

Signs of Domestic Abuse

High risk indicators

Being familiar with the risk indicators that place a person at increased risk of serious harm or injury can help you better recognise domestic abuse and help inform your professional judgement for when you need to ask someone about domestic abuse. The risk indicators in the table below are based on evidence of actual domestic abuse cases, collected by Coordinated Action Against Domestic Abuse (CAADA) and are used to inform a nationally recognised risk indicator tool (CAADA Domestic Abuse Stalking, Harassment & Honour Based Violence), used by specialist domestic abuse agencies and the police.

Consultations with victims have shown that when they are made aware of high risk indicators, they often report feeling more unsafe upon learning the severity and extent of their situation. Therefore it is not advised that staff discuss the list below with victims without any specialist training as doing so can place the victim at greater risk of harm.

- **Escalation:** is the abuse getting worse and/or happening more frequently? Domestic abuse tends to be a pattern of behaviours rather than a one off incident.
- **Separation:** is the person thinking of leaving or have they left within the last 12 months? Leaving is considered to be the riskiest time for women who are leaving an intimate partner. It is advised that patients seek specialist support from a domestic abuse agency so that leaving is planned and the options and ways of mitigating the risks can be explored.
- **Isolation:** does the patient feel isolated from their family, friends or community? This is often a tactic used by abusers as a way of maintaining control over the victim, often creating barriers for that person to speak to someone about the abuse. This can include telling the victim that nobody will believe them or threatening further abuse if they tell anybody.
- **Weapons:** this includes the threat of or actual use of firearms, knives or objects used as weapons.
- **Strangulation:** also includes attempts to choke, suffocate and drown the victim. The potential for serious injury is high and such attempts should be taken seriously.
- **Threats to kill self or victim:** victims may feel the only way to stop the abuse is through suicide. Where the threat is from the abuser, there is a risk of homicide-suicide.
- **Pregnancy:** domestic abuse is more likely to begin or escalate during pregnancy. More than 30% of cases of domestic violence start during pregnancy.
- **Stalking and Harassment:** this is unwanted contact with the abuser, such as unannounced visits. This type of behaviour tends to get worse at the point of separation. It can also occur during the relationship.
- **Sexual Abuse:** there is a correlation between sexual abuse and physical abuse. Types of sexual abuse to look out for include use of sexual insults, use of threats or force to obtain sex, rape, for LGBT people, using their sexual orientation and threats to 'out' them as a means of maintaining control.
- **Children:** in over half of known domestic violence cases, children were also directly abused. And in 75 - 90% of incidents, children witnessed the abuse (NSPCC).

Health Indicators

The following guidance is taken from Responding to Domestic Abuse: A Handbook for Health Professionals' Department of Health (2005) and has been developed looking at female victims of abuse. Staff should consider asking about domestic abuse if the following health indicators are identified.

- Injuries inconsistent with explanation or cause
- Patient appears frightened or overly anxious
- Patient tries to hide injuries or minimises their extent
- Partner or family member always attends unnecessarily
- Patient is reluctant to speak in front of partner
- Patient is submissive or afraid to speak in front of their partner or family member
- Women tend to sustain injuries to the breasts or abdomen
- Suicide attempts – higher incidence for Asian women
- History of repeated miscarriages, terminations, still births or pre-term labour
- Poor attendance at antenatal clinics
- Repeat presentation with depression, anxiety, self-harm or psychosomatic symptoms
- Frequent appointments for vague symptoms
- Non-compliance with treatment
- Frequent missed appointments
- Multiple injuries at different stages of healing
- Recurring sexually transmitted infections or urinary tract infections
- Early self-discharge from hospital