

331 – Domestic Abuse with Natriece Wittich

Jon Graham

Well, good afternoon. Welcome to today's lunchtime learning. The eagle eyed amongst you will have spotted I'm not Steven, and it gets worse. I'm actually a chartered physiotherapist, but I hope you can forgive me my trespass on that clinical front. Now, for today, a somewhat unusual topic for our clinical support discussion, domestic abuse. And the reason we're putting this on is because it's really important part of our function as primary health care providers. our respective standards and codes of practice require that we keep safeguarding issues in mind. And there's every possibility that one day, we might be in a position to help someone who's affected by abuse. So what I want to achieve today is to make sure that we're all aware of the telltale signs of abuse and particularly less obvious ones, how to handle that conversation, how to point victims in the right direction to get the best help and support. And to guide us through here to this I'm delighted to welcome the treat WITTEK to the studio. The trace has had various roles in domestic abuse over the last 15 years. She is part of the senior management team for the Northampton share domestic abuse service, where she has responsibility for supervision and guidance of our team. She's passionate about supporting all victims of domestic abuse and trees. Hello, and welcome to the Welcome to the show. Thanks for having me. Our pleasure. Now, I'm not going to hit you with the now define this for me, but for the sake for understanding what sort of behaviours would be encompassed by by domestic abuse.

Natriece Wittich

Okay, so I think the most obviously, commonly recognised is the physical abuse aspect of it. And then you've got the verbal and emotional abuse. So that can be name calling being put down being told you're not good enough. It's a general chipping away at your self esteem in regards to you know, how they refer to you. Sometimes that can be disguised as jokes, so they might make jokes at your expense. And then if you say, Well, I'm not really happy about that, why are you making a big deal about this? You've got the coercive control, which is basically the controlling of your everyday activities. And it happens over time. So it's not something where you start a relationship and straight away it might be like you're not doing this you're not doing that you're not doing this. It's you know, do you really need to go to work or do you think we should be putting the children in nursery Do you think you should be staying at home looking after them so it can be quite can be quite insidious, very insidious. So it can happen over a period of time and it can happen where you don't realise it's happening as well. You've also got the financial abuse which can be they stop you from accessing your money by saying things like you're no good with money you spend too much. I need to have an

overall view of this. So you need to give me your bank details and your card so they can access your nonbanking but also other things is they can stop you working. And that can be, they can call such a fuss when you go into work that you might get fired because they're ringing you constantly or turning up to work, they can accuse you of having an affairs in the workplace. So all these different things, generally, you tend to sometimes just stop working.

Jon Graham

And the and you mentioned the word they say, and that is domestic abuse, what to do find the domestic part of it.

Natriece Wittich

So domestic abuse is incidents, or a pattern of incidents happen, usually between partners or ex partners. That's regardless, regardless of your sexuality, or gender. But it also can be family members as well. So the family members can be abusing you, as well as your partner or ex partner.

Jon Graham

And we've spoken about adults here, but of course, presumably children can also be involved in this as well.

Natriece Wittich

Yeah, because obviously the DEA act that came in in 2021, it recognises children as victims and survivors in their own rights. Yeah, domestic abuse act. Yeah. And that basically came into place to ensure that all victims survivors had access to equal services. And it was trying to strengthen the response to domestic abuse between statutory agencies, so making sure that everyone's providing that same service,

Jon Graham

as that also helped with funding for the services.

Natriece Wittich

Yeah, yes, it has. Yeah, because obviously, there's now a, basically a DEA Commissioner, that's in post, and she is ensuring that their funding is obviously, it's had to be allocated to domestic abuse, specifically.

Jon Graham

So that's what the domestic abuse would have been something with a postcode lottery before. Yeah, definitely.

Natriece Wittich

So in this area, for example, in rugby, which is close to us, they didn't have a domestic abuse service at all. So it very much is now that you should be able to access a service regardless of where you're living.

Jon Graham

And then just in terms of the prevalence, how common is it? So one

Natriece Wittich

in five adults will experience domestic abuse in their lifetime? And that's usually one in four women and one in six men,

Jon Graham

one in six men? That's quite a shock, isn't it? And then and in terms of so that's, so what what would have been a year that lamps be millions?

Natriece Wittich

Now you can ask me to do,

Jon Graham

I would I sent remembering the receptionist about two and a half, two and a half minutes. And I think what worried me was I was thinking in 30 years of practice, have I missed some of these things? Which then got me thinking, Is it a money thing? Is it in the rarefied world of private practice, and we're less likely to see that, or is money and class not an issue in domestic abuse,

Natriece Wittich

it's not an issue, I think there might be a preconceived idea that it is obviously happening to not lower socioeconomic status class at the search, but actually, it happens across the board. 21. And, you know, we've had clients coming to our service victims, survivors, who are very highly educated and really good, high powered jobs. And they are finding themselves in situations that they never dreamed they would be in, because obviously, they've gotten to relationships, before they knew it, and they didn't recognise the abuse that was happening at the time.

Jon Graham

Well, that's, that's interesting to say. Although from the outs, people don't always recognise they're in that they're in that situation

Natriece Wittich

now. So you could ask someone, are they in abusive relationship? And they will say no, because they're genuine believes that they aren't. But if you turn around and said to someone, do you feel like you're walking on eggshells in your relationship? So are you worried there's gonna be an outburst or an incident, if you say or do something wrong? Are you altering your behaviour, so that that doesn't happen? All of that is an indicator that you are actually in an abusive relationship. But I think, like I said, is predominantly known as physical abuse. And if you're not being hit, or you're not being physically abused in any way, sometimes you don't recognise that it is abusive.

Jon Graham

So obviously, as clinicians, we're kind of the one things we want to get out of today is kind of understanding those though those signs. So from your remember saying earlier to me, you, you have actually been on the receiving end of some physio treatment for for a shoulder. So you've, you've been in that consultation, kind of scenario. So before we delve into it, tell us what's, what are the services that you actually offer in that.

Natriece Wittich

So we currently got in mind refugees across the whole of Northamptonshire, and we have one male refuge, we have a drug and alcohol refuge. That's obviously for women fleeing domestic abuse, to also have substance misuse issues. We have a diverse refuge, and that's for the victim survivors who

potentially has diverse cultural needs. So they may have no recourse to public fund, if they've been brought over to this country on a spousal visa, so they won't have any access to any money at all. So we do specialist support around that. And obviously, immigration side of things. We have what we call so we have a self contained flats for women children as well. And we also have communal living refuges as well. So that's basically they share the bathroom, the lounge and the kitchen, but they have their own bedrooms.

Jon Graham

So when so when it's been recognised and signposted, there's read this somewhere it's safe for these for these victims to to go to and what are the what are the apart from the refuse what other services do you

Natriece Wittich

offer? Write a 24 hour advice line and that can be accessed accessed by professionals or victims survivors. And if we haven't got suitable space, if someone's looking to flee, we will then signpost them to other agencies across the whole of the country that have got refuge base that's also available. We offer emotional support, we offer support around contact, because sometimes when you when there was a separation between the partner and the perpetrator, they will use the children or the contact continue to abuse the victim survivor. So we sort of go through different things they can do to safeguard themselves. Really importantly, we put safety plans in place, and we do risk assessments to see what level of risk that that victim survivors at.

Jon Graham

So you say that it's also a professional so we as clinicians could ring up and say, we've got some got some concerns. And you, you talk us talk us through that. Yeah, we

Natriece Wittich

could signpost on what you could do next. I think it's really important for clinicians to be aware of their services that are available to them locally as well. Yeah. So if you do have asked the question to someone, you've then got somewhere that you can bring or signpost to, so that they can actually give you the advice that you might need, or what next steps to take.

Jon Graham

So understand after this, you've got a you've got a PowerPoint presentation for us that will we can have as reference for the the everyone who's been listening to see what those where their services are, and how they can access them in in hard in hard print. So going back to that kind of clinical situation, what what are the sort of where you've come in for your sore shoulder, your knee or your or your or your back was his condition I'm, I want to make you better. So what are the what might be the sort of verbal or nonverbal cues that we should be just bearing in mind,

Natriece Wittich

I think if you have a client coming in, who was always accompanied by their partner or family member, and they can appear quite timid, you know if there's a loud noise and like jump, because it's the anxiety, the levels of anxieties that are there. Obviously, bruising is one of the most obvious signs to look out for, because obviously, if you're working on a particular part of their body, it's obviously noticed some bruising, that potentially is thinking that's that doesn't look, you know, from the injury that doesn't

Jon Graham

reach, it doesn't fit. Yeah, I'm actually not sure of either bruise there.

Natriece Wittich

They might be like, if they're with their partner, they might talk for them. So they're talking over them. And for them, really not letting them speak. They might be dressed in clothes that aren't appropriate for the weather, because obviously, that might be to the financial abuse that they're experiencing, they're not allowed to go and buy clothes or anything for themselves that they might need. And I think it's like, if you tried to make an appointment with them on their own, there doesn't seem to be an opportunity to do that. And it's difficult to have a conversation in a safe environment, if they're always going to be accompanied. So I think to always try and get that upon their own if you can, if that's not the case, can you take them to another room with an excuse, like, oh, we just got to go and do this, if you just wait there, we'll be back in five minutes. So just giving yourself that opportunity to take them away to somewhere safe to have a safe conversation with them.

Jon Graham

So part of the behaviour actually can make it more difficult to spot because the the perpetrator may well be with them be be with them. But I love that idea of just, oh, can I just look at this. And as clinicians, we may well have a piece of equipment in another in another room, or we might want to get there walking. So if you just wait that want to watch your partner walk up and down the corridor. It from from a clinicians point of view can imagine it's it's become Dare I ask what how's that going? How's that question going to be received?

Natriece Wittich

I think it's where you've asked you. So I think you could ask questions such as, Are you safe at home? Do you feel safe at home? Are you walking on eggshells in your relationship? You know, I've noticed that obviously, your your partner has a lot of talking for you, you know, is that? Is that common? Do you feel that you have a voice in your relationship? So just little things that you can pick up from the conversation? But also then, is the way you're asking because like I say, a lot of people don't know that they're there in a DA relationship in the relationship? Could could you

Jon Graham

have two scenarios there where one of those was just the sort of almost opening the floodgate there will just they're ready to tell you. Whereas the other one, because they may not recognise that they're in that situation, you might have to ask two or three more questions before the sort of a light.

Natriece Wittich

And I think for those who are in a situation where they're scared, where they don't know how to get out where they feel trapped, I think sometimes they want you to ask them the question. But then I think, from my perspective, as a professional, you will need to know where you can then signpost before asking it. So I think I'd always say just be aware of the services around you so that you can go right, okay, there's a number here, I'll give them a call and find out what we can do and then trying to then put a plan in place to keep them safe to see you again as such.

Jon Graham

And if I was in that scenario, we've said Well, you've come in with a new pair and you're looking you're walking with we've left it left the partner and we've asked the question, and you're now

looking fearful and now thinking as a clinician, I'm worried for your for your safety in the here and now. What What would you recommend in that scenario,

Natriece Wittich

if that person's in immediate danger, and they don't want to go back in the room with their partner or they're scared from the police? Do a 999 call so I've got a client here with me. She's an abusive relationship. She's really scared she doesn't want to go back Hang with the perpetrator and need someone to come out, and then they will come out and intervene. And you know, depending on the situation, they will then try to safeguard that victim survivor and find her support.

Jon Graham

I'm just thinking through I mean, I'm have the luxury of a clinic with a couple of big, big lads that work for me, if I was a lone female practitioner, you know, which is, could well be the case with with a lot of our audience members, it's, it's then that that could be quite threatening for that particular condition. It's kind of wondering how to handle that situation,

Natriece Wittich

I think is how you do it safely. But anything is making sure you do it safely. So if you've taken away they disclose, and then you don't want them to be the perpetrator to be aware of anything untoward going on, make the phone call, get someone to make the phone call. So please go back into the room and then wait for the police to arrive and come in. And then they will take over the situation. Got it

Jon Graham

so so you might even sort of do your do your walking up and down, have the chat and turn back in the room and say, I'm just going to upload a video, I want to look at that. Or I just want to check a splint or something, make an excuse to get out to make what they think is a there's a phone call in the GP phone call related to that consultation. But actually you're saying nine look, we've got a we've got a situation here would you would you come. So that would be the immediate danger. And then if it wasn't the immediate danger, again, it's it's having that local knowledge, hopefully from your from your PowerPoint, to then signpost, that individual, you need to bring the the end ass and take it, take it from there.

Natriece Wittich

So if you've got the numbers available, it's how you safely give them the numbers or how you safely give them the information. We offer a virtual service as well. So if they can't ring, they can email our advice line which the details will be on the PowerPoint. They can go on to we've got Facebook Messenger, we've got chats within our website that they can go on. So there's different ways that they can contact us depending on their situation at the time and what is going to be the safest way for that to happen.

Jon Graham

Lovely. So we got a few questions coming in. And so we'll question from, from Kas, so a client of mine came to me this morning after domestic violence occurred, and she wanted me to document and assess her injuries, as well as all the verbal emotional abuse. She only trusted me the police were involved and did their assessment injury. But it was a very intense session, as little overwhelmed and just assessed her osteoporosis Lee and documented all the marks and bruises. So in that scenario, again, you've got you've got the services to pick up and the and the place. And

cause further point out the one of the hardest subjects is marital rape. That's a very difficult area for victims to bring up.

Natriece Wittich

Yeah, I think the sexual abuse is extremely difficult. But I think ultimately, it's about consent. But also sexual abuse encompasses the perpetrator, making them do things they're not comfortable with. Or we've had extreme cases where they get given sleeping tablets every night, and then they're getting raped while they're asleep. So you know it that is extreme, but as sometimes the victim survivor can't say no, because they're worried about the repercussions of that. That could be the perpetrator forum on the room banging, slamming beams threatening or intimidating behaviour. It could be you know, I'm gonna I've taken pictures on the relationship, I'm gonna show them to your family or your work colleagues or your friends. It's lots it's encompasses different things. I think anything that's being made to do, that they're not comfortable with, they've been threatened or coerced into doing is sexual abuse. And also, just because you are married, rape is right, if the consent isn't there. And actually, when you're scared, you're also not given consent, because you're afraid to say no, I think it's just reassuring them that actually, this is right, you are being raped, and we can get your help and support if you need to.

Jon Graham

So we're the the investors with ways of communicating one of one of the thoughts but if you're busy on Facebook Messenger or whatever, and the the perpetrator walks, walks in, water the

Natriece Wittich

on our website, you can do it so that you can shut it straight down, and then they can't track it. So it's like on all of the domestic abuse websites, you've got the national one, which is the National Domestic Abuse helpline it's called but there's a website for that and you can go on there, there's lots of really good tools that you can look at, even from a practitioner perspective. They've got great kits on there, you know, how to, you know, support people what you can do it in your local areas, but also all the different resources that can be given to that victim survivor to make them feel a bit more confident in what they're saying in their reality. Because a lot of the time they're being told that no one will believe them. They're being told that you know, it's to do with them their mental their crazy, a lot.

Jon Graham

Is that a problem that people worry that they're not going to be believed?

Natriece Wittich

Yeah, because gaslighting is a big part of domestic abuse. It's the making the victim cyber since they're going crazy. And they'll do stuff like move their belongings, change things in their phone, delete stuff off the laptop, just things that you wouldn't think that people would do, but they want them to believe that they're actually going crazy. So their perception of reality isn't actually what reality is and no one's going to believe them. Right? So if they're going around to their friends and family saying, you know, they're really struggling with a mental health at the moment meant the ceiling here when things aren't happening, you know, if that victim survivor ever does discloses what's going on, are they going to be believed and have they made as to whatever they're not gonna believe you anyway, explore man and said that you're, you're you're struggling at the moment. So that clinical

Jon Graham

scenario can be very, very important because we might end up being the first person who's listened, spotted, listened and believed and,

Natriece Wittich

and documented because you've got documented there as well. And that is really important. I think, I think a good piece of advice I would say is, if you do ever get, you're spoken to about domestic abuse, and they're not willing to go forward or do call the police or they don't want any support, it's just to get them to document incidents that happen. So the date, you know, the time a bit about that incident, so then if they ever do decide that they're ready to go forward and prosecute the perpetrator, they've got the evidence here with the times the dates and what's happening.

Jon Graham

Yes, because that's that's a very, very valuable, because I imagine part of the whole gaslighting was it didn't happen here. Well, actually, I told my I told my car Oh, yeah, but on a number of occasions, and if we're if we've kept up good documentation is a we've got all that all the evidence. So with the abuse act as that as that man it's a replicated your services across across the country. Yeah, it

Natriece Wittich

should be a service. It's accessible across the whole of the country. Now. It obviously services very dependent on funding, but you should be able to access a service where you are currently practising

Jon Graham

and given the sort of the splits between the devolved governments is that is this still in Wales and Scotland and Northern Ireland? Are the steps still the same? There should be visualisation?

Natriece Wittich

Yeah, got it. Okay. So

Jon Graham

and then what did they say they would say my children so that's that's, that can be another challenge for us that some of us as clinicians involved in treating children and the the pet the parent would would from our point of view, we'd want them there from a we always have to have an adult present in safeguarding and so unchaperoned chaperoning, that's the word that's the word I'm looking for. So are the signs in children a bit more subtle than they are in a in an adult?

Natriece Wittich

I think I think realistically, children can behave in very different ways. If they are witnessing or experienced domestic abuse at home, you can have some children that may have been wrongly diagnosed with ADHD, ADHD, they've got some behavioural problems. That can be the one like extreme scale, you can have someone a child who displays as very been quiet, timid, you know, doesn't really make eye contact. So I think it goes across the spectrum, really, the behaviours that can be shown or exhibited by children are witnessing or experiencing abuse. I think from my perspective, I think I would always from any professional that are dealing with and one of the children safeguarding is a massive thing, which I'm sure a lot of people have been trained in. But what is your own company's policy around safeguarding? Are you aware of the local agency you have to contact if you've got a safeguarding concern, and you know, bring up these concerns after you've got all the information that you might need if you've got to fill in a referral form? So what

what information are you taking when when you're actually having someone come in a child come in, but as well as the parent, you know, it's all these different things. And I think the more you get to know that and the more aware of it, then that will help if you do need to put in a safeguarding concern around a child. And I think this is the child is obviously with immediate danger. Again, it's 999. So if they see something that you find really concerned on, you've got real serious concerns about the risks that they're in, you would do a 999 call like you would do with the adults.

Jon Graham

Essentially, it's about having all those procedures in place because as as busy clinicians, we're sort of going to health and safety procedure. We've got lots of procedures and I'm kind of wondering actually can my own clinic as to how well documented we've got this. I'm just thinking ahead for for the academy where they're actually a whole episode just looking at our responsibility on safeguarding whether that's something for the future and do they have a missed one in the past where that is where that's happened? So where do you sit your your local services? Is that expanding?

Natriece Wittich

Yeah, we have expanded quite significantly the last two years, but I think for us, we've just received funding to have more children domestic abuse specialists, so they support children within our refuges. They also support children in the community in schools, but they also do group work as well. So we currently one run quite an extensive group work for adults and for children. We do it for children five to 11 Then you've got 11 to 16 we have a programme for mums that look at the impact of domestic abuse on the children but also then their parents in and then we're we're currently running the who's in charge programme which basically looks at child to adult violence against the parent. So we are got quite an extensive group work programme but we have for the adults as

Jon Graham

well. Yes. I think that's the we're not Understand that actually, one might think about between the the partners or between the parent and the child. But actually, it also goes the other way where the where the child can be abused in the parent.

Natriece Wittich

And I think the majority of time that happens when there's been an abusive relationship between the parents or between the parent and the step parent has come in, and then that child is then copying the behaviour, or taking on the role of the perpetrator, when that perpetrator leaves, they're being encouraged potentially to abuse the victim survivor, by the perpetrator, they might still be having contact with. So as all and also as a parent through domestic abuse, you lose your self esteem and confidence, which then naturally impacts on your parents inability as well. And you might not have that, you know, how do you put boundaries in when the whole time you've had the children with the abusive partner, they've been putting you down? Tom, you're doing wrong time, you're rubbish parent, you're rubbish, Mum, you're rubbish dad. So it's about establishing those boundaries again, as well, and what is, you know, effective parenting, but also good parenting, because obviously, that's skewed within that relationship. And you're undermined all the time, which is another thing where they the child stops, is being taught not to listen to you or, you know, not when you're trying to put boundaries in not to listen to what you're saying to them, they can

Jon Graham

be roped into the whole of the whole the whole of us. And we've spoken a little bit about the prevalence, that there's this potentially, to two and a half million million cases, but also what we didn't touch on was the actual seriousness, seriousness of it and where this actually can, can lead to.

Natriece Wittich

So two women are weaker killed by partners or ex partners. And that's a huge amount, I think it's 30 men a year are killed by partners or ex partners. So the level of risk this is why we always make sure that we risk assess at the first point of contact with our service. And we have obviously procedures in place where if they are high risk, so we do what's called a dash. And it's a national risk assessment that's used across the whole country. And you ask a series of questions, we use the ACT pro dash, which has 28 questions, and that covers safeguards and it covers last incidents, you know, things like, have they been strangled as they've attempted to drown them? You know, it's lots of different things that have been, like shown as being the high risk indicator for domestic homicides. And then we then refer into what we call Merak, which is a multi agency risk assessment committee, which meets in all the different parts and Hampshire. And they have cases which they discuss and put in safety planning with all of the information from different professionals.

Jon Graham

So a couple of really great questions coming in. So Matthew DS, asked us, do we need the victims consent to report it?

Natriece Wittich

And yes, I think if they're deemed as having capacity, you do need to speak to them. But if the way that our service work, because if they come out with high risk, when we do a risk assessment, we would then automatically put into mark if we think is a serious risk, or if there's obviously a serious risk to the children who would follow our safeguarding procedures around that.

Jon Graham

So so if we didn't have as a clinician, if I didn't, if I, if I had kind of spotted signals, we've had the dialogue and don't do anything, I don't want you to take this any further. I'll document it. But then as a clinician, I could presume could a ring your service, and just anonymously, say, just talk about the situation situation

Natriece Wittich

and also does obviously like confidentiality, you can keep names out of it and say, this is a scenario that I've had come in today, what would you recommend as the next steps to support this client, if they are not allowing me to report it or they don't want to go any further with it with anything that we've discussed?

Jon Graham

And then obviously, one of the focus of today's is sort of think about how we as clinicians might might spot these things, in your experiences as receiving referrals. Have you ever seen them being spotted cases being spotted by

Natriece Wittich

connections? And I think there's some really good practices as well, where obviously they've they've spotted the signs, they've had the discussion, and there's been disclosures made? And then they've said, right, we're going to refer you in Are you okay with us doing that. And then also, but they can

also give numbers to the clients saying, this is the local domestic abuse service, why don't you give them a ring when it's safe for you to do so these are the other ways that you can reach them, and then gives the client that power back really, like I can go and get this advice. And I think it's really ensuring as well, that control is not going to be taken away because they're being controlled so completely within that relationship. This is about you getting knowledge to make an informed decision about your situation. Unless there obviously is a serious safeguarding concern for the children's in that house. You know, it stems from going right I don't really know how I'm gonna get out of this situation if I give them a ring they can talk to me through my options as well. Look at you know, how I can keep myself safe if I'm staying within that relationship what I can do while in the relationship to keep myself safe. So lots of different options are available really.

Jon Graham

I mean, we'll have thoughts that one often has well it's this these cases can be so often you just think why just leave get out of there.

Natricee Wittich

Yeah, I think if you put yourself in a situation where you've got no access to money, you've been cut off gradually from all your support network. So friends, family, you know you may be a lot of the time sometimes moved away to different parts of the country. If you're monitored on your phone, potentially sometimes not even having a phone, you're monitored about where you go, you haven't got access to a car, if you've got children, it's like they, you're going to have to move them out of the area, if you decide to leave, you're going to have to potentially move their schools. It's a very, very difficult decision. And obviously, it's made a lot of the time when people are fleeing, or they're thinking I need to get out of this my own mental health and well being, because there is a real strong link between mental health such as depression and anxiety, and domestic abuse. So a lot of victims survivors experienced depression experience anxiety, because they're living in a situation where they're constantly on edge all the time, because they don't know when the next incident is going to happen. But also they feel trapped. And like, that's the depression side of it, I've got nowhere to go, no one believes me, how do I get out of this situation.

Jon Graham

And then there's collusion that you can manifest itself in mental health and can also manifest manifests itself in perceived physical problems. So we may be seen that as clinician, yeah,

Natricee Wittich

so things like really bad eczema, you've got hair loss, or they'll be shirt might happen, anything really, that's stress related, that can come out from a skin condition, I think that could be an indicator that they're going through, obviously, there's different things that can cause it as well. But that could be one of the indicators that you could be looking at for as well as other behaviour, you know, indicators we've discussed, I'm just

Jon Graham

sort of thinking whether it was somebody might approach us as clinicians with chronic pain, for example. And actually, we, whether it's sometimes manifests, manifests itself as my next always, I'm always in pain. And as a clinician, you can rely on a minute, not nothing I've found necessarily support that that might be the cause that'd be one of the triggers of a pain or a symptom that just doesn't fit the rest of the rest of the narrative.

Natriece Wittich

And also, it's the tension that you constantly carry. And when you're in a constant state of fight or flight, it's your body is reacting to that, isn't it? So I think, you know, all the things like you know, your neck, your arms, it's like that constant state of, am I gonna have to defend myself? Am I gonna have to run no matter? What's going to happen next? And, you know, I think another sign sometimes that is missed is it's the victim. So I was saying sorry, all the time for things that potentially aren't their fault. Right. So that's Sorry, sorry about that. And it's that whole, you know, just be insane sorry, first, before something happens or an incident,

Jon Graham

the extension the eggshells, that into the eggshells that they'll they'll they'll say sorry, all the all the time, even though it's completely Yeah. With so and as you're looking at, you're looking at, I mean, it sounds it sounds that the the abuse act is has been really helpful to end the postcode lottery and, and put, put funds into it and make it more nationally available. So future scoping other things that you think it would be great if the government did this,

Natriece Wittich

I think obviously, refuge provision is there. And it's obviously fleeing to keep you and your children safe. I think obviously, a lot of people would prefer self contained units if they had to flee. So a flat for instance, I think at the moment, a lot of our the charities or you know, the domestic abuse charities across all of the country, they basically use refugees with what they're given from, you know, the local councils or the housing associations. So I think it's just about looking at is there other options besides refuge, other ways that we can help the victim survivors stay in their own home, that safe for them and their children, because I think a lot of the time, you know, that sometimes to do with the laws against perpetration of abuse, it doesn't give that victim survivor, the safety, they need to say, I can stay in my own home, and my children won't be disrupted through their lives. And I can try and make you know, I've still got my family around me, I've still got my friends around me. So it's things such as that. And I think it's just making sure that we give, we tried to give the best possible support that's available, but actually enabling them to in the journey that they're going through, try and have the best possible chance of success are outcomes for them. And sometimes, I think it is very much a lot of the victim survivors still believe we're getting punished for their behaviour because we're having to take ourselves away from everything we know. Why isn't there more stringent, like, you know, laws in place to make sure that this, this perpetration of abuse can't keep carrying on and the harassment, the victimisation. All that type of thing happens after the separation, which sometimes the victims were so scared, they end up getting back them. That's one of the I think if you're looking at it for another sign, as well as obviously being in relationship and finishing and getting back together a lot, because the victims are no relationships. So it's trying to stop that relationship but then being reeled back in by harassment, abuse threats, or just constant persistent harassment throughout different texting or messaging or you know, phoning constantly, all that sort of, in the end, it breaks them down to think well, I'm gonna go back or they're going to change this time.

Jon Graham

And when, when, if they end if the victim ends up in a refuge and I'm thinking if the starting point was was was a consultation with a clinician because of some health related issue So in the refugee scenario Do they still have access to, to those sorts of services. So

Natriece Wittich

we do a person centred package of support around that family. So when they come in, obviously, we do the immediate safety planning, we do the risk assessments, we make sure that they've got things in place, such as their bank accounts are accessible just to them. Because I think a lot of the time now with online banking, if the passwords have been given, then they can test the perpetrator, they get paid, and I'll just take the money out of the bank. So you know, we make sure that they've got income coming in regularly. We look at their housing situation, we look at GPS, we look at, you know, professionals that might need to get involved, such as social workers, conditions, if they've got that in where they come from, if they've got health needs around that. So we tried to put all the support in place while they're in there, and we try to have them stay in refuge between six and 12 months, while all the support has been put in place, and then we then support them then to move on to their own accommodation, which obviously, their independence.

Jon Graham

So the children presented in Northwood, they end up potentially still staying there, their school, they won't lose all access to their

Natriece Wittich

knowledge, because usually refuge if the level of risk is that high, we usually move into a completely different town. So say for instance, we have someone come into the service who was coming from Colby, depending on the risk and the network audit the you know, the ties to another area in North Hampshire, we can maybe put them in South North and some so in that way, but we'd have to make sure it was safe to do so a lot of refuge referrals are going from county to county because of the level of risk that's associated with them.

Jon Graham

So in within Northamptonshire, where we've got the unified council was Western North West North, if you will cross your cross refer lovely. Well, we've got many questions. Just just really interesting comments from Sarah said she had a patient asked her to write to a solicitor to confirm that she had bruises. And so not seen any bruises but suspicious that actually the lady herself was the abuser. And not the not the husband, which provided her with a difficult situation. Another one on children. pips written into say that her son in law adopted some, some girls who previously been domestically abused and the youngest one had learned not to, not to cry, because it didn't get the help she needed. And if anything got her negative attention, so she would. So that's it's can be something to look out for the absence of crying in a in a in a child. Good, good points. Persons reading say I've worked with domestic abuse survivors with agencies in place, but an osteopath certainly is not mentioned here is the elder abuse, elder abuse. We touched on parents but not necessarily. Those are the grandparents. I had to ask a man with dementia, his wife some hard questions she was hurting and the injuries that she she'd noticed were not normal Ms. Normal, muscular skeletal. And I think you touched on that earlier earlier where hang on that bruise doesn't fit with what you've what you've what you've described. And then Matthew, Matthew D is added is he had a patient who was murdered not long after I'd seen them, it was nationally publicised and I thought I might have had the relevant information. And it was, too,

Natriece Wittich

if there is a case, obviously, where domestic abuse is a factor. And even if it's not like so for instance, I sit on domestic homicide review panels, and potentially someone could have committed suicide, but then there's a history of domestic abuse within that relationship. We come together as a panel and review all the different agency interactions with that victim survivor. And then out of that comes

recommendations of what potentially could have changed or what could have happened to make to ensure that the victim maybe would have been safer. So that's something that we do across is happens across the whole country. But obviously if there is any DEA related homicides in this country, that's what happened in this county. That's what happens. We do hrs

Jon Graham

you touched on suicide, because we mentioned you mentioned the murder side of it, where where they're being being murdered by a partner, but of course there's the self harm suicide, how prevalent is that?

Natriece Wittich

It is there is a bit big indication that obviously there is a massive link between domestic abuse and mental health but also then suicide and self harming, which is obviously another, you know, symptom of

Jon Graham

that something that's clear. And again, we might we might roll someone's sleeves, look at their elbow, and then we might see scarring or might give that away.

Natriece Wittich

I think what I would say with any caution is professional curiosity, as if you're seeing something that you can't explain from the information you've been given, or something you're not quite sure about, and you've got an instinct that it's not right is asking the questions in a safe manner, but also then having the awareness of what you need to do if there is a disclosure. And where can you signpost to, and I know everyone's busy, everyone's got high caseload but it's about ensuring that from a safeguarding perspective, if someone is coming in and they need help, you can then sign posts To the places they need to go to get that help.

Jon Graham

Yeah. And I think that's the key question, isn't it the kind of the increased vigilance of, actually this is far more common than than we thought it was. So just have that inquiring rather than suspicion and inquiring mind as a, as a, as a thought look for those look for those clues. And as you say, one of the one of the immediate challenges is the fact that the, the perpetrator may well be with them. So to then look at a strategy for have a mental rehearsal of again, how to get them out of the out of the room. At that point, you're saying, if we're, if there's immediate danger, we might ring the police with their, with their consent, whatever we do, with with with documenting it. And then, if it's clinicians, again, we can ring your ring your service and get informal advice as professionals, that is to what we, that's what we might do. But loud and clear, is coming to this, this documentation. And I like the idea of potentially having that dialogue of being able to get get that individual away from the perpetrator, so we can have that conversation. And then being aware, as clinicians that that individual may not be aware. So it may take one or two questions before the penny drops for all parties.

Natriece Wittich

And I think the main overriding message for all of this, it's safety of the victim survivor, so I think it's just being aware of whatever you do, you're conscious of the safety of that person, because you don't know the level of risk that person is at, and potentially what's going to happen when they leave your clinic. If the perpetrator for one second thinks that they've disclosed a few of those sets

of dual, you've gone ahead and done something with that information. So I think it's just about the overarching theme really is the safety of that client and how you can best protect them. Yeah.

Jon Graham

And we also touched on the, with the lone working clinician, that actually, they may be able to find excuse to go into another room to, to make to make that make that phone call, whether it's I'm just gonna see if I can find that brace for you on the internet, or, or whatever they can make that call to bits of the clinician is keeping safe, because potentially one in five of those partners could be violent male and put that, that clinician at risk. And then at the at the other end, and it's a very, very serious topic and really appreciate you coming in talking to us about it. At the end of this process, what's recovery likes and people for these, these victims have gone through the refuge set centre. How successful can people rebuild their lives after this,

Natriece Wittich

they can be really successful, I think, obviously, with the support and the journey that they're on, obviously, with domestic abuse, that we do have victim survivors that go back to the perpetrator, and it can take up to 37 incidents before they actually leave for good. So when we say incident, it doesn't have to be a violent incident, it could be just any verbal, you know, coercive control incident, could be emotional, any incident really, but certainly seven times it can take for someone to make that decision and go right I'm going to leave, but then that doesn't necessarily mean that they're going to leave for good. So I think when they come into refuge, I think it's about ensuring that they're given the best possible support to understand what they've gone through. But then also then support after refuse to make sure that they're settled, they've got what they need, and that she looked at, you know, the benefits of not being with the perpetrator.

Jon Graham

And then I've spoken about the loan to the female clinician, I'm very, very conscious a bit of a male clinician, and whether that does that provide a is a can that be more of a challenge for me trying to have this dialogue with it with a female victim, victim of abuse?

Natriece Wittich

I think as a person is how comfortable you are with having difficult conversations isn't that I think it regardless of what your sexual sex is, or your gender, it's basically if you're going to be having that conversation. So you're confident to do that without like I think we talked about this earlier is the worry of offending someone. But victims survivors want you to ask the question, because they might be in a situation where they want to say something, but they don't know how to say it. So if you start with questions, like we talked about is you feel like you're walking on eggshells? Are you safe at home? Just things such as that rather than are you in abusive relationship? I think it gives them you know, no, I'm not safe at home. I'm scared by Okay, let's talk about that.

Jon Graham

So it's again back to is very gentle. There's very sort of gentle, gentle questions. So just just for the audience again, so they do feel safe at home do you feel walking on?

Natriece Wittich

Do you feel like you're walking on eggshells, you know, is because of outbursts? And are you afraid of what the outbursts might when and how that might be due to anxiety? You know, I can see that you're a bit jumpy. Is there anything you'd like to discuss around back so you could I think you can

glean from what they're behaving like and have the some of the things they might say to you and then sort of like reiterate what you're hearing and then ask them questions around that.

Jon Graham

Yeah. Brilliant. Would you be pleased No, we've had over 300 people listening to our, to our discussion and it's available records even more than do so that's great. I think for the for the, for the service of spreading that, that word we've got, there's a service here and these, these are what you might recognise if the the sign what to look out for. And as we've said, and that was nice for me as well, because you naturally assume someone is aware that they're in that situation, but the perpetrators sounds so calculating that they can make that person not not realise it them themselves, we can be involved in that, in that record, that recognition process. That one of the things that we look at in in psychoanalysis, I was a psychologist, before I was a physio, and one of the things that's worth kind of tied those worlds together is post traumatic growth, whereby someone who suffered trauma and got over it, actually, that becomes the new me that they become, is actually although it's a horrendous bit in my wealth, my car crash, the new world they create for themselves can be very can also, it can, in hindsight, it may actually be not a good thing, but the tipping point. So going back to the kind of you've said that people can rebuild their lives in a positive way, in a negative way, we've heard you saying that some people go back, are there other examples you've you've experienced where actual load, this has been the most horrendous experience of their life coming out the other side, then now, there has been an element to this sort of post traumatic growth or a different person, they're doing things

Natriece Wittich

where we have so many clients who come back to us wanting to volunteer after they've been away from the service for over three years, usually. And that's really beneficial, because they want to help people who's experienced what they've gone through. But also, they've sort of done a lot of learning, they've done training around it, they've sort of, I think a lot of victims survivors contract back the abuse go into when they were children. And actually, then they've gone out and then got them into an abusive relationship, because obviously, the role models that they have, and you know, how they, they sort of look at, you know, the world through being a child who's witnessed the abuse as well, and maybe experienced it. So I think it actually breaks the cycle, which is I think what we talk about is breaking the cycle from growing up in abuse.

Jon Graham

Sometimes the adult perpetrators that can be a consequence of their childhood experiences.

Natriece Wittich

Yeah, yeah, it can be, but also then the victim survivors as well. So you have that and I think it's we do a your power to change programme, which is obviously raising awareness of perpetrator behaviours. So anyone who's concerned about their own behaviour, and thinks I need to look at why I'm behaving like this, or the impact this is having on my relationships, and my children, they can come on, and they can really look at the impact their behaviour is having. And actually, you know, we take them sometimes back to their childhood and say, you know, did you can you remember being treated like this? You know, what, what did you feel at that time? You know, how was that impact?

Jon Graham

That's really interesting, because, because we spoke a lot about getting called the police get you out there getting into refuge. But what we hadn't touched on till until just now is actually it doesn't necessarily have to be, that can be a positive aspect of this, of actually helping the perpetrator become aware of their behaviour, and then having their own light bulb moment and changing.

Natriece Wittich

But I think that the main thing is from a perpetrators perspective, they've got to want to change. And I think that's the main premises. I think sometimes when you're getting referrals, we'd obviously don't do the behaviour change programmes. But I think you have to work to change as an individual and you can see

Jon Graham

Lovely, thank you so much. I said we've had over 300 people but as much as I'm enjoying this talk to a much longer, we are going to draw it to to a close. Have a great afternoon and bye for now.

DRAFT TRANSCRIPT