advance
SAVING LIVES
CHANGING LIVES

Women's Health Strategy Consultation Response by Advance

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About Advance

Advance, a national charity founded in 1998, empowers women and girls to lead safe, violence-free and equal lives, so that they can actively engage and flourish in society. Advance, led by and for women, delivers its mission of saving and changing lives by supporting women and children experiencing domestic abuse to be safe and lead the lives they choose, and those in contact with the criminal justice or at risk of offending to break the cycle, keeping families together.

Advance's whole system approach is aligned with our values of collaboration and innovation, partnering with statutory and non-statutory providers, to develop and **deliver specialist community-based services in a Coordinated Community Response**. We focus on systemic change to meet women's needs and improve access to services across the whole system, including health, social care, criminal justice and housing, enabling consistency and continuity of support throughout their journey.

Introduction

Advance welcome the opportunity to contribute to the consultation. As specialists with over 20 years of experience working along side statutory partners to improve the outcomes for women and girls, we hope to share insights into why a gender- and trauma-informed approach to health care is vital to saving and changing the lives of women and girls.

Domestic abuse and other forms of violence against women and girls, including contact with the criminal justice system, are a public health emergency.

Women's health, often impacted by both their sex and their gender, informed by wider society and inequalities based on gender and perpetuated by systems built for and by men, as acknowledged by the government and the Prime Minister when launching the Women's Health Strategy. Despite 1.6 million women and girls experiencing domestic abuse and violence (DVA) in the UK per year, clinicians in health settings often fail to take DVA into account when consulting with a woman disclosing physical or mental health issues.

In 2018, around one-quarter of partner abuse victims sustained a physical injury because of domestic abuse (ONS). A **third of the women Advance support have disclosed physical abuse** in addition to emotional, psychological, and other forms of abuse, often resulting in long term health issues, **over a third reporting mental ill health** as a result**.** Women experiencing abuse often have poor physical health including 'poor functional health, somatic disorders, chronic disorders and chronic pain, gynaecological problems, and increased risk of STIs'[(1)]. They are also at increased risk of poor mental health and/or problematic substance and alcohol misuse.

When asked by the ONS where they receive medical attention, 83% of victims/survivors said a GP or doctor's surgery, 36% at a specialist mental health or psychiatric service and 12% had gone to a hospital's A&E department[(3)]. Although Health services are often the first point of professional contact for people who have experienced domestic violence and abuse, referrals from health practitioners to Advance and its partners (other voluntary organisations) remained low. We have seen significant increases of such referrals with the introduction of joint working, including education and co-location in health settings of our Health Advocates (see section 3).

1. Women's voices about their health and care

Advance reaches out to **over 6000 women and 2000 children each year**, providing practical and emotional support and advocacy, bearing witness to their lived experiences and amplifying their voices through this submission.

1.1 Stigmas, taboos and trust in professionals

Domestic abuse remains a taboo subject and often seen as a 'private matter' within society and health care settings. Women might not accept that what they are experiencing is abuse, or that if it is, they blame themselves or **feel it does**

not warrant disclosure to a health professional, despite it having a negative impact on their health. They are not able to disclose or even acknowledge their abuse and if they do, they might not be able to articulate it effectively. Women tell us they fear that if they disclose abuse, they will be judged or blamed for remaining in the relationship.

The women we support are often in contact with many services and statutory agencies, and often their experiences are not positive **leading to a mistrust in professionals**, so that they are not confident and even fearful to disclose abuse. Advance Independent Domestic Abuse Advocates (IDVA) note that **women are more comfortable to disclose their abuse with a GP**, compared to other statutory professionals, however it requires the GP asking about her experiences to make a woman feel that 'someone cares' and encourage disclosure free of stigma.

'… I don't think they take into consideration the conflict in your mind; so you're being beaten up, but you really don't want to break your family up right? So there's this other frustration going on inside along with the panic that you've just been beaten, you're sweating, it's embarrassing, your house is in a mess, your neighbours are outside, they're judging you…' Woman supported by Advance, 2019

Mothers and pregnant women experiencing domestic abuse, and even more so those involved with the criminal justice system, fear the involvement of social services and fear their children being taken away if they disclose any information to a professional, when surveyed (9) (A Place to go like this, 2020).

Tamsin told us she began a relationship with an extremely violent partner, who inflicted a brain injury which has left her with a long-term health problem. Tamsin did not trust the police to protect her and was afraid social services would take her children. She did not feel she could report the details of her injury to the health professional. Woman supported by Advance, 2019

Women fear, often due to societal stigmatisation, that disclosure would be humiliating or embarrassing or that certain **details of abuse might be uncomfortable to disclose, specifically around sex**. There is a lack of gendered perspective when health clinicians talk to women, especially when we consider the societal stigmatisation, often perpetuated in early school years around female reproduction and female sexuality. For women we support, especially young women, there is also a **concern about sexual health check-ups**, as it be particularly triggering for women who have been raped and sexually assaulted, especially when carried out by a male clinician, and therefore opt out or prolong sexual health check-ups, which may result in long term health implications.

Women who have been **diagnosed with mental health disorders can be perceived as chaotic or difficult**, which can be **made even worse when also labelled an offender**. Women tell us that they feel that they are forgotten about, or made to feel that they don't deserve support, especially if they are mothers (9) (A Place to go like this, 2020) ; that it is their fault that they are in the difficult situation.

Sam was involved in abusive relationships for many years and her offending, drug use and mental health problems continued. *'Every time mental health is mentioned… bad news, because people are not trained enough in it… … if her son's away from her then even better because she can't be around children if she's like this with bipolar and violent outbursts and all this sort of stuff,' not, 'Right, maybe she needs anger management, maybe she needs a referral to a mental health place and do all this stuff and start bringing her and her son together.'*
Sam supported by Advance, 2019

1.2 Young Women's early sexual experiences and health

Our survey of young women we work with, in contact with the criminal justice services, have told us that many young women **did not feel equipped around healthy relationships, whether sexual or intimate**. There was no expectation to discussing their sexual health with a health professional. The young women who participated stated that *'there is a lack of space to learn and talk about the emotions and feelings that come with sex'***.** The young women discussed that although there were lessons on sex education when they were at school, it was not necessarily beneficial or taken seriously; women reflected about 'putting condoms on bananas' and noted that *'most of my information was from the streets basically'.* Pressure from friends and peer groups was reported by more than half the young women, as the most influential factor in beginning sexual relationships.

Advance's own research(7) about early sexual relationships and the impact on young women's health found that

- **74%** said they should have waited longer. Young women told us that the average age that they started having sex was 12 and the average of their partner was 16 (and up to 23).
- **73%** said they should have known more about consent. Women in the focus group believed that consent and saying no is a subject which, like them, girls often lack knowledge and confidence in.
- **65%** of women were survivors of childhood sexual abuse.
- **91% reported that their previous relationships had an impact on their mental health** and this was attributed to controlling and unhealthy relationships.

This lack of education and understanding around sex and relationships for young women can also be a **barrier to understanding their own trauma or how to access support**, impacting their mental health and contributing to unhealthy, including controlling relationships (domestic abuse), contact with the criminal justice/ offending behaviour.

"…when I was younger I was raped so many times it's … I know it's going to sound crazy but it's almost like you lose your self worth and by losing your self worth you're then open to more risky behaviour. Like you're … expecting the worst, so then you just start to take more risks… " Young woman's feedback, 2020

1.3 Lack of understanding by and training of health professionals

Health clinicians **do not always understand the indicators** of abuse and trauma and therefore do not investigate further; as a result without them asking prompting questions, health care practitioners more often than not fail to identify abuse and trauma. Clinicians, even when they suspect a woman is experiencing abuse **lack confidence** or understanding on how to approach the subject including where to refer women or what the available avenues are if they do decide to disclose. Advance has often **barriers to carrying out training** with health professionals in health settings. Hospital settings, GP practices and mental health wards are often very busy and differing rotas mean that training can be hard to implement in full. This can mean that clinicians do not prioritise training or might even see it as a hindrance to their work.

'Good session, comprehensive but same considering there is a second similar session material could have been compressed into a slightly shorter time-span, especially when considering the work, we have at present – this is very important but so are all our other work streams.' GP feedback after training by Advance, 2021

Clinicians do not always accept that addressing abuse and its impact is part of their job, or that it is relevant to a health response. There is still a lack of acknowledgement that abuse and trauma has causational and correlational effects on a women's health. This has the capability of retraumatising women, who might not feel listened to or that her experiences are being dismissed. It also can result in women not having effective treatment. **Women tell us they are not being asked about their home life or their current or past trauma**, and when they are asked, they do always feel confident to disclose and that they will be listened to. Aisha, who was referred to Advance by a GP following receiving DVA training by us, was forthcoming in her disclosure to her GP when asked.

Over the last 15 years, Alisha tells us that she experienced significant emotional abuse, including feeling fearful and not being allowed to have control over her decisions from family members. Following a routine GP appointment regarding her existing health issues of menorrhagia, dysmenorrhea, fibroids, fibromyalgia, cysts, hypothyroidism, and depression, ***the doctor specifically recognised gynaecological issues as a health concern and indicators of domestic violence and abuse*** *(DVA), following attendance of clinical session 1 of the IRIS training by Advance. The doctor asked the question about how things are at home and Alisha was very forthcoming and open in her disclosure. Alisha disclosed that her 14-year-old son has witnessed abuse when much younger, and now there are reports of abuse perpetrated towards him by the other family members. As a result the GP has made a referral to child safeguarding and to Advance.*
Alisha, woman's feedback, 2020

Women living with trauma are often diagnosed and thus labelled with a mental health diagnosis that does not consider her trauma. For example, women who are victims of sexual assault, rape and abuse, for extended periods of time and without a clinician with a gender- and trauma-informed approach might be diagnosed with Borderline Personality Disorder (BPD) when it might be Complex PTSD which takes account of a women's experience in relation to

her mental health and holds less stigma[4]. Women's mental health label might **stigmatise them as unwilling or even unable to offer opinions of their own health**. This can lead them to disengaging with the health professional and using alternative coping mechanisms such as drugs and alcohol. (see Dual Diagnosis 1.5). For women who have been diagnosed with a mental health illness, **they may be offered medication but often are not offered counselling**. Where women have poor experiences of mental health medication, they are not always listened to when they tell a GP this.

'I was diagnosed with depression. But I didn't want the anti-depressants, I had been on them before and had really bad side effects. I didn't want to go back on them. I wanted therapy. I had to really advocate for myself to get that. In the end I had to go private.' Woman's feedback, 2020

1.4 Barriers to access health care

Women supported by Advance who do not have a fixed address or who are street homeless, **proof of address can be a barrier to registering with a GP** surgery. Women who have been in contact with the criminal justice system often have to use their probation office as their 'known address' which may not be close to where they reside requiring long journeys and money for travel. This can result in further barriers, including access to mental health services.

Some women can find that **on release from prison to the community, their health records have not been transferred**, resulting in barriers, including an end to medication and treatment that vitally needed.

Sally was released from Prison without any medical records/information from the healthcare team, therefore unable to continue with prescription in the community to restart medication. Sally, her Advance keyworker and her GP made multiple attempts to contact the prison healthcare team to obtain this information. They were all unsuccessful so had to be escalated through prison senior management. Sally was street homeless and therefore extremely vulnerable because of her mental health, as well as running out of her EpiPen for her epilepsy. Woman supported by Advance 2021

For women who do have access to a GP surgery are **often on a waiting list for mental health support, sometimes up to six months, and can experience a deterioration of their health**. Women who do have access to mental health services might not always engage at the initial assessment or have trouble maintaining engagement which can result in their support being stopped rather than clinicians adapting their approach. This means that **women can become stuck in a cycle of referral – non-engagement – crisis – referral.** For women known to a local mental health team after being referred in or accessing support several times, can experience stigma attached to her and requests for support may not be taken as seriously.

For **women who are living with domestic abuse and are being monitored or isolated by the perpetrator,** attending a GP alone might be the only opportunity they have to access support. Clinicians need to ensure that they speaking with women without a family member or partner in the room, to enable them to approach issues at home and domestic abuse concerns safely.

Jennifer came into the sexual health clinic at St Mary's hospital with her perpetrator who was sitting in the waiting area. Jennifer disclosed ongoing abuse to the clinician and a referral to Advance's Hospital-based Health IDVA was made immediately. Jennifer had been unaware of support services that could assist her to develop a safe plan for leaving and she consented to a referral to her local DVA service. She disclosed that she had tried to leave perpetrator, but he would not let her. Jennifer felt trapped in the relationship and didn't feel that she had a way out. The Health IDVA, working with the doctor, offered her support and advice which she consented to. Woman supported by Advance Triage IDVA

1.5 Dual Diagnosis as a barrier to accessing support

Women have different coping mechanisms when it comes to trauma and abuse including the use of alcohol and substances, often leading to physical and mental ill health. Researchers found that 70% of people in drug and alcohol services, had co-occurring mental health issues[5] and yet referrals from one agency to the other remains low. When clinicians fail to recognise a woman's abuse as a trigger or a factor in the worsening of either or both her substance use and the deterioration of her mental health, they are missing an opportunity to improve women's health.

Co-occurring issues of mental illness and substance and/or alcohol use is widely known as a 'dual diagnosis'. Women supported by Advance and with a 'dual diagnosis' are being passed between different services and, as a result, falling through the cracks. **Women are often refused access mental health support** until they stop problematic alcohol or substance use. However, a lack of mental health support, more often than not, leaves women needing to increase their substance us as 'self-medication', **putting them in precarious positions with increased vulnerability to exploitation and abuse**, homelessness and children being removed, furthering a dependency. Women who are on a substitute medication e.g., methadone/ Subutex, may appear to be under the influence which can be held against her.

*Maria (46) told us that has **severe mental health and substance use issues** and had been **rough sleeping for a long period** of her life, struggling with maintaining engagement with services. Maria was at high risk of further violence and had been threatened multiple times by her partner. He had previously assaulted her several times and Maria **suffered from severe injuries** from these attacks.*

*She **has been diagnosed with a personality disorder and learning disability**. She has been working with the local mental health team for 13 years under section 3 and has been working sporadically with a specific worker for 8 years. **When Maria started to engage with the team they decided to put her in forensic settings due to her mental health issues** which would not often last long; her maximum stay was 6 months before she left each individual placement. She has also been placed in a hostel, yet after attacking another resident, she was evicted. Maria turned to rough sleeping where she met her current partner.*

***Maria** has been using alcohol for a long period of time but was keen to stop. When Maria runs out of money, **she begs to fund her daily alcohol**. Maria is very unpredictable with regards to her behaviour; she often misunderstands and acts out due to that. Maria is also very lonely and feels isolated, which leads her to increase her alcohol intake. **Maria has a long list of criminal offences,** both with her partner and offences only including her, including assaulting each other, violence against members of the public, drunkenly disorder, theft and grievous bodily harm.*

She told us she has worked with a significant amount of professionals and has had different experiences.** She was often expecting the worst when she met new professionals and has often walked out of meetings when asked too many questions, **due to professional's lack of understanding, awareness and empathy for her situation, as she says.
Woman supported by Advance Mental Health IDVA

1.6 Lack of resources, time and competing demands for health professionals.

High turnover of staff, full capacity and competing demands are all cited as barriers by clinicians to asking questions around a women's home life and how that affects her health.

'The doctor has to be aware of indicators and the patient minimising the problem, which Victim/Survivors do all the time (due to shame, fear of disruption, fear they won't be believed, coercive control, not realising the abuse, psychological distress etc). This is difficult to identify when GPs are taking 300 calls a day and are unable to get into much detail with the patient.' Advance's Health DA Advocate/ Educator feedback.

It is vital that health care clinicians acknowledge the importance of a trauma and gender-informed approach. Questions around current and past traumas such as rape, child abuse and DVA need to be identified in understanding how this plays a part in her health and asked as often as 'do you smoke, how much do you drink, do you have a healthy diet'.

GP appointments are 10 minutes long, and they tell us they do not want to ask questions about DVA because they worry about what to do next, that they don't have the time. Women who go to a GP appointment are also aware of the time constraints and tell us they feel pressured to only discuss one or two medical issues and avoid the subject of her abuse and trauma.

'At the appointment with her GP, she had a written a list of things she needed to discuss. The GP told her that they didn't have time so to 'pick two and make another appointment'. I explained to her, that GPs only have ten minutes, but they shouldn't have spoken to her like that, they should of helped her prioritise' Advance Minerva Keyworker, 2021

Health clinicians might have high caseloads and therefore use a woman's lack of engagement or alcohol and substance misuse can be seen as a reason not to provide health care, rather than provide women with the support they need to engage, such as DA or CJ advocate. Advance's Advocates have noted that at times health teams will instead make a referral to Advance when the women are not engaging or not taking their medication, and expect advocates to bridge that gap of providing the support alone.

2. Quality and accessibility of information and education on women's health

Advance work holistically to ensure that the woman is at the centre of her support and we do this through advocacy and community education. By working with clinicians, and other statutory professionals, we can tackle some of the stigmas and taboos surrounding women's health and by doing that we can improve the quality and accessibility of information and education on women's health. By working with women, we can improve their understandings around trauma, abuse, healthy relationships and empower them.

2.1 Advocacy

The journey of recovery from the impact of trauma for survivors of domestic abuse and women leaving prison can often be long. As they rebuild their lives, we provide support for each stage that meets the woman's needs where she is at, through our services. Through **one to one advocacy**, we empower women to make informed choices and get support through a joint up coordinated response, working with specialist partners.

Moreover, providing women survivors of abuse access to **structured workshops like Advance's Phoenix programme** in women-only safe spaces, she can better understand abuse and its dynamics, the impact on her health and empower her to make her own choices.

2.2 Clinicians

Advance **pioneered co-locations at statutory settings** for over 20 years; by working with statutory partners in their settings, we improve access to educational tools and training, joint and partnership working and an increased confidence in all aspects of knowledge around DVA. It is through this, that clinicians start to have the confidence to begin to ask women about their experiences, to challenge the normalisation the woman might be feeling around her abuse and be the first step on her journey to a more empowered, safer life.

' (Advance's Hospital IDVA is) A bit of rock… something to hold to when things are really difficult. To know that they are there, they can support the patient, but they are probably going to be supporting the staff as well' Health practitioner feedback to Advance

A gender and trauma informed approach to clinical care in all settings can empower women who have often been exposed to prolonged periods of abuse, have low self-esteem and distrust of professionals, through:

- An embedded structure and procedure of asking all women about experiences of trauma and abuse by health care professionals, as much as they ask about smoking and drinking, given its prevalence;
- Mandatory training for health care professionals for gender and trauma informed approach to health care and information on referral pathways in their area and surrounding boroughs;
- Embedding questions about trauma and abuse in E- Consult systems as another way of prompting GPs to ask women about it and logging information to include in diagnosis and treatment;
- Posters and marketing materials about DVA and other forms of VAWG, including details about DVA/VAWG advocacy charities for self-referral, clearly displayed in all health care settings;
- Joint up co-ordinated work and co-locations of DA advocates within hospitals, GP practices and other health settings.

2.3 Young Women, relationships and sex education

Advance have identified through research (7) of young women the following are need to improve quality and access of information to young women (aged 11 to 24)

- School **education should focus more on healthy relationships**, including the difference between love and sex, the feelings and emotions that come with sex, and the importance of mutual consent, as there is high level of sexual harassment and intimate partner abuse within young people (supported by the recent Ofsted report).
- Schools and/or community services should provide a **mentor who young girls are able to talk to** about healthy relationships and sexual experiences. Young girls need a wider network of informed individuals to discuss and learn about sex and relationships, including parents and older family members who would benefit from guidance.
- **Young women's and girls' perspectives must be specifically considered in youth violence work to ensure a gendered approach** when shaping policy and developing programmes for young people. Young women and girls interfacing with Youth Offending Teams and prisons require access to healthy relationship education that is tailored to their greater level of vulnerability and risk of exploitation.

2.4 Mental Health

Our review of the impact of trauma and abuse on women's mental health found that women need better access to information, safe-spaces and support services in the community. Advance's report Women Demand Better Mental Health (6) calls for support for women experiencing abuse and trauma, including:

- **Trauma-informed, longer-term specialist services funded for women and children** experiencing abuse and trauma, who are domestic abuse survivors and/or in contact with the justice system;
- **Mental health support funded for all women and children experiencing abuse and trauma,** who are domestic abuse survivors and/or those in contact with the justice system;
- **Access to women-only safe spaces and community-based support for all women and children** and an end to the post-code lottery, so we can ensure we are meeting the needs of survivors nationally;
- **A Government review of women's deaths resulting from self-harm, including suicides and overdoses,** focused on those in contact with statutory services, who are survivors of domestic abuse and/or in contact with the criminal justice system;
- **Further research into the impact of the pandemic on safeguarding and best-practice for those affected by abuse and trauma**, including access to statutory and support services, identifying safeguarding risks and responses within social distancing restrictions.

2.4 Pregnant women

- Criminal justice and social care agencies need an improved understanding of the **needs of women involved in offending who are pregnant, the best interests of their babies**, and how this should affect women's treatment in the criminal justice and social care process, including implementing of the guidance set out by Birth Companions and recommended by the Royal College of Midwives.(3)
- More specialist services are needed for pregnant women and new mothers in need of support. **Specialist midwives and perinatal mental health services are very valuable** and would benefit from a better understanding of the dynamics of abuse and drivers of women's offending.

3. The Health and Care System responsiveness to women's health and care needs

Through Advance's work, we have identified opportunities for targeted action and, together with partners, have evidenced improved access to support, better health outcomes and improved safety and well-being, reducing the cost to public services. **We have developed and implemented a number of specialist responses,** outlined here.

3.1 Hospital-based Health IDVAs

Having an embedded Advance Health IDVA has equated to an increased understanding of DVA from clinicians and improved safety for women experiencing abuse. It has meant that health professionals in hospitals have an on-site domestic abuse specialist who can react and respond to crisis, support through joint working, improve referral pathways and directly work with women who are admitted into hospital. Advance's Triage IDVA supported women through the A&E, the Maternity Ward and the Sexual Health Clinic and was able to develop safety plans with women at the point of DVA being suspected.

The Advance IDVA embedded in St Mary's hospital in the year 2019/20

- increased referrals and improved access to support, with **121 referrals** made to our service, compared to less than 10 referrals in the previous year;
- **91%** health professionals reported improved understanding of domestic abuse;
- **100%** health professionals reported increased awareness of options available to access support.

'It was very useful discussing the case and it was a good example of how domestic abuse can be missed. I now understand that domestic abuse is not always how it presents and that the 'Perpetrator was possibly just appearing caring of the patient and that this was possibly not the case'. *Doctor in A&E St Mary's*

'I felt the training went well and was very useful, not only for the doctor's rotation with the Sexual Health clinic but for them professionally. I felt we left the training with a thorough understanding of DV and of how to support a victim that comes in to the clinic ". *Feedback from Sexual Health Clinic, St Mary's*

Of those referred, 101 women, **83% engaged** with the IDVA support and reported

- **100%** have a safety and support plan that includes options for physical and emotional safety
- **100%** feel more confident around how to seek help, report abuse and what options are available

3.2 GP practice-based DA Advocates/Educators

A Cry for Health report (Safelives, 2017) noted that GPs often provided valuable support, but only when made aware of, or able to ask about the abuse. Advance Advocate/Educators (part of IRIS intervention) work with general practices to offer DVA training, support and a referral programme resulting in

- primary care professionals having improved understanding of DVA and its relevance to health
- a better knowledge and understanding on how to respond and ask appropriately about DVA, how to contact and refer to a DVA specialist
- the importance of safeguarding in regard to DVA, resulting in improved safety for women, and access to support and intervention at an earlier stage of her abuse.
- offering women a safe place in which to disclose her abuse and a place to have her voice listened to.
- increases the recognition that abuse, and health are often linked and including understanding indicators such as urinary tract infections, STI's, pregnancy and request for a termination, as well as increased anxiety, depression, suicidal ideation, withdrawal or change in their psychological state.
- when women are asked about their abuse, and given an opportunity to disclose, they are often forthcoming.

Sarah (not her real name), a 43 years old, white European female, presenting with mental health concerns (anxiety and depression) had been experiencing emotional, verbal, and financial abuse from her now ex-partner. This included threatening behaviour, control of finances, gaslighting, intimidation, isolation, and use of children as a means of manipulation for 15 years and had been a patient at a GP for 5+ years.

Sarah stated she had not discussed the relationship in length throughout the 10 years of experiencing abuse and ***she made a disclosure to the GP after she was asked for the first time****. Sarah was the first referral made by the practice a week after the initial training.*
Sarah, woman's feedback to Advance

'Having received our initial training back in February, those that attended felt it immediately changed their practice. The session highlighted the prevalence of DV, particularly within the Covid era and very much put it at the forefront of our minds when speaking to patients. We were able to discuss the challenges that phone consulting poses and discussed ways to overcome these. ***In the space of 6 weeks I have referred two patients*** *to the service and on both occasions both the patient and I have only positive feedback to give. The speed of response from both our nominated advocate and the service management was as promised within 24 hours. I received email updates when contact had been made with the patient, which given the context of the referral, I have found to be hugely reassuring. A nominated individual whom I can contact is invaluable.* GP trained by Advance Advocate Educators, 2021

3.3 Pregnancy

Pregnancy can be a very dangerous time for women, but especially dangerous for women in an abusive relationship. Often women note that abuse started or escalated while pregnant. The **health implications of abuse on a woman who is pregnant is also incredibly risky as high levels of anxiety and stress, including the risks of physical abuse can impact both mother and child.** It also however allows te opportunity for health care professionals to reach women as they will usually be attending regular scans and check ups; lack of awareness and understanding of identifying abuse equates to missed opportunities to save lives.

Women who are pregnant and are awaiting trial can experience high levels of anxiety, worries about her unborn child and worries about children she may already have, her accommodation, employment, finances.

Debbie was referred into Advance's Minerva service in June 2020 and was 8 months pregnant, awaiting a court hearing that was likely to result in a prison sentence. Debbie was referred for support and was concerned about maintaining her property, ensuring her children would be cared for and whether or not her newborn baby would remain in her custody or who would look after them. Once she was informed that her and her baby would be accepted into the prison mother Baby Unit (MBU), she was concerned about having enough baby items to take into the prison. *Woman supported by Advance 2020*

Advances own research of women mothers who had experienced domestic abuse and in contact with the criminal justice system (CJS) (A place to go like this (9)) found that **51%** of the women reported problematic substance misuse and **89%** had health and well-being needs, often identified as facing 'multiple-disadvantages'.

3.4 Mental Health

Advance first had an **embedded/co-located Mental Health IDVA** in a mental health hospital in 2016 which resulted in a better understanding of some of the core issues facing mental health clinicians in identifying domestic abuse in clients and acted to mitigate these barriers. The IDVA noted that there were inconsistencies around practices when DVA concerns are identified, and a lack of capacity and mental health conditions might mean that women are not in a position to disclose information regarding their abuse; all of which contribute to a health practitioner not enquiring or focussing on DVA.

The co-location of a Mental Health IDVA has many benefits for the practitioners including an increased understanding about DVA, gender and trauma and as a result an impacts on a woman's mental health, helping to improve outcomes. Upskilling practitioners to be trauma informed and gendered in their approach as well as having a better understanding of DVA, safety planning and referral pathways ensures that they are able to identify abuse and the risk levels of women.

5. Research, evidence and data gaps to support improvements in women's health

Advance has identified through its research that there are clear gaps with regards to

- **Women's mental health and the links to increased self-harm, suicides and overdoses** https://www.advancecharity.org.uk/wp-content/uploads/2021/05/Women-Demand-Better-Mental-Health.pdf
- **Young women's health and the impact of early sexual experiences and relationships**

https://www.advancecharity.org.uk/wp-content/uploads/2020/09/Space-to-learn-Relationships-report.pdf

- **Mothers with experience of domestic abuse, and also in contact with the criminal justice system** https://www.advancecharity.org.uk/wp-content/uploads/2020/05/Advance-A-place-to-go-like-this-Full-Report-and-Appendix-Web-1.pdf

6. Understanding and responding to the impacts of COVID-19 on women's health

With social distancing and three national lockdowns in the UK since March 2020, women and children have been more isolated than ever, finding it difficult to access support. Women and children being abused were locked down at home, often with their abusers, becoming increasingly unsafe and unable to leave or to get help. Many women were in custody with short-term sentences away from their children and worried about their families. Those released from prison often had nowhere to go, with no health or financial support, and unable to reunite with their children. Digital inequalities and poverty made access to vital health services increasingly difficult with consultations being made online. (Research by Advance, July 2020 (8))

'I lost all structure and now have a whole week to fill. I felt frustration due to chasing services. No data, so I am using WIFI from mother's home to contact services. Trying hard to build and maintain a structure and motivation. Managing to get a response from housing and the GP but everything is taking so long"
Woman supported by Advance, June 2020

Women needing mental health support and medical interventions were wating longer and like in the case of Dalia, unable to access abortions:

Dalia found out she was pregnant after her partner died in April 2020. Due to not knowing she was pregnant and grieving, Dalia did not try to access support for a termination until June 2020 and she found she was not able to get to her appointments at the abortion clinic due to the distance and the pandemic restrictions. Advance was able to support her over the phone and provided a taxi. However, once she was able to attend an appointment, she was informed that she was too far into her pregnancy and had to have the baby. Social services were notified and informed her they would be removing the baby after the birth, causing significant trauma and ill health. *Woman supported by Advance, 2020.*

Kelly has a physical disability that affects her mobility and ability to lift caused from a historic sexual assault. She used to receive physiotherapy at UCH in Euston, but that stopped during COVID and she didn't get any follow up support. Her condition worsened as a result which resulted in her being hospitalised again. *Women supported by Advance, 2020*

Beatrice has a broken nose from an attack by a male in a hostel which had been causing her breathing issues. Her consultations for the rhinoplasty was continually pushed back due to COVID. She also had a virtual psychiatric assessment with a consultant from the plastic surgery team that she wasn't told about in advance, and the assessment itself wasn't trauma informed. She was quite distressed after and her Advance keyworker was then required to calm her down and reassure her. *Women supported by Advance, 2020*

Our research and evidence of women's experiences since the start of the Covid pandemic found:

- Up to **62% of women experiencing domestic abuse were self-isolating with the perpetrator** and 50% have had increased contact with their abuser during the first lockdown, increasing anxiety about their and their children's safety;
- **37%** of women survivors of domestic abuse and **79%** of women in contact with the criminal justice system reported mental health needs in the year to March 2021;
- **52%** of women in contact with the justice system reported increased support needs for mental health and **28% reported increased risk of self-harm during the first lockdown**;

- Women reported facing higher criteria for accessing mental health and safeguarding support, with **42% of women reporting difficulty accessing mental health services**, leaving them feeling unsupported and even forgotten;
- On average, women **required three to four times the amount of support from Advance's advocates** compared to pre-pandemic levels, often due to increasing mental health needs;
- Women reported difficulty and **additional barriers to contacting statutory services for support,** as well as delays in accessing housing and the legal system;
- Women have also reported **difficulties in accessing essentials** such as food and clothing, and worsening financial issues, increasing their levels of anxiety and mental ill health.

'I've been very stressed due to my health conditions and not being able to afford to pay my council tax. I can't afford to pay for medication. I don't have the money to eat what I want to eat'
Woman Supported by Advance

Sadly, Advance has also **identified an increase in women's deaths by suicide and overdose, with eight deaths in London in the year to March 2021**, compared to one death each year in the previous years (see report (6)) . Due to the restrictions and social distancing rules, statutory and voluntary services had to reduce face-to-face support and access to community centres.

Advance also adapted its services, supporting women remotely with limited access to face-to-face support and its women's centres. Our frontline staff supporting women in community settings - such as hospitals, housing offices, police stations and probation offices - could no longer do so, as access was restricted.

Statutory outreach

COVID-19 have made access to domestic abuse support through IDVAs in hospitals and statutory health settings all but impossible, increasing missed opportunities to support women experiencing domestic abuse and health needs.

Advance IRIS teams working with GPs faced many challenges due to Covid-19 as GPs have been dedicating their time and resources to the COVID-19 vaccination programme, thus communication with GP surgeries had been difficult to maintain and they were overall less able to commit to dates for training. However, Advance's dedicated team worked with a flexible approach to ensure the project would still be able to deliver effective outcomes for women.

Due to COVID-19 women have also been forced to spend more time at home, resulting in restricted access to GP surgeries, potentially limiting an important avenue for support. Through conversations with survivors, advocate educators have noted the pandemic has significantly increased the level of stress experienced due to a lack of usual support systems. This aligns with recent research noting that household stress, disruption of livelihoods, and limited access to basic needs and services exacerbates the risk presented by DVA.

There were **positives reported amongst some women surveyed by Advance**, as the time in lockdown allowed some to take time and reflect on their needs and decide to seek support.

'The lockdown has made me realise how alone I really am and that I have nobody. But on the flip side, it made me realise that I needed to look into my drug use which I am now getting help with'
Woman supported by Advance

'I feel the lockdown has forced me to deal with my mental health and to talk more openly about it which I never did before, I used to brush it off and pretend I was fine when I wasn't'
Woman supported by Advance

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