AVA
Against Violence & Abuse

Domestic Abuse and Menopause

Key Findings

1. There is exceedingly little literature regarding how women experiencing menopause may also be facing domestic abuse (either concurrently or in the past), and vice versa. Mid-life women are invisibilised in available studies with survivors of domestic abuse.

2. Where available, research suggests menopausal symptoms may be heightened where concurrent domestic abuse is identified, and domestic abuse may be heightened or arise where women are experiencing menopause.

3. Women experiencing domestic abuse in mid and later life are found to face similar rates of domestic abuse but substantially more barriers to accessing specialist services than younger women. Recommendations across the literature highlight the health system as a key site for intervention and support.

Domestic Abuse

Domestic abuse in the UK is defined as any of the following: "physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological, emotional or other abuse." For the definition to apply, both parties must be aged 16 or over and 'personally connected'. People who are 'personally connected' are defined as: intimate partners, ex-partners, family members or individuals who share parental responsibility for a child (Home Office, 2021).[1]

This is a gendered phenomenon, with almost one in three women in the UK aged 16-59 experiencing domestic abuse in her lifetime (ONS, 2019).[2] That comes to two women a week killed by a partner or ex-partner (Smith, 2011).[3] Reported rates of domestic abuse have risen incrementally in recent years (ONS, 2019)[4] although according to CSEW data for the year ending March 2018, only 18% of women who had experienced partner abuse in the last 12 months reported the abuse to the police (ONS, 2018).[5] This suggests statistics are likely to be a significant underestimation.

Domestic abuse is a societal issue that is not bound by age, gender, class, ethnicity, religion or race. Black and minoritized women (ONS, 2019),[6] LGBTQ women (Donovan and Hester, 2015;[7] Stonewall, 2018)[8] and Disabled women (Hughes et al., 2012;[9] Balserson, 2013)[10] face higher rates of domestic abuse, and additional barriers to support. Women may face a number of different and intersecting barriers to support in accordance with their race, class, age, sexuality, gender identity, ability, and religion.

The impact of abuse is significant, and often debilitating. Women are shown to face significantly elevated levels of mental distress and PTSD where they have suffered domestic abuse (Trevillion et al., 2012).[11] Survivors have been found to be at a three-fold risk of depressive disorders, four-fold risk of anxiety, and seven-fold risk of post-traumatic stress disorder (SafeLives, 2019).[12] Survivors also face significant physical health problems as a result of abuse, both related to injury sustained from physical abuse, and the health impact of extensive abuse on the body.

1. Domestic Abuse Act, 2021 (c.17). London: Home Office.
2. Office for National Statistics, 2019. Domestic abuse prevalence and trends, England and Wales: year ending March 2019. London: ONS.
3. Smith, K., Osborne, S., Lau, I. and Britton, A. (2011). Homicides, Firearm Offences and Intimate Violence 2010/11: Supplementary Volume 2 to Crime in England and Wales 2010/11. London: Home Office.
4. Office for National Statistics, 2019. Domestic abuse victim characteristics, England and Wales: year ending March 2019. London: ONS.
5. Office for National Statistics, 2018. Domestic abuse prevalence and trends, England and Wales: year ending March 2018. London: ONS.
6. Ibid
7. Donovan, C. and Hester, M., 2015. Domestic Violence And Sexuality: What's Love Got To Do With It?. 1st ed. Bristol: Policy Press.
8. Stonewall (2018). LGBT in Britain: Home and Communities. London: Stonewall.
9. Hughes, K., Bellis, M.A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T., Officer, A. (2012) Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. Lancet, 379 (9826): 1621-1629.
10. Balderston, S. (2013) Victimised again? Intersectionality and Injustice in disabled women's lives after hate crime and rape. In Texler Segal, M., Demos, V. (Eds.) Advances in Gender Research Volume 18a – Gendered Violence. Cambridge MA: Emerald Publishing.
11. Trevillion K, Oram S, Feder G, Howard LM (2012) Experiences of Domestic Violence and Mental Disorders: A Systematic Review and Meta-Analysis. PLoS ONE, 7(12).
12. SafeLives (2019). Mental Health and Domestic Abuse. Spotlight [online].

Menopause

Menopause is a point in time 12 months after a woman's last period.[13] The years leading up to menopause when women may have changes in their monthly cycles, hot flashes, or other symptoms, are called perimenopause (National Institute on Aging, 2021).[14] This transition period generally occurs between the ages of 45-55,[15] lasting on average 7 years, but sometimes upwards of 14 years.

Research from Nuffield Health (2017)[16] which questioned 3275 women aged between 40 and 65, provides clarity around the experience of menopause for women in the UK. Key findings included:

- Approximately 13 million women in the U.K are either peri- or post menopausal
- Approximately two thirds of women say there is a general lack of support and understanding
- The symptoms associated with menopause can last up to 15 years
- Over 60% of women experience symptoms resulting in behaviour changes
- 1 in 4 women will experience severe debilitating symptoms
- Almost half of menopausal women say they feel depressed
- A third of women say they suffer with anxiety
- Women commonly complain of feeling as though they are going mad.

These findings highlight how menopause may be a difficult and challenging time for women, with a long-lasting and debilitating effect on their health. The NHS[17] lists: hot flushes, night sweats, difficulty sleeping, a reduced sex drive (libido), problems with memory and concentration, vaginal dryness and pain, itching or discomfort during sex, headaches, mood changes - such as low mood or anxiety, palpitations, joint stiffness/aches, reduced muscle mass and recurrent urinary tract infections (UTIs), as just some of the health symptoms women may experience during menopause.

13. We use the term woman here as the majority of women do experience menopause in some form. We do so while acknowledging that non-binary people and trans men may also experience menopause, and that some women do not menstruate and will therefore not experience menopause.
14. National Institute on Aging. 2021. What Is Menopause?. [online] Available at: <https://www.nia.nih.gov/health/what-menopause> [Accessed 26 January 2021].
15. Younger women may also experience menopause as a result of treatment for conditions such as endometriosis and infertility.
16. Nuffield Health. (2017). one in four with menopause symptoms concerned about ability to cope with life. Online at: https://www.nuffieldhealth.com/article/one-in-four-with-menopause-symptoms-concerned-about-ability-to-cope-with-life#about
17. NHS. Menopause - Symptoms. Available at: https://www.nhs.uk/conditions/menopause/symptoms/

The health impact and symptoms experienced as a result of menopause are found to differ between women in accordance with a number of different factors, although literature with an intersectional focus is significantly limited. Research from SWAN (Study of Women's Health Across the Nation's, 1996)[18] a longitudinal cohort study in the US has found evidence of Black women starting menopause earlier (up to 2 years), experiencing more severe symptoms and for a longer duration. Studies of a more anthropological nature highlight how menopause is imbued with cultural meaning and the experience and understanding of menopause differs between culture and nation significantly (Melby and Lampl, 2011).[19] Research with Disabled women, specifically those with learning disabilities, finds that Disabled women may also experience menopause in different ways - for example, menopause may begin earlier, and women face additional barriers to support (Martin et al., 2003).[20]

Where research around the experience of menopause has taken place, stigma and shame emerge as key themes - often linked to gendered ageism and discourses around infertility and desirability. Nosek et al. (2010)[21] researching this stigma highlight: 'The stigma of menopause, with its associations of hysteria and incompetence, the shame of ageing, and the taboo about revealing menopausal symptoms, compounds the distress and struggle.' Studies on menopause have found that women with more negative attitudes regarding menopause are more likely to experience higher reported rates of symptoms (Ayers et al., 2010),[22] and those with a more positive attitude towards menopause are found to have fewer symptoms (Papini, 2002).[23] This highlights how attitudes, both social and individual, impact the experience of menopause for women.

Help-seeking patterns also differ significantly amongst women experiencing menopause. However, Nuffield (2017)[24] research found a significant number of women seeking support in health services. This research primarily found menopausal women being failed by health services due to a lack of knowledge around symptoms and treatments. Some overarching themes included:

- Women are being incorrectly diagnosed as depressed and given antidepressants
- Approximately 38% of women seek help from a GP
- One quarter of those who visited a GP say the possibility of the symptoms being menopause related is missed

18. SWAN STUDY. Available at: https://www.swanstudy.org
19. Melby, M. and Lampl, M. (2011) Menopause, A Biocultural Perspective, Annual Review of Anthropology, 40(1), pp. 53-70.
20. Martin, DM., Kakumani, S., Martin, MS., Cassidy, G. (2003). Learning disabilities and menopause. J Br Menopause Soc. 2003 Mar;9(1), pp.22-6.
21. Nosek, M. Kennedy, P., Gudmundsdottir, M., (2010). Silence, Stigma, and Shame: a postmodern analysis of distress during menopause, Advances in Nursing Science: July/September 2010, 33(3), pp.24-36.
22. Ayers, B., Forshaw, M., Hunter, M. (2010). The impact of attitudes towards menopause on women's experience: a systematic review. Maturitas, 65, pp. 28-36.
23. Papini, D., Intrieri, R., Goodwin, P. (2002) Attitudes towards menopause among married middle-aged adults. Women's Health, 36: pp. 55-68.24.
24. Nuffield Health. (2017). one in four with menopause symptoms concerned about ability to cope with life. Online at: https://www.nuffieldhealth.com/article/one-in-four-with-menopause-symptoms-concerned-about-ability-to-cope-with-life#about

• One third of women who visited a GP were not made aware of hormone replacement therapy (HRT)
• Many women are mistakenly denied HRT due to existing or family health concerns
• Many women are unaware of NHS menopause clinics.

The Royal College of Obstetricians and Gynaecologists' (RCOG) report Better for Women (2019)[25] also found that just over half of women (58%) cannot access menopause services, and access to support has become a postcode lottery in the UK. The available literature therefore tells us that menopause may have a significant, primarily negative, impact on the mental and physical health of women, yet they face significant barriers to adequate support.

The literature on menopause is generally scarce. Midlife and 'older' women appear to be ignored or homogenised across health research leading to a gap in understanding regarding menopause. A key gap identified in the literature is information around the actual lived experience of menopause, and how this interacts with a woman's life, relationships and context in particular ways.

Domestic Abuse & Menopause: Interaction and Relationship

Despite the evidence above around the number of women experiencing domestic abuse and menopause in the UK, the literature concerning how these two experiences may interact is lacking. It has been suggested that this dearth of information is one result of an ageist and sexist health care system that renders midlife and 'older' women invisible despite their growing numbers (Kaveny 1998,[26] McCandless and Conor 1999).[27] There has been no research into domestic abuse and menopause in the UK to date, nor has there been any statistical research into the rates of abuse amongst women of a menopausal age in their particularity. However, a small number of studies (primarily outside of the UK) have explored the link between menopause and domestic abuse, either directly or in passing.

25. RCOG, 2019. Better for Women: Improving the health and wellbeing of girls and women. London: RCOG.
26. Kaveny, M. (1998). older women and health care. America, 179(6), pp. 15–19.
27. McCandless, N., & Conner, F. (1999). Older women and the health care system: A time for change. Journal of Women & Aging, 11, pp. 13–27.

Researchers from the University of San Francisco (2019)[28] have found that emotional abuse may heighten symptoms experienced during menopause. During research with over 2,000 mid-life and 'older' women, those who reported emotional abuse from a partner or spouse were those more likely to experience night sweats (50% higher rates), painful sex (60% higher rates) and hot flashes. This same finding was apparent in the cohort of women reporting PTSD, of which we know domestic abuse victims are likely to be part (Trevillion et al., 2012).[29] Those with experiences of child-hood abuse also report a higher number of vasomotor (sleep related) symptoms during menopause (Carson et al., 2019).[30] Evidence also finds that women who have experienced or are experiencing domestic abuse report entering perimenopause about 35% slower than women who report no abuse (Allsworth, 2004).[31] These papers therefore highlight how experiences of abuse may have an impact on the experience of menopause.

Investigations regarding whether the experience of menopause impacts relationships are also limited. A study from the British Menopause Society (2017)[32] found that half (51%) of women surveyed said that menopause had affected their sex lives, half (50%) that menopause had impacted their home life, and 40% saying that they 'didn't feel as sexy' since experiencing menopause. This study does not explore domestic abuse directly, however, the findings around sexual intimacy and impact on home life suggest menopause may be a point of change in relationships. Further-more, 38% of partners surveyed as part of this study said they feel helpless when it comes to supporting their partners through menopause and a third said they often end up having arguments because they don't understand what their partners are going through. The finding that 'arguments' arise in relationships during menopause may suggest an escalation or introduction of abusive dynamics.

Furthermore, one exploratory qualitative study of Macedonian women in Australia (Strezova et al., 2017)[33] found that women perceived Macedonian men as regarding them differently after menopause, sometimes treating them as "non-sexual." Women regarded this shift in male attitudes as a precipitating factor in domestic violence, extramarital affairs and divorce. This suggests that changes incurred by menopause, and symptoms experienced, may indeed have the effect of precipitating domestic abuse in a relationship.

28. Gibson, CJ., Huang, AJ., McCaw, B., Subak, LL., Thom, DH., Van Den Eeden, SK. (2019) Associations of Intimate Partner Violence, Sexual Assault, and Posttraumatic Stress Disorder With Menopause Symptoms Among Midlife and Older Women. JAMA Intern Med, 179(1) pp. 80–87.
29. Trevillion, K., Oram, S., Feder, G., Howard, LM. (2012) Experiences of Domestic Violence and Mental Disorders: A Systematic Review and Meta-Analysis. PLoS ONE, 7(12).
30. Carson, M., Thurston, R., (2019). Childhood abuse and vasomotor symptoms among midlife women, Menopause, 26(10), pp. 1093-1099.
31. Allsworth, JE., Zierler, S., Lapane, KL., et al (2004). Longitudinal study of the inception of perimenopause in relation to lifetime history of sexual or physical violenceJournal of Epidemiology & Community Health, 58, pp. 938–943.
32. The British Menopause Society (2017). National Survey: The Results. London: Ipsos Mori.
33. Strezova, A., O'Neill, S., O'Callaghan, C., Perry, A., Liu, J., Eden, J. (2017). Cultural issues in menopause: an exploratory qualitative study of Macedonian women in Australia, Menopause, 24(3), pp. 308-315.

Qualitative studies around menopause, especially those concerned with the impact of menopause on relationships are scarce, but, as this study found, can provide key insights into how menopause may interact to create new and potentially abusive dynamics in relationships.

Other studies looking at the impact of menopause on intimate relationships tend to highlight changes in sexual intimacy. Where women evaluate their relationship intimacy poorly this is accompanied by a higher intensity of experienced depression symptoms, somatic symptoms, and disorders of memory and concentration, sex and sleep, and also the sum of menopausal symptoms is higher (Jarecka and Bielawska-Batorowicz, 2015).[34]

These provisional findings suggest that menopause and domestic abuse may impact and compound one another. Menopause may lead to declining intimacy or relationship satisfaction which may act as a catalyst for abuse. Changes in mood or self-worth may also act as a potential site of conflict in relationships. Meanwhile, experiences of abuse may heighten symptoms experienced during menopause. Further research is needed to explore these links thoroughly.

Domestic Abuse & Menopause: Evidence from Broader Research

Research around the experiences of women facing domestic abuse tends to fall into two categories: 'younger' women and 'older' women. The latter of these two focal points has emerged more frequently in recent years due to an acknowledgement of a significant gap in understanding around 'older' survivors (SafeLives, 2016).[35] This means mid-life women, i.e. those likely to be facing menopause, often fall through the gaps of research, or are subsumed within the category of 'older' women. Furthermore, 'older' women tend to be homogenised in the literature, with limited data regarding how the experience of abuse in later life may differ in accordance with a woman's race, ethnicity, religion, culture, sexuality or class.

34. Jarecka, K. and Bielawska-Batorowicz, E. (2015). Quality of the relationship and menopausal symptoms of menopausal women. Health Psychology Report, 5.
35. SafeLives (2016). Safe Later Lives: Older people and domestic abuse. London: SafeLives.

Where research with 'older' survivors has taken place, the definition of 'older' differs across the literature, and sometimes includes women from the age of 45 upwards. As a result, women of a menopausal age are sometimes included in research as 'older' women. Despite this, simple in-text searches for the term 'menopause' resulted in no identification of this experience being explored in the literature on 'older' women in any UK studies on domestic abuse. This leaves a gap in knowledge regarding abuse in mid-life whereby the experience of menopause is likely to create very distinct needs and experiences for this group of survivors. The full scope of domestic abuse in women over the age of 45+ is also unknown and often complicated by these differing definitions of 'older' (Brownell, 2015).[36]

Although statistics regarding domestic abuse rates for mid-life women in the UK are not available, domestic homicide rates are high for this group. Statistics from the Femicide Census found that over a third (38%) of women killed by their partner or ex-partner are in the 36-55 age range (Femicide Census, 2018).[37] This suggests a high rate of domestic abuse within this age group, and the need for further examination.

Papers on domestic abuse which include mid-life women (i.e. 45+) within their remit of 'older' women provide useful information around the experiences of domestic abuse for women who may be experiencing menopause. These papers tend to illustrate how the impact of abuse for 'older' women is distinct from that for 'younger' women. While many 'older' women report a decline in the physical and sexual aspects of abuse as their male partners age, this reduction appears to correlate with an escalation of psychological abuse and non-violent controlling behaviours (Carthy and Holt, 2016).[38] In one study of post-menopausal women, verbal abuse was the most commonly reported abuse type - with 10% of women reporting verbal abuse (Cannel et al., 2015).[39]

One UK based study with women aged 50+ who had experienced abuse found that three-quarters of the women defined themselves as in 'very poor' mental and physical health and were using coping mechanisms, such as excessive and long-term use of alcohol, and prescription and non-prescription drugs (Lazenbatt et al., 2013).[40] This suggests a potentially high rate of multiple disadvantage among 'older' survivors of abuse.

36. Brownell, P. (2015) "Neglect, abuse and violence against older women: Definitions and research frameworks", South Eastern European Journal of Public Health (SEEJPH).
37. Long, J., Harvey, H., Wertans, E., Allen, R., Harper, K. Elliot, K., and Brennan, D., 2018. Femicide Census: UK Femicides 2009-2018. London.
38.. Carthy, NL. and Holt, A. (2016). Domestic abuse and older adults, British Psychological Society North East of England Branch Bulletin, Issue 5.
39. Cannell, M.B., Weitlauf, J.C., Garcia, L. et al. (2015). Cross-sectional and longitudinal risk of physical impairment in a cohort of postmenopausal women who experience physical and verbal abuse. BMC Women's Health, 15.
40. Lazenbatt, A, Devaney, J, Gildea, A .(2013). Older women living and coping with domestic violence. Community Practitioner, 86(2), pp. 28–32.

A number of other papers highlight high levels of physical and mental ill health amongst 'older' survivors of domestic abuse. Research finds an increased likelihood of physical symptoms including gastrointestinal, respiratory, pelvic and genitourinary symptoms, eyesight and hearing problems, alongside high rates of diagnoses of depression and anxiety for 'older' women with experiences of domestic abuse (Loxton et al., 2006;[41] Humphreys and Lee, 2009;[42] Pathak, 2019).[43] In one cross-sectional study comparing 'younger' and 'older' women reporting domestic abuse in past relationships, 'older' women were found to have elevated levels of mental ill health, and self-reported chronic health conditions than younger women (Wilke and Vinton, 2005).[44]

Papers on 'older' survivors regularly highlight a need for improved health services responses, including routine enquiry and signposts to specialist support. This is crucial considering the finding that this cohort of survivors have elevated health-related needs.

Accessing Services: Barriers to Intervention & Support

The literature around 'older' women's experiences of domestic abuse also provides insight into the barriers this cohort of women face in accessing services and finding support. Again, the definition of 'older' in many of these studies captures women who may be experiencing menopause.

One qualitative study involving 21 focus groups capturing the perspective of midlife women (45 to 55) and 'older' women (55 and 'older') found the following barriers to accessing services:

- Powerlessness: Many respondents expressed the belief that services were either not available or not appropriate for people their age.
- Self- blame: Shame of marital failure was particularly powerful for 'older' women.
- The need to keep abuse secret from others: women found it was extremely difficult to break silence with regard to secrets that they have been keeping for most of their lives.

41. Loxton, D., Schofield, M., Hussain, R., Mishra, G. (2006). History of Domestic Violence and Physical Health in Midlife. Violence Against Women, 12(8), pp. 715-731.
42. Humphreys, J., and Lee, K.A. (2009) Interpersonal Violence is Associated with Depression and Chronic Physical Health Problems in Midlife Women. Issues in Mental Health Nursing, 30(4), pp. 206-213.
43. Pathak, N., Dhairyawan, R., Tariq, S. (2019). The experience of intimate partner violence among older women: A narrative review. Maturitas. 121, pp. 63-75.
44. Wilke, D., and Vinton, L. (2005) The nature and impact of domestic violence across age cohorts. Affilia, 20, pp. 316–328.

• The need to protect family: a want to protect children from harm or upset
• Hopelessness: Some respondents believed that a long relationship offered no hope of escape, and discussed the invisibility of 'older' women in society (Beaulaurier et al., 2005).[45]

Fear is identified as a key barrier across the literature, often exacerbated by the length of time a woman has been with an abusive partner and the resultant fear of the unknown. For those with children, the fear of fractured family relationships is also significant (Rogers, 2016).[46]

Other studies have looked at more systemic and structural barriers to support, highlighting how ageism, sexism and victim-blaming create additional barriers for 'older' women facing domestic abuse. One study in Scotland found systemic barriers such as inappropriate housing and refuge options, ill-informed gatekeepers – particularly physicians and others in health services – and inadequately resourced domestic abuse services (Centre for Research on Families and Relationships, 2008).[47] 'Older' women's dependence on abusive partners has also been linked to limited economic assets, constricted access to income and housing, and progressively fewer avenues for obtaining financial independence as they age; a product of systemic sexism in the workplace (Centre for Research on Families and Relationships, 2008).[48] The barriers to services 'older' women face is supported by figures from Women's Aid (2017),[49] with only 1 out of 276 refuge services listed on Routes to Support offering specialist services for women over 45. All of these barriers are likely to impact women of a menopausal age experiencing domestic abuse.

Papers also highlight a lack of knowledge of awareness around women facing abuse in mid-later life amongst practitioners, and the need for better training and multi-agency working as a result (Carthy and Taylor, 2018).[50] Recommendations made across the research regularly identify health services are a key site of intervention (Sormanti et al., 2008;[51] Rogers, 2016;[52] Carthy and Taylor, 2018).[53]

45. Beaulaurier, RL., Seff, LR., Newman, FL., Dunlop, B. (2005) Internal barriers to help-seeking for middle-aged and older women who experience intimate partner violence. Journal of Elder Abuse and Neglect, 17(3), pp.53–74.
46. Rogers, M. (2016). Barriers to help-seeking: older women's experiences of domestic violence and abuse - briefing note (pdf)
47. Centre for Research on Families and Relationships (2008). Older women and domestic violence in Scotland. Edinburgh: University of Edinburgh.
48. Ibid.
49. Women's Aid (2017) Survival and beyond: domestic abuse report 2017. London: Women's Aid.
50. Carthy, NL., Taylor, R. (2018). Practitioner perspectives of domestic abuse and women over 45. European Journal of Criminology, 15(4), pp. 503-519.
51. Sormanti, M., and Shibusawa, T. (2008). Intimate Partner Violence among Midlife and Older Women: A Descriptive Analysis of Women Seeking Medical Services, Health & Social Work, 33(1), pp. 33–41.
52. Rogers, M (2016). Barriers to help-seeking: older women's experiences of domestic violence and abuse - briefing note (pdf)
53. Carthy, NL., Taylor, R. (2018). Practitioner perspectives of domestic abuse and women over 45. European Journal of Criminology, 15(4), pp. 503-519.

As a paper from the Centre for Research on Families and Relationships (2008)[54] points out:
"General practitioners and other health service workers are often the only contact with the service system for older women. Interventions that supported these providers to screen, support and connect women with appropriate services could be pivotal in helping older women gain entry to the service system".

Midlife women facing abuse may also be additional facing health problems associated with menopause. The importance of the health system as a key site of intervention is therefore clear.

Health Services: A Key Site for Intervention

Research finds that survivors of domestic abuse are overrepresented in healthcare settings, and often seek help in primary care settings before any other. The Department of Health (2010)[55] reports that eighty percent of women experiencing domestic abuse first seek help from health services. DHRs consistently show the critical role that health professionals have in intervening earlier by providing a window of opportunity for survivors to disclose (Home Office, 2019).[56]

Women experiencing both menopause and domestic abuse are likely to face significantly elevated health needs. In some cases, the impact of these experiences may interact, overlap or mask each other. Taking the literature on help-seeking amongst survivors of domestic abuse, and women experiencing menopause together, those facing domestic abuse in mid-life are likely accessing health services in high numbers. This suggests the need for routine clinical enquiry around domestic abuse and a tailored response to women of a menopausal age in health care settings.

Ultimately, the research regarding women experiencing domestic abuse and menopause is limited. The gaps in literature suggest a need for large scale survivor-centred research around the hidden needs of this group.

54. Centre for Research on Families and Relationships (2008). Older women and domestic violence in Scotland. Edinburgh: University of Edinburgh.
55. Department of Health. (2010). Responding to Violence against women and children- the role of the NHS. London: Department of Health. Available at: https://www.health.org.uk/sites/default/files/RespondingtoViolenceAgainstWomenAndChildrenTheRoleofTheNHS_guide.pdf
56. Home Office. (2019). The economic and social costs of domestic abuse. London Home Office. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772180/horr107.pdf