

# Prof Louise M Howard

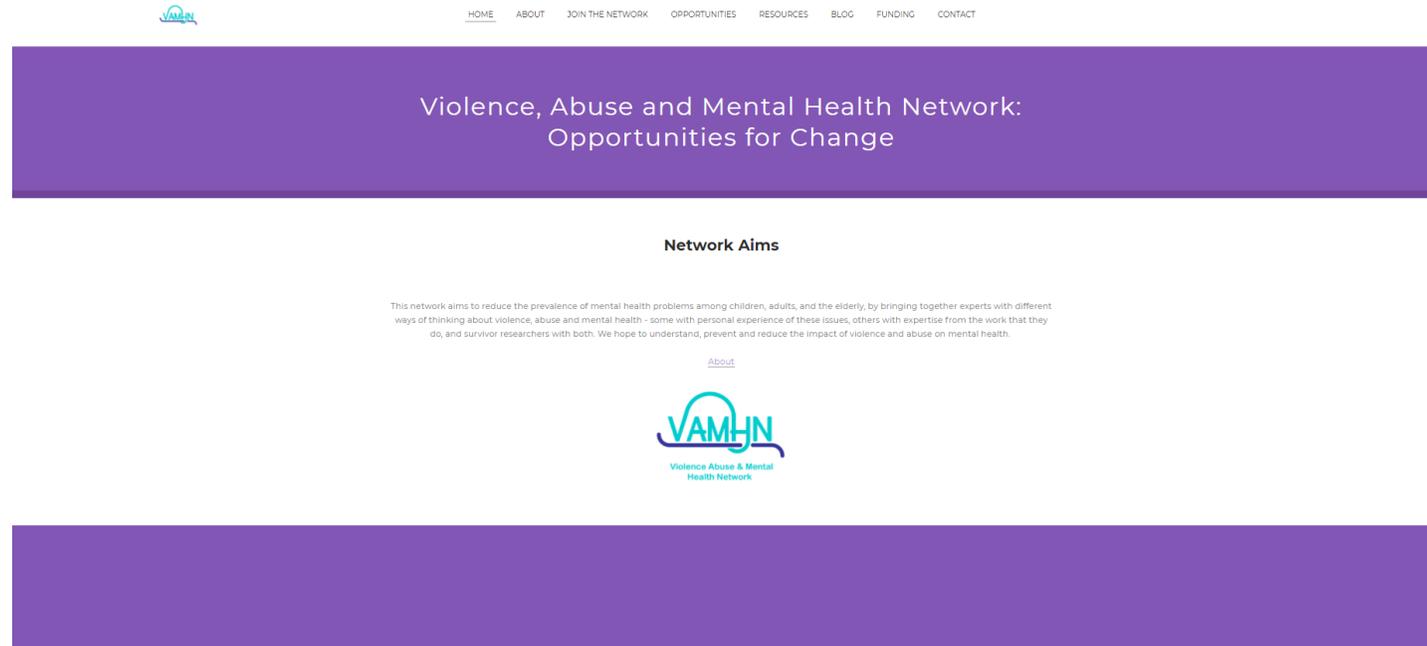
Domestic violence and abuse and mental health during the Covid pandemic and beyond: implications for general adult psychiatrists



UKRI Mental Health Network on Violence, Abuse and Mental Health

([www.vamhn.co.uk](http://www.vamhn.co.uk))

(to join email: [vamhn@kcl.ac.uk](mailto:vamhn@kcl.ac.uk))

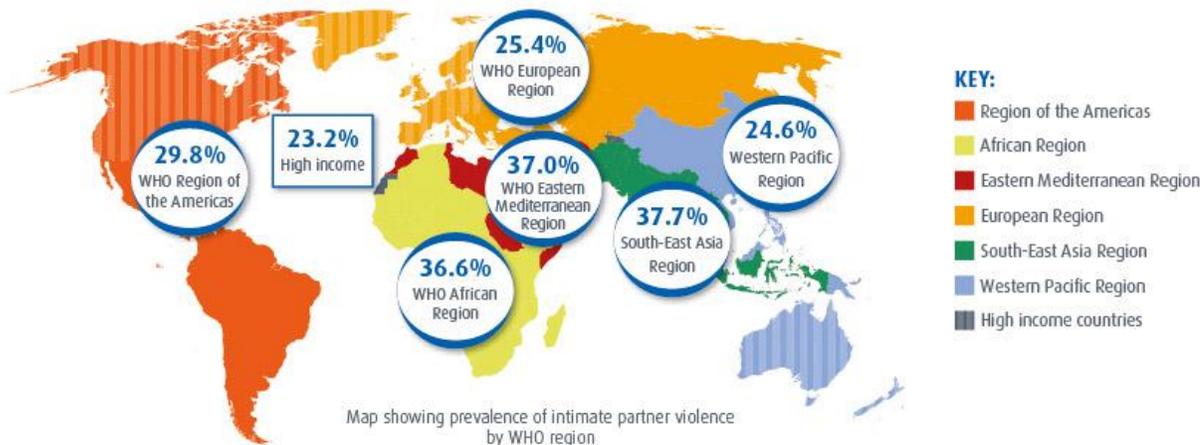


# The Domestic Violence and Abuse (DVA) Pandemic



## VIOLENCE AGAINST WOMEN: PREVALENCE

**1 in 3 women** throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner



*Crime Survey for England & Wales (adults aged 16 to 74 years for yr ending March 2019):*

- 5.7% adults (2.4 mn) - 7.5% women (1.6 mn); 3.8% men (786,000) experienced DVA.
- Police recorded 1,316,800 DVA related incidents & crimes.
- In 75% of DVA-related crimes the victim was female.
- Between March 2016 - March 2018, 74% of victims of domestic homicide were female compared with 13% of victims of non-domestic homicide.
- Adults who were separated/divorced were more likely to have experienced domestic abuse vs those who were married/civil partnered, cohabiting, single or widowed.

# Definition of Domestic Abuse

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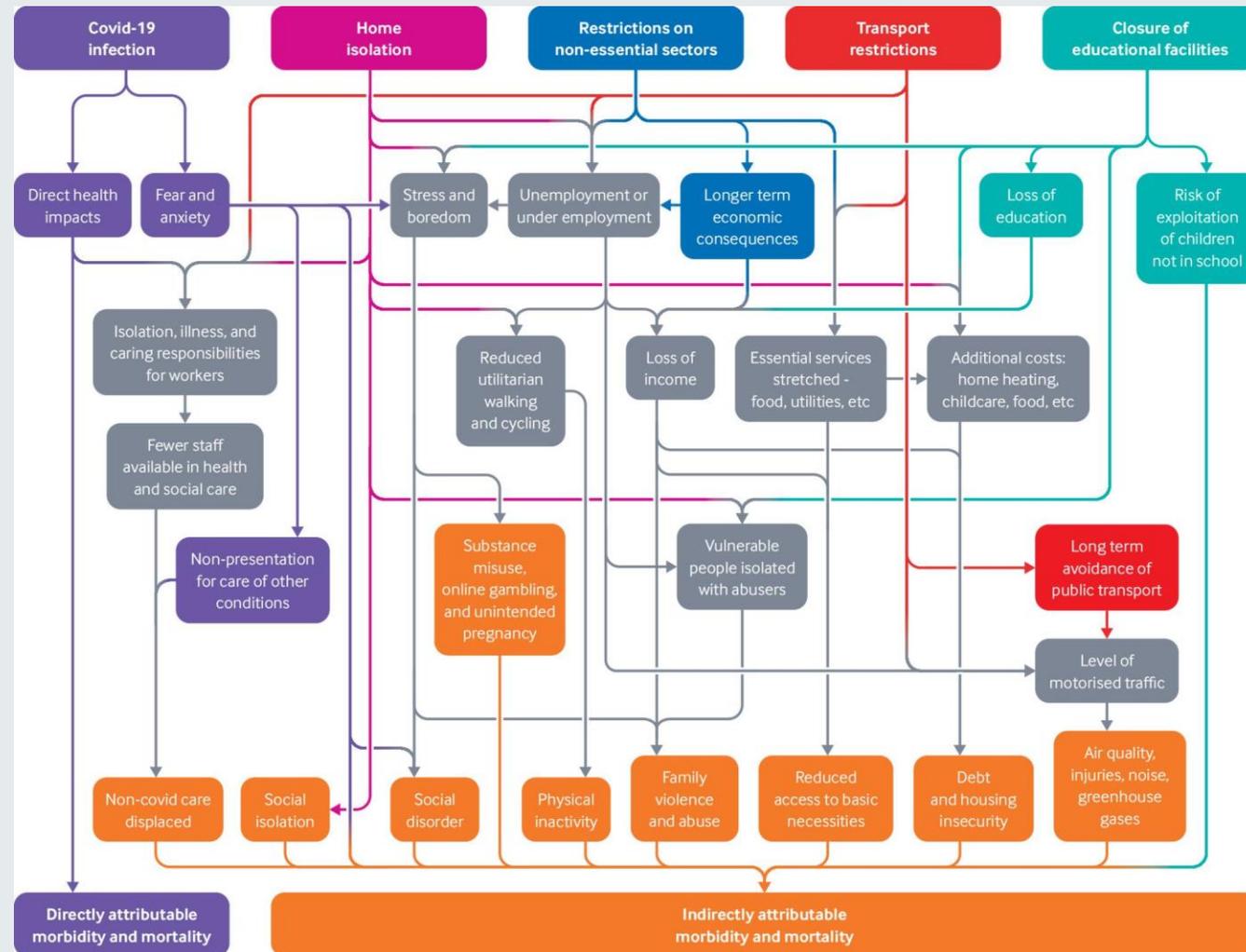
*“Any incident or pattern of incidents of \*controlling, \*\*coercive, threatening behaviour, violence or abuse (psychological, physical, sexual, financial/economic or emotional) between those aged 16 years or over who are, or have been, intimate partners or family members, regardless of gender or sexuality”  
(Home Office 2014; 2019)*

\*Controlling behaviour comprises acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources, depriving them of the means needed for independence, and regulating their everyday behaviour

\*\* Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

**Intimate partner violence (WHO) - includes ex-partner**

# Impact of Covid on DVA



Evidence from natural disaster literature – reduction in crime but increase in IPV

During COVID lockdown:

- 50% increase in calls to UK DVA helpline & 400% increase in visits to its website;
- 30% increase in calls to police
- Increases reported in China, Australia etc

## Mechanisms: impact of Social distancing and social isolation

Concerns include increases in time alone with abuser, cyber abuse, alcohol use increasing in homes, increased stress (financial etc); diversion of public services removes safety nets e.g. schools, criminal justice system

Covid exacerbates social inequalities

Margaret Douglas et al. *BMJ* 2020;369:bmj.m1557

# Domestic Abuse: Impacts on Health

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- **Injuries following an assault**

e.g. fractures, broken bones, facial injuries, scars, death

- **Chronic illness after living with abuse**

e.g. headaches, gastrointestinal disorders, chronic pain

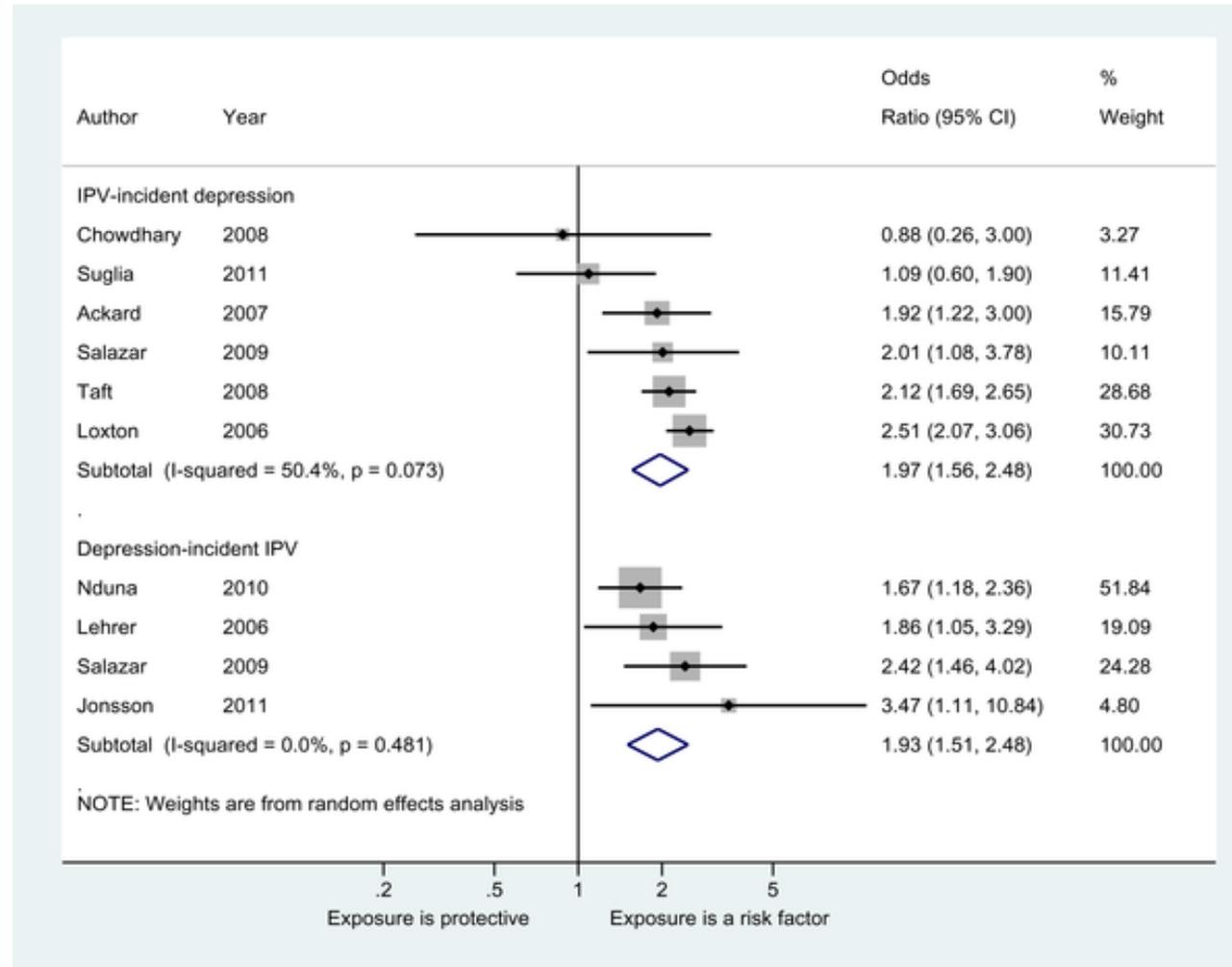
- **Gynecological problems**

e.g. Vaginal bleeding and infection; STIs; Painful intercourse; Recurrent UTIs

- **Psychological problems**

e.g. suicidality, depression, anxiety, substance abuse

# Meta-analyses of the association between IPV and depressive symptoms or disorder in women.



**Association found for all diagnostic categories in men and women**

## Summary of studies of suicide and IPV, in women.

Study; Participants, Country	IPV Measure	Suicide Attempts Measure	Effect Estimate (95% CI), <i>p</i> -Value <sup>a</sup>	Factors Adjusted For		
				Time One Suicide Attempts	CSA	Trauma <sup>b</sup>
Ackard et al. [27] (Project Eat); 822 adolescents, US	Physical and/or sexual, CTS-like	Single question, ever attempted suicide	OR = 3.2 (0.97–103.59)	Yes	No	No
Chowdhary and Patel [23]; 1,563 adults, India	Physical <sup>c</sup> , CTS-like	Single question, ever attempted suicide	OR = 7.97 (1.75–36.37)	Yes	No	No
Roberts et al. [37] (Add Health); 1,659 adolescents, US	Physical, CTS-like	Single question, ever attempted suicide	Beta = 0.12 (0.02–0.22)	Yes	No	No

All studies measured IPV and incident suicide attempts.

<sup>a</sup>*p*-Value if no confidence interval reported.

<sup>b</sup>Other childhood trauma.

<sup>c</sup>More than one type of violence measured but only one estimate included here.

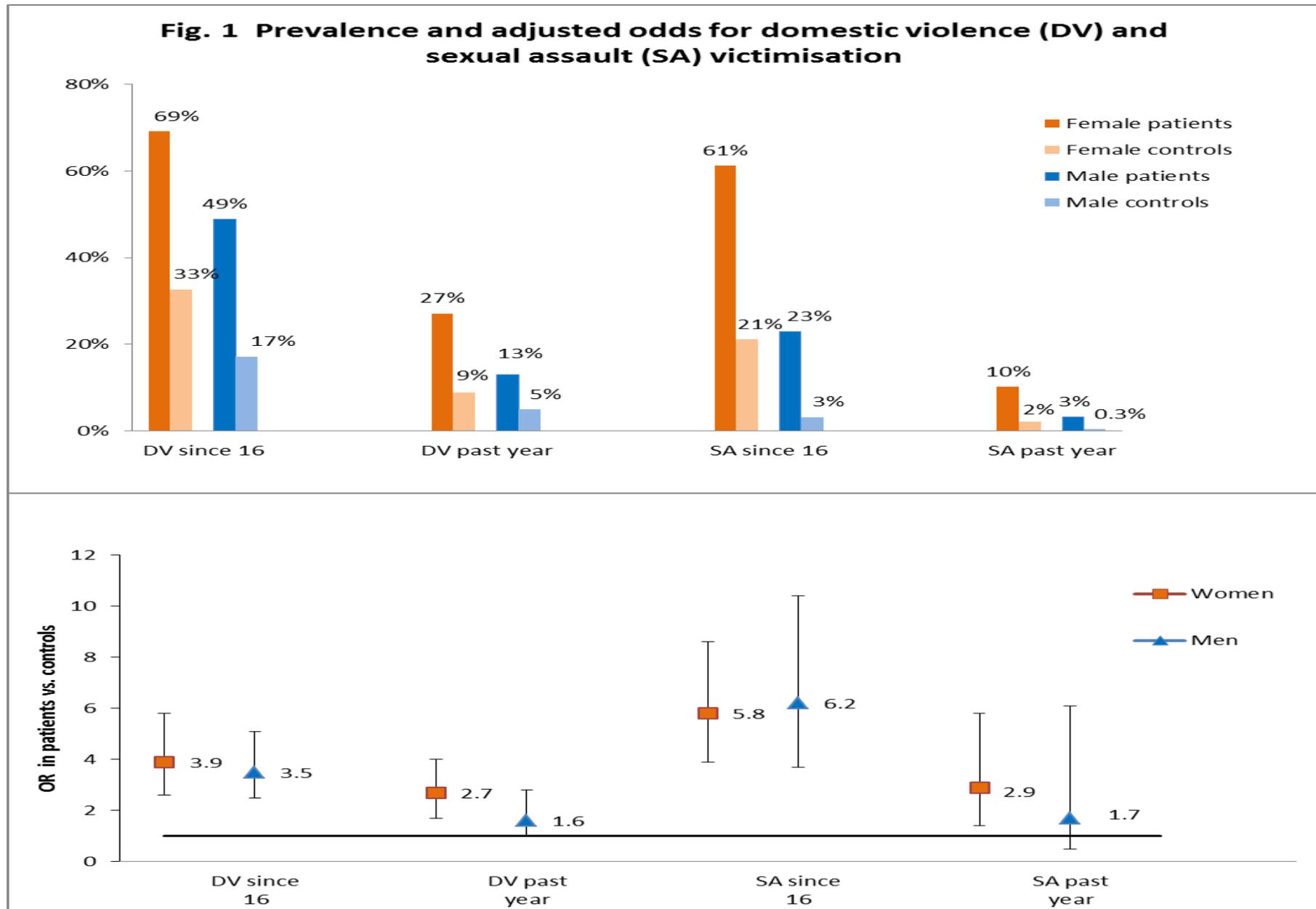
CI, confidence interval; CTS, Conflict Tactics Scale.

doi:10.1371/journal.pmed.1001439.t003

Devries KM, Mak JY, Bacchus LJ, Child JC, Falder G, et al. (2013) Intimate Partner Violence and Incident Depressive Symptoms and Suicide Attempts: A Systematic Review of Longitudinal Studies. *PLOS Medicine* 10(5): e1001439.

<https://doi.org/10.1371/journal.pmed.1001439>

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001439>



# Domestic Abuse: pregnancy, childbirth, early childhood

- Domestic abuse can increase in severity/frequency and/or start in pregnancy
- Emotional and physical abuse associated with foetal loss
- Higher risk of low birth weight, pre-term birth
- Antenatal abuse associated perinatal mental disorders
- Antenatal domestic abuse highly correlated with postnatal abuse, and associated with behavioural problems in child



**Children do not just witness abuse, they experience it.**

**40% also are directly abused**



# NIHR PRP Mental Health Policy Research Unit Survey

Mixed methods survey developed with clinicians and people with lived experience; piloted with 17 clinicians

**Inclusion criteria:** All staff working in face-to-face mental health care in the UK, or managing those who provide such care, were eligible to participate. All specialties were included, as were NHS, private healthcare, social care, and voluntary sector services.

**Recruitment :** dissemination through multiple channels including Professional networks, social media etc

**Findings:**

Increased risk from abusive domestic relationships rated as likely or extremely likely by 38% (of 2165 respondents) and 53% (of 365) clinicians seeing pregnant/postnatal women

**Qualitative results:**

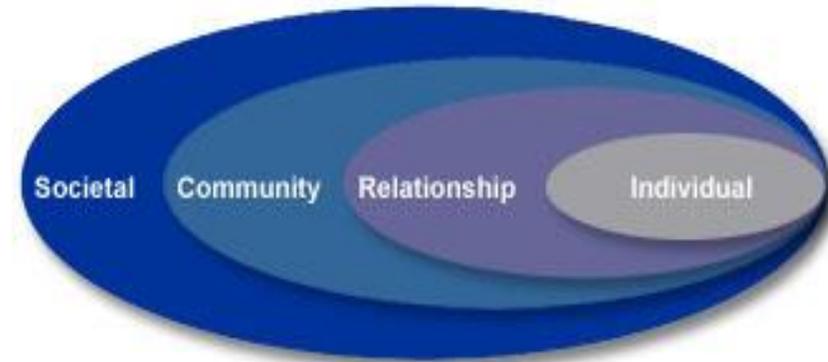
- Domestic abuse situations increasing'
- 'Women with know[n] Domestic Abuse ... doing video consultations..may not be able to be entirely honest about symptoms and risk'.
- Reduced community service provision increasing risk

*Johnson et al 2020; Wilson et al preprint and under review*



# Risk factors

- Individual
  - Age; History of child abuse
  - Witnessing parental violence
  - Substance misuse
  - Poverty
- Relationship
  - Substance misuse; mental illness
  - history of child abuse/witnessing parental violence;
- Community
  - Isolation
  - High levels of violent crime



Society

Patriarchal attitudes

*Anderon et al 2016; Dobash & Dobash, 1998; Campbell, 2002; Khalifeh et al, 2016; Simonelli et al, 2002; Wekerle & Wolfe 1998; Hotaling & Sugarman 1986; Brecklin 2002; Kantor & Straus 1989*

Crude and adjusted odds for association of childhood maltreatment with adulthood domestic and sexual violence victimisation ( $N = 318$ )

Association with any moderate to severe childhood maltreatment	Unadjusted		Partially adjusted model <sup>a</sup>		Fully adjusted model <sup>b</sup>	
	OR (95 % CIs)	<i>p</i>	OR (95 % CIs)	<i>p</i>	OR (95 % CIs)	<i>p</i>
ADV						
Men	4.32 (1.99–9.41)	<0.001	4.59 (2.06–10.22)	<0.001	3.75 (1.43–9.81)	0.007
Women	5.67 (2.22–14.54)	<0.001	6.05 (2.07–17.71)	0.001	6.29 (1.64–24.09)	0.007
ASV						
Men	3.92 (1.42–10.83)	0.009	4.05 (1.43–11.49)	0.008	2.88 (0.89–9.34)	0.077
Women	2.22 (0.96–5.13)	0.061	2.43 (1.01–5.84)	0.048	2.28 (0.82–6.39)	0.116

<sup>a</sup>Adjusted for age, ethnicity and social class

<sup>b</sup>Adjusted for age, ethnicity, social class, employment status, social support, living alone, perpetration of violence, diagnosis, admission under Mental Health Act, alcohol and substance misuse

*Anderson et al*  
*Soc Psychiatry Psychiatr Epidemiol 2016*

# Healthcare contact

CSEW:

33.1% of partner abuse victims received some sort of medical attention.

- 83.1% - GP or doctor's surgery,
- 36.4% - specialist mental health service
- 12.2% - Accident and Emergency department

Health care system -victim's point of contact with professionals;

Survivors identify health care professionals as the people they would trust most with their disclosure.

?Disclosure to MH clinicians – 10-30% in case notes

Australian case notes review – 49% no trauma/abuse history

Why?

# Unconscious bias – assumptions re: patients



## MP Rosie Duffield speaks of her experience of domestic abuse

During a debate about former PM Theresa May's Domestic Abuse Bill, Labour MP Rosie Duffield spoke about her experience and urged others to come forward if it was safe to do so, after recounting her own experience of coercive control.

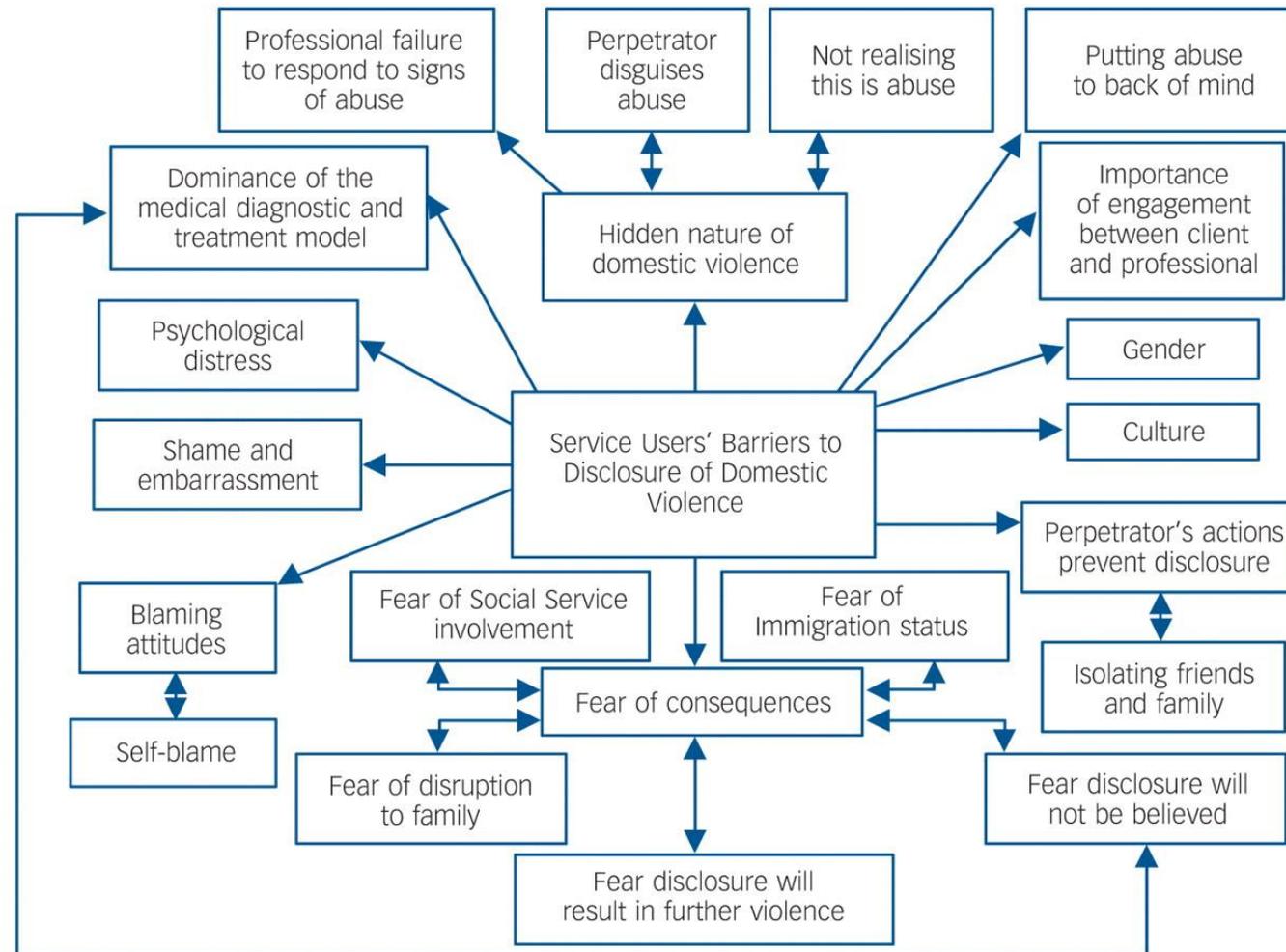
The bill proposes the first government definition of domestic abuse, including financial abuse and controlling and manipulative non-physical behaviour.

Read more: **Theresa May says Domestic Abuse Bill 'once-in-a-generation opportunity'**

© 02 Oct 2019

<https://www.bbc.co.uk/news/av/uk-49914020/mp-rosie-duffield-speaks-of-her-experience-of-domestic-abuse>

# Qualitative study: Service users' barriers to disclosure of domestic violence



Rose D et al. *BJP* 2011;198:189-194

# Domestic abuse in Covid era may present as:

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Individuals who have experienced domestic abuse will present in a variety of ways In the context of COVID-19, there are particular signals and/or signs that may indicate abuse. These include (but 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.
- No obvious indicators – so NICE and DVA bill recommends routine enquiry if mental health problems, maternity

# WHO LIVES model – asking and responding

- **Listen**

With empathy / without judgement

- **Inquire**

Needs? Concerns?

- **Validate**

Believe, understand, no blame

- **Enhance safety**

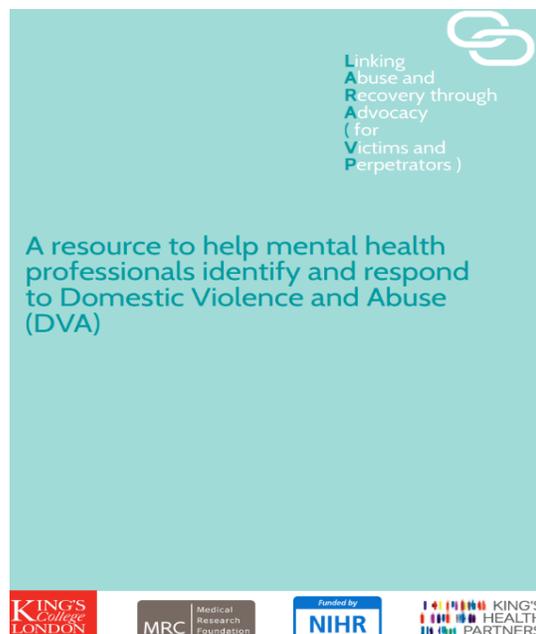
Discuss Safety plan

- **Support**

Connect to info, support, services

# NICE Rec 5: routine enquiry in mental health settings by trained professionals (due to high prevalence, barriers to disclosure)

<https://www.kcl.ac.uk/psychology-systems-sciences/research/1ara-vp-download-form>



## Asking about experiencing current DVA

Asking even a single question about DVA means that people experiencing DVA can:

- Know that you are willing to listen, so they are not on their own.
- Find out that you understand that DVA affects mental health.
- Discuss with you how to improve their safety.
- Find out about sources of help.

When you're asking service users about DVA, it may be helpful to start with a general phrase such as: *People's mental health is affected by how things are at home and how people treat them. How are things with your partner/ex-partner/family?*

Your service user may not realise or acknowledge that what they are experiencing is DVA, and your goal is to develop a dialogue about how your service user interacts with those closest to them. Asking specific questions can be easier to understand. You could start by asking an open question, for example:

- *I know that 1 in 4 women/1 in 7 men experience abuse from someone close to them, so I ask everyone if this has ever happened to them. Has anyone close to you ever hurt or frightened you?*
- *How are things with your partner/ex-partner/family?*
- *Are you afraid of anyone close to you?*
- *What happens when you and your partner/expartner/family member argue? What sort of things do you argue about?*
- *Who makes the rules in your household? What happens when you do not obey them?*
- *Does anyone consistently put you down or belittle you?*
- *Do you ever change your behaviour because you're worried about how someone at home might react?*
- *Many people who have these symptoms have been experiencing difficulties in close relationships. Has anyone hurt or upset you?*

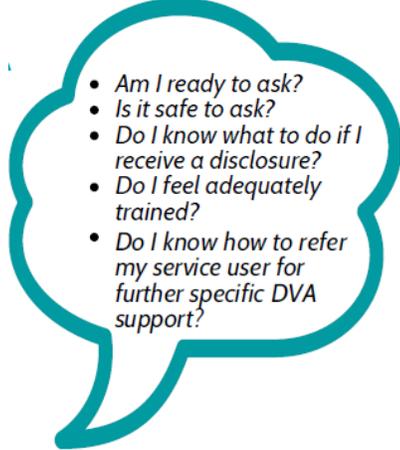
- 
- *Am I ready to ask?*
  - *Is it safe to ask?*
  - *Do I know what to do if I receive a disclosure?*
  - *Do I feel adequately trained?*
  - *Do I know how to refer my service user for further specific DVA support?*

## Open questions followed by specific one (unless at home with perpetrator)

*“You really feel it’s you. The more they hit you... you convince yourself that it’s you... I convinced myself ‘well look, this is the third violent relationship I’ve had, it can’t be them it must be me, it must be something I’m doing wrong’.” (CMHT Service User) (55)*

Asking specific questions after the more open questions above are often the only way to elicit disclosure. It is therefore important to ask about specific behaviours. For example, you could ask whether a partner, former partner, or a family member has ever:

- *Forced you to have sex when you didn’t want to?* (Sexual abuse)
- *Insulted you, called you names or sworn at you?* (Psychological abuse)
- *Forced you to take out a loan?* (Economic abuse)
- *Monitored your spending or implied that you need to seek their approval before spending money?* (Controlling behaviour)
- *Monitored your emails, texts, or whereabouts?* (Technology-based abuse)
- *Used your gender identity or sexuality as a basis for threats, intimidation or harm?* (LGBTQ+)
- *Used your immigration status or religion as a basis for threats, intimidation or harm?* (Cultural-based abuse)
- *Sent you emails or texts that you found intimidating or threatening?* (Stalking)

- 
- *Am I ready to ask?*
  - *Is it safe to ask?*
  - *Do I know what to do if I receive a disclosure?*
  - *Do I feel adequately trained?*
  - *Do I know how to refer my service user for further specific DVA support?*



### Using language effectively

Some people (male service users in particular) may not be willing to admit they are “afraid” of anyone, and it may be more sensible to ask a general question about whether they modify their behaviour to avoid a negative reaction from someone at home. If your service user speaks a different language to you, you should arrange for an appropriate interpreter. If your service user is from a

# Asking & Responding to domestic abuse during COVID-19

*“As violence is so common, we are asking all of our patients..”, “Are there times when you have felt unsafe at home?”. (for more questions to ask see resources at end of slideshow)*

- 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. **When providing telephone services, ask yes/no questions**
- If providing an outreach service not currently providing face to face services, **discuss 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.
- **Create a safe word/phrase with the patient to identify risk of harm without the knowledge of a perpetrator.** (“if situation changes can we use a phrase that X has returned eg *“thanks but I am not interested”*”)
- Make sure you have sufficient time 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”.*

# Responding to people with experience of DVA: key principles

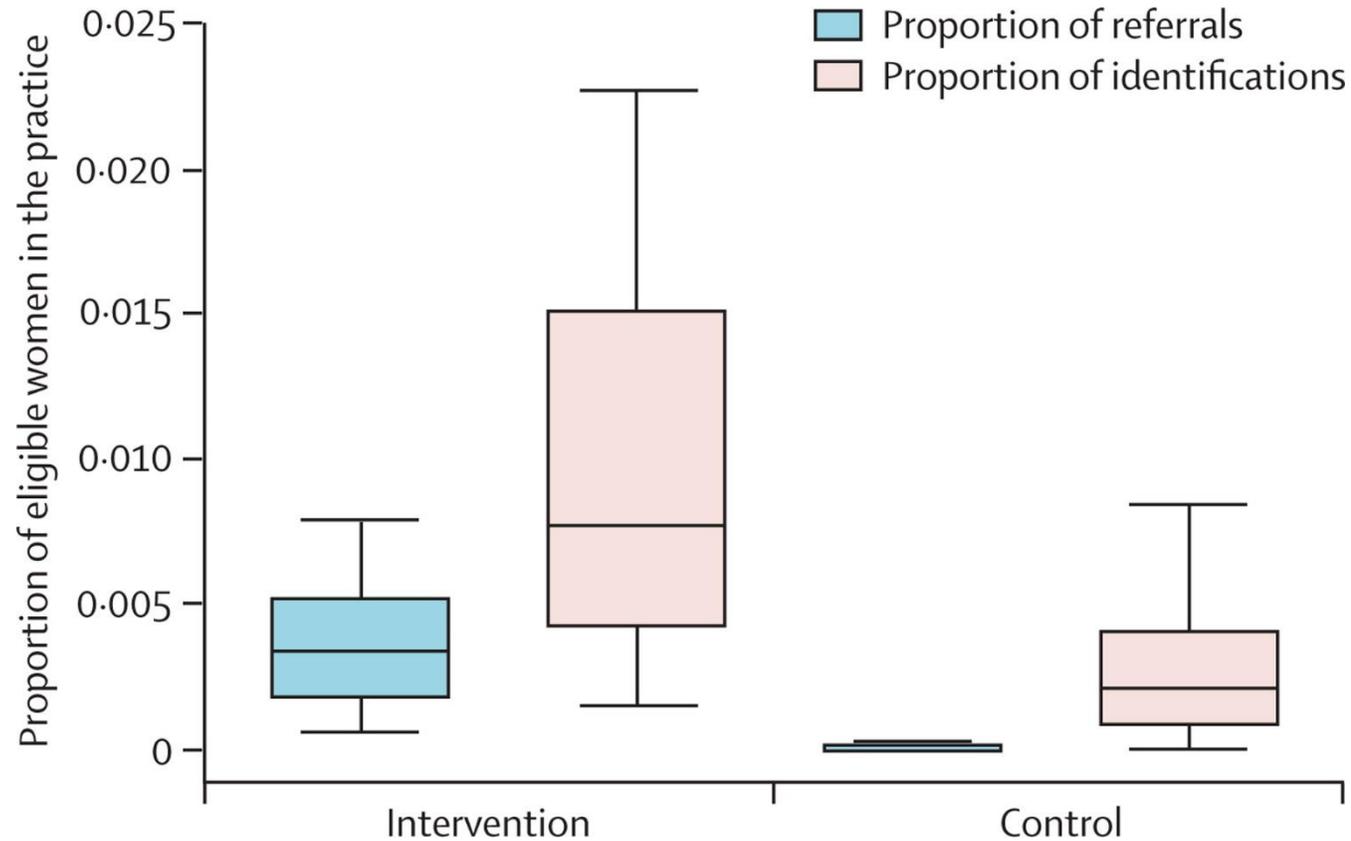
1. Make safety the priority
2. Respect and endorse the person's strength
3. Understand the person in the context of DVA
4. Empower where possible
5. Document enquiry and disclosure

*"It would either be 'well here's an antidepressant to help you get through...' 'here's a tablet to help you sleep. Try eating better', you know, there was never any talking about it." (CMHT Service User) (55)*

# Provide appropriate therapeutic interventions

- Establish safety and stability
- Stress management skills for emotional regulation; treat symptoms
- Increase social support
- Recognize connections of symptoms with trauma e.g. TFEBT/EMDR for PTSD
- Consider other co-morbidities
- Recognize other difficulties with trust
- Don't push her to leave (stages of change)
- Couple therapy not safe in serious abuse – see individually
- Culturally appropriate individualised care

# Identification and Referral to Improve Safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomised controlled trial

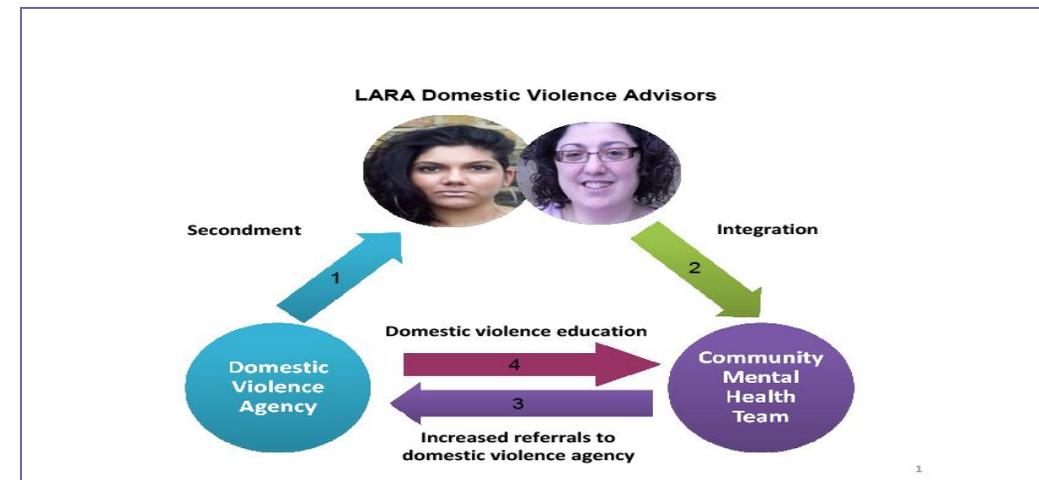


# LARA pilot study (modified IRIS):

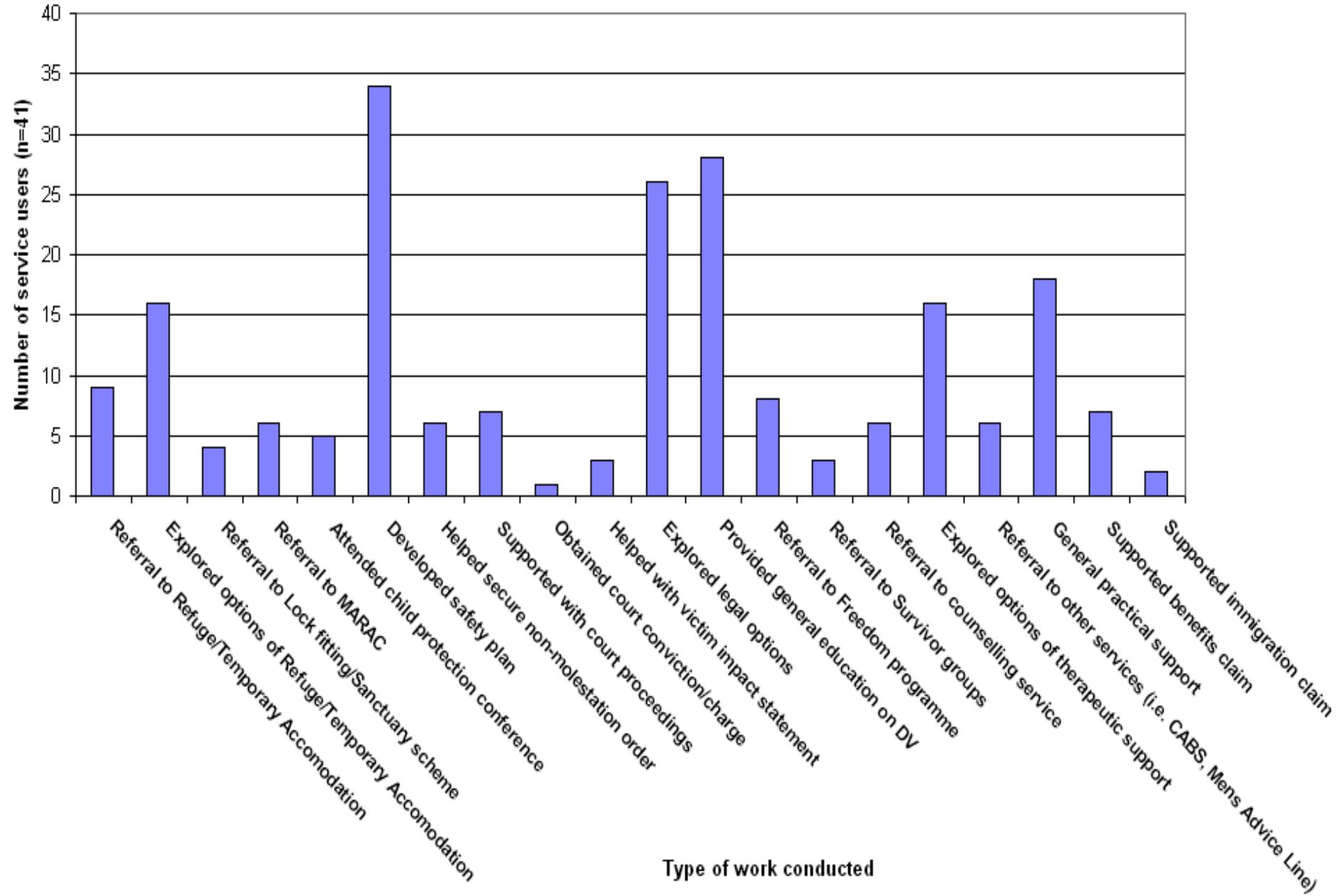
- Domestic violence training of CMHT staff
  - 2 didactic/interactive workshops with on-going training
- LARA Advisors trained by mental health professionals and domestic violence sector
- Clear *safe* referral pathways to LARA Advisors
- LARA Advisors integrated within teams
- Control CMHTs



Linking  
Abuse and  
Recovery through  
Advocacy



## Work conducted by LARA Advisors



## What are Multi-Agency Risk Assessment Conferences (MARACs)?

1. **Professional judgement of high risk of serious harm.** If you have significant concerns about the safety of a service user, you should contact your local MARAC representative. This judgement would be based on professional experience and/or the service user's perception of risk – if the service user is extremely fearful of their situation, then you should refer them to a MARAC even if they don't meet the remaining criteria for a MARAC referral.
2. A score of 14 or more on the DASH checklist ([appendix 3](#)). If using the DASH checklist to assess risk, 14 or more “yes” answers indicates that you should seek a MARAC referral. However, if *under* 14 items on the DASH checklist are met, **you should still use your professional judgement to consider whether a referral might be appropriate – you can discuss this with your Trust MARAC representative, and your local DVA agency.**
3. **Potential escalation.** Increased frequency of DVA incidents can indicate significant increased risk of escalation and harm. It is common practice for service to refer people experiencing DVA to MARACs if there have been 3 DVA incidents in the past 12 months.
4. **Repeat MARACs.** If a service user experiences any further instance of DVA within 12 months of the last referral to MARAC, then they should be referred to a repeat MARAC.

Each Mental Health Trust will have a [MARAC lead](#) who attends local MARAC meetings, and who you can contact to discuss the possibility of a referral.

For further resources on MARACs for everyone working with people experiencing domestic abuse, please refer to the [SafeLives website](#).

For more information on [risk assessment](#), [safeguarding](#), and [information sharing](#), or to help your service user to construct a safety plan ([appendix 1](#)), refer to the appropriate sections in this resource. Remember to also discuss with your line manager.

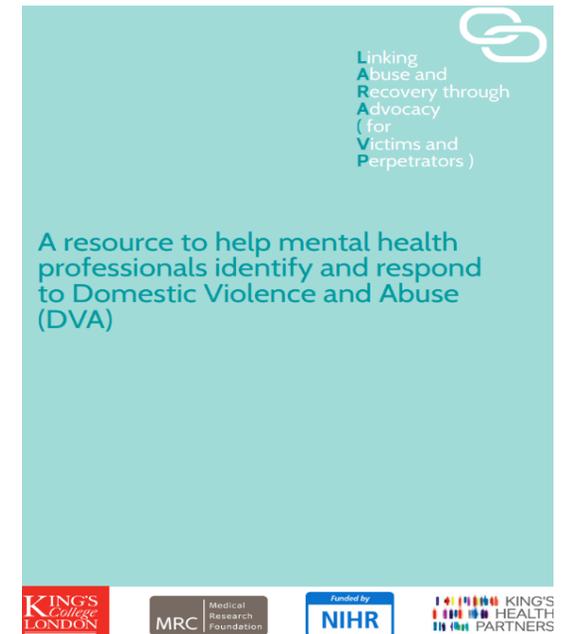
# Risk assessment & planning

- Develop a safety plan with the woman
- Assess risk

*Is it safe for you to go home?*  
*What are you afraid might happen?*  
*What has [the abuser] threatened?*  
*What about threats to the children?*

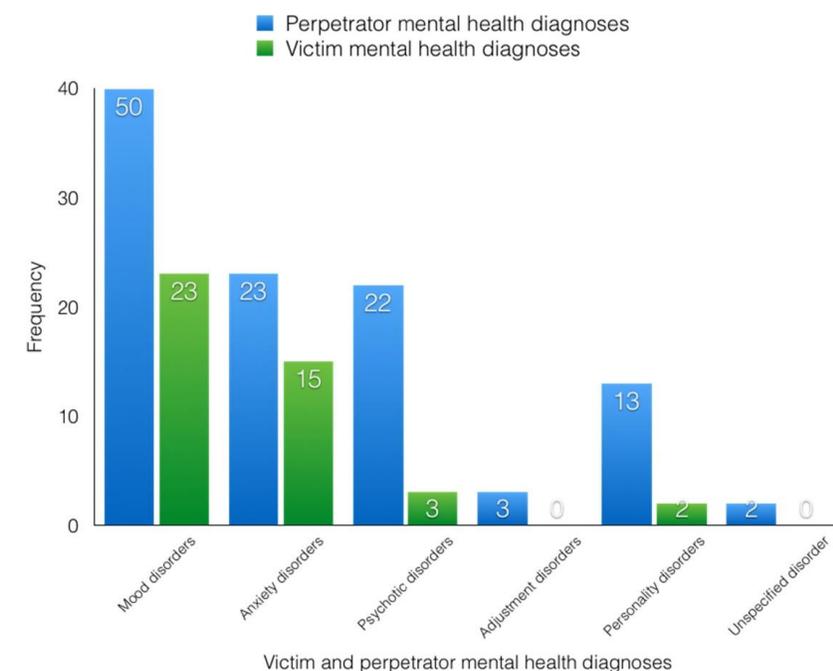
- Review notes
- Consider DV Disclosure Scheme (Clare's Law); safeguarding referral; specialist support options; MARAC referral

<https://www.kcl.ac.uk/psychology-systems-sciences/research/lara-vp-download-form>

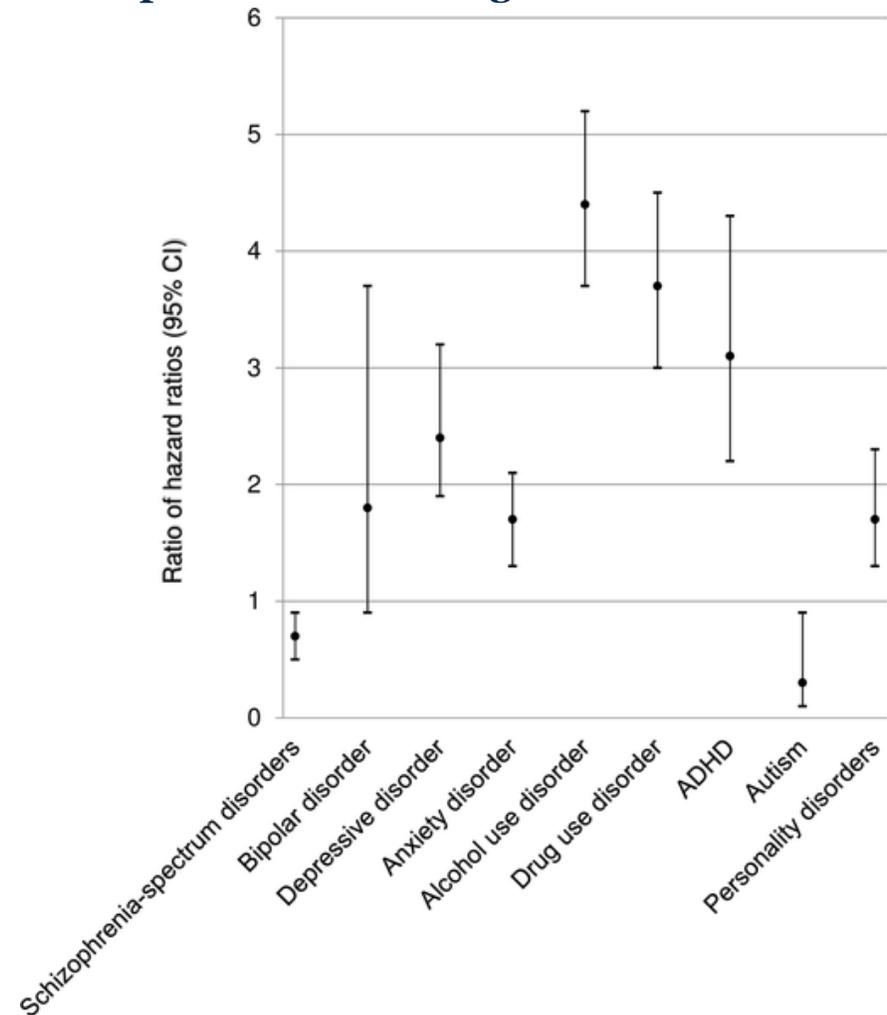


# Domestic perpetration, mental disorders and homicide

- Systematic reviews find associations between all disorders and DVA perpetration
- Consecutive case series of all convicted adult domestic homicide perpetrators in E&W (1997-2008) using National Confidential Inquiry Into Homicide by People With Mental Illness dataset
  - Results: 1,180 intimate partner homicide, 251 adult family member homicide
  - 20% of intimate partner homicide perpetrators had symptoms of mental illness at time of offense (7% psychotic symptoms, 13% depressive); 30% (69 of 231) had been in contact with MH services in yr before the homicide
  - 34% of adult family homicide perpetrators had symptoms of mental illness at time of offense (27% psychotic symptoms, 7% depressive symptoms); 42% (36 of 85) had been in contact with MH services in yr before the offense
- DHR Analyses
  - Perpetrators' mental health mentioned in 65% (similar in MARACs)
  - 49% perpetrators had a mental disorder diagnosis
  - 1/4 had alcohol, 1/4 had substance misuse
  - 1/3 had a history of physical violence to a previous partner
  - 1/3 had a history of violence to current partner



**Fig 1. Ratio of hazard ratios (men with mental disorders versus siblings) of intimate partner violence against women.**



Yu R, Nevado-Holgado AJ, Molero Y, D'Onofrio BM, Larsson H, et al. (2019) Mental disorders and intimate partner violence perpetrated by men towards women: A Swedish population-based longitudinal study. *PLOS Medicine* 16(12): e1002995.  
<https://doi.org/10.1371/journal.pmed.1002995>  
<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002995>

## Hazard ratio of intimate partner violence against women in men with mental disorders by psychiatric comorbidity

Mental disorder	Comorbidity of alcohol use disorder								Comorbidity of drug use disorder								Comorbidity of personality disorder							
	Yes				No				Yes				No				Yes				No			
	n	aHR	CI	p	n	aHR	CI	p	n	aHR	CI	p	n	aHR	CI	p	n	aHR	CI	p	n	aHR	CI	p
Schizophrenia-spectrum disorders	5,525	3.1	2.4–3.9	<0.001	20,560	1.1	0.9–1.3	0.340	7,171	3.3	2.6–4.1	<0.001	18,914	0.9	0.8–1.1	0.540	4,824	3.4	2.6–4.4	<0.001	21,661	1.1	0.9–1.3	0.330
Bipolar disorder	2,960	5.2	3.5–7.6	<0.001	9,105	1.3	0.9–1.8	0.200	2,543	5.3	3.4–8.2	<0.001	9,522	1.5	1.1–2.1	0.021	1,825	4.8	2.7–8.6	<0.001	10,240	1.9	1.4–2.5	<0.001
Depressive disorder	16,174	7.3	6.4–8.5	<0.001	72,008	1.9	1.7–2.1	<0.001	13,397	6.6	5.6–7.7	<0.001	74,785	2.2	2.0–2.4	<0.001	7,437	4.9	4.0–6.0	<0.001	80,745	2.7	2.4–2.9	<0.001
Anxiety disorder	7,962	7.6	6.1–9.4	<0.001	52,393	1.7	1.5–2.0	<0.001	7,463	8.5	6.9–10.4	<0.001	52,892	1.6	1.4–1.9	<0.001	2,920	4.4	3.2–6.1	<0.001	57,435	2.3	2.0–2.6	<0.001
Alcohol use disorder									21,275	10.4	9.3–11.5	<0.001	61,456	5.6	5.1–6.1	<0.001	6,125	11.2	9.3–13.5	<0.001	76,606	6.6	6.2–7.1	<0.001
Drug use disorder	21,334	11.1	9.9–12.3	<0.001	36,567	5.6	5.1–6.2	<0.001									7,220	11.1	9.5–13.0	<0.001	50,681	7.0	6.5–7.6	<0.001
ADHD	8,527	12.6	9.8–16.3	<0.001	40,800	4.5	3.8–5.5	<0.001	10,791	11.3	9.1–14.1	<0.001	38,536	4.2	3.4–5.1	<0.001	4,391	12.5	9.2–17.0	<0.001	44,936	5.2	4.4–6.2	<0.001
Autism	419	8.1	2.0–32.6	0.003	9,110	0.4	0.1–1.2	0.085	421	7.3	1.5–36.0	0.014	9,108	0.3	0.1–1.1	0.061	364	3.3	0.5–20.7	0.200	9,165	0.5	0.2–1.4	0.170
Personality disorders	6,144	6.7	5.5–8.3	<0.001	13,706	3.1	2.6–3.7	<0.001	7,221	6.4	5.3–7.7	<0.001	12,629	2.8	2.3–3.5	<0.001								

Each individual with a mental disorder was compared with 20 age- and sex-matched general population controls. aHR analyses were adjusted for family income, single status, and immigrant status. ADHD, attention deficit hyperactivity disorder; aHR, adjusted hazard ratio; CI, confidence interval.

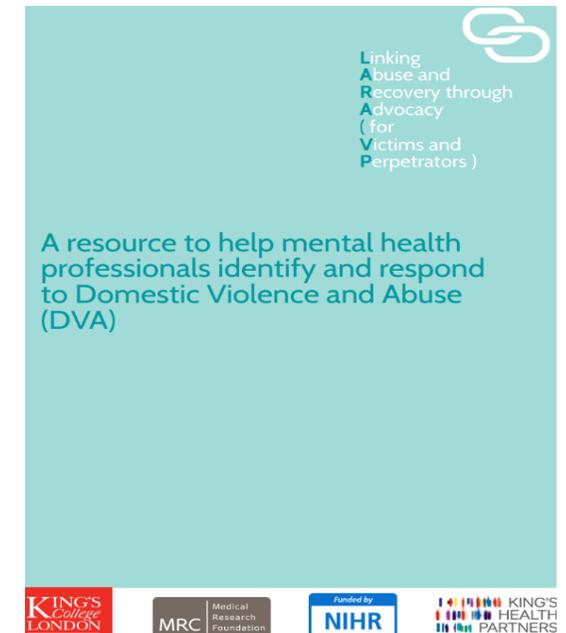
<https://doi.org/10.1371/journal.pmed.1002995.t003>

Yu R, Nevado-Holgado AJ, Molero Y, D'Onofrio BM, Larsson H, et al. (2019) Mental disorders and intimate partner violence perpetrated by men towards women: A Swedish population-based longitudinal study. *PLOS Medicine* 16(12): e1002995. <https://doi.org/10.1371/journal.pmed.1002995>  
<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002995>

# Response

- Retain a neutral stance to provide a collaborative response e.g. *can you tell me what happened from your perspective?*
- Patterns of control and abuse in other relationships?
- Domestic Violence Disclosure Scheme
- Assess risk and safety
- Address clinically modifiable risk factors e.g. substance misuse
- Referral to MARAC if high risk
- Consider referral to perpetrator programme
- Safeguarding referrals
- Complexity
- Divergent narratives

<https://www.kcl.ac.uk/psychology-systems-sciences/research/lara-vp-download-form>



# Domestic Abuse Bill 2020

## Aims

- Raise awareness and understanding about the devastating impact of domestic abuse on victims and their families.
- Further improve the effectiveness of the justice system in providing protection for victims of domestic abuse and bringing perpetrators to justice.
- Strengthen the support for victims of abuse by statutory agencies.

# Domestic Abuse Bill 2020

The Bill will:

- Create a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling, and economic abuse.
- Establish in law the office of Domestic Abuse Commissioner
- Provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order  
*“We will enable DAPOs to impose both prohibitions and positive requirements on perpetrators. These could include prohibiting any form of contact with the victim and/or requiring the perpetrator to attend a behaviour change programme, an alcohol or substance misuse programme or a mental health assessment.”*
- Place a duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation.
- Prohibit perpetrators of abuse from cross-examining their victims in person in the civil and family courts in England and Wales.
- Place the guidance supporting the Domestic Violence Disclosure Scheme (“Clare’s law”) on a statutory footing.
- Provide that all eligible homeless victims of domestic abuse automatically have ‘priority need’ for homelessness assistance.

## Contents

### Background & Prevalence

- What is Domestic Violence and Abuse (DVA)?
- How prevalent is DVA?

### People with experience of DVA

- Preparing to ask
- Why some service users will not disclose experiences of DVA
- Why mental health professionals might find it difficult to ask about DVA
- Asking about experiencing current DVA
- Asking about experiences of historical DVA
- Responding to people with experience of DVA
- Culturally appropriate, individualised care
- False allegations are rare
- Prevalence of experience of DVA among mental health service users

### What about children?

- Children and DVA
- Responding to children in the context of DVA

### Perpetrators

- Prevalence and risk of DVA perpetration by mental health service users
- Preparing to ask
- Asking about DVA perpetration
- Responding to disclosures of DVA perpetration

### Risk assessment & management

### Information sharing & safeguarding

### Contacts, referrals, and policies

### Making provisions for staff

### Flowchart for people who have experienced DVA

### Appendix 1: Making a safety plan

### Appendix 2: Questions to ask about experiencing DVA

### Appendix 3: The SafeLives DASH risk checklist

### Appendix 4: The Respect risk checklist

### Appendix 5: Services for women experiencing DVA

### Appendix 6: Services for men experiencing DVA

### Appendix 7: Services for LGBTQ+ people experiencing DVA

### Appendix 8: Services for BAME people experiencing DVA

### Appendix 9: Services for children and young people experiencing DVA

### Appendix 10: Services for perpetrators of DVA

### References



Linking  
Abuse and  
Recovery through  
Advocacy  
( for  
Victims and  
Perpetrators )

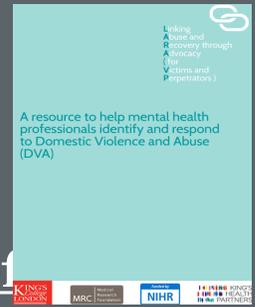
A resource to help mental health professionals identify and respond to Domestic Violence and Abuse (DVA)

# UK DVA Helpline freephone 0808 2000 247

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<https://www.kcl.ac.uk/psychology-systems-sciences/research/lara-vp-download-1>

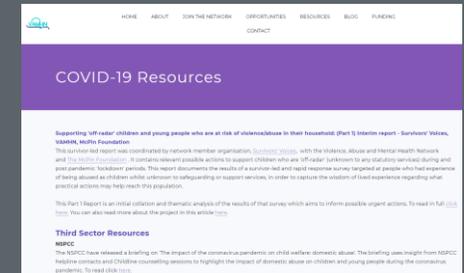


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<https://oxfordhealthbrc.nihr.ac.uk/our-work/oxppl/domestic-violence-and-abuse/>



# LARA-VP resource

