

GBV 46

Communities, Equality and Local Government Committee

Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill :

Stage 1

Response from: Royal College of Psychiatrists

Royal College of Psychiatrists Consultation Response



DATE: 5 September 2014

RESPONSE OF: THE ROYAL COLLEGE OF PSYCHIATRISTS in WALES

RESPONSE TO: The Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

RCPsych in Wales is an arm of the Central College, representing over 550 Consultant and Trainee Psychiatrists working in Wales.

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We agree with the general principals of the Bill and feel its introduction is timely given the emergence of wide-scale public service neglect regarding the safeguarding of children, young people and women in England and Wales. This Bill alone highlights the hidden and often ignored plight of a significant number of victims who are denied a decent family life or childhood.

The nature of this crime is severe and its effects on the victims are often longstanding, even after the violence has ceased. Evidence shows clear associations between the victim of violence becoming the perpetrator violence, and this is particularly true of children. Boys and girls exposed to domestic violence may believe that it is normal and acceptable for a man to be controlling and/or violent towards a woman and for a woman to be compliant and accepting of this behaviour.¹

Our concern as Psychiatrists is the psychological scarring caused by violence and the prevalence of this crime against those who suffer from mental illness and poor mental health. People are more likely to be the victims of domestic violence if they have a mental health disorder. Compared to women without mental health problems, women with depressive disorders were around 2½ times more likely to have experienced domestic violence over their adult lifetime; women with anxiety disorders were over 3½ times more likely; and women with post-traumatic stress disorder (PTSD) were around 7 times more likely.² In our professional capacity, we often come across women and children with mental disorders who are victims of domestic violence and domestic abuse. We also treat women and children who have developed mental disorders caused by domestic violence and abuse. Along with physical injuries, domestic violence can cause psychiatric morbidity such as PTSD, depression, substance abuse and suicidality.³ A recent report by UNICEF states that “children who are exposed to domestic violence may have

¹ The Royal College of Psychiatrists, Mental Health and Growing Up Fact Sheet on Domestic Violence, <http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/parenting/domesticviolence.aspx>

² University of Bristol, <http://www.bristol.ac.uk/news/2012/9030.html>

³ Flach, C. et. al. (2011). *Antenatal domestic violence, maternal mental health and subsequent child behavior: a cohort study*, BJOG: An International Journal of Obstetrics and Gynaecology. p1

difficulty learning and limited social skills, exhibit violent, risky or delinquent behaviour, or suffer from depression or severe anxiety”.⁴

We support the appointment of a Ministerial Adviser whose fundamental remit is to tackle violence against (mainly) women and children, and in the home. We believe that, with sufficient kudos and with dedicated support, this role could help drive improvements, ensure that standards are met and are consistent throughout Wales, and that the current gaps between services are bridged. We welcome the introduction of the publication and review of national and local strategies. The provision of guidance on setting the strategies is also welcomed as is the monitoring of progress.

A significant amount of work must be done to ensure that the provisions of the Bill can be implemented fully. There must be good quality training for existing and new staff. There must be sufficient resources to provide a good quality service. Finally there needs to be a change in the general perception that those living with violence are victims of a serious crime and that they are not somehow responsible for inciting abuse. There appears to be an unspoken acceptance of domestic violence, there exist damaging gender stereotypes, particularly amongst adolescents, and there still exists a culture of blaming the victim.

We feel the Bill can be strengthened further by including a measure prohibiting the use of physical punishment of children. The Bill includes an Explanatory Memorandum stating that that the Bill's overall intention is to create a stronger and more consistent focus on prevention of violence between family members (including parents and children), the protection of victims and support for all affected. Although it is legal to hit a child, there can be no consistency of approach in either prevention or protection from violence and abuse.

In February this year, Gwenda Thomas AM, Deputy Minister for Social Services made a commitment to look further at the issue of banning physical punishment during this Assembly term. We feel that this Bill provides an ideal opportunity to achieve a much needed change to current legislation. We attach our Position Statement on Child Punishment (September 2014).

⁴ UNICEF, (2006). *Behind Closed Doors: The Impact of Domestic Violence on Children*, New York, p.3