

Domestic Abuse



Opening closed doors.

Domestic Abuse and Mental Health Information for professionals



Domestic abuse can be: physical, emotional, sexual or financial and is all about control and power over another person aged 16 or over who is, or has been, an intimate partner or family member regardless of gender or sexuality.

This briefing is for professionals working within health, with patients that may be experiencing new or ongoing mental health episodes, to encourage professional curiosity regarding any domestic abuse response.

The aim of this briefing is to support practitioners when identifying/suspecting domestic abuse related mental health issues/crisis and this guidance will support health professionals to understand how they can adapt how they offer support also considering the additional demands on their capacity and changes in the way they work with patients, the impact of virtual appointments and the increased risks/missed opportunities this style of consultation presents.

Definition of Domestic Abuse

The UK government definition of domestic abuse is *Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if—*
(a) *A and B are each aged 16 or over and are personally connected to each other, and*
(b) *the behaviour is abusive.*

(3) Behaviour is "abusive" if it consists of any of the following—

- (a) physical or sexual abuse;*
- (b) violent or threatening behaviour;*
- (c) controlling or coercive behaviour;*
- (d) economic abuse*
- (e) psychological, emotional or other abuse;*

It does not matter whether the behaviour consists of a single incident or a course of conduct.

Personally Connected is defined as:

- (a) they are, or have been, married to each other;
- (b) they are, or have been, civil partners of each other;
- (c) they have agreed to marry one another (whether or not the agreement has been terminated);
- (d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- (e) they are, or have been, in an intimate personal relationship with each other;
- (f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));
- (g) they are relatives.

Individuals experiencing mental health symptoms often also experience a higher prevalence of domestic abuse.

Health services have a key opportunity to identify abuse, and

also ensure survivors are safe and well supported by available services and resources.

Considerations are necessary to ensure the safe enquiry of, and response to, domestic abuse even more so during a Pandemic.

Health Professionals should be aware of the services and referral pathways available to survivors or seek advice from their local safeguarding team or health IDVA.

See back page for contact details

Some of the signs of domestic abuse:

- PTSD
- Anxiety
- Depression
- Symptoms or exacerbation of depression, low self-esteem, PTSD, anxiety, fearfulness
- Frequent and/or unexplained injuries
- Unexplained injuries, or injuries for which the victim describes stories that appear improbable
- Suicidal ideation, suicidal tendencies, or self-harm
- Self-harm
- Substance misuse

- An individual with limited access to or control over their finances or little to no access to financial resources independent of a partner
- Somatic disorders, problems sleeping, physical exhaustion
- Sudden weight loss, eating disorders
- Repeated injuries, frequent visits to A&E, or delays between injury and presentation.
- Sexually transmitted infections, or gynecological injuries, frequent unexplained cystitis/urinary infections
- Problems with central nervous system (headaches, cognitive problems, hearing loss), gastrointestinal problems
- Isolated from friends and/or family members
- Describes a partner or family member as prone to anger, outbursts, jealousy or controlling behaviours
- Protective other party frequently attending appointments with the patient, an individual not picking up failing to collect prescriptions, not taking medication and/or

not attending to their mental/physical health needs.

- An individual refusing to comply with restriction measures and/or appearing to disregard their wellbeing.
- A partner that refuses for the client to be seen alone.
- A third party answering the client's phone, an individual that does not answer or uses hushed tones, not speaking at all or very rushed.

Daily, approximately thirty women attempt suicide because of domestic abuse.

Responding to domestic abuse - Top tips for safe enquiry

- If you have any suspicion or indication of abuse and it is safe to do so, always ask/ question. For example, 'As violence is so common, we are asking all of our patients.....' or 'are there times when you have felt unsafe at home?'
- It is crucial that enquiring about domestic abuse is done sensitively and in a private environment. Speak to individuals alone. Do not use friends, family or carers as interpreters or translators.
- If providing an outreach service that is not currently providing face to face services, discuss with your client whether contact via phone, text, email or messaging apps is a safe and feasible alternative. Be mindful that some survivors could be self-isolating with perpetrators.
- When providing telephone services, ask yes/no questions to establish if the individual is alone and safe to speak. If you hear someone in the background or if the client confirms that they can be overheard shift the tone of the conversation for example: 'Do you need food/medication etc?'
- Create a safe word with the patient to identify risk of harm without the knowledge of a perpetrator.
- Make sure that you have sufficient time for the conversation so that the survivor will not be rushed.
- Avoid unhelpful assumptions, for example assuming that

someone doesn't 'look' or 'act' like a survivor. Remember domestic abuse can be perpetrated by family members as well as intimate partners and includes child-to-parent violence and elder abuse.

- If a patient discloses, validate their experience, and let them know that the abuse is not their fault. For example, 'What you are describing sounds like abuse' or 'the abuse is not your fault.'

Top tips for safety planning:

- If you believe the patient or their children's safety to be at immediate risk, you should call the emergency services (999). If your client is in danger and it's not safe to talk on the phone, they can call 999 and then press 55 for help without speaking.
- Arrange times when you can call in the future. Suggest safe words for when you call them to identify risks of harm and identify times best suited to the survivor.
- Discuss any planned contact with professionals, friends or family who can raise the alarm if they need emergency help.

- Discuss potential scenarios relevant to the current circumstances. Look at how they might manage risk in different situations.
- Share plans with multi agency partners (if the survivor has given consent to share).
- Follow the safeguarding procedures in place in your organisation. All referrals, whether internal or external, should be followed up.
- Consider whether a MARAC referral or child safeguarding referral is needed. Discuss this with designated Safeguarding Lead, colleagues or local safeguarding professionals if you need further advice.
- Safely document domestic abuse within patient/service-user records. Keep the victim informed of what information you are writing down and who it might/will be shared with.
- Familiarise yourself with up-to-date information on specialist support options and referral pathways for survivors so that you can safely and appropriately refer.

How can you help?

Are they frightened that they, or their children will be harmed by this person?

If this is the case, there are several options available:

If they are at risk from or frightened of their partner – complete a DASH Risk Assessment or request support from, and refer, to the IDVA service, this case may need to be heard at MARAC if there is a risk of significant harm or homicide.

DASH forms are at:

[Welcome to Cambridgeshire DASV Partnership \(cambsdasv.org.uk\)](https://www.cambsdasv.org.uk)

Health IDVAs provide a specialist service working with community, hospital-based and midwifery services across Cambridgeshire and Peterborough.

The Health IDVA will accept referrals at all risk levels but only from professionals and they can assist the individual to complete a DASH form.

The Health IDVA can also provide advice and information to professionals who may be concerned about someone

experiencing or at risk from domestic abuse

The Health IDVA can be contacted by email advacamb@nhs.net

Or telephone 07713 919229

Useful contacts

Duty IDVA :

Idva.Referrals@cambridgeshire.gov.uk

DASS Domestic Abuse Support Service – supporting people of all genders across Cambs and Pboro
0300 373 1073

National Domestic Abuse Helpline
(24/7): 0808 2000 247

Rape Crisis: 0808 802 9999, an online chat service is also available [here](#).

Galop LGBT+ Domestic Abuse Helpline: 0800 999 5428

Men's Advice Line: 0808 801 0327

Hourglass Older People Abuse Helpline 0808 808 8141

Respect perpetrator helpline:
0808 8024040