



Royal College
of Nursing

Domestic abuse

RCN guide 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.

1 in 6

men will experience domestic abuse in their lifetime

1 in 5

children have been exposed to domestic abuse

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

Domestic abuse is defined as:

“Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.”

Abuse can take many forms such as:

- psychological
- physical
- sexual
- financial
- emotional
- coercive control.

Perpetrators can fluctuate between forms of abuse at any time during a relationship.

In Scotland, the current definition focuses on partners or ex-partners and does not include familial abuse:

“Any form of physical, sexual or mental and emotional abuse which might amount to criminal conduct and which takes place within the context of a relationship.

“The relationship will be between partners (married, co-habiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere.”

Crown Office Procurator Fiscal Service

There is a new *Domestic Abuse Bill* due to be introduced to the Scottish Parliament in 2017.

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 gastrointestinal symptoms
- unexplained gynaecological symptoms, including pelvic pain and sexual dysfunction
- adverse reproductive outcomes, including multiple unintended pregnancies or terminations
- delayed pregnancy care, miscarriage, premature labour and stillbirth or concealed pregnancy
- genitourinary symptoms, including frequent bladder or kidney infections
- vaginal bleeding or sexually transmitted infections
- chronic unexplained pain
- traumatic injury, particularly if repeated and with vague or implausible explanations (eg, burns, bites, cuts or fractures)

- evidence of self neglect
- problems with the central nervous system – headaches, cognitive problems, hearing loss
- repeated health consultations with no clear diagnosis. The person may describe themselves as ‘accident prone’, ‘silly’; providing a vague history of injuries
- intrusive ‘other person’ in consultations, including partner or spouse, parent, grandparent or an adult child (for elder abuse)
- avoidance of contact with health professionals
- evidence of extreme behaviours
- changes in behaviour amongst any children or others in the household.
- the victim of the abuse can be the last person one might expect as they often blend into the background, do not create a fuss, are grateful and appear ‘normal’.

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

The key differences between it and other forms of abuse are:

- unlike stranger abuse or violence, domestic abuse takes place largely in private and behind closed doors
- the survivor and the perpetrator are known to each other
- there is often a lack of objective evidence that abuse has taken place
- outsiders may take the view that that domestic abuse is less serious
- the abuse rarely happens once and tends to increase in frequency and severity over time
- the abuser may have a great deal of intimate knowledge about their victim and hurt them in subtle ways that may not be understood by others

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- physical injuries can easily be targeted on places on the body where they are unlikely to be seen by others
- the victim may not realise they have become a victim as the manipulation is subtle and can be over a long period of time
- it is less likely to be reported to the police.

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 with an official interpreter if the individual does not speak English.

It is important to also check if there are children in the home and consider any concerns regarding safeguarding of children.

NICE also advocates all A&E departments have a named nurse for domestic abuse, who represents at MARAC multiagency risk assessment conference, who can develop interest groups, improve education and awareness.

When asking questions about domestic abuse it can be a partner or spouse, boyfriend/girlfriend or ex-spouse or old boyfriend/girlfriend, or any other significant person in their life. For example, it might be a grown up child, while perpetrators in “forced marriages” are often the mother/grandmother. Other family members might also be the perpetrators.

There is no definitive list but having some key questions to help start a conversation when concerns are triggered is helpful.

- Do you feel safe at home/have you ever felt unsafe in your home situation?
- Has anyone ever hit, slapped, restrained or hurt you physically? Or emotionally?
- At times, are you afraid of your partner? Previous partner? (it could be any other significant person in their life, ie, children, parents or other family members?)
- Does your partner like to boss you around?
- If he/she doesn't get their own way, how do they act?
- Have you ever been forced to do anything you are uncomfortable with?
- 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?

Help for nursing and midwifery staff concerned about domestic abuse

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 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.

In England and Wales:

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

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*

In Scotland, see 2009 NHS Scotland Guidance available at www.gbv.scot.nhs.uk 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 personally or professionally. For further information and extensive resources please visit:

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

If you need specific support you can contact:

RCN Direct

0345 772 6100

Member Support Services

www.rcn.org.uk/get-help/member-support-services

Lamplight Support Service

www.rcn.org.uk/get-help/member-support-services/lamplight

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