Intimate partner violence and mental health of parents and children

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Questions we tried to answer

- What are the interactions and resilience mechanisms? (ALSPAC)
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- Is the relationship visible in the GP record? (CPRD-HES)
- What is the mental health support in services for children exposed to DA & what is the recognition/engagement with DA in child mental health services (qualitative study)
Qualitative & quantitative projects exploring the interrelationships between intimate partner violence (IPV) and parent and child mental health to inform ‘whole family’ service responses. Findings are relevant to policy and practices in healthcare, particularly primary care, and to related services that respond to IPV and/or mental health in adults and children.

Quantitative Component
- Avon Longitudinal Study of Pregnancy and Childhood (ALSPAC) birth cohort
- Linked GP and Hospital data (CPRD & HES)

Qualitative Component
- Primary care
- Child mental health care
- Specialist domestic abuse services
Factors mitigating association of IPVA with adult depressive symptoms

- ALSPAC analysis
- Each additional report of parental intimate partner violence (over six reports) was associated 4.7%, higher SMFQ score
- Conversely, each additional positive experience (over 11 domains) 4.1%, lower SMFQ score
- Among those with parental intimate partner violence (19.6% of participants), relationship with peers, school enjoyment, neighbourhood safety and cohesion were associated with lower levels of depressive symptoms
Causal relationship between mental health problems and IPV in young adults?

- Most longitudinal studies show bidirectionality
- In an ALSPAC analysis evidence strongest for mental health (depression) vulnerability in 18-21 year olds:
Other childhood factors increasing vulnerability to IPV in young people

![Flowchart diagram](attachment:image.png)

**Fig. 1 Loop of Loneliness**
Policy and practice implications: general practice and health visiting

• new presentations of ACEs with families should prompt asking about IPV
• clustering of adversity visible in child and parental records should also prompt asking about IPV
• *not* screening
• address parental mental health
• additional NICE DVA guidelines recommendation
• incorporate into IRIS training
Policy and practice implications: CAMHS

• integration of DVA response into CAMHS commissioning – beyond safeguarding

• further training for mental health professionals

• direct referral pathway to advocacy support for parents experiencing DVA
What happens when you offer clinicians DVA training and a direct referral route to advocacy services?
Policy and practice implications: CAMHS

• integration of DVA response into CAMHS commissioning – beyond safeguarding

• further training for mental health professionals

• direct referral pathways for advocacy support to parents experiencing DVA

• further develop embedding models with DVA sector and LA children’s services
Policy and practice implications: domestic abuse sector

• Seek commissioning of support programmes for children experiencing DVA

• Develop mental health professional consultancy model and/or embedding of mental health care professionals

• Further develop embedding of DVA advocates>IDVAs with mental health services and LA children’s services
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