

# Domestic violence: an invisible pandemic

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Domestic violence, also termed domestic abuse or intimate partner violence, is defined as “any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 years or over who are or have been intimate partners or family members regardless of their gender or sexuality”.<sup>1</sup> Women lie at the heart of this domestic violence ‘pandemic’: between 2000–2018, almost one in three women globally have experienced violence.<sup>2</sup> Additionally, approximately 30% of domestic violence starts or escalates in pregnancy.<sup>3</sup> In the UK, 2.3 million adults experienced domestic violence between 2019–2020, of which 70% were women.<sup>4</sup> The financial cost of domestic violence is estimated to be approximately £66 billion in England and Wales for the year ending March 2017,<sup>5</sup> and despite considerable advocacy, prevalence of domestic violence has remained the same over the last decade.<sup>4</sup>

A key roadblock to progress in reducing prevalence of domestic violence has been the COVID-19 pandemic. Through implementation of physical distancing and imposed lockdown measures and movement restrictions, women were at increased risk of domestic violence. As of December 2020, there was a 7% increase in the total number of domestic abuse-related offences recorded by the police compared with the previous year, and 64 domestic homicides were recorded between January and June 2020.<sup>6</sup> The *Saving Lives, Improving Mothers' Care Rapid report: Learning from SARS-CoV-2* noted that between March–May 2020, two women in the UK died due to domestic violence.<sup>7</sup> Concurrently, there has been an increased demand for domestic violence victim services, especially helplines; calls to services in some countries have increased by up to five-fold.<sup>8</sup>

The impact of domestic violence on the health and wellbeing of women can be devastating and is associated with an increased risk of poor current health, chronic disease and substance abuse, as well as deterioration of mental health.<sup>9</sup> A systematic review on the impact of domestic violence and

perinatal mental health disorders noted more than 10% of postnatal depression may be attributable to domestic violence and abuse.<sup>10</sup> In addition, victims are four times more likely to have anxiety disorders, with a seven-fold increased likelihood of post-traumatic stress disorder (PTSD).<sup>11</sup> From an obstetric lens, there is a growing body of evidence linking domestic violence to adverse pregnancy outcomes including preterm birth, low birthweight babies and unexplained stillbirth.<sup>12</sup>

Factors associated with women experiencing domestic violence during pregnancy include being a teenager, late booking, concealed pregnancy, bleeding in early pregnancy, substance abuse and existing mental health conditions such as perinatal depression, anxiety and PTSD.<sup>10</sup> However, wider drivers exist that may prevent women from accessing care. These include fear of stigma or shame, often resulting in blame felt by victims.<sup>13</sup> In this context, many victims may prefer not to report their experiences or might not define what happened to them as an act of domestic violence; in addition, they may fear they will not be believed by healthcare workers or fear the consequences should they report the incident.

Obstetricians, midwives and other maternal health allied professionals have a unique and vital role in the early recognition of domestic violence and the subsequent referral and management of women experiencing domestic violence in their settings. Current National Institute of Health and Care Excellence (NICE) guidance recommends that staff in contact with women during the antenatal and postnatal period ask about domestic violence as a routine part of care, and safeguarding of vulnerable adults and children is a component of NHS trust mandatory training.<sup>14</sup> Screening in healthcare settings has been shown to increase the identification of women experiencing domestic violence.<sup>8</sup> For many pregnant women, attendance for antenatal care may serve as the first opportunity to disclose domestic violence. As a

clinician, it is imperative that women are given enough time and opportunity to disclose domestic violence and that consultations are conducted in an open, supportive and non-judgemental manner. Efforts must also be made to strengthen early identification of domestic violence by healthcare workers through enhanced training and education. Specific training packages have been developed to assist this, including the Royal College of Obstetricians and Gynaecologists' eLearning resources.<sup>8</sup> Additional tools have been created to assist healthcare workers in identification of individuals at high risk of murder or serious harm, such as the SafeLives Dash risk checklist.<sup>15</sup>

The decision for onward referral to specialist services should be led by the pregnant woman or mother, as women who experience domestic violence may not be ready to take up a referral at the time of immediate disclosure.<sup>16</sup> Instead, following identification of domestic violence, safety planning and arranging for further follow-up appointments where mothers can be provided with information on help and support groups is key, as is providing mothers with the space and security to disclose if and when they are ready. Services include allocation of a local independent domestic violence advisor (IDVA), who works one-on-one with women to advise on a range of suitable options and to develop and implement safety plans to protect the mother, and any children at risk of harm, in both the short and long term.<sup>16</sup>

Mothers must be assured that their confidentiality will be maintained, unless in exceptional circumstances where there is risk of harm to the mother themselves, their children or someone else if the information is not shared with the relevant agencies.<sup>16</sup> It is the responsibility of the healthcare worker to appropriately share important information for safeguarding purposes. Every maternity department in the UK has a named midwife for safeguarding who can be approached for help and support; that said, discretion should be offered to every woman, and, where necessary, alternative documentation to hand-held notes should be provided.

There are some very welcome elements of the UK Domestic Abuse Act 2021 that will help to provide greater support to women and their children. The emphasis that domestic violence is not just physical violence but can also be emotional, controlling, coercive and economic is an essential step, as is placing a duty on local authorities in England to provide accommodation-based support to victims of domestic violence and their children in refuges and other safe accommodation. The creation of the office of Domestic Abuse Commissioner will also help to drive positive change.

Yet, there is still a need for greater advocacy and awareness by women and their communities. During the COVID-19 pandemic, self-care has been identified as a key strategy to actively protect the health and wellbeing of mothers and their families. To promote self-care practices, the Partnership for Maternal, Newborn and Child Health (PMNCH) – a global

alliance of over 1200 organisations working in maternal, newborn, child and adolescent health – has partnered with the World Health Organization and other United Nations agencies to develop a short animated video that provides practical guidance on how women who may be experiencing violence can seek help and support. Written guidance in a range of languages is also available on the Home Office website.

Finally, there is an urgent need to address the wider determinants of domestic violence through strengthening linkages with multisectoral agencies; for example, housing and education.<sup>17</sup> Onward referrals and involvement of wider agencies can ensure that support for women goes beyond the health visit.

Unfortunately, the COVID-19 pandemic, with its lockdowns and restrictions, has led to an increase in domestic violence. As maternal health workers, we have a unique role and responsibility to the women we serve to ensure their wellbeing remains a priority.

### Disclosure of interests

There are no conflicts of interest.

### Contribution to authorship

TD and RT conceptualised the article. TD researched and wrote the article; RT wrote and edited the article. All authors approved the final version.

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