Domestic Abuse

GPNI Webinar June 2026

HEALTH WARNING ***

OBJECTIVES

- Recognising Domestic Abuse in our Patients
- How to ask Safely about DA
- Recognising high risk victims
- Child safeguarding /DA interface
- Who to refer to
- Male victims
- Perpetrators as our patients
- Recording in notes

How common is it ?

- NISRA 26%of adult women experience DA in their lifetime
- **1 in 4 women** *** DA is a gendered crime
- 1in 3 of youngest poorest mothers
- 1in 5 women experience sexual violence
- Women in physical abusive relationship 30 % had first assault in pregnancy
- Male victims , 1in 7 men
- Police attend domestic incident once every 16 minutes
- Figures from a PSNI action plan show 36 women and girls were tragically killed in the period between January 2019 and July 25

CMRs over 50 % have DA as risk factor (child protection)

The Tip of an Iceberg

Murders are just the visible tip of a massive iceberg of physical and psychological abuse, harassment, coercive control, stalking and other behaviours designed to undermine and isolate women.



***. 90%of females over 16 consult in primary care over 5 year period

Many of your patients are experiencing domestic abuse

IT COULD BE ANYONE.

Everyone is at risk

Do you really know your patients that well?

- Disability increases risk: 1 in 2 women
- 1 in 4 lesbian women, 1 in 2 bisexual men
- Immigrants - English not first language
- Religion and Race, Class*
- Elderly

All at risk but more vulnerable because of increased barriers to seeking help .

We Fail to Recognise Abuse because we are so Busy Treating the Sequalae

- Primary care is seen as safe space
- Continuity of care
- Linked families
- Victims are on a journey
- Disclosure is a process - SO KEEP ASKING!
- Victims often minimise abuse
- Cycle of abuse pattern.
- Help them manage their problems, we don’t impose or necessarily resolve their problems

Physical indicators

Patterns of presentations

Missed appts , frequent appts , poor control chronic conditions , over use of medications, He is with her at appt ! He comes in about her !!

Conditions

non ulcer dyspepsia, IBS, chronic pain , fibromyalgia , neurological presentations , recurrent headaches

Gynae conditions

Pelvic pain, recurrent discharge , dyspareunia, STIs, avoiding smears highly associated with SV , STIs more common in research in male victims *(finneran 2013)*

Pregnancy related problems

Unplanned, unwanted , miscarriage, pre term labour.

Injuries

Attendance ED, delayed presentations, esp. if story changes or seems unlikely

Mental health indicators

- Generalised anxiety
- Depression
- PTSD
- Insomnia
- Suicidal attempts / suicide
- Alcohol dependence
- Illegal or prescribed drug addiction .
- Mental health often used as tactic of abuse – convincing victim they are unwell

<u>Mental health effects can last a lifetime</u>

Depression **x 4** times as common

PTSD **x 7** times as common

Alcohol **x 5** times as common

Suicide or attempted **x 3** as common

1 in 8 of all female attempts or suicides due to DA

Even more common in male victims

How to ask:

- Victims very rarely volunteer information
- Open questions then more direct questions.
- Don't show shock, don't minimise, don't blame (esp. if the victim has MH /addiction issues), non judgemental
- If you get negative to a question **- Keep <u>asking</u>** at each appropriate consultation, remember they are on a journey to disclosure.

"When someone has the symptoms that you have we always ask about your relationship"

"How are things at home?"

"How are things in your relationship?"

"Does he support and help you?"

"What other supports have you?"

"Are you frightened at home?"

"Has he hurt you? "

"Does it feel that he is controlling you?"

"Does he like to know where you are at all times?"

Ask Regularly and Safely and it will be Easier

“How is he feeling about your ------(symptoms)?”

“If he were here, what would he say about ----?”

“Are you afraid of his reaction?”

“Do you feel like you are walking on egg shells at home?”

“Do you feel he criticises you?”

“Has he threatened you?” “How?”

“This may be embarrassing for you. But can I ask you about your sexual relationship? Often women with this condition find sex painful -----”

“Does he force you sexually even though you don’t want to. Can sex get very rough?”

“Just because you are in relationship with him you still have the right to say no, if you say no---then what happens?”

Unhappy Relationships

What's the difference between an unhappy relationship and domestic abuse?

FEAR !!

CONSEQUENCES !



Responses

“Thank you for telling me”

“I appreciate this is difficult to talk about”

“I am glad you felt able to tell me”

“What you have told me is not OK. This is not the behaviour you deserve in a loving equal relationship”

“I believe you”

“This is not your fault”

“There are people who can help you”

“Your safety and the safety of your children are my priority”

“The dependence on alcohol to help you get through this is unhelpful”

Unhelpful Responses

"You need to do…"

"Why don't you leave"

"Why did you go back"

"I can't help you if you don't tell me"

"Had you or partner been drinking"

<u>If you get negative response to enquiry</u> --- "if things ever change or you want to talk about things at home, I am always here to listen"

Abuse is about control so you want to give control back to victim.

Abuse isolates victims . They are told no one will believe them.

Children are Never Innocent Bystanders

- All forms of abuse increased
- Low threshold for referral. Unocini can be **barrier** to disclosure.
- CMRs --50 % have DA as factor.
- Actions of the protecting parent are affected by the trauma they are suffering --- self preservation.
- Remember the abuse that can still occur due to court mandates—child contact, property issues.
- Parental responsibility --- Can causes issues for us in primary care, sharing information

Assessment of Risk

SPECSSS

- Separation
- Pregnancy
- Escalation
- Cultural isolation
- Stalking harassment
- Sexual assault
- Suicide

Safety Planning

- “Is it safe to go home?”
- “Is there trusted person who can help?”
- “How would you leave it violence escalated?”
- “Prepare essentials in case you need to leave”

Do they know where to get help?

Messages for Primary Care - from Domestic Homicide Reviews

- Professional curiosity
- High risk assessment
- Assessment where mental health, suicidality, alcohol problems
- Recording and information sharing
- Training
- Embed DA questioning in patients with presentations which we know are associated with DA .

What Makes Someone a Perpetrator of Abuse

- *Attitudes:* jealousy = love. Women are possessions, a desire to be in control and have power.
- *Attachment problems*: emotional unstable, extreme dependency, hx mental health issues,
- *Exposure to abuse* – witnessing abuse. Being a victim of abuse.
- *Narcissistic traits*: lack of empathy, entitled, hostility, violence

Alcohol and drug addiction: doesn't cause but increases risk

Perpetrators as patient

- Perpetrators can present as victims as part of their control tactic, and they can groom others in victim's life, blame victim
- Often present looking "anger mx " maybe as part child safety plan
- **NEVER EVER CONFRONT** and advise that you know he is a P.
- But you could ask open questions like – "How did you behave in that situation?"
- How do you behave at home when you get angry/ drink alcohol/ are anxious and agitated?
- **High risk** those who are feeling suicidal or have means to suicide

Who to refer to

- Domestic and sexual violence helpline 08088021414
- Women's Aid – local groups
- Have cards posters available in surgery on your website practice leaflet
- IRIS support worker
- MDT – social worker or mental health worker
- Solicitor
- PSNI

Recording

- Coding
- Recording disclosures
- Recording that you have asked
- Safeguarding meetings
- Interface with adult safeguarding and child safeguarding