

Joint Forward Plan Insights March-May 2023 – Victims of abuse

From March to May 2023, we engaged with local residents on our draft Joint Forward Plan and carried out targeted engagement with victims of abuse.

In Milton Keynes we attended a resident meeting at a women's refuge and a support group to listen to the lived experiences of people who had experienced abuse. The feedback shared by the women attending has been grouped by theme.

Support available
Many in the group expressed how vital the ongoing support from the recovery programme is, some in the group have attended the 12-week course several times. They find great benefit in the continued support offered by the group and knowing that the support does not 'drop off a cliff' after the 12-week programme has finished.
Group support sessions are important to provide peer support however access to 1-1 support is equally as important as different women will respond differently to the type of support on offer.
Pathways to support
The support women receive depends on the way in which women access help, for example those accessing support via Children's Centres did not get the same access to services as those who had been in contact with crisis support centres and refuges.
The group felt that services should be joined up so that any service a woman comes in touch with knows which support services are available and can direct them to the right services.
Children's Centres had been the point of contact for a number of the group to start the process of leaving their abuser and being signposted to the right services.
Services that are not available or are limited
Family Therapy – Therapy delivered to whole families would help. When therapy is provided it tends to be individual but there would be opportunity for the family to be counselled together which would provide wider support.
Support for children is often limited. CAMHS services do not often provide support for children who has been in a family where domestic abuse has happened. Without support children can struggle to cope and may find themselves in abusive relationships, as this was the case for some of the survivors of abuse. The right support for children can help break the cycle of abuse.
Mental Health Support
Long referrals into services, 2yrs is the norm and when diagnosed specialist treatment is not available on the NHS.
One attendee was recommended Schema Therapy following a psychological assessment however it was not available on the NHS. An appeal was made to the Local Authority to fund the therapy but the request was denied.
In many cases CBT style therapy is offered but this is often not the right level of support and specialised trauma counselling is required but is not readily available.
When psychological assessments are undertaken the need for specialised support is identified but when this support is not available, it lengthens the time recovery takes. The right support for mental health is very important to recovery.
The group would like to see peer support groups developed.
Some attendees were offered Mental Health support via Primary Care Plus, this was recognised as a good service, but was only available for a short time and it is unclear what the ongoing support will be.
One attendee had been referred to the Keeping Well Service and after being on the waiting list for some time received an evaluation from the psychiatrist who said the service that Keeping Well could offer was not specialised enough for her. She has been referred to a counselling service by MK Act but is now on a waiting list for that service.

In one case an attendee was told by her GP to stop taking all of her antidepressants as she was pregnant, this resulted in her being admitted to hospital.

When attending Milton Keynes Hospital to give birth, the hospital staff identified that the attendee was in an abusive relationship, provided support services and connected her with perinatal support services.

Refuge Support

Crisis support is good, however without the ongoing recovery services, many would go back to the perpetrator of the abuse. Crisis care is just one part of the support needed.

The support available from refuge services can be limited if there are multiple children, one attendee had 4 children and was only able to have limited access. The age of male children can limit the access that women have to crisis services. The group felt there should be alternative support for those in this situation.

Access to GP services

Women in the group had experienced ongoing issues with trying to register with a GP. They were consistently told that because they were in temporary accommodation for 3 years they were not able to register with a GP. This resulted in reduced access to healthcare and created issues with other services. One attendee of the group explained that because she was not able to register with a GP but needed prescription medication for her child, the only way she could get the medication was to use the walk-in services.

Attendees added that social services insist that they are registered with a GP but many are not able to find a GP that will register them because they were moving frequently or in temporary accommodation. They feel that social workers hold it against them that they have not registered at a GP and look at it unfavourably when reviewing their case.

Having a named GP was important to many of the group. A number of attendees expressed concern at not having a named GP, meaning that at each appointment they would have to explain their situation and go over previous traumatic experiences and share personal and very emotive information with a different clinician each time.

One attendee was supported by her GP practice and told to request follow-up appointments so that it could be assured that they would see the same GP.

Having to regularly ask for Fit to Work notes has been difficult for some women. One person's experience was that each time she needed a new fit note, she was asked to explain her reason and she had to repeat details of the abuse she had suffered. This was extremely upsetting and if the details were already on the system, would seem to be unnecessary. Having to go over the detail of their abuse was affecting their ability to recover. This was in contrast to others' experience where they were able to fill in fit notes online and not have to talk through their experience each time.

Women were often just offered medication by their GP for depression and whether the abuse was known or not, they were not offered wider support and many felt 'fobbed off' with anti-depressants. A lack of compassion was noted by some of the group.

Only being able to book appointments on the day within a certain time frame caused a lot of issues for attendees, who because of childcare responsibilities may not be able to be at the surgery or on the phone at a certain time to get an appointment and in many cases this is the only option to be able to make an appointment.

It was raised that when attendees were collecting prescriptions from the pharmacy that some pharmacy staff would ask for the address on the prescription in front of others. Those that are currently in the refuge have a PO Box they are able to give as their address but feel that this draws undue attention to them. On their file it states that they can give their D.O.B for the prescription so the address is not needed, but this is not followed by some staff.

It was also raised that when checking in for an appointment at the GP, for an appointment that was already booked, attendees were being asked what their appointment was for, this seems unnecessary when they are checking in for an existing appointment. Being asked personal details in a reception created anxiety.

Signs of Abuse

There was much feedback of signs of abuse being missed, that if professionals the women came into contact with had asked more questions or looked past initial symptoms then there would have been earlier opportunities for intervention.

When visiting the GP after giving birth suffering abuse from their partner, many women were misdiagnosed with having post-natal depression and in some cases only offered medication for the symptoms and not wider support for the real underlying cause.

A number of attendees expressed how when they approached their GP, they were diagnosed with depression and the only treatment offered was medication. There was often not a desire on the part of the clinician to look at the root causes of the symptoms. Attendees were often not signposted to support services.

One example was given of how an attendee had presented to the Nurse at the GP with a rash. The nurse identified that it could have been caused by stress and anxiety and asked in a respectful way if there was anything there were any underlying causes and highlighted that support was available. This was highlighted as a very positive experience.

Missed Opportunities

The group expressed the fear that if they were to come forward to professionals about the abuse they were experiencing they were at risk of having their children taken into care. Communication needs to be better to offer reassurance to others in this position to help reduce the barriers to asking for support.

Some of the group had experiences with social services where they were seen as at fault rather than as experiencing abuse, in these situations the correct advice and support was not given.

In a number of cases women were mis-diagnosed with depression or post-natal depression and the signs of abuse were missed so support was not offered. It is important that Health Care professionals are trained to notice the signs and make opportunities to speak with the women on their own.

One attendee explained that whilst in the maternity unit after having given birth prematurely, the hospital called a meeting with social services but were not clear with her about the reason for the meeting. It transpired that the meeting was because they had concerns for the attendee and her child, because of the interactions they had seen with the father, however as this was not made clear to the attendee, she took her abusive partner to the meeting. During the meeting because her abuser was there she told social services and the hospital staff that everything was fine, because she was scared of reprisals from her abuser. If she had been told what the meeting was about she could have attended alone and would have been in a safe space to explain the situation and ask for the help she desperately needed.

The meeting also left her feeling like the staff thought she was being a bad mother to her child and that she was at risk of having the child taken from her.

An attendee explained that when she was in hospital after having given birth, she requested birth control. She was trying to explain that she needed contraception that her partner could not take away from her, if she was given the contraceptive pill her abuser would take it away from her so that she fell pregnant again. Not only was the request denied and she was told that was something she would have to arrange after she left hospital, the reason why she was asking and was so insistent was missed by those caring for her.