

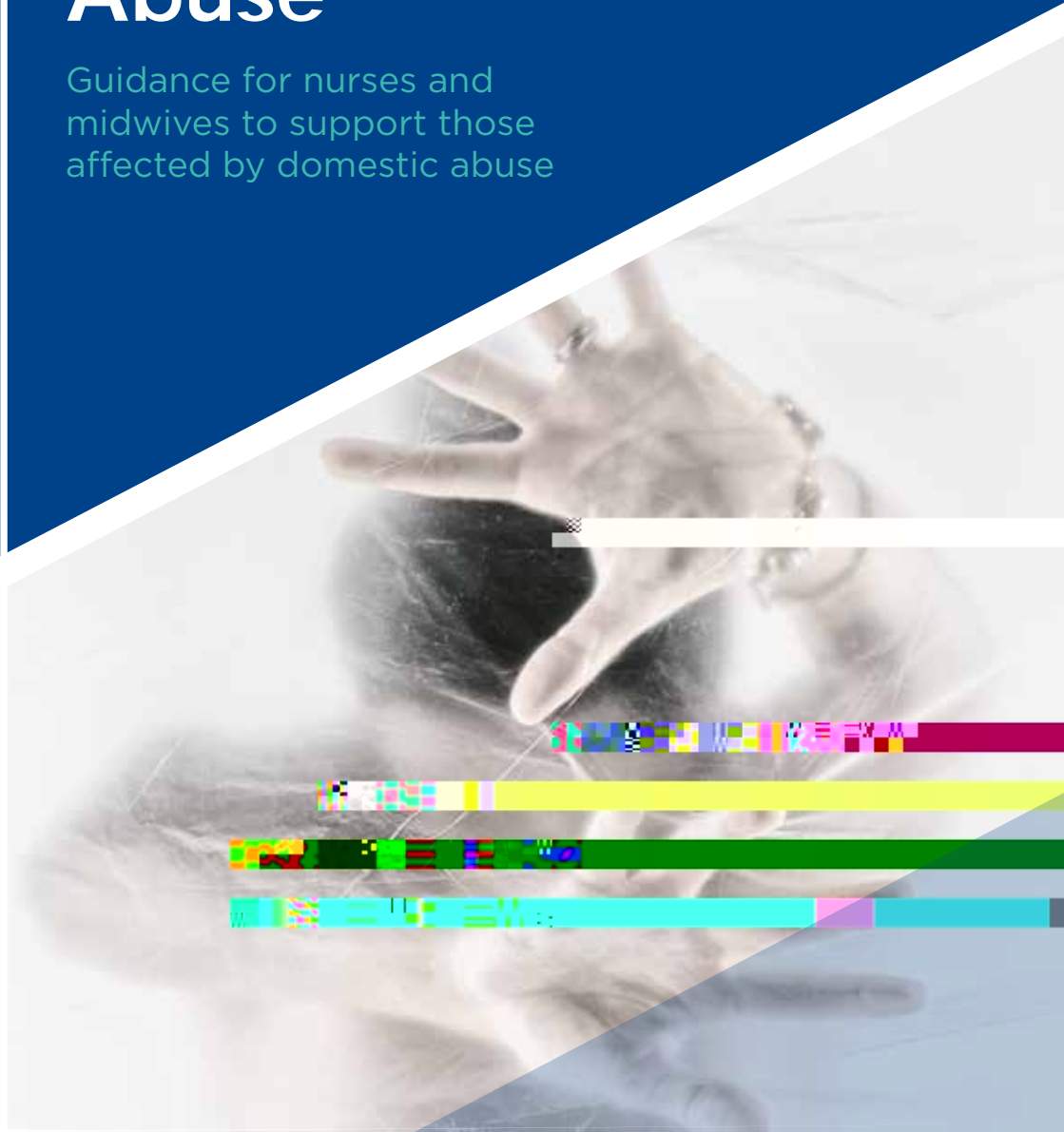


Ry College
of Nursing

International Year
of the Nurse and Midwife

Domestic Abuse

Guidance for nurses and midwives to support those affected by domestic abuse



Domestic abuse is a significant safeguarding issue in all societies and is a challenging issue for everyone

This guide has been developed in response to the recognition by the RCN of the need for nurses, midwives and health care support workers and all health care professionals to have an understanding of the impact of the domestic abuse of patients, clients and colleagues.

Domestic abuse describes a continuum of behaviour ranging from verbal abuse, threats and intimidation, manipulative behaviour, coercive control, physical and sexual assault, through to rape and murder.

It is a complex issue that all health care professionals should have some understanding about. They should be aware of who can be affected, how individual victims may present in differing health care settings, how the subject could be approached, and most importantly what professionals can do to help and support victims of abuse.

Please note:

This publication uses the term domestic abuse, whilst recognising that the terms domestic violence, intimate partner violence and related terms may be used in other contexts.

1 in 6

men will experience domestic abuse in their lifetime

1 in 5

children have been exposed to domestic abuse

4-5

women globally are directly affected by domestic abuse

For more information go to:

www.rcn.org.uk/clinical-topics/domestic-violence-and-abuse



Domestic abuse:

- is not exclusively male against female
- is not gender, race, sexual orientation, religion, culture or age specific
- children growing up exposed to domestic abuse may suffer a range of behavioural and emotional disturbances. These can also be associated with perpetrating or experiencing violence later in life
- abuse can begin at any time in a relationship, and may last a lifetime
- the victim and the perpetrator are known to each other but not necessarily partners
- other family members, children and parents can be the perpetrators
- victims and perpetrators may be among the health care professional community
- is a major safeguarding issue and all health care professionals have a role in increasing awareness, and being inquiring when confronted with behaviours that raise concerns and alarm.

Indicators of possible domestic abuse

- Symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders.
- Suicidal tendencies or self harming (including post-separation violence and murder).
- Alcohol or other substance misuse.
- Unexplained chronic

Domestic abuse is essentially a pattern of behaviour not generally limited to a one-off incident

Help for nursing and midwifery staff concerned about domestic abuse

The NICE guidelines (www.nice.org.uk/guidance/qs116) advocate that these conversations need to have time, they need to be carried out in privacy, and

- Have you been forced to have sex or do sexual things you are uncomfortable doing?
- When arguing with your partner, do they threaten to hurt you or the children, or someone else?
- Has your partner ever stopped you from leaving home, visiting family or friends, or going to work or school?
- Do you have a say in how to spend money?
- Are any of these things going on now?
- Do you know the care pathways locally to best support those affected by domestic abuse?
- Do you know who to obtain help from? Your manager or local safeguarding lead would normally be your first points of contact.
- If you believe someone is in imminent risk of danger, contact the police and the local safeguarding lead.

If you believe someone is in imminent danger:

Ensure safety planning is in place, taking into account the presence of the alleged perpetrator.

In England and Wales:

- always contact the police and your local safeguarding lead/MARAC
- advise the individual of the proposed process, and assure them of the confidential nature of the MARAC process and that it will not be disclosed to the perpetrator
- the IDVA will contact them (providing consent has been obtained).

In Northern Ireland and Scotland always contact the police and your local safeguarding lead.

If you suspect someone is being abused in a non-urgent situation and/or the person refuses consent for referral and/or support:

Ensure safety planning is in place, taking into account the presence of the suspected perpetrator.

Undertake a DASH (domestic abuse, stalking and honour-based violence) assessment or similar.

www.safelives.org.uk/search/node/DASH%20assessment

In England and Wales:

- contact your local safeguarding lead/MARAC
- inform other health and social care professionals, eg, GP, health visitor or social worker.

DHSE (2017) Domestic abuse: a resource for health professionals.

www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals

In Northern Ireland see Department of Health, Social Services and Public Safety and Department of Justice (2016) *Stopping domestic and sexual violence and abuse in Northern Ireland*

www.health-ni.gov.uk/publications/stopping-domestic-and-sexual-violence-and-abuse-northern-ireland-strategy

In Scotland, NHS Scotland Guidance available at

www.healthscotland.scot/health-topics/gender-based-violence/domestic-abuse or check local health board guidance

The RCN is committed to supporting nurses, midwives and health care workers to better understand the complexities that surround domestic abuse, whether it affects them

Publicatier code 93 Septembeth0