DOMESTIC ABUSE

Why doctors are uniquely vulnerable to domestic abuse

NHS workers face a "silent pandemic" of violence in their private lives with research finding they are three times as likely to experience it as the average UK adult. Is enough being done to end the "double layered stigma", asks **Adele Waters**

Catherine,* a 40 year old psychiatrist from northwest England, recalls the moment she decided to end her 15 year marriage. "I was at work when I noticed a missed call from my 10 year old son," she says. "That was unusual because he rarely used it [his phone] for making calls, but I would soon find out why. His father—my ex-partner—had locked our younger child in a dog crate."

She tells *The BMJ*, "I couldn't get my head around it. I managed to leave work and drive home as fast as I could, which took me about 20 minutes, to find our little boy—who was then just 3 years old and ill with chickenpox—locked in this tiny crate that was meant for our very small dog.

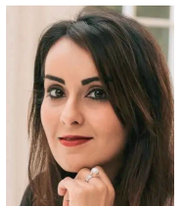
"Even though my ex had agreed to look after our four children while I was at work, he had somehow decided that he shouldn't have been, and it was his way of protesting. He'd sat the other children down opposite and made them watch their little brother trapped."

Clinicians are supposed to be the helpers rather than the ones in need of help
Sarah Jacques, Ellen Welch

That was the point when Catherine made her decision to finally free herself from a long term abusive, controlling husband.

"It was like a switch went on," she says. "I finally gave myself that permission when I saw what he did to my little boy that day."

Catherine's story is just one of many that have prompted the Doctors' Association UK and the Medical Women's Federation to launch a campaign to raise awareness about domestic abuse among healthcare professionals and urge NHS employers to ensure that robust policies are in place to support them. The campaign, supported by eight charities including Doctors in Distress and the Healthcare Leadership Academy (box 1), launched on 10 December 2025, the first NHS Domestic Abuse Awareness Day.



No one talks about it. It's so shamed, it's so silenced
Seema Haider

"Silent pandemic"

UK levels of domestic abuse remain shockingly high—one in four people in England and Wales have experienced it—and rates are especially high among female healthcare professionals (box 2), as some research suggests that they are three times as likely to experience domestic abuse as the average UK adult.

Data collected by the BRIGHT (Bristol Research on the Intersection of Gender, Health, and Trauma) research group show that as many as 42% of female healthcare workers worldwide have experienced domestic abuse. And yet, despite the scale of the problem, it remains somewhat a taboo. Sarah Jacques and Ellen Welch, campaign coordinators at Doctors' Association UK, say that the scale of the problem is hidden because of a double layered stigma: the idea that clinicians are supposed to be the helpers rather than the ones in need of help.

"When you look at the stats, it's astounding. It's a silent epidemic," says Seema Haider, a GP based in east London. "Actually, it's more of a pandemic. No one talks about it. It's so shamed, it's so silenced."

Having been in an abusive relationship, Haider says that it took her a long time to not be disappointed in herself. She explains, "I have been there: a young girl who just wanted to hide it from everyone, including my family, because I felt so ashamed."

Now married to a new partner and having built a stable home, she decided to be open about her experience and now teaches on the subject. "As soon as you talk about

ABUSE_392-8480-this-week-00072_cbKSas.indd 72 20/01/2026 15:41

it, you release some of that shame and can start to heal," she says. "And once you start to heal, you can think of a way out and, ideally, leave."

Unique barriers

Research by a Hampshire based GP, Emily Donovan, has found that doctors face a unique set of barriers to getting help and reporting abuse. Her study, based on interviews with single parent female doctors, found that some of these barriers were related to professional identity—a self-belief that doctors should know better than to be in an abusive relationship or that they have "not fulfilled their own or society's expectations of how a doctor should be or what sort of life they should lead."

Other barriers were related to character traits: the belief that doctors were naturally empathetic and hardworking and were expected to apply these traits in their personal relationships. There were also professional barriers: doctors feared that disclosing their domestic problems could affect their professional reputations—and, since they might know the local domestic abuse teams personally, they feared that their confidentiality would be compromised.

Donovan is still regularly contacted by doctors wanting to offer their stories. "The scale of the problem is significant. I still think there is a need for a single point of access that doctors can trust to get safe support," she says.

Doctors need a single point of access they can trust
Emily Donovan

Sandi Dheensa, a research fellow at BRIGHT based at Bristol University, agrees. She says that her work among primary and community healthcare workers has found that they have a unique set of vulnerabilities to domestic abuse.

Dheensa tells *The BMJ*, "That doesn't necessarily mean that they are more vulnerable than the average person, but what is clear is that lots of them are experiencing domestic abuse, and there are things about being a healthcare worker that make them vulnerable. Healthcare workers tend to have traits like being forgiving or selfless, and these traits are then ingrained by the environment, the training, and the culture of the NHS—but that also includes a real normalisation of experiencing pretty abusive behaviour at work, from NHS managers or senior officers or from patients.

"We also found that doctors and nurses seek to understand and rationalise the situation and see their role as being to help

Box 1 | Doctors' Association UK campaign against domestic abuse among healthcare professionals

The campaign asked NHS staff to:

1 Display a campaign poster (dauk.org/campaigns/compassionate-culture/nhs-domestic-abuse-awareness-day/) inside the doors of staff toilets, containing information and resources aimed at people experiencing domestic abuse;

2 Wear a white ribbon—a global symbol of the movement to end men's violence against women and girls—on 10 December 2025, NHS Domestic Abuse Awareness Day;

3 Read and share campaign resources on social media, including podcasts, videos, and blogs;

4 Review domestic abuse policies, which all NHS organisations should have, and raise awareness about them. Send letters to NHS organisations to encourage participation in NHS Domestic Abuse Awareness Day.

Source: Doctors' Association UK (dauk.org/campaigns/compassionate-culture/nhs-domestic-abuse-awareness-day/)

Box 2 | "I was scared of leaving—scared that he would kill me, and of the financial implications"

Joanne,* a 49 year old part time salaried GP

The last eight years of my marriage were awful. My ex-husband—a youth offending team officer—and I had been together for 18 years, and I just didn't have the courage to leave.

He emotionally abused me and made me believe that no one would believe me, as I had no proof. He had threatened to kill me and our two children several times, but I was scared that, if I told him I wanted to leave, he would actually do it. As a part time salaried GP, I was also worried about the financial implications of being a single parent.

I finally left when my 16 year old son told me to do it. When we finally did, it was a huge relief. I knew that I'd done the right thing for all of us.

My local domestic abuse team helped me leave secretly. I wouldn't have been able to leave him otherwise. I'm very sure that he would have taken steps to stop me, probably would have killed me . . . he had strangled me in the past, so I knew what he was capable of.

My employer was supportive. My GP was fantastic. She signed me off from work for two weeks. I didn't tell anyone else about my plan apart from my sister, and I moved to an Airbnb for two weeks while I looked for rental accommodation.

After separation, my workplace was supportive and made sure that I was safe and had a number to call in case I needed someone to walk me from my car to the surgery, in case he was lurking around.

My main problem was money. He got 60% of our house, and I was broke. I managed to buy a house this year, but I worry about the high mortgage. I've worked out that I'll have to keep working until I retire at age 68.

This is my advice to anyone thinking of leaving an abusive partner:

1 Be mentally prepared and seek legal advice before you do it. Get all your documents in order.

2 If you don't have a separate bank account from your partner, set one up and slowly start moving money into that.

3 Try to plan when you will leave, to give you time to prepare.

4 Have a small bag ready in the boot of your car in case you ever need to leave in an emergency. If you can't keep it in the car, leave it at a friend or relative's house.

5 Make lists: they will help when you get overwhelmed.

6 Write a will—and, if you have children, get life insurance and income protection.

ABUSE_392-8480-this-week-00072_cbKSas.indd 73 20/01/2026 15:41

or fix the perpetrator. They tend to medicalise the perpetrator's behaviour and link the abuse to ADHD or autism, alcohol addiction, mental health problems, or past trauma."

Lack of support

In 2019 the BMA surveyed NHS trusts and boards to find out the scale of support for doctors and other staff. It found that 32% had no domestic abuse policy in place, and there was huge variation in quality among those that did. Almost half had no designated point of contact for staff members to speak to in confidence.

Dheensa says that the situation hasn't improved much since then. Although NHS Employers provides advice to organisations, she says, having a domestic abuse policy for staff isn't mandatory, and nothing is stipulated for general practices either—although NHS England says that training in safeguarding covers domestic abuse and is included in statutory and mandatory training for all NHS staff.

The lack of standardisation means that doctors get variable treatment. Among those who shared their stories with *The BMJ* was a GP who was refused time off to have the locks to her home changed so that she could prevent her abusive husband gaining entry. Another had negotiated flexible working hours to manage the significant extra life admin that comes with separating from an abusive partner.

"There should be a designated lead within each practice or the hospital trust, so that if you're suffering domestic abuse you can speak to that person," says Anoushka George, a Manchester based GP and advocate for people facing domestic abuse. "I think it would make it easier for survivors, knowing that their employers are comfortable to talk about it."

She is a firm supporter of the Domestic Abuse (Safe Leave) Bill, currently working its way through its second reading in parliament, which would deem domestic abuse

ZOONAR GMBH/ALAMY

Why should a survivor have to use annual leave? Anoushka George

a "national emergency" and would allow two weeks' "safe leave." This type of leave has already been approved in Northern Ireland.

George explains, "Why should a survivor trying to escape domestic abuse have to use annual leave or be pushed into taking sick leave? This bill would give survivors that time to keep themselves safe; paid time to attend hearings, police interviews, and medical appointments; and access to counselling services. Ten days of paid leave would be a significant change and has the potential to also reduce sickness."

"They might be your colleagues"

Tackling domestic abuse in the NHS has recently become a more collaborative endeavour. On 22 October last year Dheensa ran a workshop to determine what organisations could do to improve support. A range of organisations attended, including NHS England and the BMA, and a working group now aims to create a single point of access to support for healthcare workers.

The BMA is supportive and wants to see the NHS put better support in place. Helen Neary, co-chair of the BMA's Consultants Committee, says, "Creating a culture where staff feel safe to speak out and access support is critical, and employers have an integral role to play by having

Doctors see their role as being to help or fix the perpetrator Sandi Dheensa

robust domestic abuse policies in place."

An NHS spokesperson tells *The BMJ*, "The NHS has a zero tolerance approach to domestic abuse, with a network of domestic abuse and sexual violence leads based in local healthcare organisations across England, as well as providing training for managers to recognise the signs of abuse and provide appropriate support."

With a new awareness campaign, more doctors speaking out, and more joint work to tackle domestic violence in healthcare workers, the old taboo might just be reaching breaking point. To drive that, Dheensa has two recommendations.

"When it comes to having empathy and compassion and active listening and validation—all things that professionals are meant to do for their patients—professionals need to extend that to their colleagues as well," she says. "And we need to dismantle this binary language of healthcare professionals as 'us' and patients as 'them': it's not as though domestic abuse happens 'over there' and that your job as a doctor is to rescue them."

Dheensa concludes, "We need to start embedding that message into any medical training, whether that be undergraduate, postgraduate, or workplace training: that survivors will be in the room. Survivors might be your colleagues. And, if you're a survivor, you're not alone."

*Names have been changed.

Adele Waters, London
awaters@bmj.com

Cite this as: *BMJ* 2025;391:r2575

SOURCES OF SUPPORT

- National Domestic Abuse Helpline (managed by Refuge): contact by telephone at 0808 2000 247 or online at nationaldahelpline.org.uk/how-we-can-support-you/
- Women's Aid: womensaid.org.uk/

ABUSE_392-8480-this-week-00072_cbKSas.indd 74 20/01/2026 15:41