Menopause and Domestic Abuse:

Brief Guidance for Staff and Clinicians in General Practice

This brief guidance was developed by the gender-based violence charity Against Violence and Abuse (AVA) in partnership with IRISi, with support from the Emmanuel Kaye Foundation. For more information about AVA, visit www.avaproject.org.uk

The advice and recommendations for general practice staff and clinicians are informed by focus groups of women with experience of violence, abuse and menopause, with research and facilitation support from AVA peer researchers with their own lived experience.

Summary: Key Facts & Actions

80% of women in a violent relationship seek help from health services and these are often a woman's **first, or only, point of contact** (Department of Health, 2010).

Emerging evidence suggests that experiencing domestic abuse may be associated with **worsening menopause symptoms** and that menopause may lead to **changes or escalation in domestic abuse.** Nearly **four in ten** (39%) women killed by men in the UK are in the 36-55 age range (Femicide Census 2020).

Menopause related health care appointments can be a **key opportunity for intervention** with women who may not otherwise disclose or identify their experiences as domestic abuse:

- **Ask about domestic abuse** and/or relationships in all menopause related appointments.
- **Consider additional barriers** midlife and older women face to disclosing domestic abuse.
- **Use follow up appointments** to build trust, encourage disclosure and offer support
- **Signpost to appropriate specialist services**, including those for older women and services run by and for Black and minoritised women.

Domestic Abuse & Symptoms of Menopause

Symptoms of menopause can impact on partner relationships. The British Menopause Society found that 50% of women said their menopause symptoms had impacted their home life. Any change in the dynamics of a relationship can lead to an increase in **severity or frequency** of domestic abuse.

Symptoms and changes that affect a survivor's confidence or leave them feeling vulnerable can be **exploited by abusers** to shame, control or humiliate.

Domestic abuse and menopause affect individuals differently. In some cases, the impact of these experiences may interact, overlap or mask each other.

Physical Health Symptoms

- Sexual health symptoms including loss of libido may be experienced differently for survivors of sexual violence, or may act as a trigger for escalating domestic abuse.
- Changes such as loss of skin elasticity and weight gain may affect survivors' confidence and may be used by abusers to shame or criticise.

Mental Health Symptoms

- The impact of menopause on mental health and wellbeing may affect relationships with intimate partners and family.
- Mental health symptoms associated with menopause may overlap symptoms of anxiety, depression or complex PTSD associated with lifetime experiences of violence and abuse. Mental health symptoms should not be assumed to be menopause related without enquiring about domestic abuse and other trauma.

As part of AVA's research, women were clear that menopause was a time of change and reflection. While some women described new found feelings of freedom and confidence, shame, fear and anger were also common.

As part of AVA's research, women were clear that menopause was a time of change and reflection. While some women described new found feelings of freedom and confidence, shame, fear and anger were also common.

"Menopause is an ideal moment for intervention because that was when, you know, I reached a point where I just thought I can't do this anymore."

Female participant, AVA focus group

"I think there were lots of moments in my life where I, I wish people had picked up on the signals and the cries for help. And had just said, you know, can I intervene? The GPs are the points of contact. If they can read the signs, they can offer the options for supporting it."

Female participant, AVA focus group

Taking Action During Menopause Related Appointments

Women felt that menopause marked a turning point in their life and a window of opportunity to make other changes, such as seeking support with domestic abuse.
As well as making use of domestic abuse guidance and training (see our resource section on page 6), doctors and nurses at general practices **can take specific action at menopause related appointments:**

- **Practice sensitive clinical enquiry**[1] to ensure that experiences of violence and abuse are not overlooked as a cause of mental health problems in midlife and older women. Ask questions about domestic abuse and/or relationships in all menopause related appointments.
- **Speak to patients alone**. Some women may request that their partner attends menopause related appointments so they can understand their symptoms and treatment options. Ensure that at least part of the appointment is with the patient on her own.

- **Consider additional barriers** midlife and older women face to disclosing domestic abuse, for example length of abuse, wanting to protect children or family, prolonged economic abuse and an additional sense of hopelessness.[2] Understand that just because a patient does not disclose or denies abuse, does not mean it is not happening.
- **Use follow up appointments** when women are dealing with menopause related symptoms. Disclosures may happen over time. Multiple appointments over the course of menopause provide further opportunities to build trust, elicit disclosure and provide support.
- **Signpost to appropriate local and national domestic abuse specialist services**, including those for older women and services run by and for Black and minoritised women.

GP practice teams can also take further action to support improved responses to domestic abuse and menopause throughout the practice:

- **Ensure information on domestic abuse support is available** on menopause related leaflets or webpages.
- **Listen to women with lived experience** of domestic abuse and/or menopause about what would help them access primary care safely and comfortably.
- **Complete team training** on menopause and responding to domestic abuse.
- **Improve support for staff** supporting those facing domestic abuse and/or menopause to mitigate staff burnout and secondary trauma.

1. i.e. enquire about domestic abuse when there is a clinical reason to do so, for example, where any of the signs and symptoms discussed in this paper are apparent.
2. https://pubmed.ncbi.nlm.nih.gov/16931469/

Further Resources

Domestic Abuse - Guidance/training for GPs:

- AVA e-learning
- SafeLives: Responding to Domestic Abuse Guidance for General Practitioners
- Pathfinder Toolkit
- NICE Domestic Violence and Abuse Guidance

Domestic Abuse - Services & Support:

- AVA Breathing Space app
- List of support organisations

For more information on the intersection between menopause and domestic abuse, including further recommendations and a literature review on available evidence see AVA's 'Stuck in the Middle With You'.

Menopause Guidance/training for GPs:

- British Menopause Society Training
- RCGP: Menopause and Beyond
- NICE Menopause: Diagnosis and Management Guidance
- My menopause doctor website

The IRIS Programme - Domestic Abuse Training, Referral & Advocacy in General Practice

The IRIS (Identification and Referral to Improve Safety) programme is a training, referral and advocacy model to support clinicians to better support their patients affected by DVA and to increase the awareness of domestic violence and abuse within general practice. IRIS programmes provide specialist DVA training to clinical professionals, alongside administration staff, within local general practices. IRIS training supports clinicians to recognise and respond to patients affected by DVA and provides a direct referral route to a named advocate in a local, specialist DVA service. The programme is based on the success of a randomised, controlled trial, and is commissioned throughout the UK. For more information, visit www.irisi.org