

To:

Clare Haughey MSP,

Convenor,

Health, Social Care and Sport Committee

Clare.Haughey.msp@parliament.scot

Paul Sweeney MSP,

Deputy convenor,

Health, Social Care and Sport Committee

Paul.Sweeney.msp@parliament.scot

12 March 2025

Dear Clare Haughey,

Re: Our concerns about the Proposed Bill on Assisted Dying for Terminally Ill Adults in relation to domestic abuse.

We are writing to you as professionals with many years' experience of research and practice in the field of domestic abuse and the broader issue of violence against women and children. We wish to express our deep concern about the implications of the Bill for women living with domestic abuse. We would be grateful if what follows is given serious consideration by your Committee. We would be most willing to contribute further to your deliberations.

In our view, Liam McArthur 's Private Members' Bill on Assisted Dying for Terminally Ill Adults, completely ignores the risks his proposed legislation creates for women living with domestic abuse. The Bill relies on the consent, choice, free will and autonomy of the person wishing to end their life. For too many women living with domestic abuse in Scotland today, these principles are simply non-existent in their daily lives. It is unrealistic to assume that domestic abuse will cease when a woman receives a diagnosis of terminal illness. To date, we are not aware that any consideration has been given to the implications of the Assisted Dying Bill for the many Scottish women in this situation. Mr. McArthur's Bill risks offering a new, potentially lethal weapon to abusive men whose partners have been diagnosed with life-threatening or terminal illnesses.

What is domestic abuse?

The Scottish Government defines and recognises domestic abuse as a form of gendered violence perpetrated overwhelmingly by men against women. It comprises a pattern of violent and abusive behaviour which can include physical, emotional, psychological, sexual and financial abuse, perpetrated by one partner against another in an intimate relationship.

How common is domestic abuse?

Although the Domestic Abuse (Scotland) Act 2018, fully criminalised all forms of intimate partner violence and abuse, including coercive control, the issue remains common in Scotland: one in four women have experienced it during their lifetime.

Scottish Government's crime figures show that it is overwhelmingly perpetrated by men against their female partners/ex-partners and commonly occurs in the home. In the year 2023-2024, 63,867 incidents were reported to Police Scotland, an increase of 3% on the previous year. Of those incidents recorded, 81% involve a male perpetrator and female victim. ¹According to Police Scotland, domestic abuse crimes increased by 11% in 2024. The true extent of domestic abuse in the Scottish population is unknown as it is considered to be a widely under-reported crime. Femicide rates in Scotland are also rising. Most of the women murdered in Scotland, are killed by an abusive male partner or ex-partner. The links between domestic abuse and women's suicide have now been recognised by the Scottish Government. ² Research by The National Police Chief's Council reported in 2024 that the number of suspected victim suicides following domestic abuse had overtaken intimate partner homicides for the first time.³

Who is affected?

Domestic abuse is a gendered crime which affects women of all ages in rural, urban, island and remote communities across the country. Disabled women are particularly vulnerable, and are twice as likely to be abused as non-disabled women, with reporting rates extremely low among this group. ⁴ Disabled people are also more likely to experience abuse from a family member compared to non-disabled people. Elderly women are likely to experience domestic abuse for longer without disclosing. Where an elderly women's partner is her main carer, her access to health and social care services may be restricted or blocked by her abusive partner resulting in health conditions going undiagnosed until they become serious.

What impact does domestic abuse have on women's health?

According to the World Health Organisation, domestic abuse has an immediate and significant adverse impact on women's health which in some cases, is fatal. Domestic abuse can lead to a continuum of adverse non-fatal physical and mental health outcomes for women. Physical assaults can lead to injuries, functional impairment, disability, lasting pain

¹ <https://www.gov.scot/news/domestic-abuse-recorded-by-the-police-in-scotland-2023-24/#:~:text=Following%20its%20enactment%20on%201,10%2C000%20population%20in%202023%2D24.>

² <https://www.gov.scot/news/helping-to-prevent-domestic-homicides-and-suicides/>

³ <https://news.npcc.police.uk/releases/report-reveals-scale-of-domestic-homicide-and-suicides-by-victims-of-domestic-abuse>

⁴ <https://safelives.org.uk/resources-for-professionals/spotlights/spotlight-disabled-people-and-domestic-abuse/>

and chronic conditions. Women's reproductive health can be badly affected including through miscarriages, complications in pregnancy and low birth weight in babies, unwanted pregnancies, sexually transmitted infections, HIV, and gynaecological disorders.

Women can experience post-traumatic stress, depression and anxiety, panic attacks, eating disorders and low self-esteem. Women may also misuse alcohol and drugs as coping mechanisms which can lead to longer term health issues. ⁵

Can domestic abuse affect women's ability to freely give their consent to an assisted death?

Yes it can. The Assistant Chief Constable of Police Scotland has acknowledged that, 'The psychological harm that domestic abuse inflicts can be long lasting and wide ranging on not just victims, but also children and other family members.' ⁶

Abusive men retain and perpetuate traditional habits of male dominance in their intimate relationships and families, demanding obedience, domestic and sexual services, the prioritisation of their needs over their partner's and the enforcement of habits of family privacy and secrecy. Women have their appearance and movements monitored and all aspects of their lives controlled. Living in an abusive relationship thus isolates women from friends and family; can remove their capacity to make free choices and decisions, and limit or deny them access to employment, leisure activities, health care, support, safety and justice. Women are regularly demeaned and told they are *worthless*, that they would *be better off dead*, or, that they are *a useless mother, the children would be better off without you*. The ongoing fear and trauma of coercive control and the constant humiliation can significantly erode women's confidence, autonomy, and self-esteem. Cut off from external support, women often come to believe these lies, to fear reprisals from their partner if they report the abuse and thus tell no one. It is our position therefore that in this context, a woman living with an abusive partner is unlikely to be in a position to give her consent freely to the process of an assisted death.

The role of the Medical Practitioner.

The Bill relies heavily on medical practitioners ensuring the patient's consent is freely given in the assisted dying process. A key factor in the dynamics of domestic abuse is its hidden and unreported nature. Women become expert at hiding and covering up the abuse. Health care settings are public environments and the presence of domestic abuse and its adverse impact on women's mental health may be masked and invisible to health professionals. Abusive men are also extremely skilled at presenting as loving and caring partners in public settings. Women with abusive partners who are receiving end of life care at home without health professionals being there 24/7 may be particularly vulnerable to coercion.

⁵ World Health Organization. (2012). Understanding and addressing violence against women: Health consequences.

⁶ <https://www.scotland.police.uk/what-s-happening/news/2024/december/domestic-abuse-crime-figures-show-11-increase-as-police-scotland-launch-new-campaign/>

Without expertise in understanding the complex nature and interpersonal dynamics of domestic abuse and coercion, and the ability to assess the risks women face, doctors and other health professionals involved in the assisted dying process, may unwittingly collude with an abuser in the murder of his partner.

Providing adequate training to all medical staff involved in the assisted dying process has substantial time and resource implications for the already extremely stretched NHS and its staff.

In summary

Women's experiences of domestic abuse are relevant to the Assisted Dying for Terminally Ill Adults (Scotland) Bill for the following reasons:

1. Domestic abuse is very common in Scottish society affecting the lives of many, many women of all ages, including those who are disabled and elderly.
2. Domestic abuse is overwhelmingly perpetrated by men against women and is therefore gendered.
3. While domestic abuse is reported to the police, a great deal goes unreported and the true extent is likely to be unknown.
4. Men's violence and abuse has severe impacts on women's physical and mental health which can lead to adverse, long-term health outcomes.
5. Abusive partners control, limit or restrict women's access to community resources, safety, health and social care services.
6. Women with a coercive and controlling partner or ex-partner may be severely restricted in their freedom to make decisions, and to freely and willingly give consent to treatments in their own best interests.
7. Women's experiences of domestic abuse may be invisible to medical professionals – hidden in plain sight.
8. For a woman experiencing domestic abuse who is terminally ill or who has a life-threatening condition, the risk of her abusive partner controlling the assisted dying process are high.
9. Domestic abuse will continue in a relationship even after a terminal diagnosis.
10. Identifying domestic abuse, assessing risk to terminally ill patients experiencing domestic abuse and ensuring their consent is freely given is a complex process. This demands a detailed knowledge of the complex relational dynamics of domestic abuse and an ability to assess risk in the high stakes, time-limited context of assisted dying. The resource implications are substantial and may be beyond the current capacity of the NHS to fulfil when there are many more vital demands on its services.

11. State-sanctioned assisted dying risks creating a conducive context⁷ for abusive men to exercise irreversible power and control over their terminally ill female partners in a clinical setting.
12. The Femicide Census⁸ released new figures in March 2025 showing that 172 women had been murdered by their sons over the past 15 years with coercive and controlling behaviour being a factor prior to the murder. Assisted dying could remove the threat of criminal prosecution for men who have previously controlled and abused their mothers.
13. Professor Jane Monkton Smith identified 8 Stages⁹ preceding intimate partner homicide where coercive and controlling behaviour features highly. Again, coercion of terminally ill partners could remove the threat of criminal prosecution from those men.
14. Decades of work¹⁰ done on the impact of coercive and controlling behaviour has shown that 'coercive control' is not merely persuasion, but a complete change in the perspective of the victim so that she truly believes that she is worthless, a burden to her partner/family, and would not be missed should she die. This is a long term, relentless process of dehumanising the woman so that she becomes 'disposable'.

We are therefore deeply concerned that women who have been diagnosed with life threatening and terminal illnesses who are living with abusive partners may be coerced into consenting to an assisted death. State sanctioned killing could provide a conducive context for a domestic abuse perpetrator's ultimate act of control.

Yours sincerely,

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⁷ <https://archive.discoverysociety.org/2016/03/01/theorising-violence-against-women-and-girls/>

⁸ [Femicide Census – Profiles of women killed by men](#)

⁹ [Do you know the 8 Step Timeline in Domestic Abuse Homicides?](#)

¹⁰ [The manipulation of human behavior. by Albert D. Biderman | Open Library](#)