

Intro

Liv (00:09)

Domestic abuse affects one in five people and cancer affects one in two. When these experiences overlap, how can we recognise the signs and help people access the support they need?

Lucy Angell John (00:20)

You know, healthcare professionals are really great at picking up those subtle signs. Often when I'm delivering training people would talk about, you know, was just a gut feeling that I had. It was the way, you know, she would arrive two hours early for appointments. So those kind of subtle signs can be the things that professionals can pick up on and then the curiosity around those, asking more questions- how are things at home? Is there any reason you're coming two hours early for appointment? Did you get the time wrong or what's happening for you?

Liv (00:57)

Hello, I'm Liv and my pronouns are she/ her.

Paul (00:59)

And I'm Paul and I go by he/ him. Welcome to the Cancer Professionals Podcast, a podcast from Macmillan. In this series we chat to a wide range of guests sharing practical advice, clinical insights and real experiences to help you support people living with cancer.

Liv (01:16)

If you enjoyed this episode, please subscribe, rate and share with your colleagues and friends. We'd also love to hear from you. Please get in touch to ask questions, give feedback or even to suggest topics you'd like us to cover by emailing professionalspodcast@macmillan.org.uk or by filling in our short survey linked in the episode description.

Paul (01:34)

This episode contains conversations about domestic abuse and cancer. Some of the conversations may be upsetting or triggering, so please take it steady and be compassionate towards yourself. If you are affected by any of the issues raised in this episode, confidential support is available from the National Domestic Abuse Helpline. You can call 08082000247 or visit nationaldahelpline.org.uk.

Liv (02:04)

Welcome to the Cancer Professionals podcast. In today's episode, we're discussing a difficult but important topic, domestic abuse and cancer, which unfortunately are both common experiences and for some people they can overlap in ways that have a profound impact on their ability to access cancer treatment, follow clinical advice and get the support they need. As cancer professionals, we often have unique opportunities to build trusted relationships with the people we support and their families. This means we can play an important role in recognising concerns, creating safe spaces for conversations and helping people access specialist support when they need

We're delighted to be joined by Lucy Angell John, who brings extensive experience in training on cancer and domestic abuse. We'll also hear from Fee and Kimmy, who have lived experience of cancer and domestic abuse. They both generously shared these experiences with us in writing and their words are voiced by actors. We're incredibly grateful to them for allowing us to share their experiences to help raise awareness of the impact that domestic abuse can have on people affected by cancer. So Lucy, thank you so much for joining us. Can we start by asking you to introduce yourself?

Lucy Angell John (03:07)

Yeah, thank you so much for having me. So I'm Lucy Angell John and I am the SWAG Cancer Alliance Domestic Abuse and Cancer Trainer.

Liv (03:16)

Thank you so much. And can we start by kind of talking about domestic abuse and what it is and also what forms it can take?

Lucy Angell John (03:24)

So I think it's important to start with the fact that domestic abuse is extremely common. So one in five of us will experience abuse in our lifetime from the age of 16. And that's from statistics in England and Wales. And the definition of domestic abuse in the Domestic Abuse Act of 2021 reads that domestic abuse is any abusive behaviour between people age 16 or over who are personally connected. And that term personally connected includes partners, which is often the kind of dynamic that we think of with domestic abuse. But it's also really important to acknowledge that personally connected could mean family members. So within cancer care, what we might see is abusive behaviour happening between adult children and parents or adult grandchildren and grandparents. And it could be any kind of family member. So it could be sibling, it could be a step-parent. So it's really important to acknowledge that it's quite a broad range of relationships that come into the definition of domestic abuse. And in terms of the abusive behaviours that come under that definition, it could be physical abuse, which is again the one that we often kind of first come to when we think of domestic abuse. But there could not be physical violence taking place. It could be controlling, coercive behaviour. It could be psychological or emotional abuse that's happening. It could be economic abuse, sexual abuse and often there are many of these categories that are being used as tactics from abusers to control their victim survivor, the person who they're being abusive towards. I think another thing to highlight from the Domestic Abuse Act of 2021 is that children living in a household where there's domestic abuse happening are seen as victims in their own right now. So we used to think of children in households where there's domestic abuse happening as witnesses. But since 2021, we're actually recognising that their experience is as a victim and therefore is a kind of safeguarding response if we know children are in that household. And again, just to say it's extremely common, you know, anyone can experience domestic abuse and anybody can perpetrate it, regardless of age, gender, sexual orientation, income, education level, ethnicity or faith, it doesn't discriminate. So that's why it's so important for us to be aware of all the different ways that it can happen for people.

Liv (06:20)

Absolutely and that one in five statistic is so hard-hitting that it is so so common like you say. Are there certain groups where it's potentially more prevalent or there's potentially factors that make it a bit harder to identify when domestic abuse is happening?

Lucy Angell John (06:40)

Yeah, so like I just said in the last bit, you know, anybody can experience it, anybody can perpetrate it, there are certain factors that make people more likely to experience

domestic abuse. So we know that nearly one in three women will experience domestic abuse in her lifetime in comparison to one in six men. And that's really important to acknowledge, you know.

Domestic abuse does happen to men as victims and it's really important that we're able to see that men's experience and be able to offer them the support that they need, also acknowledging that it disproportionately affects women is important, seeing it in the context how domestic abuse operates.

And also to acknowledge that all genders can experience domestic abuse as well. So the Office of National Statistics data from 2023 show that 15.1 % of trans and non-binary people have past-year experience of domestic abuse compared to 4.1 of cisgendered people. And I think that can often.., the LGBT+ community's experience of domestic abuse can be minimised by services and not be offered support in the same way that cisgendered people support is offered. And that's true for most minority groups in a way, in terms of maybe their experiences being overlooked or minimised, the extra barriers that certain communities have in accessing support. If we think, you know, if you don't speak English as your first language, being able to know that there's domestic abuse services out there that you can talk to or even be able to vocalise what's happening to you can make it much more difficult for some groups to access support than others.

Liv (08:45)

Yeah, I think that's really important to highlight as well that actually, like you said, for some people they might not even know support is available. And we also know that healthcare professionals themselves can be affected by domestic abuse. What is important for our listeners to understand about that kind of both professionally and personally?

Lucy Angell John (09:03)

Yeah, so there's new research that's come out recently recognising that healthcare workers disproportionately experience domestic abuse to the general population and that's due to a variety of reasons. I think it's important to acknowledge in this context because what we're asking healthcare professionals to do is to recognise signs of abuse and offer support to patients, but actually their own experiences might make it harder for them to talk to patients about domestic abuse. It might be triggering for them. If that's happening for you, then it's maybe speaking to a colleague to ask them to offer the patient support.

And I think it's important for healthcare workers to know that most Trusts now have staff domestic abuse policies. So if you're experiencing abuse, then please do have a look at those policies and see what's in place to offer you support. Because there's lots more awareness about that out there now. Yeah.

Paul (10:18)

And I wonder, can you maybe help us understand the connection between domestic abuse and cancer and how these two experiences might overlap?

Lucy Angell John (10:28)

Yeah, of course. you know, statistically, one in two of us will experience cancer. And like I said at the beginning, one in five will experience domestic abuse. Therefore, those two intersecting experiences are likely to overlap for a lot of people. Just because you get a cancer diagnosis, the domestic abuse doesn't stop suddenly. We're also not saying that it starts because of domestic abuse. It's just that a lot of the population experiencing domestic abuse and cancer. And therefore, that will be happening. Those two experiences will be happening a lot for people and impacting on each other as well. So, you know, we know that often, through our research that we've done that often abusive behaviour can escalate from a cancer diagnosis so it can get worse. And if we think about domestic abuse as being about having power and control over somebody, the cancer diagnosis can take away some of that control. So if the victim survivor has a recent diagnosis, it might be that they're having to go to more appointments with healthcare professionals and not able to do the things they were expected to do. It might be that the abusive person doesn't like the attention that the person's getting now. It could be that they're more vulnerable economically, physically, emotionally, and the abusive person will take advantage of that. And if it's the other way around, so if the perpetrator of abuse has had a cancer diagnosis, they might use that as an excuse to be more abusive to the victim survivor, you know, saying things like, well, I've got cancer, so you've got to do everything I say. One victim survivor we've kind of spoken to and researched said it was her husband's excuse to take the breaks off the abuse. And also that's a very difficult position for victim survivors to ask for support if the perpetrator has cancer because there's a lot of shame and guilt in talking about their experience and wanting to get support when their partner's ill. So that's kind of an added level of complexity.

Paul (12:49)

Yeah, definitely.

And and kind of what impact can the domestic abuse have on someone when they're maybe going through their own diagnosis or going through that treatment and the follow up care? What impact might that have?

Lucy Angell John (13:05)

in 2021, Macmillan recognised that they were getting quite a few calls to their helpline, wanting from victim survivors wanting support for their experience of domestic abuse and talking about how it was impacting on their ability to engage with cancer treatment. So they decided to partner with Bristol University to do bit of research in this area of how those intersecting experiences impacted on each other because there wasn't any research in the UK before this. There was research in Australia and America but nothing in the UK. So Dr Sandy Deenser interviewed 30 victim survivors of domestic abuse who had also experienced cancer diagnosis and treatment and asked them how domestic abuse impacted on their experience of cancer.

Lucy Angell John (14:04)

And they said one of the kind of most impactful thing was that domestic abuse took their emotional energy and mental energy away from fully engaging with treatment and with recovery as well. So instead of worrying about their cancer, they were worrying about the domestic abuse or the impact of financial abuse. didn't have all of their attention wasn't paid on their health. It was paid on managing the domestic abuse. So I think that was a big impact. Victim survivors have spoken about being made late for appointments, being blamed for their diagnosis, being further isolated from family and friends, and perpetrators using the cancer as an excuse for that. And it all, you know, even before diagnosis, domestic abuse can impact. We know that people experiencing domestic abuse can often have delayed presentation because maybe they haven't had the opportunity to engage with healthcare before, maybe because they haven't got their own finances so they can't get to hospital, maybe because they haven't been allowed to learn English so they don't know how to access healthcare, or maybe because of the trauma they've experienced due to sexual or physical abuse. They aren't in tune with their bodies, they're disassociated and therefore not aware of changes that are happening potentially.

So it can have profound impacts at any stage of the cancer journey. In terms of recovery, people have spoken about having to return to work straight away when they weren't ready because their partner wanted them to, or choosing clinical advice treatment

based on their partner's wishes. One of the women we spoke about, interviewed, talked about how her boyfriend didn't want her to do chemotherapy because it would interrupt their holiday schedule. So, you know, it's people making clinical decisions based on what their abusive partner wants rather than what's right for them. I that's one of the biggest impacts as well.

Lucy Angell John (16:22)

And she also did a consultation with over 300 cancer workforce professionals where she asked them what they needed to feel more confident to be able to support victim survivors. And what they said was specific training, like the training that I deliver across the SWAG Cancer Alliance Trust, that talk about what we're talking about in this podcast in terms of how it impacts on cancer treatment and recovery. yeah, that research has really informed the work that I've done and it also led on to us creating the Cancer and Domestic Abuse Professionals Toolkit, which people can download from the Macmillan Resource Hub. You can order hard copies and also have the PDF copy. So that's a really useful resource for people to be aware of.

Paul (17:18)

Wow, I mean, you know, it's huge impact across all aspects of the journey, thank you for helping us to just understand some of that and understand some of that impact. We're now gonna hear from Fee and Kimmy and we ask them- Can you tell us about what was happening for you around the time of your cancer diagnosis and treatment?

Fee (voiced by an actor) (17:41)

When I was diagnosed with cancer I wasn't just facing the fear of the disease, I was also facing it through the emotional support I desperately needed. My husband at the time came to appointments with me, but he spent much of the time working on his laptop. I felt invisible, alone, as though my diagnosis was an inconvenience. Instead of feeling safe and supported, I was constantly walking on eggshells while trying to process life-changing news.

Later, during my second marriage, I was recovering from cancer treatment and wasn't well enough to manage our finances. My husband offered to take care of everything, which seemed like an act of kindness at the time. He took control of my personal bank account, passwords and finances. When I eventually regained the strength to take back control, I discovered my account had been emptied. It was only afterwards that I realised I'd experienced financial abuse.

Looking back, I can see that cancer didn't happen in isolation. The abuse compounded the trauma, leaving me to cope with both the physical impact of cancer and the emotional and financial consequences of an abusive relationship.

Kimmy (voiced by an actor) (18:58)

I was 34 when I was diagnosed with breast cancer. I had young children, I was working, I had a life and suddenly cancer was thrown into the middle of it. But from the beginning my attitude was positive. That's genuinely how I approached it. I wasn't going to allow cancer to become my identity or take over my whole life. I had a mastectomy, I went through treatment, I lost my hair, my body changed.

There were difficult days, of course there were, but there was also so much laughter. I embraced my bald head. I learnt to love my scar and my new body. I still wanted to get dressed, put my lipstick on, go out, be a mum and live. At the same time, behind all of that, I was in a relationship where I was experiencing emotional and psychological abuse.

And I think that's where my story challenges people's perceptions. Because if you'd seen me, you probably wouldn't have thought, there's a woman experiencing domestic abuse. I was still laughing, still positive, still advocating for myself, still getting on with life. Both things were happening to me at the same time.

Paul (20:05)

The next question we asked Fee and Kimmy was- how did domestic abuse affect your experience of cancer care, treatment decisions or day to day coping during that time?

Fee (voiced by an actor) (20:17)

At the time, I didn't recognise what I was experiencing as domestic abuse. Looking back, I can see that I was trying to cope with far more than cancer. I was constantly managing his moods, feeling emotionally unsupported and carrying the weight of my diagnosis while continuing to work because life had simply got to go on.

Each recurrence of breast cancer brought more appointments, more operations and more uncertainty. And instead of having someone to lean on, I felt increasingly isolated and exhausted. Cancer is hard enough on its own, but living in an abusive relationship meant I was fighting battles on two fronts. And that took an enormous toll on both my physical and emotional wellbeing.

Kimmy (voiced by an actor) (21:06)

For me, the abuse was emotional and psychological and that's important to say because those forms of abuse aren't always visible. Cancer is already mentally exhausting. There are appointments, treatment decisions, uncertainty, changes to your body and everything else that comes with it. Then imagine dealing with emotional and psychological abuse alongside that.

But I don't want to rewrite my cancer experience and say I was miserable throughout it because I wasn't. I was positive. That positivity wasn't a mask. It wasn't me trying to pretend everything was okay. That's genuinely how I chose to approach cancer.

I refused to give cancer all of me and I refused to allow what was happening within my relationship to have all of me either. I was still me. And that's something I really wanted people to understand about domestic abuse. A woman doesn't suddenly stop being strong because she's experiencing abuse.

Paul (22:00)

Thinking about your interactions with healthcare professionals, were there moments when someone's response helped you feel safer, heard or supported?

Fee (voiced by an actor) (22:10)

Yes, one consultant made a profound difference to my experience. He recognised that something wasn't right without me having to say the words. He sensed the tension, treated me with dignity and compassion and quietly arranged for a breast care nurse to stay with me throughout the appointment. That simple act made me feel safe and seen and supported at the time when I desperately needed it.

What I didn't know was that it would be my last appointment with my husband. Later that day, he left me for my best friend from university. While I was facing my sixth breast cancer diagnosis, they'd been making plans behind my back. I've never forgotten that consultant's kindness. He couldn't change what was happening in my personal life, but he created a space where I felt respected and cared for.

That experience showed me how observant, compassionate healthcare professionals can make an enormous difference. Even when patients are living through circumstances they may not feel able to disclose.

Kimmy (voiced by an actor) (23:20)

I had healthcare professionals throughout my cancer treatment who made me feel heard and cared for. I'm naturally somebody who asks questions. I'm a strong advocate for myself. If I don't understand something, I'll ask. If something doesn't feel right, I'll speak up. I wanted to understand my cancer and be involved in the decisions about my treatment and my body.

And I think being treated as a person rather than simply a cancer diagnosis was really important to me. But it also makes me think about women who perhaps don't have that confidence or don't feel able to speak. Sometimes a healthcare professional simply creating that space can make all the difference.

Paul (23:58)

Were there also moments where something was missed or a different response would have made things easier for you to speak openly or access support?

Fee (voiced by an actor) (24:07)

One of the biggest things that was missed was recognising the signs of domestic abuse. At the time I didn't even realise I was living through it. I thought I just had to cope, keep the peace and get through my cancer treatment. That's why education is so important, not only for healthcare professionals but for patients too.

Many people experiencing domestic abuse don't recognise it because it can be emotional, psychological or financial, not just physical. A simple question asked in private or a professional recognising subtle changes in someone's behaviour can make all the difference. It could give someone the opportunity to speak openly, access support and realise they don't have to face cancer and abuse alone.

Kimmy (voiced by an actor) (24:56)

Looking back, yes. But I don't look back and think somebody should have saved me. That's not my narrative. For me, it's more about asking whether there were opportunities to open the door. Someone asking me privately, how are things at home? Do you feel supported? Is there anything happening outside of your cancer treatment that you're struggling with? Because emotional and psychological abuse doesn't necessarily leave something that a health professional can see.

And we need to get away from this image we have of what a woman experiencing domestic abuse is supposed to look like. She can be confident. She can have a career.

She can advocate for herself. She can be laughing. She can turn up beautifully dressed with her lipstick on. She can be the person everybody else comes to for help. And she can still be experiencing domestic abuse. That's the narrative that I want to change.

Paul (25:43)

And what would you want cancer professionals to understand about the added complexity of navigating cancer while also experiencing domestic abuse?

Fee (voiced by an actor) (25:53)

Cancer is hard enough but when you're also living with domestic abuse everything becomes more complicated. An abusive partner may control appointments, transport, finances or even what you say in consultations making it difficult to ask for help.

I'd like cancer professionals to routinely create a safe opportunity to speak to patients alone, ask gentle, non-judgmental questions and understand that missing appointments or struggling with treatment may be signs of something much bigger. That one private conversation could change or even save someone's life.

Kimmy (voiced by an actor) (26:31)

Look beyond the cancer. You're treating a whole person and cancer might not be the only difficult thing that's happening in that person's life. And please don't mistake strength for an absence of vulnerability. Someone being positive doesn't mean you shouldn't ask. Someone having a voice doesn't mean nobody is trying to diminish that voice somewhere else.

Someone appearing confident doesn't mean everything is okay at home. And particularly with emotional and psychological abuse, you may never physically see what is happening. So create the opportunity. Speak to patients privately sometimes. Ask about home. Ask about relationships. Ask about whether they feel supported. And don't expect somebody to disclose simply because you've asked once. Sometimes just knowing that somebody has noticed and that there is a safe place to talk is enough to plant that seed.

Paul (27:21)

Lucy, we've heard about the impact domestic abuse had throughout cancer treatment. From a professional perspective, what are some of the other ways domestic abuse might show up in cancer care?

Lucy Angell John (27:31)

So I think it's really important to acknowledge that domestic abuse is everybody's business and within the NHS it shouldn't be seen as just an issue for safeguarding but for everybody and often it'd be very subtle signs of domestic abuse that you'll notice rather than a clear act and you know healthcare professionals are really great at picking up those subtle signs. Often when I'm delivering training people would talk about, or know, was just a gut feeling that I had. It was the way they were interacting in the waiting room that made me feel uncomfortable. It was the way, you know, she would arrive two hours early for appointments was one of the ways that a healthcare professional picked up on domestic abuse. So those kind of subtle signs can be the things that professionals can pick up on and then the curiosity around, those asking more questions, how are things at home? Is there any reason you're coming two hours early for appointment? Did you get the time wrong or what's happening for you?

In the Macmillan toolkit, which I spoke about earlier, there's a long list of what we call red flags that professionals can look out for. Some could be being frequently late for appointments, you know, somebody doing all the talking for the patient in consultations. Within cancer care, it's tricky, isn't it? Because we ask people to come with somebody to every appointment. But actually, it's really important to know that that person might not be a safe person. And if you're getting those feelings that something doesn't quite feel right, then it would be great to kind of create an opportunity to see that person on their own and just check in with them. You know, I noticed that when you're with your son, you don't feel as able to express your opinion. Is that just in these meetings or is that in other areas of life as well? It could be that you notice, you know, that they're worried about being, leaving their children at home when they're in hospital, and kind of being curious about why that is, might offer an opportunity for disclosure. Or it might be physical signs of injury that don't quite marry up with what they said caused them. I know that nurses have picked up on fractures on somebody's spine when doing scans for something else and asked them about that and then had a disclosure of physical abuse from their husband that they hadn't told anyone before. I think within cancer care, it's really important to have a low threshold of curiosity around domestic abuse, because often cancer symptoms can mask signs of domestic abuse or being explained away by that. But, you know, we.. it's really important to ask those questions if something doesn't quite feel right to you. And like I said, healthcare professionals are really great at kind of knowing and feeling when something doesn't quite feel right because you see so many people. Yeah, so it's just

kind of tuning into that being curious, asking those questions and being aware that it might be domestic abuse that's going on for somebody.

Advert

Liv (31:01)

As cancer care increasingly shifts into neighbourhood, community and primary care settings, there's a growing need to ensure that professionals across the system have the confidence, knowledge and support to recognise, respond to and support people living with cancer. We know that cancer is no longer solely the business of specialist teams, it's increasingly everybody's business.

Paul (31:20)

Macmillan membership has been designed to support professionals at every stage of your cancer learning journey. Whether you're a specialist working directly with people living with cancer or a member of the wider workforce who encounter cancer as part of your role, membership provides access to a growing range of resources, learning opportunities, professional networks and practical tools designed to build capability and confidence.

Liv (31:45)

To find out more about membership visit membership.macmillan.org.uk. You can also find the link in the episode description. Now let's get back to the conversation.

Paul (31:54)

And what would you what would you kind of encourage them to do if they were if they were feeling worried? because obviously cancer professionals they might be busy, they're seeing lots of different patients. You know, if somebody hasn't come across, if a professional hasn't come across this before, what would you encourage them to do or or who would you encourage them to maybe talk to?

Lucy Angell John (32:22)

I think speak to your colleagues, you know, I've noticed this, have you noticed anything? Speak to your line manager if you want any extra support.

Also, I think this podcast can be a bit of a reminder for people to go and look at your Trust domestic abuse policies. You'll have lots of information and procedures and things in there. You've got the Trust Safeguarding Team that you can speak to about any

queries that you have or concerns. And also a lot of Trusts now have IDVAs, so Independent Domestic Abuse Advocates, and they're specialist domestic abuse workers within the hospital that you can go to for advice, or some trusts have domestic abuse coordinators or domestic abuse lead nurses. So I think the thing is that you don't have to become a specialist domestic abuse expert, but know that there are a wealth of domestic abuse experts out there for you to ask questions of or to have a conversation about what's happening and your suspicions.

Also a really useful resource to be aware of is we created an animation called Making a Difference and this shares two victim survivors' experiences showing the more subtle signs of domestic abuse that people can experience and professionals can access that animation on the SWAG Cancer Alliance website, and use it just to really inform themselves about those subtle signs that can be difficult to pick up on. So I'd encourage people to go and have a look at that.

Paul (34:08)

Thank you. I think yeah, I think as you said, there's lots of kind of guidance and support people can look at and we will obviously add links to resources as part of our episode description in the show notes today.

Lucy Angell John (34:23)

Yeah, yeah, and that the Macmillan Domestic Abuse and Cancer Toolkit is such an amazing resource to have on hand. You can order the hard copies from the resource hub on the Macmillan website or you can download the PDF and then you've got it all there. You know, we've got a quick reference guide for what to do if you suspect domestic abuse or the more kind of complex areas like if it's not your patient who's the victim, but the carer. So it's a wealth of information there.

Liv (34:56)

thank you so much. I'm sure that be so helpful to so many people. Are there any more tips that you'd share just around approaching conversations and is there a difference- Obviously some people listening might have quite regular contact with the same person

or other people they might be meeting them for the first time or just having one-off appointments with them. Is there any difference between how you'd approach it with someone that you see frequently and someone who you're maybe just seeing one-off?

Lucy Angell John (35:23)

Yeah, it can be very tricky, can't it, to notice things with people that you only meet kind of once. Suppose that's why we see cancer care as a unique window of opportunity for victim survivors to access support, because they might be seeing you that once, but actually they might have a Macmillan Cancer Support Worker who's doing a holistic needs assessment with them, you know, maybe if you kind of have a suspicion speaking to that support worker to ask them to ask more questions if they've got a stronger relationship with that person. They're coming into contact with a wealth of kind of healthcare workers that they could potentially build a rapport with, a relationship with, trust with so that they feel able to speak about what's happening to them. And that might not be you, but it might be somebody else in their care team. So I think again, kind of talking to your colleagues about your suspicions can be really helpful. The toolkit again, we've got lots of really useful questions that you could ask. So it could be how are things at home? your cancer diagnosis impacting on any of your relationships?

Is there anything that's making you worried outside of what's happening here with your treatment? To more direct questions like, I've noticed you have a bruise on your arm. Do you want to talk to me about how that happened? It could be, I've noticed that you're coming in really early for appointments. Is that for some reason?

So think it's again, kind of being curious, asking questions in different ways. We know that victim survivors have told us if they get asked, are you experiencing domestic abuse? They're likely to say no because their kind of experience doesn't marry up with what they think domestic abuse is potentially. They might be minimising their experiences or not recognise it as domestic abuse yet. And being asked questions might help them to understand their experience in that way.

Liv (37:35)

And when someone, if someone was to say no, what would your advice be to kind of keep asking questions or, maybe wait for a different time, see later on?

Lucy Angell John (37:44)

Yeah, yeah, victim survivors have said you know they asked me once and I wasn't ready to answer then but I made up my mind that if they'd asked me again then I would say

something so it's providing those opportunities you know in safe spaces where somebody's on their own in a confidential space that they can then talk about their experience. Yeah.

Paul (38:08)

I think that's a really important point, Lucy, 'cause it's definitely something maybe hadn't kind of occurred to me, you know, if if somebody has asked the question they don't respond, to to do keep asking again.

Liv (38:22)

Mmm. And can I ask as well, is there anything professionals should avoid doing or avoid saying in these kind of situations?

Lucy Angell John (38:32)

I think the most important thing is to make sure it's safe to ask questions. So that means that that person's on their own, there's nobody else in the room or if you're speaking to them on the phone, you know that nobody else is in the room with them. And that includes children over the age of two. So a confidential space is really important.

And I think people often worry about asking about domestic abuse that people will be offended. But again, victim survivors haven't said that. Actually, what victim survivors speak about is that being asked and then their experience validated is the most important thing for them. So, you know, I'm sorry that's happening to you. No one should be making you feel like that. Those kind of, yeah, things of validation are really important. They're not expecting you to solve the problem or be an expert again. It's just that human response. So I think that's why it's so important to do domestic abuse training, to read the toolkit, to look at your domestic abuse policies at your workplace so that you feel a bit more confident in having those conversations.

Again, healthcare workers are great at this, generally kind of asking difficult questions and domestic abuse is another one of those difficult questions. But, you know, with a bit of confidence, they can feel a lot easier to broach with people.

Liv (40:00)

Absolutely. And I think this conversation has really highlighted that with the prevalence of domestic abuse and that kind of sometimes quite unique position the professionals are in, know, there really is the opportunity for people to pick up on things and those subtle signs and those red flags and actually just ask the question.

Lucy Angell John (40:18)

Hmm.

Liv (40:19)

Yeah, I think that's been really helpful. We've covered quite a few of the kind of signposts and where people can go for more information and to build their confidence. Is there anything else you want to mention around that, Lucy?

Lucy Angell John (40:31)

I suppose again just to know that you don't have to be an expert in domestic abuse. There's so many great specialist domestic abuse services out there and for all communities of people. So there's the National Domestic Abuse Helpline that can signpost you to more local domestic abuse services. There's Galop who are the LGBTQ+ national organisation that you can go to for support.

There's lots of specialist services out there that, you know, doing a quick Google search, can find them or looking at the back of the toolkit, there's a list of support services there and do access them. You know, there's phone numbers, there's web chats and also you'll have local domestic abuse services where you are. And it can be really useful in building your confidence in knowing the name of them, knowing how you would refer to them.

And like I say, knowing if you've got an IDFA based at your hospital, who the domestic abuse champion is, can be really useful in building your confidence that if you do, you know, are in the position to support somebody, then you know what those services are available to them and to you for support as well.

Paul (41:48)

Thank you, Lucy. and I think as we as we kind of bring the episode to an end, you've shared so many useful pieces of information tips. Is there one thing that you'd like listeners to take away from this episode?

Lucy Angell John (42:06)

I think it's to remember that domestic abuse doesn't just happen in the kind of stereotypical way that we think of and remember that it happens in different family dynamics, in all sexualities or genders, so that we're not missing the red flags for certain people. Yeah, I think that's my main takeaway. And also we've got so many resources available to us like the toolkit, Cancer and Domestic Abuse Toolkit, so do use those.

Paul (42:42)

Definitely, thank you. And here are Fee and Kimmy's responses to that question.

Fee (voiced by an actor) 42:47)

If there's one thing I would like listeners to take away, it's this- Domestic abuse can happen to anyone and it isn't always physical. It can be emotional, psychological, financial or coercive. And often we don't recognise it while we're living through it. If someone chooses to confide in you, believe them, listen without judgement and help them access the support that they need. Sometimes simply knowing that one person cares can change the course of someone's life.

Kimmy (voiced by an actor) (43:21)

Change the narrative. Please don't listen to my story and feel sorry for me. I don't see myself as a victim. Cancer happened to me. Emotional and psychological abuse happened to me. Neither one gets to define who I am. I'm still the woman who laughed through treatment, who embraced losing her hair, who learnt to love her body after losing a breast, who continued being a mum, who advocated for herself and now advocates for others. And that's why I think we have to stop deciding what someone experiencing domestic abuse should look like. Sometimes strength looks exactly like strength. It doesn't mean nothing is happening behind closed doors. Don't define a woman by what happened to her. See the woman that she is, the life she's living and the voice she still has.

Paul (44:05)

So before we finish, I'd like to say a huge thank you to Lucy, Fee, and Kimmy for sharing expertise, insight and experience openly. I think, for some people, a cancer diagnosis can add another layer of complexity and challenge to an already difficult situation. We've heard how domestic abuse can influence treatment, decision making, attendance appointments, and a person's overall wellbeing.

But we've also heard the powerful difference compassionate informed support can make. I think for me, a key message from today's discussion is that healthcare professionals don't need to be an expert in domestic abuse to make a difference. And as you said, Lucy, being curious, creating safe opportunities for conversations, recognising potential signs, and knowing where to sign posts for support, we all have a role to play.

So thank you again for helping us better understand this important issue, thank you to everyone listening. If today's episode has raised any concerns for you or someone you support, please do look at the resources and support links included alongside the episode.

Thank you, Lucy.

Lucy Angell John (45:15)

Thank you.

Outro

Liv (45:17)

You've been listening to the Cancer Professionals Podcast, which is brought to you by Macmillan Cancer Support. If you're a health or social care professional working in cancer care, visit membership.macmillan.org.uk to find out more about Macmillan membership, which includes a range of education and training resources and access to our Learning Hub. For links to the resources mentioned, see the episode description.

Paul (45:37)

If you enjoyed this episode, follow us so you don't miss our next conversation. We'll be joined by Ash Lillis, Macmillan's National Clinical Advisor and Steve Marshall, Specialist Palliative Care Social Worker to talk about the special rules for end of life route and why it matters.

Liv (45:55)

We'd love you to rate our show and share with your colleagues. Get in touch with us by emailing professionalspodcast@macmillan.org.uk. New episodes are released on the first and third Wednesday of each month.

Paul (46:07)

I'm Paul.

Liv (46:07)

And I'm Liv and you've been listening to the Cancer Professionals Podcast by Macmillan Cancer Support.