

Themis practice briefing #1

June 2013

This briefing is aimed at IDVAs working within a hospital setting. It has been created in response to emerging data from SafeLives’ Themis project, which highlights some particular characteristics of the client group and areas to consider in relation to practice.

Building on findings made in the *Safety in Numbers* report, Themis was launched in November 2012 to explore the impact of co-locating IDVA services in hospitals, and to evidence stronger links between health and domestic abuse services.¹ Early findings indicate that victims identified by hospital-based services are typically younger, are experiencing a higher severity of physical and/or sexual abuse and are significantly more likely to be pregnant. They are also likely to present with more complex needs than victims accessing help from IDVAs elsewhere. In addition, research from Themis indicates that victims are being reached at an earlier point in the abusive relationship.

This practice briefing explores the implications of this research for IDVAs working within a hospital setting.² We will look at:

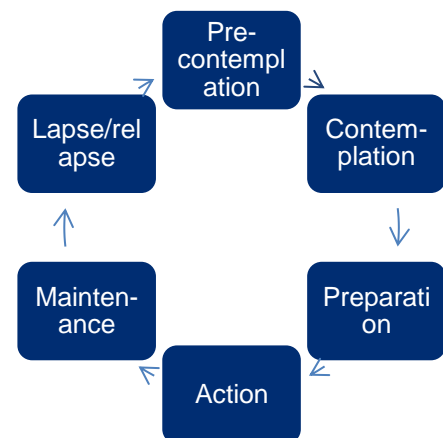
1. The implications of earlier intervention;
2. Working with clients with complex needs in health settings;
3. Monitoring engagement and addressing clients’ wider health needs;
4. Engaging younger clients;
5. Identifying risks and safety planning with pregnant victims.

Practice point #1: the implications of earlier intervention

Some 54% of hospital clients are still in the intimate relationship when they access the service, compared to 33% of non-hospital clients (*Finding 2.2, Themis Research Briefing #1*)

The Themis Research Briefing #1 highlights how hospital-based IDVAs may reach victims at an earlier stage than services in alternative settings. As such, victims may not yet recognise any additional support needs beyond immediate medical treatment. They may not consider their experience as abusive, or feel ready to accept support.

It is crucial, therefore, that you are familiar with the cycle of change and feel confident working with clients who may be pre-contemplative or contemplative about their experience of abuse.³



It is also important to acknowledge the cycle of change within the workplace, particularly where the caseload includes high risk, vulnerable people with complex needs. While you may at times question the impact of your work, bear in mind that, even if clients decide not to engage with your service, they

¹ Howarth, E., Stimpson, L., Barran, D., & Robinson, A. (2009). *Safety in Numbers: A Multi-Site Evaluation of Independent Domestic Violence Advisor Services*. London: Hestia & The Henry Smith Charity. http://www.safelives.org.uk/research/Safety_in_Numbers-full-report.pdf

² For more tips on working effectively within a hospital-based IDVA service, visit <http://www.safelives.org.uk/news/safelives-enevs-Mar2013-running-an-effective-hospital-based-IDVA-service.htm>

³ Diagram adapted from Prochaska and DiClemente’s Stages of Change model. Some versions place lapse and relapse outside the main cycle. Other versions demonstrate how clients can rejoin the cycle at the maintenance stage following a lapse. Prochaska, J. O., & DiClemente, C. C. (1986). The transtheoretical approach. In J. C. Norcross (Ed.), *Handbook of Eclectic Therapy* (pp. 163–200). New York: Brunner/Mazel.

won't forget your empathic, respectful and supportive approach. This could prove vital in influencing a client's decision to access help in the future.

When a client does engage, consider why they are accessing help in a non-Criminal Justice setting, and within the limits of the confidentiality policy, consider what is required to support them and improve their safety. **Your client may be fearful of the involvement of other agencies and uncertain of the help available. Creating strong working links with your local police and safeguarding services and keeping abreast of developments in the sector will help ensure that, should other agencies need to become involved or be requested by your client, you are well-equipped to advise them of what to expect.**

Practice point #2: working with clients with complex needs in health settings

23% of hospital clients engage with mental health services, compared to only 4% of non-hospital clients (Finding 1.3, Themis Research Briefing #1)

The increased proportion of hospital IDVA clients disclosing complex needs across a range of vulnerabilities (illustrated in the adjacent table) emphasises how important it is to enquire about these additional needs with clients.

Vulnerability	Hospital IDVA	Non-Hospital IDVA
Drugs	10%	3%
Alcohol	12%	7%
Mental Health	47%*	23%*
Suicide	28%*	16%*
Self-harm	27%*	13%*
Financial	35%	28%

*These findings are statistically significant at the $p < .05$ level

Some points to consider:

- **Use routine enquiry to establish complex needs:** Asking questions about each of these vulnerabilities demonstrates to the client that you have an awareness of, and feel confident discussing, issues which they may feel embarrassed or ashamed about. It also encourages disclosure of important information that, unless asked for, is rarely given.
- **Acknowledge the potentially chaotic nature of this client group:** Get the most out of each session by asking yourself, "If I never see this person again, what do they need to know today to be safer?"
- **Respect their privacy:** Ensure that assessments take place in a private location, with no-one else present. Ask questions that are direct and clear, yet sensitive and empathic.
- **Establish clear referral pathways:** Having clear lines of communication with mental health, drug and alcohol services, Sexual Assault Referral Centres (SARCs) and Genitourinary Medicine (GUM) clinics can also help give you the confidence to ask difficult questions.

As touched on above, the complex needs of this client group will often require a more flexible approach. Allocate additional time to work holistically with the client, and consider whether appointment times can be lengthened to reflect this. If you are regularly conducting longer sessions with clients, identify what a manageable caseload is.

Working in partnership with local agencies is also key, as it allows you to offer more informed choices for the client. Try linking with a range of partners, such as youth work and community-based organisations, as well as health-based services. Be clear about your professional limitations and encourage your client to engage with specialist services to help address wider needs: be they physical, mental, financial etc. Be prepared to offer guidance to the client about the role of any partner agencies you may signpost *them towards*.

In addition, consider using institutional advocacy to:

- Identify local networks and care pathways
- Agree working remits
- Establish realistic expectations around each partner's role.

Other ways of creating effective partnership working could include liaising with appropriate services to explore the use of screening tools: for example, the Alcohol Use Disorders Identification Test with your local Drug and Alcohol Action Team.

Practice point #3: engaging & working with hospital clients

41% of hospital clients experience high severity physical abuse compared to 32% of non-hospital clients (Finding 1.2, Themis Research Briefing #1)

When we consider the prevalence of high severity abuse and complex needs among what is typically a younger client group, it is important to bear in mind the additional challenges you may face in terms of gaining, and maintaining, engagement from clients. Use the following pointers to help you:

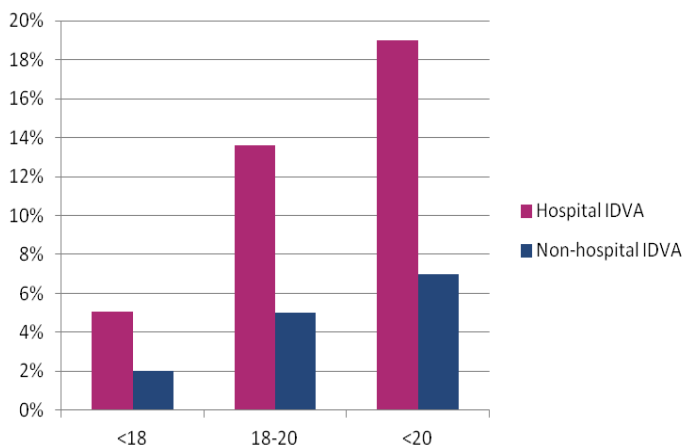
- **Confidentiality policy:** Explain this clearly and carefully to ensure clients are well informed about your information sharing practices.
- **Case length:** Monitor case length carefully and note how many cases are formally closed (i.e. through agreement with the client). If cases are not open for long or many of your cases close due to lost contact with your client, consider additional ways to improve engagement and how a multi-agency response can support this.
- **Flexibility:** As outlined in Practice Point #2, additional flexibility is required when working with clients with complex needs and this is likely to increase the length of time required to work with them. Since IDVA services are best placed to support victims over a short to medium period of time, be clear about where clients can receive more long-term assistance when the immediate risk to them has lessened. Offer to refer clients to relevant additional services, where safe to do so.
- **Vicarious trauma:** It is crucial that both IDVAs and Service Managers are aware of vicarious trauma. Employ strategies such as clinical supervision and success celebration in order to mitigate its effects.

Practice point #4: engaging younger clients

19% of hospital IDVA clients are aged under 20 years old, compared to 9% of non-hospital IDVA clients (*Finding 1.1, Themis Research Briefing #1*)

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- **Validate the seriousness of your client's relationship.** Never assume the experience of abuse is any less harmful because it has been perpetrated or experienced by a young person.
- **Young people may not identify their experience as abuse.** Be prepared to spend time exploring what abuse is and how it can manifest.
- **Communicate with young people on their terms.** Use terminology they feel comfortable with, where appropriate, and offer to use digital/text messages to stay in touch, where safe, as well as face-to-face and telephone contact.⁴

What's next?

Themis will continue to collect data from participating hospital services and their comparison sites over the next 18 months. Key findings will be highlighted in regular research briefings, which will be supplemented by corresponding practice briefings, such as this one.

To find out more about Themis, to get involved or to discuss your role as a hospital-based IDVA, visit <http://www.safelives.org.uk/policy/themis.htm> or contact Dr Kelly Buckley, Themis Project Manager and SafeLives Senior Researcher, at kelly.buckley@safelives.org.uk or on 0117 317 8750.

⁴ For further tips on working with younger victims, please refer to *Practice briefing for IDVAs: Working with young people experiencing relationship abuse*, available on the SafeLives website: <http://www.safelives.org.uk/dvservices/resources-for-domestic-abuse-practitioners.html>