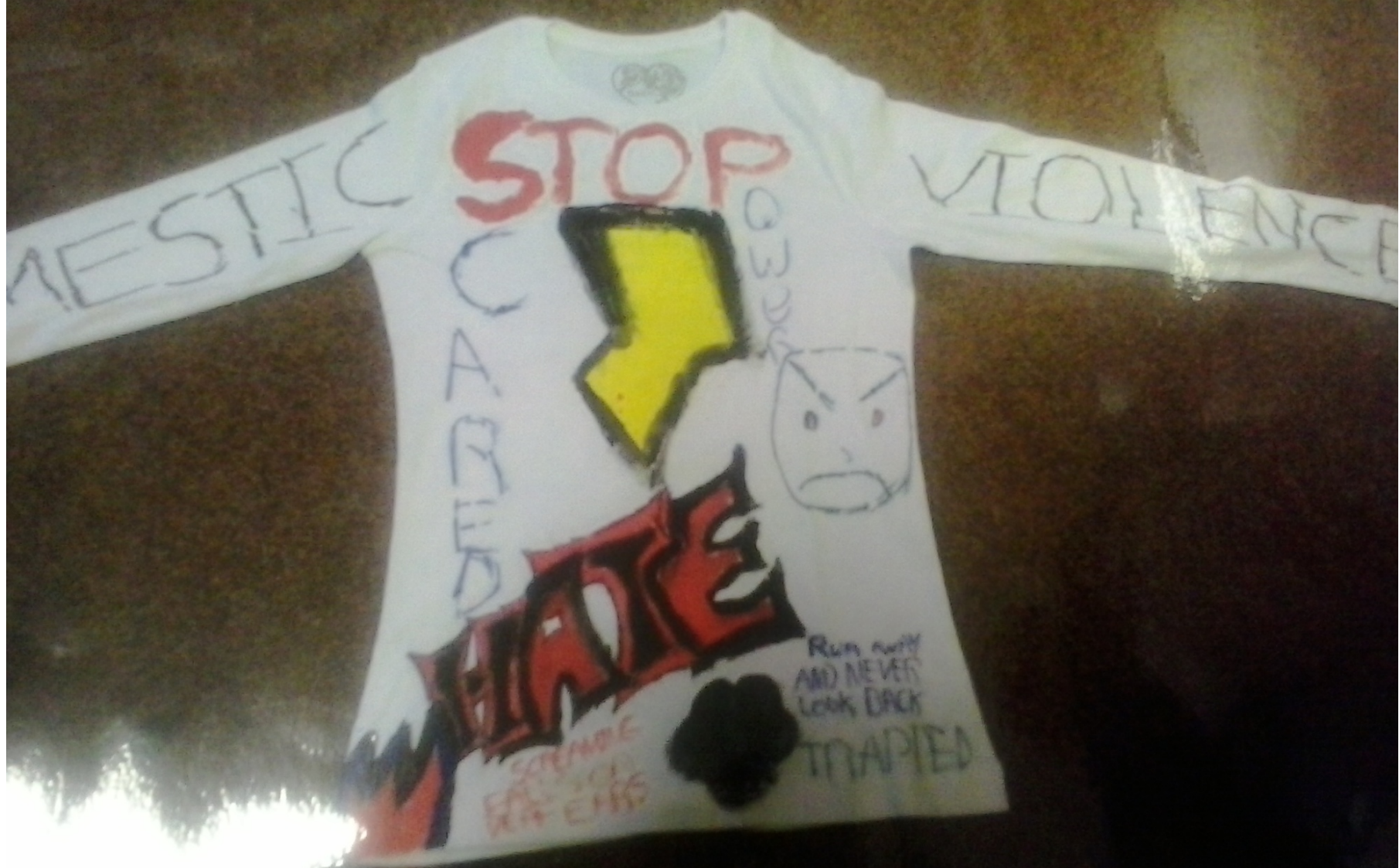




Angry me



boy age 9.



Domestic violence can kill!

And if it doesn't kill it can ruin your life!

Be Prepared

No Guns

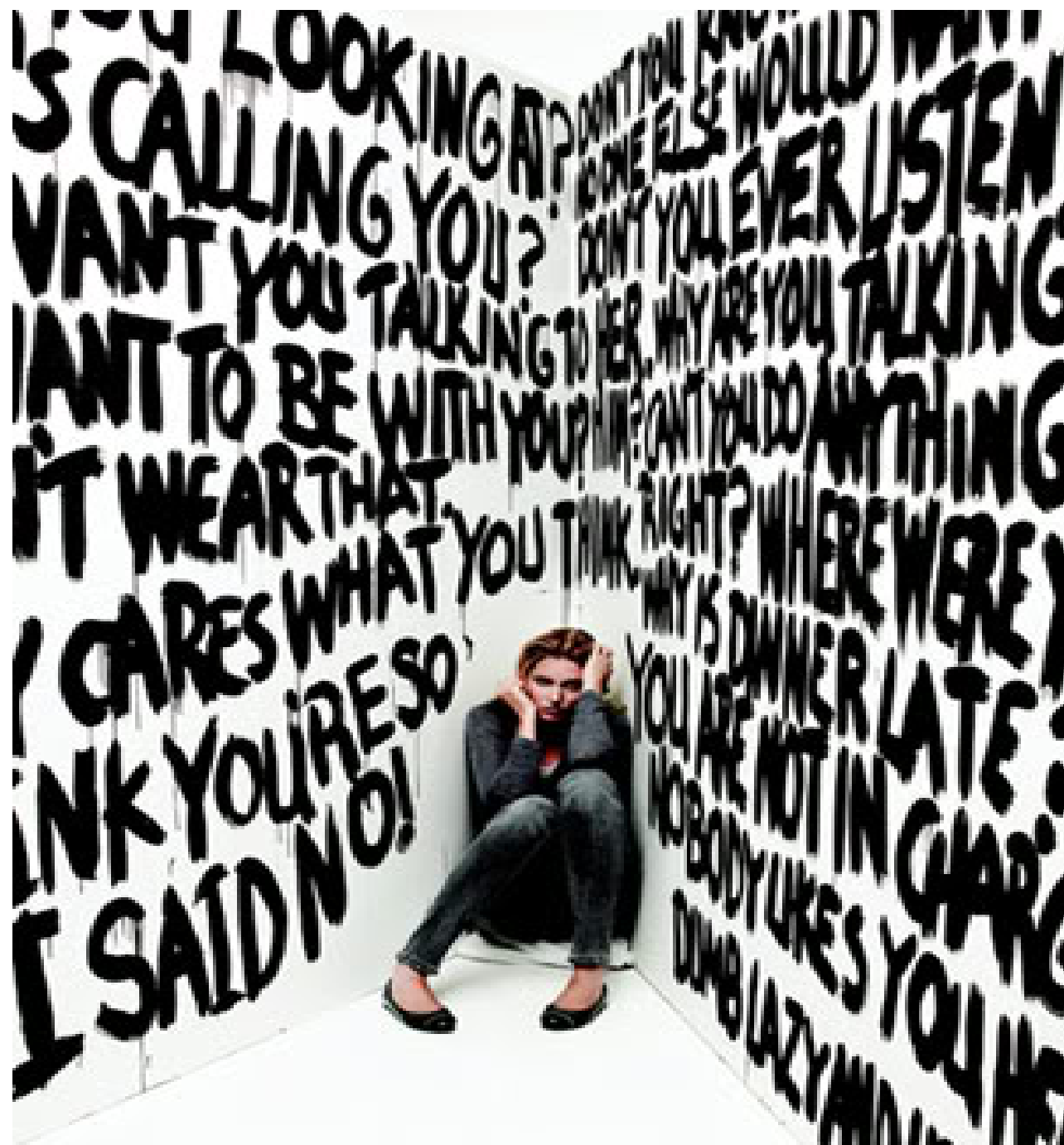


Don't let it  
get this far



Don't be afraid to talk









Abused from a very young age  
By my dad who was slightly deranged  
For years (suffered in rage & pain)  
I finally grew big enough to fight back  
But not before he damaged all my family  
Now he's left us, his work done  
And thus from the abuse my attachment disorder  
Was born.....  
I'm wary of new people but love animals  
Maybe it's because they never hurt me  
At least not the way humans have damaged me.....

K. Byrs





"We used to hide under the bed at home. Dad used to blame us, so we'd blame ourselves when he hit mum. Here in the refuge he can't blame us, he can't hit mum and we don't go under these beds."

COLIN, 12

# Definition of Domestic Violence

"any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults (those aged 16 upwards) who are or have been intimate partners or family members, regardless of gender or sexuality."

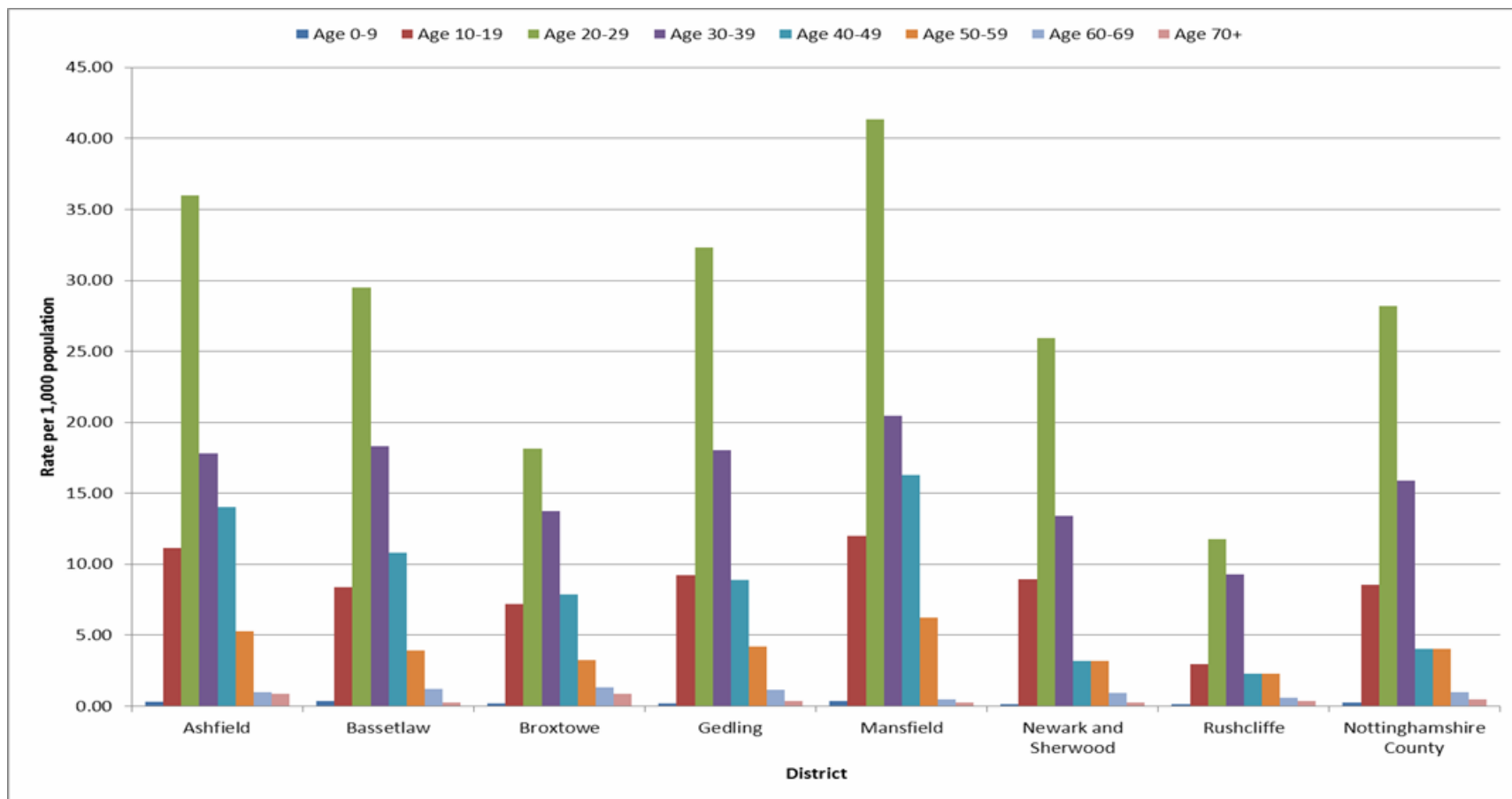
# Extent of the risk in Nottinghamshire

Estimated number of female victims 16-59 years

66,000 to 73,000 in lifetime

16,000 to 25,000 in the last year

# Domestic Violence recorded crime rate per 1,000 of female population 2011/12



**Nottinghamshire  
County Council**



**Bassetlaw**



**Nottinghamshire County**

# Impact on Health

- Health issues faced by victims of Domestic Violence
- Costs associated with Domestic Violence



# Susan's story

Susan is 41 years old with a 19 year old daughter. Susan works part time in an estate agents. Her partner is very controlling about where both Susan and her daughter go, what they do with their spare time and what they wear.

Susan has been to hospital three times over the last 4 years. The most recent attendance followed an overdose of alcohol and paracetamol. Susan told the nurse about how scared she is of her partner, but consent to share this information was not sought, and so the underlying reason was not communicated to her GP.

At the same time Susan is experiencing increased anxiety following a verbal warning about her performance at work. Work is the one place she feels really safe. She is also anxious about her daughter leaving home to move in with her boyfriend. Either one of these she believes will enrage her partner.

# What is done well in Nottinghamshire?

- MARAC
- IDVA
- Specialist Services provide holistic support

# How can we improve?

- More IDVAs
- Greater engagement in MARAC
- IRIS - Identification and Referral to Improve Safety
- Support for Medium Risk cases
- Communication between secondary and primary care
- Training

# Susan's Story

Sadly Susan's fears were very real and following redundancies at her place of work the abuse escalated at home further escalating her anxiety.

Susan visits her doctor and whilst sat in the waiting area she notices a poster about Domestic Abuse.

During her consultation she is asked about how things are at home? Susan feels relieved she has been asked about this and discloses the extent that she is fearful of her partner but does not know what to do.

Her GP explains about a new advocate working with the practice and arranges for Susan to see her.

## 6 months later

With the support from the specialist DV service Susan separated from her partner and moved in with her daughter.

Susan and her GP are able to openly discuss domestic abuse which along with the support and changes in her circumstance has resulted in Susan no longer needing to take any medication for anxiety.

# These changes would lead to ...

- Increased case findings
- Improved support available sooner
- Less people needing to use emergency care
- Less safeguarding issues
- Improved quality of care for patients
- A reduced dependency on medication
- Savings - through reduced prescribing costs
- Improved health and wellbeing for our population





# Carers in Nottinghamshire: Census 2011

Adult Social Care, Health  
and Public Protection



Nottinghamshire County Council

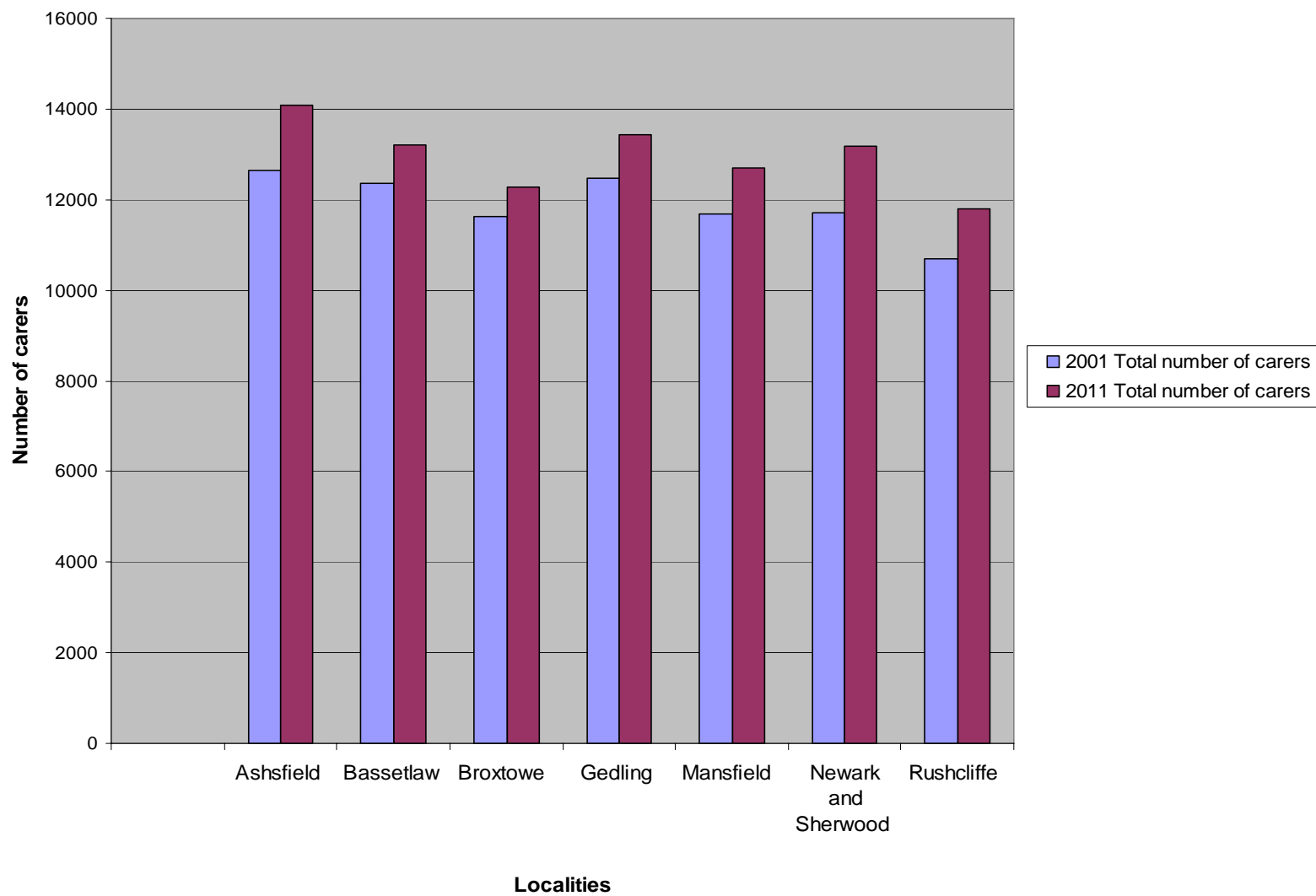
<b>CENSUS 2001</b>	<b>Total</b>	<b>1-19 hours</b>	<b>20-49 hours</b>	<b>50 + hours</b>
<b>Nottinghamshire</b>	83,181	56,904	9,062	17,215
<b>Ashfield</b>	12,647 (MF/AF = 183,000)	8,065	1,568	3,014
<b>Bassetlaw</b>	12,357	8,110	1,480	2,767
<b>Broxtowe</b>	11,638 (94,000)	8,325	1,145	2,168
<b>Gedling</b>	12,460 (NNEC = 143,000)	9,017	1,226	2,217
<b>Mansfield</b>	11,682 (MF/AF = 183,000)	7,251	1,527	2,904
<b>Newark and Sherwood</b>	11,707 (115,000)	7,923	1,240	2,544
<b>Rushcliffe</b>	10,690 (121,000)	8,213	876	1,601



<b>CENSUS 2011</b>	<b>Total</b>	<b>1-19 hours</b>	<b>20-49 hours</b>	<b>50 + hours</b>
<b>Nottinghamshire</b>	<b>90,698</b>	<b>57,426</b>	<b>11,592</b>	<b>21,680</b>
<b>Ashfield</b> (bracket = total population)	14,068 (MF/AF = 183,000)	8,087	2,091	3,890
<b>Bassetlaw</b>	13,215	7,988	1,785	3,442
<b>Broxtowe</b>	12,283 (94,000)	8,059	1,563	2,661
<b>Gedling</b>	13,442 (NNEC = 143,000)	8,998	1,554	2,890
<b>Mansfield</b>	12,708 (MF/AF = 183,000)	7,361	1,797	3,550
<b>Newark and Sherwood</b>	13,191 (115,000)	8,380	1,655	3,156
<b>Rushcliffe</b>	11,791 (121,000)	8,553	1,147	2,091



## Carers in Nottinghamshire



### Number of hours caring

