



Domestic Abuse & Mental Health: Guidance for Health Practitioners

This guidance is for those working in the health sector, with those who may have a mental illness, to identify and respond to domestic abuse.

The guidance will support health professionals to understand how they can adapt how they offer support considering additional demands on their capacity and changes in the way they work with patients.

Definition of domestic abuse: The UK government definition of domestic abuse is “coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological abuse, physical abuse, sexual abuse, financial abuse, emotional abuse” This includes so called ‘honour’-based violence, forced marriage and Female Genital Mutilation (FGM).

- Across those with mental health issues there is a high prevalence of people who are or have experienced domestic abuse.
- Health services have a key opportunity to identify abuse, and ensure survivors are safe and that they have appropriate support.
- Considerations are necessary to ensure the safe enquiry of, and response to, domestic abuse – especially during the current context of Covid.
- Health Professionals should be aware of the services and referral pathways available to survivors.

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 and accepts referrals from professionals only.

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

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

- Signs of domestic abuse Individuals who have experienced domestic abuse will present in a variety of ways (but are not limited to):
 - PTSD
 - Anxiety
 - Depression
 - Frequent and unexplained injuries
 - Self-harm
 - Substance misuse
 - An individual who says they have less access to or control over their money
 - Symptoms of depression, low self-esteem, PTSD, anxiety, fearfulness
 - Suicidal ideation, suicidal tendencies or self-harm
 - Somatic disorders, problems sleeping, physical exhaustion
 - Sudden weight loss, eating disorders
 - Unexplained injuries, or injuries for which the victim describes stories that appear improbable
 - Repeated injuries, frequent visits to A&E, or delays between injury and presentation.
 - Sexually transmitted infections or gynaecological injuries
 - Problems with central nervous system (headaches, cognitive problems, hearing loss), gastrointestinal problems
 - Isolated from friends and/or family members
 - Little or no access to financial resources independent of a partner
 - Describes a partner or family member as prone to anger or controlling
 - Protective other party frequently attending appointments, individual not picking up 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 third party answering the client's phone and/or refuses for the client to be seen alone.
 - An individual who does not pick up their phone or uses hushed tones.

- Every day almost thirty women attempt suicide because of domestic abuse

In the context of COVID-19, there are a number of additional factors likely to impact survivors' mental health: Survivors are experiencing increased trauma and may find social isolation triggering; perpetrators monopolise circumstances to further control and coerce. Survivors' interacting identities impact their experiences, the impacts of abuse and barriers faced

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. For example; “As violence / abuse is so common, we are asking all of our patients..”, “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”. “The abuse is not your fault”.

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 a number of options available:

- If they are at risk from or frightened of their partner refer to the IDVA service, this case may need to be heard at MARAC if there is a risk of significant harm or homicide. Link [Welcome to Cambridgeshire DASV Partnership \(cambsdasv.org.uk\)](http://www.cambsdasv.org.uk)

Give them details of local services – www.cambsdasv.org.uk

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 back to identify risks of harm and identify times best suited to the survivor.
- Discuss whether they have 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 is happy for you to do so).
- Follow the safeguarding procedures in place in your organisation. All referrals, whether internal or external, should be followed up.
- Consider whether a MARAC referral/child safeguarding referral is needed. Discuss this with your 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.

Local referral routes – please visit our website www.cambsdasv.org.uk

National Helplines

- 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 support for older people 0808 808 8141
- Respect perpetrator helpline: 0808 8024040