



COMMENTARY

# Mitigating the increased risk of domestic abuse among people with mental illness: challenges and opportunities of the COVID-19 pandemic<sup>†</sup>

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#### SUMMARY

The rise in domestic violence and abuse has been dubbed a 'pandemic within a pandemic'. Individuals known to mental health services are particularly vulnerable. Yet despite challenges to mitigating domestic violence and abuse in this group, the COVID-19 pandemic has provided opportunities to develop new interventions to support those affected.

#### KEYWORDS

COVID-19; domestic violence; domestic abuse; prevention; public mental health.

Individuals known to mental health services are disproportionately affected by domestic violence and abuse and the COVID-19 pandemic may have exacerbated the risk factors for violence and abuse to which this population are exposed. Hisham et al (2022, this issue) consider how mental health professionals can reduce exposure to these modifiable factors during the pandemic among their patients.

Women and girls are also disproportionately affected: globally, the World Health Organization estimates that 27% of ever-partnered women aged 15 years and older have experienced violence and abuse. The risk may increase during the perinatal period, particularly in unplanned pregnancies, and up to 60% of women with severe mental illness may be affected by partner violence and abuse (Oram 2017). Hisham et al also discuss cross-cultural differences in the experiences of domestic violence and abuse, for example among those from Black, Asian and minority ethnic communities, underscoring the importance of interventions focused on particularly vulnerable groups.

By focusing on a few of the risk factors for perpetration of domestic violence and abuse – increasing

alcohol use and financial insecurity, alongside mental ill health – the authors highlight the importance of considering such broader social determinants of outcomes among patients. This emphasises the importance of approaches not only at the individual professional–patient level but also at the organisational (for example mental health trust) and societal levels.

#### Challenges and opportunities

The COVID-19 pandemic has posed a number of challenges for professionals and organisations supporting those with mental illness experiencing domestic violence and abuse during this time. These include changes to services providing mental healthcare during the pandemic, such as an increase in remote delivery of care and redeployment of staff in some sectors to more acute settings. Hisham et al discuss established guidelines on how mental health professionals can enquire about and respond to domestic violence and abuse and the trauma-informed approach to supporting affected individuals. A recent meta-synthesis suggests that practitioners perceive themselves to be more ready to address domestic violence and abuse when they collaborate both with expert team members internal to their organisations and with specialist professionals outside their team, and when supported by the healthcare system (Hegarty 2020); independent domestic violence advocates within healthcare settings can support those experiencing domestic violence and abuse (National Institute for Health and Care Excellence 2014). However, staff working in mental health services during the pandemic have reported difficulties mobilising safeguarding procedures when concerns were raised, with some also reporting difficulties in liaising with colleagues working in social services and other services, such as health visiting (Wilson 2021). The complex needs of patients experiencing domestic

violence and abuse demand an investment in a cohesive health and social care service able to respond to those needs.

Nonetheless, the pandemic has presented an opportunity to innovate. In many parts of the world there has been an expansion in helplines, alongside investment in shelters and other safe accommodation options. Hisham et al provide guidance on how to safely assess and respond to domestic violence and abuse using telemedicine. In other parts of the world without universal access to technology, covert strategies such as the provision of code words or other signals and helpdesks in public places, which have been utilised in the UK as part of the Safe Spaces initiative, could inform the development of interventions for our own patients who also struggle to access technology (Howard 2022).

### Implications for the future

The impact of the COVID-19 pandemic on the risk for domestic violence and abuse among individuals known to mental health services has begun to emerge and is likely to be seen for many years to come. Routine data collection on exposure to violence and abuse in clinical and research settings (including evaluation of interventions and observational studies) will help to build a picture of the ways in which it is affecting patients and guide mental health professionals as they respond to this ‘pandemic within a pandemic’. Mental health professionals can also advocate for policies that address the broader social and structural drivers of

domestic violence and abuse and in so doing mitigate their impact on their patients.

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### Declaration of interest

None.

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