AVA
Against Violence & Abuse

Menopause & Domestic Abuse: Early Findings from AVA's Stuck in the Middle with You Project

Executive Summary

This briefing explores the experiences of women who have been through domestic abuse and menopause, bringing together key findings from focus groups held in May 2021 as part of AVA's Stuck in the Middle with You project. This work was supported by two peer researchers with their own lived experience of domestic abuse and/or menopause.

The focus groups explored women's experiences of menopause and domestic abuse, women's experiences seeking support from General Practitioners, and the types of support women would like to see made available. These early findings have informed AVA's guidance for General Practitioners on domestic abuse and menopause, as well as AVA's priorities for future research, and campaigns to improve the response to domestic abuse and menopause.

Stuck in the Middle with You is a project developed by AVA (Against Violence and Abuse) in partnership with IRISi, with support from the Emmanuel Kaye Foundation.

The project aims to gain insights into:

- **How menopause impacted women's experience of domestic abuse;**
- **How women's experience at general practice appointments for menopause-related symptoms might have provided opportunities to disclose domestic abuse;**
- **The gaps to identify the need for further research in this area.**

The project also aims to produce guidance on domestic abuse and menopause for healthcare professionals in general practice.

Key Findings

- Women's experiences suggest a two-way relationship between menopause and domestic abuse. Menopause impacts women's relationships, especially with their intimate partner/s and domestic abuse may impact menopause symptoms; with negative symptoms or experiences compounding or obscuring one another.
- Women view menopause as a pivotal moment for making life changes, suggesting that menopause may be a key time when women are looking for support to escape domestic abuse.
- Women highlight a number of intersecting barriers in the way of adequate support in general practice settings. A clear lack of specialist support or sensitive routine inquiry means menopause-related appointments may be a missed opportunity for intervention.

Key Recomendations

1. **Specialist support** is needed to manage the impact of both menopause and domestic abuse.
2. General Practitioners should be trained to conduct **sensitive routine enquiry** during menopause appointments.
3. General Practitioners should take a **person-centred approach** during menopause appointments.
4. Women survivors should be proactively informed about their right to request a **female General Practitioner**
5. Women survivors should be offered **accessible information and advice** on menopause and domestic abuse.
6. General Practitioner's should develop their knowledge of **specialist domestic abuse services** to enable appropriate signposting.

Context

Menopause is a point in time 12 months after a woman's last period.[1] Research from Nuffield Health (2017)[2] found that approximately 13 million women in the U.K are either peri- or post-menopausal, approximately two-thirds of whom say there is a general lack of support and understanding regarding menopause. The British Menopause Society (2017)[3] found that 50% of women said their menopause symptoms had impacted their home life. Where their partners were surveyed, a third of partners reported conflicts arising because they lacked understanding of what their partners were going through.

National statistics (2020) suggest nearly four in ten (39%) women killed by men in the UK are in the 36-55 age range (Femicide Census, 2020).[4] This means they are potentially at a stage of perimenopause or menopause. Where menopause and domestic abuse have been explored in tandem, researchers from the University of San Francisco (2019)[5] have found that experience of emotional abuse within the context of domestic abuse may heighten menopause symptoms. Meanwhile, where menopausal women evaluate their relationship intimacy poorly, they are found to have heightened levels of menopause related symptoms such as depression and sleep and memory disorders (Jarecka and Bielawska-Batorowicz, 2015).[6]

This briefing, alongside the 'Stuck in the Middle' literature review, provides further insight into the intersection of menopause and domestic abuse and aims to address some of the gaps in knowledge regarding women with experiences of domestic abuse and menopause.

1. 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 those identifying as trans men may also experience menopause, and that some women do not menstruate and will therefore not experience menopause.
2. 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
3. The British Menopause Society (2017). National Survey: The Results. London: Ipsos Mori.
4. Long, J et al (2020). Femicide Census: UK Femicides 2009-2018 Online at: https://www.femicidecensus.org/reports
5. Gibson, CJ et al. (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.
6. Arecka, K. and Bielawska-Batorowicz, E. (2015). Quality of the relationship and menopausal symptoms of menopausal women. Health Psychology Report, 5.

About the Research

This research report presents the findings from two focus groups, held virtually in May 2021. The groups were run by two facilitators with experience of menopause, alongside members of the AVA project team. The topic guide for focus groups was designed in collaboration with two women with lived experience of domestic abuse and menopause. The key findings are based on the discussions taking place in the focus groups and reflect perspectives of eight women, all of whom had the experience of domestic abuse and menopause.[7]

Women were asked about their experiences of domestic abuse and menopause and how these experiences may have interacted, alongside their experiences of seeking support in general practice settings. One focus group was conducted in English and one in Turkish, run in partnership with IMECE women's centre.

Participant Demographics:

- **Age:** Four participants were between the ages of 45-54, three between 55-64 and one participant was aged 65+.
- **Disability:** One participant identified as disabled, six participants did not identify as living with a disability, and one preferred not to say.
- **Sexuality:** Six participants identified as heterosexual, and the remaining two as 'other'.
- **Ethnicity:** Five participants identified as Middle Eastern, one White British, one White American and one preferred not to say.
- **Religion:** One participant identified as Christian, two Muslim, and five as 'other'.

This was a small-scale study with limited sample size. Recruitment of participants and data collection stages were heavily impacted by the restrictions due to the Covid-19 pandemic. As a result, findings from this phase of the project are not representative of the broader experience of women going through domestic abuse and menopause and should not be extrapolated to the UK population. Despite this limitation, the study provides valuable insight into some of the experiences of women participants that can be used indicatively, as a baseline to inform guidance for healthcare professionals, general practice and future research initiatives.

7. Participants were not asked to disclose the nature of the abuse they faced, however, from discussions during the focus group we know that some participants had experienced domestic abuse during menopause, whereas others had experienced domestic abuse prior to menopause

Key Findings

Two-way Relationship Between Menopause & Domestic Abuse

Women's experiences suggest a two-way relationship between menopause and domestic abuse. Menopause impacts women's relationships, and domestic abuse may impact menopause symptoms, with negative symptoms or experiences compounding or obscuring one another.

Participants discussed **the physical impact of menopause;** in particular, how physical changes during menopause may interact with one's sense of self, and in turn, one's relationships with others. For some participants, physical changes, such as weight gain or loss of skin elasticity had impacted their confidence. For others, abdominal bleeding/pain and hot flashes led to distress and frustration where they were left in discomfort. Participants also discussed how this interacted with their relationships, especially with intimate partners. Any change in physical and emotional wellbeing may act as a catalyst for abuse where abusers may exploit these changes as a means of shaming or undermining their partner.

"Think, you have just taken a shower, you are clean and smell beautiful, as soon as you dress up suddenly it comes, a hot flushes. All those things make you angry. It causes the feeling of insecurity."

Participants also shared **the impact of menopause on mental health**. Participants shared three prevailing emotional responses to menopause: anger, irritability, depression/low mood. For some, their own perceptions of menopause as the end of womanhood, bolstered by societal stigma, led to an additional sense of 'worthlessness' during menopause. For others, the mental and physical toll of menopause was described as worsening through unsympathetic reactions from family and intimate partners. The shame and stigma associated with menopause risks exacerbating low mood, isolation and depression and in turn may be exploited by perpetrators as a tool of abuse.

"I was crying too much. It is because of the things I went through... Men should be more patient and show their love to their partners especially in this period."

"Men doesn't understand you... (we are) suppressing our feelings."

Other key interactions between menopause and domestic abuse included situations whereby the symptoms of these two experiences may obscure one another. For example, the experience of domestic abuse and trauma impact may override or mask the experience of menopause, as demonstrated in the quote below:

"I have to say I didn't remember I'm going through menopause as I was just completely and actually mentally shut away due to trauma."

This suggests that in some cases, the severity of abuse faced by women may have obscured menopause related health symptoms; which made symptoms of trauma and menopause hard to discern.

Participants also discussed how the loss of sexual desire experienced during domestic abuse may obscure menopause related impact on sex/sexual desire. This discussion highlighted how the experience of abuse may compound or obscure the negative impacts of menopause, and the experience of menopause may act as a catalyst or escalating factor for abuse.

Menopause as a Pivotal Moment

Women view menopause as a pivotal moment for making life changes, suggesting that menopause may be a key time when women are looking for support to escape domestic abuse.

Participants discussed how menopause was a reflective time full of change. For some, this change was negative, related to reaching a **'boiling point' or feelings of 'worthlessness'** due to the shame, stigma and health symptoms associated with menopause.

"I needed real change, hormonal, circumstantial geographical, employment, I mean, all of it."

"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."

For others, menopause created **a newfound self-acceptance** and freedom where participants reported caring less about what others (especially men) thought of them.

"It's actually been very, I don't know, forgiving."

Both the feeling of self-acceptance and/or reaching a boiling point may provide an opportunity for reflection, and act as a catalyst to change. Menopause may therefore be an ideal moment for intervention, as demonstrated in the quote below:

"Because your children are grown ups, you may get rid of your husband if you want or you can build a different relationship if you still love him."

Accessing Support in a General Practice Setting

Women highlight a number of intersecting barriers in the way of adequate support in general practice settings. A clear lack of specialist support or sensitive routine enquiry means menopause related appointments may be a missed opportunity for intervention.

Participants had reached out for both menopause and domestic abuse related support in general practice settings. This was often done as their first point of access. The high rates of general practice attendance amongst participants in these focus groups suggest that the general practice may be a key site of intervention for those survivors in particular, who are going through menopause.

Most participants shared negative experiences of seeking support for domestic abuse and menopause.

Barriers identified included, but were not limited to:

- **Short appointments:** Participants shared how they felt limited in their ability to disclose abuse and/or explore the impact of menopause on mental health, personal and/or family life.

"I've had GPs...in the past say, 'No, we can't talk about that other thing' because we only have three minutes left."

- **A lack of enquiry around domestic abuse and/or relationships:** Participants reported not being asked about abuse or family relationships where signs of abuse and/or distress were apparent.

"They never ask questions about domestic abuse, partner's behaviour or if we want any support. "

- **A lack of signposting or onward referrals:** Participants discussed being 'passed around' health services due to a lack of clear pathway to specialist support for either domestic abuse or menopause.

"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, then yeah, they can offer the options."

- **A lack of person-centred approach:** Participants felt dismissed when discussing both domestic abuse and menopause. The discussions highlighted the negative impact of menopause was 'normalised' and empathetic advice or support was not provided as a result.

"I think making us feel like we're worthy of help is so important because so often, we ourselves don't feel like we're worthy of help. So, if our GPs are dismissive, then it just compounds the problem."

- **Inadequate mental health support:** Participants discussed misdiagnoses of both trauma symptoms and menopause symptoms as depression. Some reported being offered or receiving medication without specialist mental health support.

"I've said before, GPs very quickly, when it's psychiatric, will swipe left and see it as somebody else's problem."

- **Male General Practitioners:** Participants reported feeling less comfortable discussing both menopause and domestic abuse with male General Practitioners.

They (male GPs) don't get it...because some of the men GPs I've spoken to, it's almost like this, this curious scientific thing for them, but not a, not a physical, embodied experiential thing that they can respond to.

- **Language/Cultural barriers:** Participants with English as a second language discussed feeling less comfortable talking about menopause in health care settings.

"Language is a very big difficulty. You feel the cultural difference."

Participants shared how these negative experiences of seeking support can compound the stress, isolation and mental health impact of both menopause and domestic abuse. Similar barriers to those explored above have been identified in other consultations with survivors[8] leaving survivors at risks of re-traumatisation in health services.

One participant shared a positive experience of seeking support from a General Practitioner. The quote below demonstrates informed response by GPs and/or general practice staff can make positive changes in women's lives:

"Instead of just jumping in and trying to manage the conversation, she left space for me to volunteer things...She had gone through menopause, and she could identify with what I was telling her and suggested HRT and suggested the support worker all in the same, you know, 10-15-minute consultation. And it really did turn my life around."

Key Recommendations

Drawing on key findings we outline six practical recommendations to strengthen future responses meeting the needs of women survivors going through menopause and seeking help in the healthcare system:

- **Specialist support:** Specialist support is needed to manage the impact of both menopause and domestic abuse. Suggestions from participants included: specialist menopause support workers or clinics and tailored mental health support for coping with the impact of domestic abuse, specifically around complex PTSD and trauma.
- **Routine enquiry:** General Practitioners should be trained to spot the signs and ask questions about abuse and/or family and relationships during menopause related appointments.
- **A person-centred approach:** General Practitioners should approach women empathetically and holistically and focus on active listening.
- **Female General Practitioners:** Women survivors should be proactively informed about their right to request a female General Practitioner.
- **Accessible and specific information:** Women survivors need tailored and accessible information and advice on both menopause and domestic abuse. This information should be made available in a number of languages, and tailored information available for family and friends.
- **Relevant signposting:** General Practitioners should increase knowledge and access to relevant signposts in order to provide appropriate onwards support for domestic abuse.

8. C.f.: Pathfinder Consortium (2020)

Ultimately, participants wanted General Practitioners and all general practice staff to have a better understanding of both menopause and domestic abuse. This was discussed in light of the need for more training around the lived experience of both menopause and domestic abuse. In addition, participants also discussed the need for broader societal changes to combat the stigma associated with these experiences and ensure both domestic abuse and menopause are prioritised in the healthcare system.

Conclusion

Menopause was typically a difficult time for the women involved in these focus groups, accompanied by a number of mental and physical health impacts. When women have experienced or are experiencing domestic abuse, the negative impact of both of these experiences may interact, overlap or obscure one another. This interaction can play out in a number of ways, as explored above. More in-depth survivor-focused research is needed to explore the relationship between menopause and domestic abuse further.

Ultimately, provisional findings from this research suggest two key things: (i) menopause related appointments may provide an ideal time for intervention, and (ii) the current response is not offering women the help they want at this critical moment. This must be rectified through improved attitudes and approaches to both menopause and domestic abuse in general practice settings and beyond. In order to create this necessary change, women with lived experience need to have a say in the design and review of services, systems and the physical environment in the health system.