

Domestic abuse during COVID-19: Guidance for mental health practitioners

1. Introduction

AVA¹ has provided the following guidance for mental health professionals to identify and respond to domestic abuse in the context of COVID-19, when survivors may be facing increased risk of abuse and additional challenges to accessing support. The guidance advises how mental health professionals can adapt how they offer support considering additional demands on their capacity and changes in the way they work with patients.

2. 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).

It is important to note that domestic abuse disproportionately affects women², and domestic abuse is considered a form of violence against women and girls (VAWG). For more information see [here](#).

3. Key messages

- **Across those accessing mental health services there is a high prevalence of people who are or have experienced domestic abuse.** Mental health services have a key opportunity to identify abuse, and ensure survivors are safe and that they have appropriate support.
- **The COVID-19 pandemic is presenting additional risks to survivors.** Recent reports evidence that rates of domestic homicide have more than doubled since the COVID-19 lockdown.
- **COVID-19 pandemic is presenting additional challenges and barriers for survivors.** The current circumstances are likely to be extremely triggering, while routes for accessing support and seeking safety are limited.
- **Additional considerations are necessary to ensure the safe enquiry of, and response to, domestic abuse during the current context.**
- **Professionals should be aware of the services and referral pathways available to survivors.**

¹ AVA is a national violence against women and girls charity, specialising in multiple disadvantage and mental health. For more information see - <https://avaproject.org.uk/>

² On average, two women per week are killed by their current or ex-partner. From April 2014 to March 2017, 73% of victims of domestic homicides (homicides by an ex/partner or family member) were women. (Office for National Statistics [ONS].[2018]. *Domestic abuse in England and Wales: year ending March 2018*. London: ONS.

4. Signs of domestic abuse

Individuals who have experienced domestic abuse will present in a variety of ways (see Appendix One). In the context of COVID-19, there are particular signals and/or signs that may indicate abuse. These include (but are not limited to):

- An individual particularly triggered by the circumstances. This may result in overwhelming fear of contagion, increased self-harm, substance use relapse, suicidal ideation, escalation of mental distress.
- An 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.

5. Impact of domestic abuse and COVID-19 on survivors

Experiencing domestic abuse is extremely traumatic and likely to heavily impact survivors' mental health. Every day almost thirty women attempt suicide as a result of domestic abuse³.

In the context of COVID-19, there are a number of additional factors likely to impact survivors' mental health. For example: [survivors are at increased risk](#); 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. For example, BME survivors are further impacted by structural barriers to accessing services and/or a lack of funding for BME specialist VAWG support. [An intersectional approach](#) is essential for understanding abuse.

6. Responding to domestic abuse during COVID-19

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 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.

³ Refuge. (2017). *Taking Lives*. [online] Available at: <https://www.refuge.org.uk/our-work/campaigns/more-refuge-campaigns/taking-lives/> [Accessed 22 Oct. 2019].

- **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 are likely to 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”.*

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).
- **Use resources to support safety planning during COVID-19.** For example, those produced by SafeLives (available [here](#)) and Womens Aid (available [here](#)).

Top tips for safe referral:

- **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.

7. Key referral options and resources

- **National Domestic Violence Helpline (24/7):** 0808 2000 247
- **Rape Crisis:** 0808 802 9999, an online chat service is also available [here](#).
- **Women's Aid:** provide an online chat service available [here](#).
- **The Survivors' Forum (24/7):** an online resource for survivors of domestic abuse available [here](#).
- **LGBT+ Domestic Abuse Helpline:** 0800 999 5428
- **Men's Advice Line:** 0808 801 0327
- **Respect perpetrator helpline:** 0808 8024040
- **Victim Support helpline (24/7):** 0808 1689 111 and online chat available [here](#).
- **Chayn:** provide an online chat for advice around support available [here](#).
- **Imkaan:** resources for BME and migrant women in the context of Covid-19 available [here](#).

Additional resources available on COVID-19 and mental health include: MIND mental health resource available [here](#); YoungMinds self-isolation and anxiety resource available [here](#).

Additional resources for health professionals include:

- NHS helpline for health professionals – more information available [here](#).
- Current changes made to the Care Act (2014) in light of Covid-19, available [here](#).
- SafeLives COVID-19 page with collated resources for professionals, available [here](#).
- Online webinar on understanding domestic abuse in the context of Covid-19, available [here](#).
- AVA online e-learning on elements of domestic abuse, trauma and mental ill health, available [here](#).
- SafeLives Community Platform available [here](#).

APPENDIX ONE: INDICATORS OF ABUSE

Individuals who have experienced domestic abuse will present in a variety of ways. Symptoms or conditions which are indicators of possible domestic abuse may include (but are not limited to):

- PTSD
- Anxiety
- Depression
- Frequent and unexplained injuries
- Somatic disorders
- 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