MACMILLAN CANCER SUPPORT

Cancer and domestic abuse: A toolkit for professionals

In partnership with

NHS University Hospitals Bristol and Weston NHS Foundation Trust

STANDING TOGETHER against domestic abuse

University of BRISTOL

The ROYAL MARSDEN NHS Foundation Trust

Cancer and domestic abuse: A toolkit for professionals

MACMILLAN CANCER SUPPORT

Contents

Domestic abuse and cancer
are both **extremely common.**

A cancer diagnosis can
trigger an abuser
to escalate their abuse.

Domestic abuse causes
long-lasting physical and mental
health harm to cancer care,
treatment, and recovery.

Domestic abuse is
everybody's business and
part of your **duty of care.**

Working in cancer care,
you have a unique window
of **opportunity** to intervene
and make a **difference.**

What you can do now

Read and share this toolkit.

Look out for red flags
in the cancer context.

Find and read your workplace domestic
abuse policy and intranet pages.

Identify your local domestic abuse
service(s) and find out how
to refer people to them.

Sign up to domestic abuse training
in your workplace or externally.

Locate private rooms in your workplace
for domestic abuse discussions
with patients or carers.

Quick reference guides: Types and examples of domestic abuse

These are just examples – abuse can manifest in countless ways. Many examples apply whether the victim-survivor is the patient or the partner/ family member of a potentially abusive patient.

Emotional or psychological

- Isolating the victim-survivors from support
- Blaming them for the cancer diagnosis
- Embarrassing them in front of professionals
- Expressing jealousy of their relationship with cancer professionals
- Shaming or criticising them for the cancer and its effects
- Intimidating them
- Making threats to physically hurt them or someone they care about

If the patient is a victim-survivor:

- Not allowing them to relax or recover from treatment
- Depriving them of sleep before surgery or treatment
- Criticising them or making them feel bad about the way they look after treatment
- Preventing them or making it difficult to go to treatment and other appointments
- Gaslighting them (i.e. making them doubt their own sanity), e.g. telling them that what they heard in an appointment is wrong
- Telling friends and family that they're lying about the cancer diagnosis
- Grandstanding (telling others they're doing a good job looking after them)
- Coercing them into, or away from, certain treatment choices
- Coercing them into not following clinical advice
- Coercing them to not end the relationship

Cancer-related vulnerabilities include:

- Isolation from support networks if the patient is too ill to contact or to work
- Emotional and psychological effects of cancer

If the patient is an abuser:

- Demanding that the victim-survivor does everything for them
- Using their illness to guilt-trip the victim-survivor into continuing or re-establishing a relationship

Physical

- Anything from shoving or shaking to tying the victim-survivor down or using an item as a weapon
- Choking and strangling, including non-consensual choking during sex
- Interfering with, withholding, or not collecting medications and other prescriptions
- Neglect or rough handling during basic care
- Smashing things
- Locking them in a room or house

If the patient is a victim-survivor:

- Direct physical violence or abuse on body parts that are sensitive or have been operated on
- Coercing them to eat normal foods even when they feel unable to

Vulnerabilities for victim-survivors who have cancer include:

- Being physically too fatigued or ill to defend themselves
- Treatments, surgeries, and blood tests being used as excuses for bruises, scars, and wounds

Sexual

- Any intentional touching in a sexual manner without consent (anything from rape to lifting someone's skirt)
- Pressuring someone into sexual contact
- Making someone sexually touch themselves or a third person without consent

Vulnerabilities for victim-survivors who have cancer include:

- Abusers taking advantage of illness to rape or assault them
- Coerced sexual activity against clinical advice

This can happen even in consenting relationships and marriages.

Economic (including financial)

- Controlling money or access to other resources, e.g. car, phone, grants and welfare benefits
- Coercing or stealing money or other resources
- Running up debts in their name
- Gambling their money
- Forcing them to work when they're ill
- Not allowing them to work
- Cancelling life and health insurance, leading to delayed diagnosis and treatment
- Coercing them into making a living will or power of attorney that benefits the abuser
- Hiding financial information

Cancer-related vulnerabilities include:

Victim-survivors who have ended a relationship with an abuser may have no choice but to reengage with them – for childcare and financial support during their own care. The abuser can use these as opportunities to further the abuse.

Other things to consider:

- Abusers may hurt or threaten loved ones like children or pets
- Abusers may use the person's protected characteristics against them. For example threatening to 'out' LGBTQ+ victim-survivors
- Domestic abuse can be facilitated by technology. For example, monitoring the NHS app

Quick reference guides: Red flags

Help & health-seeking behaviour

If the patient is a suspected victim, you may notice they:

- Delay presentation
- Frequently miss, are late to, or ask to reschedule appointments
- Fear or are reluctant to see professionals who are men (if the abuser is a man)
- Base treatment decisions on the views of or impact on another person
- Don't comply with clinical advice
- Refuse recommended treatment or additional therapeutic support or change decisions about these
- Seem in a hurry during appointments
- Seem anxious about inpatient stays (reluctance to return home or wanting early discharge)
- Ask that money not be paid into a joint bank account / don't know their own financial information

Mental wellbeing

If the patient is a suspected victim, you may notice they:

- Are overly worried about how cancer and its impact will affect the abuser

Whether the suspected victim is the patient OR the partner/family member of a potentially abusive patient, you may notice:

- Victim reacting emotionally to a question about how they are coping
- Victim being worried about their children at home when they are at the hospital
- A higher level of distress, fear, or hopelessness than is 'usual' for the prognosis
- Putting on a front and presenting as completely fine
- Depression, anxiety, PTSD, complex PTSD, suicidal ideation, drug or alcohol use, sleep disorders, disordered eating

An intrusive 'other person'

If the patient is a suspected victim, you may notice:

- Abuser unnecessarily attending appointments
- Abuser being aggressive, dominant, or over-attentive
- Abuser persistently contacting patient during inpatient stays or appointments
- Indications that the victim is not getting basic support
- Abuser asking that you contact them instead of the patient, or answering their phone when you call
- Victim asking you to call when the abuser is not there, or not send letters home

Whether the suspected victim is the patient OR the partner/family member of a potentially abusive patient, you may notice:

- Tension between the abuser and victim and their friends/family members
- Domineering and fearful body language
- Victim being submissive or afraid to speak in front of the abuser
- Abuser belittling or embarrassing the victim in front of professionals
- Abuser being aggressive, inappropriate or overly charming towards staff
- Victim alluding to a problem if the abuser is not present then backtracking if the abuser is

Physical presentation

If the patient is a suspected victim, you may notice:

- Multiple fractures at different stages of healing
- Bruising or injury that seems inconsistent with the victim's explanation for the cause
- Unexpected pain and weight loss
- Repeated infections on sites of surgery or treatment
- Functional disorders or stress-related conditions
- Gynaecological symptoms

Quick reference guides: What to do flowchart

What to do if you suspect someone is experiencing domestic abuse:
Follow your own Trust or workplace safeguarding policy and domestic abuse policy in conjunction with this guidance and prioritise your own policies if this guidance contradicts it. Look out for subtle red flags, e.g. related to the suspected victim's help-seeking or health-seeking behaviour and emotional and mental wellbeing, intrusive 'other person', and physical signs and symptoms.

Basic risk management: ensure you have safe contact details for the suspected victim. Check it's safe to ask: private space, no one else listening, no children aged 2+ nearby, ask where suspected abuser is now, check no one's listening in if on the phone or video call, use lone working policy if home visiting, use a professional interpreter if needed. If you cannot meet these conditions, do not ask.

General advice: be kind, sensitive, empathic, and non-judgemental, support them to feel in control of the conversation, listen closely and actively, don't interrupt their silences, and be aware that they may not be ready to use the term 'domestic abuse', abuser, victim etc. use the terms they use to describe the abuse and harm.

STEP 1: ASK open questions, framing questions and direct questions.

For example:
- "How are things at home?"
- "Do you feel safe at home?"
- "Has anyone ever made you feel scared or hurt you?"

STEP 2: VALIDATE what they have told you.

Use phrases like:
- "Thank you for sharing with me."
- "You are not alone."
- "No-one has the right to make you feel afraid."
- "We can help you access support."

Don't pressure them to leave or end the relationship as this can increase risk.

STEP 3: ASSESS immediate risk.
Consider risks of serious injury or death but remember domestic abuse is not just physical. Take the victim-survivor's fears seriously. Identify their immediate concerns.

Use questions like:
- "Do you feel safe to go home? If not, is there somewhere safe you can go?"
- "Do you have any immediate concerns about your safety?"
- "Has [abuser] made any threats?"
- "Is the abuse getting worse, more serious, or more frequent?"

STEP 4: ACT
Follow your safeguarding policy and procedure if you believe a child under 18 or adult is at risk (as per The Care Act 2014), or if there is clear evidence of an imminent risk of serious harm to suspected victim.

- If there is an emergency, call 999
- Talk to the victim-survivor about the safeguarding or emergency actions you must take
- Be sure your actions don't increase the risk of abuse or violence
- Offer a referral to a domestic abuse service:

Option 1: Ask an IDVA or IDSVA (independent domestic [& sexual] violence advisor) in your Trust if they can take referrals from anywhere in the hospital.

Option 2: If you don't have an IDVA/IDSVA, make a referral to the victim-survivor's local domestic abuse service.
- This usually involves a short phone call or form
- Giving the victim-survivor the service's details may be less successful at leading to safety than making the referral yourself
- Ask the victim-survivor if it's safe for the service to call, text or leave a voicemail

If they decline a referral
- Offer them the details of the service, or a national service (see toolkit resources page) so they can act when they're ready
- Offer the details of the Macmillan Support Line - staff are domestic abuse-trained

Offer to give their GP and other key professionals involved in their care a summary of what they've told you.

STEP 5: RECORD and share information (post-consultation) see toolkit.

If they are unwilling or unable to discuss domestic abuse or deny it's happening, reassure them they're safe but accept they may not be ready to disclose.

If you still have suspicions:
- Follow 'safegarding and emergency' advice from STEP 4
- Tell the suspected victim they can talk to you if they need to in future
- Offer them the details of the Macmillan Support Line
- Never suggest mediation or couples counselling
- Get advice from a senior or line manager
- Ask the suspected victim again or arrange for another professional that they trust to ask

Audience and purpose

This toolkit is aimed at all secondary and tertiary healthcare staff working with people affected by cancer (referred to as 'cancer professionals') and supports them in identifying and responding to domestic abuse within the context of cancer.

- It will help ensure cancer services offer a safe space and time for victim-survivors of domestic abuse to get the support they need
- It focuses on domestic abuse where your patient is either the victim-survivor or abuser

This toolkit does not cover abuse from:

- Paid carers
- Informal carers
- So-called friends who are not related to but befriend a vulnerable person to take advantage of them
- A parent or caregiver towards an under 16-year-old (although child abuse and domestic abuse often co-occur)

It may be relevant if the person caring for your patient is experiencing domestic abuse from a third party. But there is no specific advice on this.

Terminology

We use the term 'victim-survivor', 'suspected victim/victim', and 'suspected abuser/abuser' in the toolkit. The term 'victim-survivor' reflects that domestic abuse has ongoing effects and harm, but also that people who have experienced domestic abuse have strength and resilience.

A content warning

Some people who read this toolkit may have experienced violence or abuse. It's important to consider how you may feel when you read it.

- Take it steady and be compassionate towards yourself
- Some of the information may be difficult to read
- You are not alone, and there are people ready to listen to and support you: see the Resources section for services and support lines
- Your Trust or workplace may have wellbeing services and a staff domestic abuse policy with more information about support available to you

What is domestic abuse?

Domestic abuse is extremely common: England and Wales statistics show that one in five of us have personally experienced domestic abuse in our lifetimes[1], and this statistic is likely an underestimation due to under-reporting and under-recording.

The Domestic Abuse Act 2021[2] highlights that the term domestic abuse applies if:

- There is violent or threatening behaviour
- Controlling or coercive behaviour
- Physical, sexual, economic, psychological, or emotional abuse
- Stalking and/or harassment
- The behaviour is a 'course of conduct' or a single incident, directed at a victim-survivor or another person to harm the victim-survivor (e.g. their child)
- The person experiencing and using abuse are each aged 16 or over
- The abuser is 'personally connected' to the victim-survivor. This includes any family member or ex family member, from a grandchild (aged 16 or over) to an in-law

In some cases, more than one person will be perpetrating domestic abuse or there will be more than one victim-survivor.
Children who see, hear, or experience the effects of domestic abuse between parents or relatives are classed as victims.

Victim-survivors experiencing physical and/or sexual violence will likely be experiencing other types of abuse. But victim-survivors often experience non-physical forms of domestic abuse only.
Different types of domestic abuse and how they might present and/or escalate in the cancer context are outlined on page 19 -21. Identifying them can help you to understand the risk and barriers victim-survivors face when seeking help and support.

Domestic abuse is usually a pattern of behaviours or 'a course of conduct[3]' rather than one-off incidents.
The abuser constantly uses different types of subtle behaviours to trap and control the victim-survivor. It's also important to look at what the victim-survivor cannot do because of the threat of abuse. All types of domestic abuse help the abuser to coercively control the victim-survivor, coercive control is used to:

- Harm, punish, or frighten the victim-survivor
- Make them dependent on the abuser
- Isolate them from support
- Exploit them
- Deprive them of independence
- Regulate their everyday behaviour
- Create invisible chains, and a sense of fear that pervades all aspects of their life
- Limit their human rights by depriving them of liberty and reducing their ability for action

Controlling or coercive behaviour is a criminal offence, as part of the Serious Crime Act 2015.

What is domestic abuse?

Domestic abuse can happen in any family relationship. In intimate partner abuse, and sometimes other contexts, abusers often use cycles of punishment and 'reward'. The reward aspect is known as love bombing and might involve:

- Big romantic gestures
- Flattery
- Gifts
- Declarations of love

Abusers use these 'rewards' to control and manipulate the victim-survivor's loyalty and devotion. Victim-survivors can feel confused and scared because they don't know what to expect next. They might even feel grateful to the abuser for these acts of so-called kindness[4].

When domestic abuse happens in other family contexts, like an adult child abusing a parent, professionals often miss the signs because training and guidelines often focus on intimate partner abuse only.

Domestic abuse can be 'honour' based (used to protect or defend the 'honour' of the family or community). Specialist charity Karma Nirvana states that certain cultures and religions are most affected, and abusers and victims can be male or female. Culture and religion do not justify or excuse 'honour' based abuse.[5]

Domestic abuse can be very subtle and hard to spot or put into words,even for the victim-survivor.

Who is at risk?

We all have biases and stereotypes, even those of us who have experienced domestic abuse ourselves. It's important to be conscious of this and avoid being influenced by them. **Anyone can be a victim-survivor of domestic abuse, and anyone can perpetrate it,** whatever their gender, sexuality, salary, education level, ethnicity or faith.

Although men can be victims, it's important to recognise that **domestic abuse disproportionately affects women:**

- Women are more likely to be victims than men
- Men are more likely to be abusers than women[6]
- Women are more likely to experience severe abuse
- Women are more likely to be killed
- Women are more highly victimised, injured and fearful[7]

Women's Aid highlights: domestic abuse is "deeply rooted in the societal inequality between men and women"[8]. Statistics show that **disabled people and people with long-standing illnesses, which can include cancer, are also disproportionately affected[9]**.

England and Wales statistics are likely to underestimate the number of older people who have experienced domestic abuse because:

- Data on people aged 60+ has only recently been collected
- Professionals often frame abuse towards older people as a safeguarding issue: As a result, these victim-survivors do not get domestic abuse support

Domestic homicide reviews show:

- Older victims are often killed by a partner or family member who is their carer or who they are caring for
- The highest proportion of domestic homicide victims are aged 70+[10]

Sexism, misogyny, racism, ableism, transphobia, and other prejudices intersect to affect a person's experiences of domestic abuse as well as their ability to access support. This is also true for people's experiences of cancer and cancer treatment pathways.

Domestic abuse is a healthcare issue

Domestic abuse damages mental and physical health[11] and has long-lasting and wide-reaching effects on victim-survivors and their children. Evidence shows that healthcare professionals have more contact with victim-survivors and abusers than any other professional[12]. And because of trust, victim-survivors are more likely to talk to healthcare professionals about what they are experiencing than any other professional[13].

Cancer and domestic abuse

Cancer[23] and domestic abuse are both highly prevalent and will often overlap.

Research has highlighted a link between intimate partner abuse and:

- Cervical cancer
- Breast cancer
- Colorectal cancer[14]
- Stomach cancer[15]

Other research highlights that domestic abuse:

- Victim-survivors may be less likely to undergo routine cancer screenings[16]
- Increases the odds of receiving an abnormal pap smear result and discontinuing follow-up care[14 17]
- Hinders quality of life for victim-survivors with cancer[18]
- Affects the timeliness of cancer treatment and victim-survivors' willingness to seek out and adhere to appropriate care[19]

Abusers can act in ways that affect victim-survivors' cancer treatment, recovery, and support. For example:

- Not letting them rest and recover
- Diverting energy and mental freedom away from making decisions about treatment and getting through it
- Impacting sleep, eating and managing stress which can indirectly affect health outcomes[20-22]

In other cases, the patient will be the abuser, even if they are physically unwell or older. The abuser might justify their anger and downplay the harm they inflict. Victim-survivors caring for abusive patients may feel:

- Unable to talk to friends, family, or professionals
- Guilty or ashamed due to social norms
- Pressured to forgive and excuse the patient's abusive behaviour

Domestic homicide reviews where the victim or abuser had cancer highlight that cancer professionals have missed opportunities to ask questions about domestic abuse and help the victim-survivor to get support[24].

Domestic abuse after a cancer diagnosis

If an abuser or victim-survivor becomes ill, i.e. diagnosed with cancer, the abuser can feel:

- Like they're losing control of the victim-survivor
- They cannot control the illness and the changes it causes
- Resentful of healthcare professionals for taking away decision-making power

Consequently, they may intensify their efforts to maintain control, resorting to new and potentially more severe forms of abuse[25]. This can include taking advantage of:

- New emotional and financial vulnerabilities
- Changes in social relationships
- Physical vulnerabilities if the victim-survivor is the patient

A cancer diagnosis might exacerbate mental health problems or alcohol or substance use as a coping mechanism. These are risk factors for perpetration[26] but they don't excuse or justify abuse. In other cases, a cancer diagnosis can trigger a person to start using abuse: new vulnerabilities give abusers a new sense of power and control

If the abuser is the patient:

- It's rare, but in some cases, aggression might be linked to physiological or cognitive changes caused by brain tumours or steroid treatment
- The abusive behaviour may pre-date the illness
- Even if some acts of abuse and violence are due to illness, others may be intentional[27]

A domestic abuse response will still be appropriate where there was no abuse pre-diagnosis.

But it is important to be led by what the victim-survivor wants.

Caregiver stress or domestic abuse?

When the partner or family member caring for the patient is the abuser, Dewis Choice advise[27]:

Partners and family members can unintentionally harm those they care for, due to a lack of understanding of the care needs…or…an inability to cope with providing care. Even when abuse is unintentional, it can still have a considerable and lasting impact… Where genuine caregiver stress occurs, additional support and respite may help resolve the situation.

They highlight that there is evidence[28]:

> **"of abusive behaviour shifting from unintentional to intentional over time …[Professionals] should never presume harm caused by a caregiver is unintentional and always explore the possibility that the relationship may have always been coercive, controlling and abusive, with the abuse coming to the attention of services because of increased care needs"**

Framing the abuse as caregiver stress may lead to additional support for the abuser instead of the victim-survivor.

The Resources section has more information about supporting older people.

Cancer care is a unique window of opportunity

Domestic abuse is everybody's business. Within the NHS, it should not be seen as an issue just for safeguarding teams. You have a unique window of opportunity to help people.

Compared with other healthcare settings, patients and carergivers in cancer settings might:

- Have more frequent contact and continuity of care
- Be less transient
- Spend longer in hospital or wellbeing centres
- Have longer appointments or support sessions with cancer professionals
- Have opportunities for close contact with allied health professionals
- See community healthcare professionals and paid homecare workers at home
- Have access to a wide range of professionals including cancer psychologists and support workers
- Have opportunities to discuss holistic needs.

Collectively, these factors mean you and other professionals can build trust and gain understanding of the relationship dynamics between the patient and their partner and family members.

We know that a cancer diagnosis can also encourage victim-survivors to seek support:

- They may be more physically vulnerable
- More socially isolated
- Less able to protect themselves
- More fearful about the abuse
- Hospital visits might be the first chance they've had in a long time to be physically separated from the abuser
- Cancer might be a turning point[29] where victim-survivors evaluate their lives
- Getting an 'all clear' from cancer might elicit the headspace needed to consider what positive changes are possible

What does this mean for you?

Victim-survivors want cancer professionals to:

- Be aware of the signs of domestic abuse, particularly non-physical abuse
- Ask the right questions
- Direct them to specialist support services

They do not expect their healthcare workers to be domestic abuse experts[22].

- Asking about domestic abuse signals to the victim-survivor that the hospital is a safe place where they can seek support when they decide that they want it
- Posters and leaflets about domestic abuse in waiting rooms, chemo units, and anywhere else, also help
- Specific domestic abuse training can enhance your confidence to identify, ask about, and respond to domestic abuse. See page the Resources for Professionals page for links to resources

Types of domestic abuse in the cancer context

We give examples of different types of domestic abuse below, with how they might present and vulnerabilities in the cancer context. Many examples apply whether the victim-survivor is the patient or the partner/family member of a potentially abusive patient.

Emotional or psychological abuse

Can include, but is not limited to:

- Isolating victim-survivors from support including by rejecting offers of formal and informal support
- Blaming them for the cancer diagnosis including subtly, e.g. 'you should have seen the doctor sooner/helped me see a doctor sooner'
- Embarrassing or humiliating them in front of professionals
- Expressing jealousy of their relationship with professionals
- Shaming or criticising them for the effects of cancer or caregiving, (e.g. being fatigued)
- Intimidating them including in less obvious ways, e.g. driving recklessly
- Threats to physically hurt them or someone they care about including pets or animals, including when victim-survivors are at appointments

If the patient is a victim-survivor:

- Not allowing them to relax or recover from treatment
- Depriving them of sleep before surgery or treatment
- Criticising them about the way they look after treatment or surgery, including making women feel 'less sexually valuable' after a mastectomy or gynaecological surgery
- Preventing them or making it difficult to go to treatment and other appointments e.g. deliberately making them late, refusing to take them, or cancelling appointments
- Gaslighting them (making them doubt their own sanity) e.g., telling them what they heard in an appointment is wrong or hiding medical letters
- Telling friends and family that they're lying about the cancer diagnosis
- Grandstanding (telling others they're doing a good job looking after the victim-survivor)
- Coercing them into, or away from, certain treatment choices e.g. scalp cooling or breast reconstruction
- Coercing them into not following clinical advice e.g., having sex after gynaecological or colorectal surgery
- Coercing them to not end the relationship e.g. trying to convince them no-one else would care for them

Vulnerabilities for victim-survivors who have cancer include:

- Isolation from support networks if the patient is too ill for social contact or to work
- The wide-ranging emotional and psychological effects of cancer that abusers can take advantage of increased attention from professionals, of which abusers can feel resentful and jealous

If the patient is an abuser:

- Demanding the victim-survivor does everything for them
- Using their illness to guilt-trip the victim-survivor into continuing or re-establishing a relationship

Physical violence and abuse

Can include but is not limited to:

- Anything from shoving or shaking to tying the victim-survivor down or using an item as a weapon
- Choking and strangling, including non-consensual choking during sex
- Interfering with, withholding, or not collecting medications and other prescriptions
- Neglect or rough handling during basic care
- Smashing things
- Locking or trapping them in a room or house including taking away mobility aids needed to leave

If the patient is a victim-survivor:

- Direct physical violence or abuse on body parts that are sensitive or have been operated on
- Coercing them to eat normal foods even when they feel unable to

Vulnerabilities for victim-survivors who have cancer include:

- Being physically too fatigued or ill to defend themselves
- Treatments, surgeries, and blood tests being used as excuses for bruises, scars, and wounds

Sexual violence and abuse

Can include but is not limited to:

- Any intentional touching in a sexual manner without consent including if they say no, seem unsure or upset, don't respond, are unconscious, drunk, drugged or on drugs, or are pressured into saying 'yes'[31].
- Can include anything from rape to lifting someone's skirt
- Pressuring someone into sexual contact
- Making someone sexually touch themselves or a third person without consent

Vulnerabilities for victim-survivors who have cancer include:

- Abusers taking advantage of illness to rape or assault them
- Coerced sexual activity against clinical advice

It's important to recognise that sexual violence and abuse can happen even within consenting relationships and marriages.

Sexual violence and abuse are still highly stigmatised, and abusers may use it specifically because they think the victim-survivor will not talk about it.

Economic (including financial) abuse

Economic abuse may be less obvious to recognise in healthcare, but it can have huge implications on the victim-survivor's autonomy, housing, and ability to care for children and other loved ones. It can also keep a victim-survivor trapped in a relationship with an abuser.

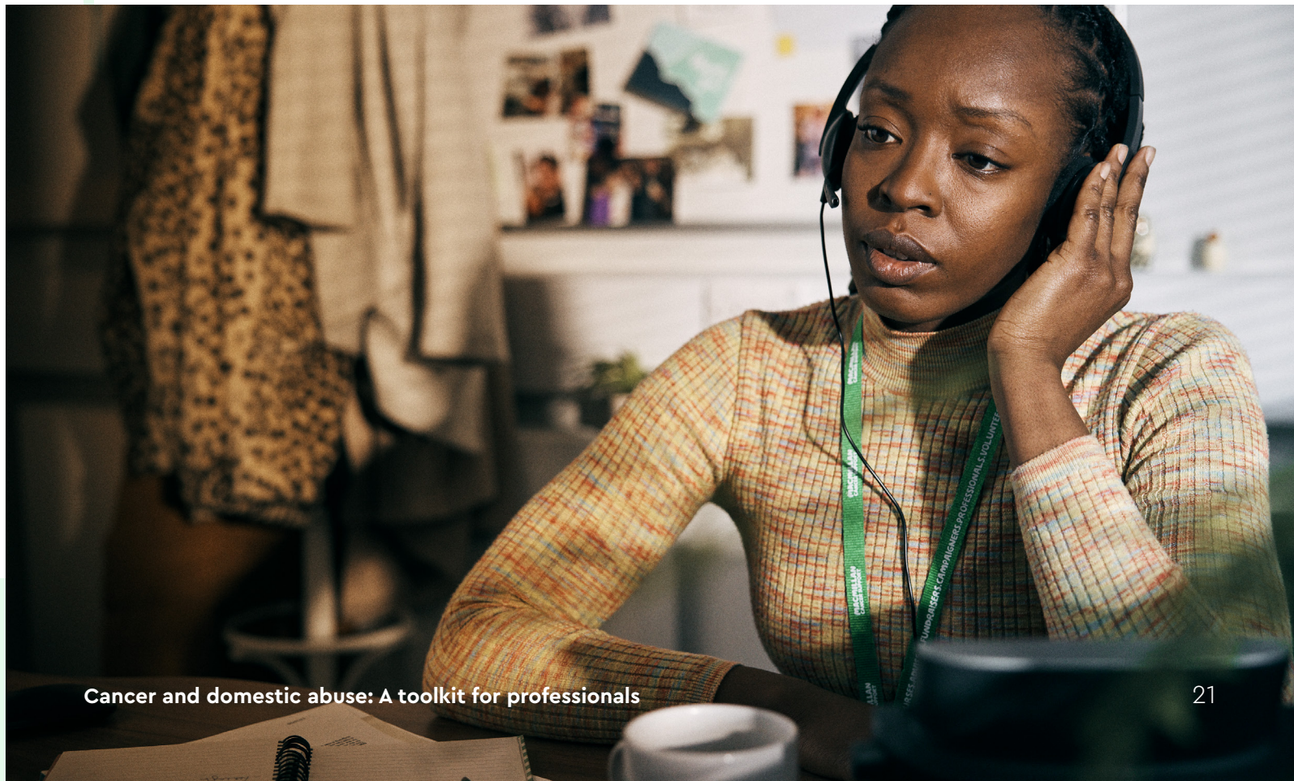
It can include, but is not limited to:

- Controlling money or access to other resources (e.g. car, phone), including Macmillan Cancer Support grants and welfare benefits
- Coercing or stealing money or other resources including while the victim-survivor is in hospital, including as 'payment' for providing practical support
- Running up debts in their name
- Gambling their money
- Forcing them to work even when they're ill
- Not allowing them to work
- Cancelling life and health insurance, leading to delayed diagnosis and treatment
- Coercing them into making a living will or power of attorney that benefits the abuser
- Hiding financial information

Vulnerabilities for victim-survivors who have cancer include:

- Being unable to manage or keep an eye on finances while ill or in hospital

Victim-survivors who have ended a relationship with an abuser may have no choice but to re-engage with them – for childcare and financial support during their own care or to economically support an abuser who needs care. The abuser can use these as opportunities to further the abuse.



Other things to consider

Abusers may hurt or threaten loved ones like children or pets to further their abuse:
Stopping the victim-survivor from seeing children or other family while in hospital or recovering, under the guise that it would upset them

- Trying to get full residency of children or increase child contact levels while the victim-survivor is ill, claiming cancer as the reason the victim-survivor cannot fulfil parental duties
- Posing a risk of harm or neglect to children
- Explicitly threatening to hurt children, making victim-survivors feel reluctant to go to hospital
- Putting the responsibility of caring for the patient onto children

Abusers may use aspects of the person's protected characteristics against them:

- Threatening to deport a migrant victim-survivor
- Using an LGBTQ+ partner's lack of relationship experience to create a false sense of what is acceptable behaviour in a relationship
- Threatening to 'out' an LGBTQ+ victim-survivor
- Using the wrong name or pronouns for a transgender person[32]
- Using spiritual abuse[33]: misusing religion and notions of forgiveness to cause harm or stopping victim-survivors from participating in religious practices. Faith and spirituality can be important to victim-survivors after a cancer diagnosis.

Domestic abuse can be technology-facilitated:

- Monitoring phone calls, letters, emails, texts, social media, and apps, including the NHS health app or other hospital apps
- Using passwords without permission
- Installing spyware on devices
- Tracking the victim-survivor's location
- Listening in to at-home appointments via Alexa or similar devices
- Harassing them via phone calls and messages
- It can also overlap with sexual violence and abuse via secret filming and revenge porn

Refuge has helpful tools to help victim-survivors secure their tech: **refugetechsafety.org**

Red flags to look out for

Although you might witness clear 'acts' of domestic abuse, you might be more likely to notice subtle signs – or red flags – that indicate something isn't right.

Domestic abuse can present in numerous ways:

- Anyone can be a victim-survivor regardless of stereotypes
- Being older or ill with cancer does not stop people from using domestic abuse
- Sometimes there are no red flags: abusive people will often paint themselves in a good light to prevent others from realising what they're doing
- Victim-survivors may try to hide or downplay what's going on

The following information includes indicators highlighted by the Department of Health and Social Care[34] and NICE[35].

Red flags about help-seeking and health-seeking behaviour

If the patient is a suspected victim, you may notice they:

- Delay presentation
- Frequently miss, are late to, or ask to reschedule appointments
- Fear or are reluctant to see professionals who are men (if the abuser is a man)
- Base treatment decisions on the views of or impact on another person e.g. choosing scalp cooling to prevent hair loss, or delaying treatment until after a holiday, to please a partner
- Don't comply with clinical advice e.g. around rest, sex, food
- Refuse recommended treatment or additional therapeutic support or change decisions about these
- Seem in a hurry during appointments
- Seem anxious about inpatient stays: reluctance to return home or wanting early discharge
- Ask that money not be paid into a joint bank account
- Don't know their financial information

Red flags about mental wellbeing

If the patient is a suspected victim, you may notice they are overly worried about how cancer and its impact will affect the abuser.

Whether the suspected victim is the patient or the partner/family member of a potentially abusive patient, you may notice:

- Victim reacting emotionally to a question about how things are at home
- Victim being worried about their children at home when they are at the hospital
- A higher level of distress, fear, or hopelessness than is 'usual' for the prognosis
- Putting on a front and presenting as completely fine
- Depression, anxiety, PTSD, complex PTSD, suicidal ideation, drug or alcohol use, sleep disorders, disordered eating[35 36]

An intrusive 'other person'

If the patient is a suspected victim, you may notice:

- Abuser unnecessarily attending appointments
- Abuser being aggressive, dominant, over-attentive, talking for the patient, refusing to leave the room, or redirecting attention and concern to themselves
- Abuser persistently contacting patient during inpatient stays or appointments
- Indications that the victim is not getting basic support
- Abuser asking that you contact them instead of the patient, or answering their phone when you call
- Victim asking you to call when the abuser is not there, or not send letters home

Whether the suspected victim is the patient or the partner/family member of a potentially abusive patient, you may notice:

- Tension between the abuser and victim and their friends/family members
- Domineering and fearful body language
- Victim being submissive or afraid to speak in front of the abuser
- Abuser belittling or embarrassing the victim in front of professionals
- Abuser being aggressive, inappropriate or overly charming towards staff
- Victim alluding to a problem if the abuser is not present then backtracking if the abuser is

Red flags about physical presentation

If the patient is a suspected victim, you may notice:

- Multiple fractures at different stages of healing
- Bruising or injury that seems inconsistent with the explanation for the cause
- Unexpected pain and weight loss
- Repeated infections on sites of surgery or treatment
- Functional disorders or stress-related conditions e.g. gastrointestinal symptoms, chronic pain
- Gynaecological or reproductive issues, particularly in cases of suspected sexual violence and abuse

Be aware: don't assume cancer or caregiver stress explains red flags. Have a low threshold for suspicion.

It can be hard to know whether these red flags are related to domestic abuse, the cancer and its treatment, or caregiving.

- Fear, sadness, anger, guilt, blame, and loneliness are common emotional reactions to cancer
- Having treatment or caring for a partner or family member can lead to fatigue, sleep problems, and retreating from family and friends
- A person with a diagnosis might worry about its impact on others
- Chemotherapy and other anti-cancer treatments can cause cognitive changes ('chemo brain') that include mood swings or increased bruising

All of these might be legitimate explanations, especially at the time of diagnosis because patients and families are overwhelmed, but it is important not to assume that the red flags are just a result of the cancer.
Stay watchful as patients settle into the rhythm of treatment or palliative care.

Be aware: an abuser can present as a victim.
This is to minimise or excuse their behaviour, or to counter disclosures made by a victim-survivor.

NICE has produced guidance on responding to perpetrators:
cks.nice.org.uk/topics/domesticabuse/management/managing-domestic-abuse

Respect is an organisation that specialises in working with perpetrators:
respectphoneline.org.uk/resources/frontline-workers/guidelines-for-working-with-perpetrators-of-domestic-abuse.
Information about the Respect helpline is in the Resources section.
They can support people concerned about their own behaviour.

What to do if you suspect someone is experiencing domestic abuse

Recognise and address your own worries
It's normal to feel anxious when faced with potential domestic abuse. But you probably already have the necessary skills to talk about it, such as active listening and empathy. If you have training in communication skills, person-based approaches, and motivational interviewing, you can draw on these skills too.

I have a personal experience of domestic abuse – or I think I might be experiencing it.
I'm worried talking about it will affect me.
A high proportion of healthcare workers experience domestic abuse[37]. Do not feel pressured to respond to domestic abuse among your patients if you don't feel ready.

- You're not alone and there are people ready to support you:
- Your workplace might have a staff domestic abuse policy with additional guidance and advice on support available at work
- Hestia Respond to Abuse Advice Line can provide advice and guidance on how employers can support employees who have experienced domestic abuse
- Macmillan professionals who would like support for their personal experience of domestic abuse can contact Macmillan Safeguarding
- See the Resources section for details of these, and other, services and support lines

Regarding your concerns about the suspected victim:

- Speak to another member of your team and ask if they can respond to the situation
- Your safeguarding team, domestic abuse workers (e.g. IDVAs or IDSVAs), or domestic abuse coordinators or champions in your Trust or workplace may also be able to help

I don't have time to ask about domestic abuse.
You may only have 10-15 minutes with the person, but this can be enough to:

- Start a conversation
- Let them know that you are ready to support them
- Encourage them to contact you if they need support
- Offer them an extra appointment next time, perhaps a double appointment, to talk about how they are

I have no support from my line manager or senior colleagues.
If your colleagues lack confidence or do not see domestic abuse as a health issue, you still have a responsibility to act:

- Have the courage of your convictions
- Use escalation processes if your manager is not supportive
- Talk to your safeguarding team and any domestic abuse workers, coordinators or champions in your Trust
- After escalating a concern, check it has been followed up and/or appropriate referrals have been made

Macmillan professionals who cannot contact their safeguarding team or are not getting support from a team or a manager can contact Macmillan Safeguarding. See the Resources section for details.

I'm not close enough to the person.
See if someone else in the care team has a good relationship with them. If they are a new patient, you may need to have several conversations and build up a trusting relationship.

I have no (recent) domestic abuse training.
See if someone else in the care team has had domestic abuse training. If there is no one, continue reading this guidance and consider calling your safeguarding team or a domestic abuse service for advice. See the Resources section for details of the National Domestic Abuse Helpline.

I don't want to offend anyone if I'm wrong.
Research shows that most patients are not offended if professionals ask them about domestic abuse, even if they're not affected[38]. Asking the question indicates it's a safe space and you're interested in hearing them. Discussions with cancer professionals show that they'd rather risk offending a person than missing a chance to protect them from harm[22].

Consultations with victim-survivors facing cancer shows they want cancer professionals to:

- Recognise red flags
- Ask the right questions
- Help them recognise that what they have experienced is not right[22]

Someone facing cancer won't want to talk about domestic abuse.
Some people will want to prioritise cancer treatment. People may not have the headspace to talk about domestic abuse if they've had the cancer diagnosis very recently. But that needs to be their choice, not your assumption. If direct questions feel inappropriate, ask open questions (see page 30).
Then ask more direct questions as patients settle into care.

The suspected abuser might retaliate.
Only ask suspected victims about domestic abuse if you have done some basic risk management around safe contact (see page 28). Alert security staff at your workplace if you're worried.

The suspected victim is a carer the patient relies on.
Carers can feel especially trapped because societal norms tell them they should put up with bad behaviour.

- Don't assume they want to maintain their relationship with the abuser
- Respond as if they were anyone else suspected to be experiencing domestic abuse
- Investigate safe, alternative care options for the abuser

- Read the following in conjunction with your Trust or workplace safeguarding policy and domestic abuse policy
- The policy might require you to take certain steps, especially around seeking consent, sharing and documenting information, and risk assessment
- It may also contain helpful information about referral pathways to local specialist services
- If anything in this toolkit contradicts your Trust or workplace policies, please follow your policies

Key people to think about involving

Teamwork can help piece together information and identify red flags. To get more information, guidance, and support, talk to:

- Others in the care team in your Trust or workplace, primary care, and social care. Carers' assessments can be crucial sources of information
- Carers' Liaison Workers - employed by the Carers' Trust
- Any domestic abuse workers, coordinators or champions in your Trust or workplace
- Trust or workplace safeguarding team

If you can't speak to the suspected victim about abuse, these people may be better placed to do so.

Basic risk management around contact details

Abusers will sometimes read victim-survivors' mail, texts, and emails, and listen in phone calls. When the suspected victim is alone, ask for safe contact details and when and how it is safe to contact them.

Some cancer centres will use different electronic health record systems to the rest of the hospital. If a victim-survivor updates their address at the main hospital, it may not flow to the cancer centre. Ensure you have the correct address: sending letters to homes where abusers live can put victim-survivors in danger. See page 36 for more on safe recording and sharing of information.

Check it's safe to ask

- Only ask about domestic abuse if you have a quiet and confidential space: consider using a nearby Macmillan Information and Support or Maggie's Centre if you need to
- Make sure they are completely alone: if they have a child aged 2+ with them, do not ask, as they can repeat what they have heard
- Ask casually where the suspected abuser is to ensure they don't suddenly turn up
- Use your workplace lone working policy if visiting the home of a suspected abuser

For phone or video calls:

- Ask if they're somewhere private
- Ask if they're concerned someone might be monitoring their devices, for example spyware on their phone or Amazon Alexa. Frame this as a routine question
- Refer them to refugetechsafety.org later in the conversation if you are worried
- Ask where children and the suspected abuser are

Be aware: Friends and family members should never be used for translation.

For people who need a spoken or sign language translator, always use an independent, professional service. Friends or family can:

- Influence what the victim-survivor shares
- Alter information they translate
- Pass on information to the abuser
- Be the abuser - offering to translate could be a technique for control

If you cannot meet these conditions – do not ask.

Take the following steps instead:

- Document clearly why you did not ask
- See page 36 for more information on safe recording
- Use your Trust or workplace domestic abuse policy, safeguarding policy, or record-keeping policy for guidance on safe documentation
- Make plans to ask another time
- Seek support from a manager or senior member of staff
- Inform your Trust or workplace safeguarding team

Step 1: Ask

When and where

Ask whenever the opportunity arises if it is safe.

- Radiotherapy and imaging appointments might be a good opportunity. Patients and companions are usually separated, and daily radiotherapy may enable victim-survivors to develop trusting relationships with staff. Talk to the radiographers and organise to see the suspected victim during the appointment.

Specific opportunities if the patient is a suspected victim:

- If on the ward, ask the abuser to collect a prescription from the hospital pharmacy
- Holistic Needs Assessments
- Macmillan 'Look Good Feel Good' workshops

Specific opportunities if the partner/family member of the patient is a suspected victim:

- Workshops and wellbeing sessions for caregivers
- Macmillan health and wellbeing sessions

How

- Be kind, sensitive, empathic, and non-judgemental
- Support them to feel in control of the conversation
- Go at their pace so as not to replicate power imbalances they experience with the abuser
- Listen closely and actively
- Do not interrupt their silences
- Be aware that they may not be ready to use the terms 'domestic abuse', coercive control, victim, and abuser. Use the terms they use
- If you do not know who the suspected abuser is, ask questions and use phrases flexibly

Opening questions suggestions:

- How are things at home?
- Are you getting the support you need at home?
- How has [suspected abuser] taken the news of your diagnosis?

Watch out for the answer. Do they answer in one word? Do they seem to be explaining the other person's bad behaviour?

Framing phrases and questions suggestions:

These introduce the possibility of domestic abuse.

- Do you feel safe at home?
- I'm concerned that you seem particularly [unhappy, worried, frightened, distressed]
- I notice when [suspected abuser] is here you seem uncomfortable
- Use their own words and language to help them talk about potential abuse
    - You've mentioned you're walking on eggshells, tell me more about that
    - Describe what you mean when you said that

Direct phrases and questions suggestions:

They may talk around the subject before feeling able to open up. If safe and appropriate, consider asking direct questions such as:

- Has anyone close to you/[suspected abuser] ever made you feel scared or hurt you?
- Who/what are you afraid of?
- Do you feel safe in your relationship?
- These bruises are more than I would expect – I'm wondering if someone might be causing you distress or harm or hurting you
- Is there anything that worries you about your relationship?

Consider asking about types of abuse[35]:

- Does [suspected abuser] belittle you, put you down, criticise you?
- Does [suspected abuser] stop you from doing things that you would like to do?
- Does [suspected abuser] ever threaten or intimidate you?
- Do they ever threaten to, or do anything physical to you? Throw things at you? Damage things in anger?
- Do they try to control you or what you do?
- Do they control or interfere with your finances?
- Do they ever touch you in ways you don't want to be touched?

A domestic abuse response will still be appropriate in cases where there was no abuse before the cancer diagnosis. It is important to support the victim-survivor and be led by their needs.

If they are unwilling or unable to discuss domestic abuse or deny it is happening.

Victim-survivors face many barriers[39 40]:

- They might not have named their experience as domestic abuse yet. It can be hard to name emotional, psychological, and controlling aspects of abuse, or abuse that the victim-survivor has begun to see as normal
- Talking about domestic abuse might feel 'taboo'
- Sexual violence and abuse is very stigmatised
- Loyalty to the abuser, especially if it is their child or grandchild
- Negative experiences of disclosing in the past
- Fear that the abuser will find out
- Fear of judgement
- Fear that disclosure might lead to consequences that are out of their control
- They might depend on the abuser for care
- The abuser might depend on them
- Reluctance to call behaviour 'domestic abuse' if they think it is unintentional

Important:

- You have a role to play in breaking down stigma and normalising discussions. Take any fears seriously but reassure them that this is a safe space, and you are there to support them if they need it.
- Do not assume the behaviour is unintentional. Recognise that even if some aspects of behaviour are unintentional, other aspects might be intentional.

If you still have suspicions but they won't disclose abuse:

- Follow your safeguarding and domestic abuse policy if there is a child or 'adult at risk' (as per the Care Act 2014) or clear evidence of an imminent risk of serious harm to the suspected victim[41]. Ensure your actions do not increase risk[35]. Talk to the suspected victim about actions you must take.
- Tell them they can talk to you in future if they need to
- Offer the suspected victim the details of the Macmillan Support Line. Staff cannot give specific advice about domestic abuse but:
    - Are domestic abuse trained
    - Will listen to the caller
    - Can signpost them to a domestic abuse service
    - They can also offer financial advice: domestic abuse often restricts economic decisions. Financial independence and resilience are important
- Never suggest mediation or couples counselling[42], it is generally not informed by a domestic abuse approach and can be harmful. Never offer to mediate yourself
- Get advice from a senior or line manager
- Ask the suspected victim again or arrange for another professional that they trust to ask
- Victim-survivors have said that they wish they had been asked multiple times[43]
- Record what you have done. See page 36.

If they say or indicate they are experiencing domestic abuse.

How you respond in the first minute matters the most:

- Don't pressure them to say more than they want to, judge, or victim-blame. Use careful words, e.g. do not ask whether they provoked the abuse
- Be aware: they may be scared once they've told you

Next steps:

Step 2: Validate

Validation is key to empowering the victim-survivor because the abuser may have told them no one will believe them. Use phrases like:

- Thank you for sharing with me
- I believe you
- You are not alone
- It is not okay for someone to treat you that way
- No one has the right to hurt or control you or make you feel afraid
- You have the right to live free from abusive behaviour
- We can help you access support

Gently help victim-survivors name their experience but acknowledge that this can be difficult.
You could say:
"What you've described to me sounds like a type of abusive behaviour. I realise this might be difficult to hear, but have you ever thought about what you're experiencing as abusive behaviour? It's okay if you haven't."

They might feel scared by the term abuse: reassure them that there are support services available that can talk to them about the dynamic of their relationship and explore whether it's healthy, even if they haven't considered it as abusive.

Do not judge the abuser: victim-survivors can feel a sense of loyalty to the abuser. Avoid phrases like: "[Abuser] sounds like a nasty person."

Do not pressure them to leave or end the relationship (including cutting off ties with a family member)

- This can increase risk as abusers will sometimes escalate their abuse if a relationship is ending
- It can mean a victim-survivor has to leave their home, job, support networks, children and pets
- If a victim-survivor has cancer, they may have to move hospitals which could hinder their recovery and prognosis

If the victim-survivor seems ready to end or leave a relationship, domestic abuse specialists can support them to do so safely. You can help them get this support by following steps 3-4.

Step 3: Assess immediate risk

Consider risks of serious injury or death and the victim-survivor's capacity to make decisions in their interest.

Take the victim-survivor's fears seriously, in particular, if they are scared the abuser will seriously hurt or kill them or a loved one.

Identify their immediate concerns including, for example, access to medicines.

Remember that domestic abuse is not just physical, and it is often a pattern of ongoing everyday subtle behaviour, not a series of one-off incidents.

Assess risk with questions like:

- Do you feel safe to go home? If not, is there somewhere safe that you can go?
- Do you have any immediate concerns about your safety?
- Has [abuser] made any threats?
- Who else might the abuse be affecting?
- Where is [abuser] now?
- Is the abuse getting worse, more serious, or more frequent?

Your Trust or workplace domestic abuse or safeguarding policy may have specific information about risk assessment too.

Step 4: Act

Follow your safeguarding and domestic abuse policy if there is a a child or 'adult at risk' (as per the Care Act 2014) or clear evidence of an imminent risk of serious harm to the victim-survivor[41].

- If there is an emergency, call 999
- Talk to the victim-survivor about the safeguarding or emergency actions you must take
- Be sure your actions don't increase the risk[35]

In some cases, the victim-survivor might not want any further action to be taken, and you can respect this decision. Talking about the abuse might be enough. But let them know that you can refer them to a domestic abuse service. They can help victim-survivors to:

- Consider their options
- Decide their next steps
- Make a safety plan
- Access refuge space if needed

Referrals require the victim-survivor's consent and there are several options:

Option 1

Refer them to your Trust or workplace IDVA or IDSVA, or other patient-facing domestic abuse worker, if your Trust/workplace has one. Be aware, some IDVAs/IDSVAs can only work with emergency department or maternity referrals.

Option 2

Make a referral to the victim-survivor's local domestic abuse service. This usually involves a short phone call or a short form on the service's website, where you share a name and safe contact details.

Ask if it's safe for the service to call, text or leave a voicemail.

Find their local service via:

- Your safeguarding team
- Your Trust or workplace domestic abuse policy or intranet
- A Google search
- A National Domestic Abuse Helpline worker - but you may have to wait on hold [0808 2000 247]

Some areas have additional services for marginalised or minoritised groups. e.g. services for LGBTQ+ or minority ethnic victim-survivors. Do not automatically assume they would prefer one of these services. Offer a referral to one of these services if they say they want this specific support.

Be aware: you can also give the victim-survivor the contact details of the service if you are unable to refer them, but this option is less successful at leading to safety[44].

Extra option to consider

If you have a good relationship with the victim-survivor's GP, you can contact the practice to see whether they have an IRIS (domestic abuse) worker. You may be able to have a joint meeting.

If the victim-survivor declines a referral to a domestic abuse service:

- Offer them the details of their local, or a national service (choose one from the Resources section)
- Offer them the details of the Macmillan Support Line. See page 32 for more information on their training and the Resources section for how to make contact.

If the victim-survivor is the patient, offer to give their GP and other key professionals involved in their care a summary of what they've told you.

- Ask for consent: They might have safety-related reasons for not wanting other professionals to know
- Telling social care and carer support professionals can be helpful as carers' assessments, whether the victim-survivor or abuser is a carer, can be crucial in getting support in place
- **Letting the victim-survivor's GP know can also be helpful if they are not your patient:** GP staff might have domestic abuse training and can take over their care
- An eight-point list on what to share with the other professionals follows is overleaf

If you are referring the victim-survivor to a non-domestic abuse service, ask if it's ok to share issues related to safety and risk with the service.

Be aware: contacting safeguarding alone may not be a sufficient response.
Unless there is a child or 'adult at risk' (as defined by the Care Act 2014), the safeguarding team may not be able to take action. Being a victim-survivor of domestic abuse does not automatically classify as being an 'adult at risk'.

Step 5: Record & share information

It is good practice to always document and share information so you and other professionals can build up a picture and monitor risk and so the victim-survivor does not have to repeat themselves.

Follow your Trust or workplace domestic abuse policy, safeguarding policy, or record-keeping policy for specific advice. Some general advice for when the victim-survivor is the patient is:

- Document what you asked, why, how they responded, any relevant health problems, and plans to ask again
- Use phrases like 'patient says', 'patient describes', or 'patient discloses', followed by their own words
- Avoid phrases which imply doubt, like 'patient claims' or 'patient alleges'
- Think about who else in the hospital should and should not have access to the information
- If the abuser is a healthcare worker, beware that they might have access to the information
- Unless you are absolutely sure it is safe, never send letters mentioning domestic abuse to a patient's home
- If you write to a person's GP, this letter is usually sent home – take steps to ensure this does not happen
- Never document information about abuse that is visible in a patient-facing app. IRISi has produced guidance on safe documenting[30] – irisi.org/changes-online-medical-records-gp
- Ensure that what you document is not visible to anyone the patient attends with next time

Below is an eight-point list of what to share with other professionals[45]:

1. The patient has disclosed domestic abuse
2. Who else is present during the consultation
3. Victim-survivor and abuser's relationship
4. Who else is in the household, noting any children under 18 and their ages and any adults at risk (as per the Care Act, 2014)
5. Assessment of risk
6. Action you have taken or plan to take (referrals, signposting, advice given, information shared, or 'no action')
7. Any actions you expect the recipient to take in response to domestic abuse and by when
8. Whether the patient knows you have shared the information. If the victim-survivor is not your patient, RCGP advises: "do not record anything [in the abuser's record] as it will be likely...dangerous to victims to do so"[46]. Discuss with senior staff whether and how to record and share information.

When the person has past experience

Domestic abuse can have long-lasting consequences for health. People diagnosed with cancer may feel that the stress of domestic abuse is, at least partially, to blame for their cancer diagnosis[20 21]. It's important to gently validate what the patient says.

A cancer diagnosis and treatment can:

- Trigger past traumas of domestic abuse
- Affect engagement with treatment
- Create distrust and fear of healthcare professionals
- Affect recovery

There are no evidence-based recommendations for trauma-informed cancer care but interest in this topic is growing[47].

Victim-survivors affected by past domestic abuse may want support from a domestic abuse service, or from a therapy service. Cancer psychologists may be able to offer an assessment and signposting.

Caring for yourself

It's important to realise you cannot always make things better.

Talking about domestic abuse can be difficult, even for those with lots of experience dealing with the difficulties of cancer. We encourage you to emotionally debrief with someone if needed and access any wellbeing resources within your Trust or workplace.

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Resources for patients and caregivers

Services, including national domestic abuse support services, can support victim-survivors with current and past experiences.

National Domestic Abuse Helpline
Helpline: 0808 2000 247 (24 hours).
Webchat: https://www.nationaldahelpline.org.uk/en/Chat-to-us-online
(Mon - Fri, 3 pm - 10 pm)
British Sign Language interpreter service:
nationaldahelpline.org.uk/en/bsl
(Mon - Fri 10 am – 6 pm)

Galop - for LGBT+ people
Helpline: 0800 999 5428 (Mon – Thu, 10 am to 4:30 pm, Fri, 10 am to 4 pm)
Webchat: https://galop.org.uk/get-help/helplines/

Women's Aid
Webchat: https://chat.womensaid.org.uk/
(Monday - Friday, 8 am - 6 pm / Sat - Sun 10 am - 6 pm)

Rape Crisis
Support for experience of rape, sexual assault, abuse, or violence, whether recent, a long time ago, even if the person is unsure what happened
Helpline: 0808 802 9999 (24/7)
Webchat: https://rapecrisis.org.uk/get-help/want-to-talk/#live-chat (24/7)

Surviving Economic Abuse
Financial support line (run in partnership with Money Advice Plus):
Phone: 0808 1968845
(Mon - Fri, 9 am - 1 pm and 2 pm - 5 pm).

SignHealth – for Deaf people
Text: 07800 003421
Email support: da@signhealth.org.uk

Opoka – for Polish women
Helpline: Polish 0300 365 1700 / English 01174270012
(Mon, Weds, Thurs, 10 am – 1 pm)
Email support info@opoka.org.uk

Hourglass – for older people
Helpine: 0800 808 8141 (24/7)

Men's Advice Line - for victim-survivors who are men
Helpline: 0808 8010327
(Mon - Fri, 10 am - 5 pm)
Email support: info@mensadviceline.org.uk
(Mon -Fri 9 am – 5 pm)

Karma Nirvana - for 'honour'-based abuse survivors
Helpline: 0800 5999 247
(Mon - Fri, 9 am - 5 pm)

Refuge4Pets - for people who need fostering for an animal
Helpline: 0300 4000 121
Email Support: info@refuge4pets.org.uk

Respect - for concerns about your own or someone else's behaviour
Helpline: 0808 802 4040
(Mon – Fri, 10 am - 5 pm)
Email support: info@respectphoneline.org.uk
(Mon - Fri, 9 am - 5 pm)
Webchat: https://respectphoneline.org.uk/
(click bottom right corner, Thurs 2 pm - 4 pm)

Ways to call 999
Silent solution 999 calls
Using 999 by text: relayuk.bt.com/how-to-use-relay-uk/contact-999-using-relay-uk.html

Macmillan Support Line
Helpline: 0808 808 00 00 (Mon-Sun 8 am to 8 pm)
Webchat: macmillan.org.uk/cancer-information-and-support/get-help/chat-online (Mon-Sun 8 am to 8 pm)
Email support: macmillan.org.uk/about-us/contact-us/ask-macmillan-form.html
BSL and other language interpreters available

Improving safety via tech
Refuge: for information on how victim-survivors can secure their tech
Hollie Guard: a safety app for domestic abuse victim-survivors and professionals working with them
Bright Sky: a practical support and information app for anyone experiencing domestic abuse or worried about someone else.

Resources for professionals

Identify your local domestic abuse service. Many services for patients and caregivers can also support professionals who are worried about someone.

Hestia Respond to Abuse Advice Line

For advice on how employers can support employees who have experienced domestic abuse. hestia.org/respond-to-abuse: 0203 8793695 / adviceline.eb@hestia.org (Mon - Fri, 9 am - 5 pm)

Macmillan Safeguarding line

For Macmillan professionals who want support around a patient or caregiver they have supported with domestic abuse, or for personal experience.
Phone: 07793 579375 or 07595 002022 (24/7)
Email for safeguarding team:
safeguarding@macmillan.org.uk
Email for staff welfare team:
staffwelfare@macmillan.org.uk

Posters and other tangible resources

- Your safeguarding team, local authority safeguarding team, and local domestic abuse service may have resources, such as posters and lip balms with helpline numbers printed.
- **Women's Aid has posters and leaflets** womensaid.org.uk/information-support/downloads-and-resources/posters-and-leaflets

Other toolkits and learning resources

- **Domestic abuse and life limiting illness toolkit-forthcoming: Myall M, Taylor S & Lund S (2023)** The DALLI toolkit: Enhancing the identification and response to domestic abuse for people living with a life-limiting illness. University of Southampton
- **NICE guidelines on managing domestic abuse** https://cks.nice.org.uk/topics/domestic-abuse/management/managing-domestic-abuse/
- **Pathfinder toolkit for NHS Trusts** looking to embed a domestic abuse response
- **Supporting victims/survivors of gender-based violence who need an interpreter: A user friendly toolkit for practitioners and interpreters** https://docs.google.com/forms/d/e/1FAIpQLSfn8ueXGc8dM89V6pI5rjjd7dlD5EkpFrUmnl5aF_cTXFAj1Q/viewform

- **Dewis Choice**
  - Videos on supporting older survivors, and older LGBTQ+ survivors in particular https://www.youtube.com/channel/UCm3YK_wYUbpXo0RO87wl0EA
    Domestic abuse and the co-existence of dementia toolkit https://dewischoice.org.uk/wp-content/uploads/2022/02/Dewis-Choice-Dementia-and-DA_COMPRESSED.pdf
  - SOS toolkit – supporting older survivors https://www.solacewomensaid.org/get-informed/professional-resources/sos-toolkit-supporting-older-survivors

- **Strengthening Hospital Responses to Family Violence team, Peter MacCallum Cancer Centre, Melbourne – videos.**
  - Talking about Elder Abuse: https://youtu.be/0Kp7n3AKk8k
  - Emotional Elder Abuse – a sensitive conversation: https://youtu.be/-3ReOG9flyQ
  - Financial Elder Abuse – a sensitive conversation: https://youtu.be/imn01KoY7og

National organisations with helpful resources and training (non-exhaustive list)

- Standing Together standingtogether.org.uk
- Safelives safelives.org.uk
- AVA avaproject.org.uk
- Women's Aid womensaid.org.uk
- Refuge refuge.org.uk
- IRISi irisi.org (Healthcare responses to domestic abuse)
- Imkaan imkaan.org.uk (Black and Minoritised)
- Respect respect.org.uk (Working with perpetrators)

In partnership with

Toolkit content correct at the time of writing (Feb 2024). **Written by** Dr Sandi Dheensa, Research Fellow, University of Bristol, within a Macmillan Cancer Support-funded cancer and domestic abuse project in partnership with Standing Together Against Domestic Abuse and University Hospitals Bristol and Weston (UHBW) and The Royal Marsden NHS Foundation Trusts, with contributions from a multi-sectoral national working group. **Background:** This toolkit is the outcome of learning from a two-phase project with the overarching aim of improving the cancer workforce response to patients and their partners and family members who are experiencing domestic abuse. Phase 1 consisted of consultations with victim-survivors and the cancer workforce, which informed the Phase 2 intervention: the co-location of domestic abuse coordinators at UHBW and The Royal Marsden. Coordinators delivered in-person and online training and supported staff with referral options (evaluated separately). The project team also held national working group meetings to bring experts in cancer and domestic abuse together to share learning. This toolkit was developed in consultation with national working group members, professionals within both Trusts, and victim-survivors. The project was conducted in England, but the toolkit may be applicable to other nations: readers are advised to check country-specific policies and guidelines of relevance.

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