

May 2025

Learning Bulletin

Confirmatory Bias

Focus:

By looking through a recent DARDR recommendation, it has been brought to light the importance of understanding **Confirmatory Bias** and Apparent Competence in cases of Domestic Abuse when the victim is experiencing **mental health** issues. This includes the importance for professionals to listen to victims account regardless of their behaviours due to suffering from mental ill health.

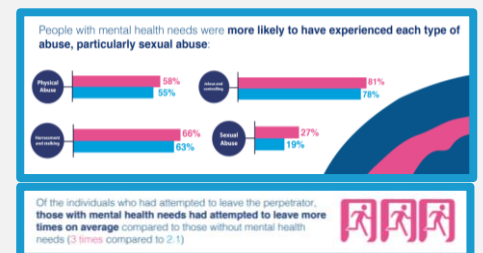
What is Confirmatory Bias?

There are many potential barriers that prevent **professional curiosity**, this can include making assumptions or **confirmation bias**, which is the tendency to process information by looking for or interpreting information that fits your existing beliefs. [Cognitive Bias Series - Confirmation Bias](#)¹

"Confirmatory bias" in the context of domestic abuse refers to the tendency for individuals, like professionals or even family members, to focus on and interpret information in a way that confirms their initial belief about who is the abuser in a domestic violence situation, often overlooking evidence that might contradict that initial assumption, potentially leading to inaccurate assessments or judgments about the abuse dynamic. [Cognitive Bias List: 13 Common Types of Bias](#)²

It is crucial to recognise how confirmatory bias and apparent competence can affect perceptions in domestic abuse cases. This can make it harder for victims with mental health issues to be believed or receive appropriate support. Understanding these biases can help ensure that all aspects of a victim's situation are considered more thoroughly and fairly. Unconscious and other biases on the part of professionals, which may lead to underestimation, minimisation, or collusion in/justification of risks, e.g. cases where families from a different cultural background might lead the professional to make assumptions that harmful behaviour is culturally appropriate. Richards (2009)³

The strongest confirmation bias was observed when people were already confident in their decisions. Rollwage (2020),⁶ This suggests that experienced professionals may be more prone to confirmation bias and tend to be more confident in their opinions based on experience with many cases. Rather than spending time trying to evaluate what is going on in a conflict, professionals



tend to quickly focus on how to resolve the dispute. [Confirmation Bias: Getting it Backwards in High Conflict Disputes - High Conflict Institute](#)⁷

"Apparent competence" in domestic abuse cases where the victim has mental health issues refers to a situation where the victim may appear outwardly capable and functioning well, potentially masking the underlying abuse they are experiencing, which can make it difficult to identify and address the issue effectively due to their ability to seemingly manage their daily life despite the abuse. [Understanding Apparent Competence & DBT Therapy | NYC Therapist](#)⁸

It is important for professionals not to dismiss a victim's account of abuse purely because their behaviours are aligned with their mental health condition

Mental health conditions can certainly present unique challenges when understanding or addressing abuse, but they don't negate the fact that abuse is a serious issue. (Safe Lives, 2017) [Practice-briefing-mental-health.pdf](#)⁹ explains that someone with mental health difficulties might struggle to recognise abuse or see a pattern of coercive control, and [Mental health difficulties - Preventing Exploitation Toolkit](#)¹⁰ notes that a caregiver might use their position to exploit the person's vulnerability. However, these complications are not an excuse for the abuse itself; they highlight the need for tailored support and recognition that the abuse is real and harmful, impacting mental health and wellbeing.

Research indicates that dismissing a domestic abuse survivor's account based on mental health conditions is unjust. For instance, a study in the Penn Law Review (2019)¹¹ highlights how cognitive effects from abuse are sometimes wrongly attributed to mental health issues, leading to disbelief. Additionally, an article from the University of Sydney (Mar 2021)¹² points out that mental illness shouldn't be used to discredit women's experiences of violence. These findings emphasise the importance of taking all survivors' accounts seriously, regardless of mental health status. The risk of discrediting a victim's experience of abuse when they also experience mental health problems, is that the victim will not be able to recover from either and the cycle of poor mental health will exist alongside abuse. A person's mental health is likely to be negatively impacted by any experience of domestic abuse, therefore, in situations where a victim is not supported in their disclosures of domestic abuse, it's reasonable to ask 'how will they recover from poor mental health when they are being abused if we do not address the abuse?'

A note on language

Many different terms are used to describe people's experiences of mental ill health such as **'mental health problems'**, **'mental health issues'**, **'mental health difficulties'** and **'poor mental health'**. (Mind)¹³

A mental health condition is considered a disability if it has a long-term effect on your normal day-to-day activity. This is defined under the **Equality Act 2010**¹⁴

There is a link between domestic abuse and mental health problems. Mental health problems are a common consequence of experiencing domestic abuse (Oram et al 2016)¹⁵, both for adults and children. Having mental health issues can render a person more vulnerable to abuse (Devries et al., 2013)¹⁶. and therefore, perhaps it is unsurprising that a significant proportion of people accessing mental health services have also experienced abuse.^{17 18} Despite these strong associations, domestic abuse is often going undetected within mental health services^{19 20} and domestic abuse services are not always able to support people with mental health problems.

Opportunities are therefore being missed to refer victims and survivors on to specialist support at the earliest opportunity, and those perpetrating abuse onto appropriate interventions.

We need a whole society response both in mental health and domestic abuse as they currently continue to be stigmatised issues within society; which could create double discrimination and barriers to speaking out.



Crucially, we need to help individuals recognise what abuse is and encourage them to access support at the earliest opportunity.

Research suggests there is a bidirectional relationship between domestic abuse and mental ill health; experiencing domestic abuse often leads to mental health problems and having mental ill health can make a person more vulnerable to abuse.

It is therefore vital that we seek to understand how these two issues intersect, and where improvements to support and interventions can be made. Safe Lives (2019)²¹ [Safe-and-well-Mental-health-and-domestic-abuse-spotlight-report.pdf](#)

Domestic abuse charities are frequently identifying mental health needs, but due to national issues with long waiting lists for people to access mental health services, they often provide low level psychological support - despite not being funded or trained in such interventions. Adopting a trauma-informed approach would help professionals understand the impact mental health issues can have on one's ability to engage with a service. Improving the health response to domestic abuse is fundamental to the safety and wellbeing of victims with mental health problems. Mental health and domestic abuse services including those working with survivors and those perpetrating abuse; must work closely together with services being funded nationally. [Safe-and-well-Mental-health-and-domestic-abuse-spotlight-report.pdf](#)²¹

The psychological impact of domestic abuse can be severe and can lead to suicidal ideation and attempted suicides. The time span of the abuse and existing mental health needs of the victim may be specific risk factors which lead to suicide. Mental health problems are not a cause of domestic abuse; however, it can increase risk for perpetration and victimisation. Home Office (2022)²² [Domestic Abuse Statutory Guidance](#)

The Home Office has made changes to reviews conducted after fatal domestic abuse, so that they better recognise often **hidden victims** of domestic abuse who **die by suicide, coercive and controlling behaviour, and economic abuse**.

Intimate Partner Violence (IPV) is common in England, especially among women, and is strongly associated with self-harm and suicidality. People presenting to services in suicidal distress or after self-harm should be asked about IPV. Interventions designed to reduce the prevalence and duration of IPV might protect and improve the lives of people at risk of self-harm and suicide. [Intimate partner violence, suicidality, and self-harm: a probability sample survey of the general population in England - The Lancet Psychiatry](#)²³

Suicide is when someone ends their own life.. Suicide can affect anybody at any time, although certain circumstances or characteristics may increase personal risk. Thousands of people in the UK end their lives by suicide each year and one in five of us think about suicide in our lifetimes. [Suicide - Mental Health UK](#)²⁴. Suicide can be preventable. There are many actions that can be taken by individuals, organisations, and communities to prevent deaths by suicide. [Lincolnshire-Suicide-Audit-2023.pdf](#)²⁵ Victims with mental health needs might not attend a service specialising in domestic abuse, so it is important for all mental health support services and providers to be aware of indicators of domestic abuse, to ask about the individual's experiences in private discussion and to be appropriately trained to respond. Mental health services may need to tailor their support and work with other support services to provide this support. [Domestic Abuse Statutory Guidance](#)²²

What can we take away from this learning bulletin?

It's essential for professionals to approach each case with an open mind and not dismiss a victim's account based on their presentation with a mental health condition.

The use of trauma informed approaches in interventions; practitioners' understanding of confirmation bias as well as their application of professional curiosity; and ensuring the timeliness of information sharing, accuracy of information

within referrals and understanding of parental history needs to be embedded in practice. [Recently published case reviews | NSPCC Learning](#)²⁶

People who are in contact with mental health services are at higher risk of both experiencing and perpetrating domestic abuse compared with the general population. Professionals should acknowledge patients' experiences of personal trauma, including those patients who may be perpetrating harm against others (Oram, et al.,2022)²⁷

We all have our biases, regardless of gender, education, social status or other characteristics. Once we have established a bias, we very often fall back into this pattern. We can correct these mechanisms if we become aware of them. Recognising biases helps individuals make more rational, objective decisions. This is crucial in both personal and professional contexts, where biased thinking can lead to poor choices. It is so important to challenge people's attitudes, stereotypes or assumptions. Making people more aware of their biases is a step in the right direction to diminishing these biases and creating a more inclusive world. [Why should we choose to challenge? - Gi Group UK](#)²⁸

Accept: You that you have biases. There's no shame, **we all have unconscious biases.**

Identify: Situations in which decision-making and assessment errors are likely.

Analyse: Learn how you perceive situations

Observation: What do I see?

Interpretation: What do I think? How do I assign?

Evaluation: What do I feel? What emotion does the situation trigger in me? How do I judge and decide?

Determine the source: Our perception and decision-making processes are always determined by our experiences. These, in turn, are shaped by the culture in which we grow up, live and work, how we were educated and socialised, by our personal experiences, our environment and by the media.

Reflect on questions such as: Where could a possible prejudice come from? Where and how did I learn to react in this way? What cultural values and norms are associated with my interpretation and evaluation? How do they differ from the other person?

Reduce your biases and watch out for relapses. [5 Steps Against Personal Biases - Anti-Bias](#)²⁹

References

- 1 [Cognitive Bias Series - Confirmation Bias](#)
- 2 [biases Cognitive Bias List: 13 Common Types of Bias](#)
- 3 Richards, L (2009) Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009) Risk Identification and Assessment and Management Model. Association of Police Officers/Coordinated Action Against Domestic Abuse. [Google Scholar](#) [Confirmation bias | Definition, Examples, Psychology, & Facts | Britannica](#)
- 5 [Confirmation Bias: How to Identify and Overcome It](#)
- 6 Rollwage, M. et al, "Confidence drives a neural confirmation bias," Nature Communications, (2020) 11:2634, www.nature.com/naturecommunications.
- 7 [Confirmation Bias: Getting it Backwards in High Conflict Disputes - High Conflict Institute](#)
- 8 [Understanding Apparent Competence & DBT Therapy | NYC Therapist](#)
- 9 [Practice-briefing-mental-health.pdf](#)
- 10 [Mental health difficulties - Preventing Exploitation Toolkit](#)
- 11 Penn Law Review (2019) [Doubting Domestic Violence Survivors' Credibility and Dismissing Their Experiences](#)
- 12 University of Sydney (Mar 2021) [Evidence shows mental illness isn't a reason to doubt women survivors - The University of Sydney](#)
- 13 Mind [mental-health-language.pdf](#)
- 14 [Equality Act 2010](#)
- 15 Oram, S., Khalifeh, H., & Howard, L.M. (2016). Violence against women and mental health. The Lancet Psychiatry, 4 (2): 159-170. [https://doi.org/10.1016/S2215-0366\(16\)30261-9](https://doi.org/10.1016/S2215-0366(16)30261-9)
- 16 Devries, K.M., Mak, J.Y., Bacchus, L.J., Child, J.C., Falder, G., Petzold, M., & Watts, C.H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. PLoS Med 10(5): e1001439. DOI:10.1371/journal.pmed.1001439
- 17 Howard, L.M., Trevillion, K., Khalifeh, H., Woodall, A., Agnew-Davies, R., & Feder, G. (2010). Domestic violence and severe psychiatric disorders: prevalence and interventions. Psychol Med; 40(6): 881–93. DOI: 10.1017/S0033291709991589.
- 18 Khalifeh, H., Moran, P., Borschmann, R., Dean, K., Hart, C., Hogg, J., Osborn, D., Johnson, S., & Howard, L. M. (2014). Domestic and sexual violence against patients with severe mental illness. Psychological medicine, 45(4): 875-86. DOI: 10.1017/S0033291714001962.
- 19 Howard, L.M., Trevillion, K., & Agnew-Davies, R. (2010). Domestic violence and mental health. International Review of Psychiatry; 22(5): 525-34. DOI: 10.3109/09540261.2010.512283.
- 20 Trevillion, K., Corker, E., Capron, L.E. & Oram S. (2016). Improving mental health service responses to domestic violence and abuse. International Review of Psychiatry, 28 (5): 423-432. DOI: 10.1080/09540261.2016.1201053.
- 21 Safe Lives (2019) [Safe-and-well-Mental-health-and-domestic-abuse-spotlight-report.pdf](#)
- 22 Home Office (2022) 77 219. [Domestic Abuse Statutory Guidance](#)

- 23 [Intimate partner violence, suicidality, and self-harm: a probability sample survey of the general population in England - The Lancet Psychiatry](#)
- 24 [Suicide - Mental Health UK](#)
- 25 [Lincolnshire-Suicide-Audit-2023.pdf](#)
- 26 [Recently published case reviews | NSPCC Learning](#)
- 27 Oram, S, Fisher, HL, Minnis, H, et al (2022) The Lancet Psychiatry Commission on intimate partner violence and mental health: advancing mental health services, research, and policy. Lancet Psychiatry, 9: 487–524.[CrossRefGoogle ScholarPubMed](#)
- 28 [Why should we choose to challenge? - Gi Group UK](#)
- 29 [5 Steps Against Personal Biases - Anti-Bias](#)