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

- physical injuries can easily be targeted on places where they are unlikely to be seen
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- the manipulation is subtle and can be
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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 safeguarding of children.

In England and Wales:
- always contact the police and your local safeguarding lead/MARAC
- inform other health and social care professionals, eg, GP, health visitor or social worker.
- see Multiagency risk assessment conference (MARAC) for further information and extensive resources please visit: www.rcn.org.uk/clinical-topics/domestic-abuse
- Directed assault, stalking and harassment (DASH) (2016)
- undertaking a DASH (domestic abuse, stalking and harassment) assessment or similar.
- Do you know who to obtain help from? Your manager
- Do you know the care pathways locally to best support
- Do you have a say in how to spend money?
- as your partner ever stopped you from leaving home, as anyone ever hit, slapped, restrained or hurt you
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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 that health care professionals are in a privileged position to identify, recognise and report domestic abuse. It is intended to help nurses, midwives and health care support workers make health care services safer for abuse victims and enables them to provide care and support to all health care professionals to have an understanding of midwives and health care support workers and all recognition by the RCN of the need for nurses.

This guide has been developed in response to the clinical-topics/domestic-violence-and-abuse www.rcn.org.uk/

For more information go to: 1 in 6

1 in 5

affected by domestic abuse

women globally are directly

to domestic abuse

children have been exposed

time during a relationship.

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 know who can be affected, how individual abuse can begin at any time in a relationship, and most importantly what professionals can do to help and support victims of abuse.

Domestic abuse is defined as:

• physical
• financial
• emotional
• coercive control.

Domestic abuse is a major safeguarding issue and all health care professionals should have an understanding of who can be affected, how individual indicators of possible domestic abuse:

• frequent bladder or kidney infections
• frequent bladder or kidney infections
• headaches, cognitive problems, hearing loss
• headaches, cognitive problems, hearing loss
• cuts or fractures
• cuts or fractures
• cuts or fractures
• cuts or fractures
• vaginal bleeding or sexually transmitted infections
• vaginal bleeding or sexually transmitted infections
• alcohol or other substance misuse
• alcohol or other substance misuse
• suicidal tendencies or self harming (including
• suicidal tendencies or self harming (including
• sleep disorders
• sleep disorders
• pelvic pain and sexual dysfunction
• pelvic pain and sexual dysfunction
• ed pregnancy care, miscarriage, premature labour
• ed pregnancy care, miscarriage, premature labour
• stress disorder, sleep disorders
• stress disorder, sleep disorders
• unintended pregnancies or terminations
• unintended pregnancies or terminations
• traumatic injury
• traumatic injury
• post-separation violence and murder
• post-separation violence and murder
• abdominal or pelvic pain
• abdominal or pelvic pain
• pain
• pain
• unexplained gastrointestinal symptoms
• unexplained gastrointestinal symptoms
• unexplained gastrointestinal symptoms
• unexplained gastrointestinal symptoms
• recurrent health consultations with no clear
• recurrent health consultations with no clear
• cutaneous unexplained pain
• cutaneous unexplained pain
• symptoms of depression, anxiety post-traumatic
• symptoms of depression, anxiety post-traumatic
• suicidal ideation
• suicidal ideation
• post-traumatic stress disorder
• post-traumatic stress disorder
• cuts or fractures
• cuts or fractures
• perpetrators...
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 Royal College of Nursing (RCN) that nurses, midwives and health care support workers all have a role in recognising and supporting victims of abuse. It is designed to help health care professionals to have an understanding of domestic abuse and to develop strategies for responding to abuse and supporting victims. It is particularly important what professionals can do to help and support victims of abuse.

Domestic abuse is defined as:“Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse, including economic abuse or domestic violence, which raises concerns and alarm. The victim and the perpetrator are known to each other personally or otherwise. ‘The relationship will be between partners (including cohabitees), former partners (including cohabitees), or family members, and the abuse can include behaviour or actions directed to the partner, children or other family members’. (The Scottish Government, 2017)“Domestic abuse is essentially a pattern of behaviour not generally limited to a one-off incident but is repeated and occurs over time. Mistreatment (such as physical, sexual or psychological abuse) can take many forms such as:• physical• sexual• emotional• financial• coercive control. Abuse can take many forms such as:• psychological• physical• sexual• financial• emotional• coercive control. Perpetrators may fluctuate between forms of abuse at any time during a relationship. In general, domestic abuse is a continuum of different forms and is often experienced in cycles. Perpetrators may fluctuations between forms of abuse at any time during a relationship.

Indicators of possible domestic abuse:

• evidence of self neglect
• signs of exposure to domestic violence system – headaches, cognitive problems, hearing loss
• vague or implausible explanations for injuries (e.g. burns, bites, cuts or fractures)
• unexplained gastrointestinal symptoms
• general unexplained pain
• pelvic pain and sexual dysfunction
• unexpected reproductive outcomes, including miscarriages, prematurity
• multiple medical consultations
• unexplained genitourinary symptoms, including vaginal bleeding or sexually transmitted infections
• evidence of multiple unexplained pregnancies or terminations
• repeated health consultations with no clear diagnosis. The person may describe themselves as ‘accident prone’, ‘silly’; providing a vague history of injury or illness
• presence of other injuries or signs of neglect
• changes in behaviour amongst any children or other family members
• evidence of self harm
• evidence of severe mental illness
• evidence of dependency
• CONTRIBUTORS: Prevention, Health, Education, Housing, Work, Criminal Justice, Children’s Services, Social Services, Community

Domestic abuse is essentially a pattern of behaviour not generally limited to a one-off incident.
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 introduction of the Domestic Abuse Bill in the UK Parliament in 2017, which is due to be introduced to the Scottish Parliament in 2018. Based on the current definition used in the RCN’s Domestic Abuse Bill, this guide uses the term domestic abuse, whilst importantly what professionals can do to help and support victims may present in differing health care settings, be aware of who can be affected, how individual victims may present in differing health care settings, and what professionals can do to help and support them.

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, and what professionals can do to help and support them.

Domestic abuse is defined as:
- Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse. The key difference between it and other forms of violence is that the abuse takes place largely in private and behind closed doors, and may last a lifetime. Perpetrators can fluctuate between forms of abuse at any time during a relationship. 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, and what professionals can do to help and support them.

Domestic abuse is essentially a pattern of behaviour not generally limited to a one-off incident but due to its nature, it may vary in forms of abuse within a relationship and at any time during a relationship. It may last a lifetime. Perpetrators can fluctuate between forms of abuse at any time during a relationship. 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, and what professionals can do to help and support them.

Domestic abuse:• sexual • physical • psychological • coercive control.

Domestic abuse takes place within the context of a relationship. Any form of physical, sexual or mental and emotional abuse which might amount to criminal conduct and which takes place between partners (married, co-habiting, civil partnership or otherwise) or ex-partners. The relationship will be between partners (married, co-habiting, civil partnership or otherwise) or ex-partners and does not include familial abuse: • abuse of children; • abuse of children or family members regardless of gender or sexuality.

Domestic abuse is defined as: • not exclusively male against female • not necessarily of same age, origin, religion or sexual orientation • not limited solely to violence or assault • not limited to adults • not limited to physical abuse • not gender exclusive. Perpetrators can fluctuate between forms of abuse at any time during a relationship.

Indicators of possible domestic abuse:

1. Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse. The key difference between it and other forms of violence is that the abuse takes place largely in private and behind closed doors, and may last a lifetime. Perpetrators can fluctuate between forms of abuse at any time during a relationship. 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, and what professionals can do to help and support them.

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:

- 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 documentary evidence that abuse has taken place
- perpetrators may take the view that that domestic abuse is their private family matter
- the abuse rarely happens once and tends to increase in frequency and severity over time
- the abuse may have a great deal of isolation surrounding it and this in itself makes it more difficult for a victim to seek help. The victim of the abuse is the last person to know that such abuse has taken place, and the abuse being hidden from the background, does not make it less, it makes open and effective treatment even more necessary.

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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 at all levels to have some understanding about the subject. It aims to assist 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 need to be aware of. All health care professionals should have some understanding about. They should be aware of who can be affected, how individual abuse could be approached, and most importantly what professionals can do to help and support victims of abuse.

Abuse can take many forms such as:

- psychological
- financial
- sexual
- physical
- coercive
- financial
- psychological

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Domestic abuse is defined as:

- any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse which amounts to criminal conduct and which
- the victim and the perpetrator are known to each other
- is or has been intimate partners or family members regardless of gender
- and being inquiring when confronted with
- occurs within a relationship, and
- any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse which amounts to criminal conduct
- occurs within a relationship,
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Domestic abuse is a significant safeguarding issue in all societies and is a challenging issue for everyone. 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 needs and presenting issues might be related to the subject, and most importantly what professionals can do to help and support victims of abuse.

This guide has been developed in response to the increasing recognition by the Royal College of Nursing (RCN) of the need for nurses, midwives and health care support workers and all other health care professionals to have an understanding of 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 a role in increasing awareness, increasing knowledge about their victim and hurt them in subtle ways that may not be understood by others. 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. 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.

Abuse can take many forms such as:
• physical
• sexual
• financial
• emotional
• psychological
• verbal
• emotional

Perpetrators can fluctuate between forms of abuse at any time during a relationship. In some cases, individuals focus on specific issues or partners and do not include familial abuse.

There are no one-time incidents or patterns of events which amount to domestic abuse. It is a pattern of chronic, repetitive, controlling, intimidating and violent behaviour. The relationship will be between partners (married, co-habiting, civil partnership or otherwise) or ex-partners.

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, married or civil partners.
• includes any form of violence or abuse between intimate partners or family members regardless of gender.
• domestic abuse can begin at any time in a relationship, and may last a lifetime.
• any abuse which might amount to criminal conduct and which takes place within the context of a relationship.

Domestic abuse is essentially a pattern of behaviour not generally limited to a one-off incident.
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 Royal College of Nursing, midwives and health care support workers of the need to raise awareness of the ways in which domestic abuse affects 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 be aware of, in order to provide the best care possible for the patients they encounter.

Please note: This guide aims to help health care professionals to identify, support and advise victims of domestic abuse.

Domestic abuse is defined as:

- any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse, whether enacted by a partner or former partner or by a co-habiting, civil partnership or otherwise or ex-partners.
- "The relationship will be between partners (married, co-habiting, civil partnership or otherwise) or ex-partners."
- "Any form of physical, sexual or mental and emotional abuse can begin at any time in a relationship, and may last a lifetime."
- "Perpetrators can fluctuate between forms of abuse at any time during a relationship."
- "In every context of domestic abuse, it is important that professionals work in partnership with others in the system to provide the best care possible for the victim and the perpetrator, and their children where appropriate."
- "The key differences between it and other forms of abuse are:
  - the abuse is less serious
  - victims may not initially report abuse
  - the abuse may take place largely in private and behind closed doors
  - the victim of the abuse can be the last person known to each other
  - domestic abuse is less serious
  - abuse has taken place
  - the abuse rarely happens once and tends to happen over time
  - the perpetrator is often someone that the victim trusts
  - the abuse is carried out in private
  - the abuse may be difficult to identify"

Domestic abuse can begin at any time in a relationship, and may last a lifetime. Perpetrators can fluctuate between forms of abuse at any time during a relationship. It is important that professionals work in partnership with others in the system to provide the best care possible for the victim and the perpetrator, and their children where appropriate.

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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 of the increasing prevalence of domestic abuse and violence against women and girls. It is intended to support midwives and health care support workers and all health care professionals to have an understanding of domestic abuse, including the prevalence, symptoms, impact, and how victims can be supported.

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 importantly what professionals can do to help and support victims of abuse.

Domestic abuse is essentially a pattern of behaviour not generally limited to a one-off incident that consists of a series of acts, whether direct or indirect, of a psychological, emotional, physical or sexual nature. These acts may be infrequent or continual, and take place over a short or extended period of time.

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 and sexuality;

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

• Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or 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.

In Scotland, the current definition focuses on partners or family members regardless of gender, marital status, co-habiting, civil partnership or otherwise. Domestic abuse is less serious if that relationship is one of family and does not include familial abuse:

• The relationship will be between partners (married, co-habiting, civil partnership or otherwise) or ex-partners.

Domestic abuse is a major safeguarding issue and all health care professionals have a role in increasing awareness, identifying and being inquiring when confronted with indicators of possible domestic abuse.

Domestic abuse:• sexual
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• financial
• coer
• emotional

Abuse can take many forms such as:
• psychological • physical • financial • emotional • sexual

Abuse may spread to other forms of domestic violence, including verbal abuse, threats and intimidation, manipulative behaviour, coercive control.

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

This guide uses the term domestic abuse, whilst recognising other terms may be used in other contexts.

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• psychological • physical • financial • emotional • sexual

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Indicators of possible domestic abuse:

• evidence of self neglect
• unexplained gastrointestinal symptoms
• unexplained genitourinary symptoms, including genitourinary symptoms, including pain, bleeding or discharge, and stillbirth or concealed pregnancy
• unexplained haematological symptoms
• unexplained reproductive outcomes, including multiple miscarriages, preterm labour, postpartum haemorrhage, or unexplained multiple miscarriages, preterm labour, postpartum haemorrhage, or unexplained meningitis
• unexplained gastrointestinal symptoms
• unexplained genitourinary symptoms, including genitourinary symptoms, including pelvic pain and sexual dysfunctions
• unexplained reproductive outcomes, including multiple miscarriages, preterm labour, postpartum haemorrhage, or unexplained multiple miscarriages, preterm labour, postpartum haemorrhage, or unexplained meningitis
• frequent bladder or kidney infections
• persistent or recurrent headaches, migraines or other symptoms of depression, anxiety or stress
• suggestive medical history, suggestive of injuries or trauma
• providers who do not create a fuss, are grateful and appreciative of medical care

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

• domestic abuse is persistent and chronic, domestic abuse tends to cycle, with attacks occurring once or twice a year and periods of calm
• the survivor and the perpetrator are known to the abuser
• there is often a lack of objective evidence that abuse has occurred
• persuading the victim to leave the abuser may take the view that that domestic abuse is not a crime
• the abuse rarely happens once and tends to increase in severity over time
• the abuser may have a great deal of knowledge about the victim and their situation; it is difficult to distinguish whether the victim is safe or not by understanding others
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Domestic abuse is essentially a pattern of behaviour not generally limited to a one-off incident. It is less likely to be reported if the individual does not have any children. It is important to also check if there are children in the home and consider you concerns regarding safeguarding of children. Help for nursing and midwifery staff concerned about domestic abuse

There is a definitive list but having some key questions to hand is a great way to overcome any concerns that are triggered. Do you know who your colleague or any of their children are? Does your partner like to boss you around? Does your partner have exes or friends on whom you always have to rely? Do you feel safe at home/have you ever felt unsafe in your home situation? Has he/she not got their own way, how do they act? Does anyone ever hit, slap, restrain or hurt you physically? Protection from the law.

Help for nursing and midwifery staff concerned about domestic abuse

Do you know the right pathway locally to support someone who is being abused? It is vital that all questions are of a personal nature. Does your partner take in your own way or do they act? Do you have a say in how to spend money? In England and Wales:

You are not being asked to commit the police and contact your local safeguarding lead/MARAC. – inform other health and social care professionals, contact your local safeguarding lead/MARAC. – contact your local safeguarding lead/MARAC. – contact your local safeguarding lead/MARAC.

In England and Wales:

Ensure safety planning is in place, talking in private – do you feel safe at home/have you ever felt unsafe in your home situation? Does your partner have exes or friends on whom you always have to rely? Do you feel safe at home/have you ever felt unsafe in your home situation? Has he/she not got their own way, how do they act? Does anyone ever hit, slap, restrain or hurt you physically?

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Do you have a say in how to spend money? – are any of these things going on now?

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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 about domestic abuse in England and Wales: www.novw.org.uk/local-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/support-member-support-services/Lamplight Support Service www.rcn.org.uk/support-member-support-services/Lamplight

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• physical injuries can be targeted on places where they are unlikely to be seen by others

• this may not realise they have become a victim as the manipulation is subtle and can be

• the victim may not realise they have become a victim of abuse

• realise they have become a victim

• it is less likely to be reported to the police

There is a difficult list but having some key questions to help frame a conversation when concerns are triggered helps.

Do you feel safe at home/are you ever unsafe in public?

Are you ever made to feel uncomfortable doing?

Do you feel safe at work/have you ever felt unsafe in places?

Does your partner like to boss you around?

has your partner ever stopped you from leaving home, or going to work/school?

Is he/she doesn't get their own way, how do they act?

Do you feel safe at home/have you ever felt unsafe in places?

Does your partner like to boss you around?

Has your partner ever stopped you from leaving home, or going to work/school?

Is he/she doesn't get their own way, how do they act?

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

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Do you know who to obtain help from? Your manager or local safeguarding lead

Do you know the care pathways locally to best support those affected by domestic abuse?

Do you need specific support you can contact:

RCN Direct 0345 772 6100

member support services

RCN guide for nurses and midwives to support those affected by domestic abuse

supported by NHS England

Information and extensive resources please visit:
Domestic abuse is essentially a pattern of behaviour not generally limited to a one-off incident.
• physical injuries can easily be targeted on places where they are unlikely to be seen.
• the manipulation is subtle and can be realised only if there is becoming a waste of time, they need to be carried out in privacy, and advocate that these conversations need to have
• if you need specific support you can contact: RCN Direct
  0345 772 6100

Domestic abuse

Help for nursing and midwifery staff concerned about domestic abuse

When asking questions about domestic abuse it can be a partner or spouse, ex-partner or ex-spouse, or any significant person in their life, ie, children, parents or other family members (or any other significant person

In England and Wales:
• always contact the police and your local safeguarding lead/MARAC
• do not take part in any decisions that affect your health or safety without understanding the complexities that surround domestic abuse, whether

The NICE guidelines (www.nice.org.uk/guidance/qs116) is helpful.

To help start a conversation when concerns are triggered there is no definitive list but having some key questions
• do you feel safe at home/have you ever felt unsafe in your home?
• does your partner like to boss you around?
• has he/she ever threatened you, your family, friends or your property?
• does your partner like to boss you around?

If you believe someone is at risk of domestic abuse, contact the police and the 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:

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In Northern Ireland see Department of Health, Social Services and Public Safety and Department of Justice (2009) Domestic abuse, stalking and sexual violence and abuse.

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Information and extensive resources please visit: www.rcn.org.uk/clinical-topics/domestic-violence-and-abuse

RCN guide for nurses and midwives to support those

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In Northern Ireland and Scotland always contact the police and your local safeguarding lead.
Domestic abuse is essentially a pattern of behaviour not generally limited to a one-off incident

- Physical injuries can easily be targeted on places which can be hidden away by others.
- The victim may not realise they have become a victim as the manipulation is subtle and can be concealed from others.
- It is important to also check if there are children in the home and consider whether safeguarding of children is needed.
- Safeguarding plans can be named nurse for domestic abuse, who represents the person affected by domestic abuse in their daily life. For example, it might be a grown up child, partner or previous boyfriend/girlfriend, or any other significant person in the victim’s life. For example, it might be a grown up child, partner or previous boyfriend/girlfriend, or any other significant person in the victim’s life. For example, it might be a grown up child, partner or previous boyfriend/girlfriend, or any other significant person in the victim’s life.

When asking questions about domestic abuse it can be a sensitive issue, so it is important to approach the topic with care and consideration. The following key questions can be used to help start a conversation when concerns are triggered:

- Have you ever been forced to have sex against your will?
- Have you ever felt pressured into sex?
- Has anyone ever hit, slapped, restrained or used physical violence against you?
- Is your partner jealous or possessive?
- Does your partner like to boss you around?
- Does he/she stop you from seeing your friends?
- Does he/she abuse you or your children, or someone else?
- Do you feel safe at home?
- Does your partner ever hit, slap, restrain or hurt you?
- Is he/she controlling your money?
- Does your partner ever force you to have sex or do sexual things against your will?
- Is he/she ever determined who you can see or speak to?
- Do you think he/she is trying to control you?
- Do you feel scared of your partner?
- Do you feel afraid of your partner?
- Have you ever been forced to leave your home?
- Have you ever been forced to leave your children?
- Have you been forced to stop working?
- Do you have a say in how to spend money?
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- on the body where they are unlikely to be seen
- to help start a conversation when concerns are triggered
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- Children often want to talk to children who are un
- the presence of the suspected perpetrator
- The home situation?
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Domestic abuse is essentially a pattern of behaviour not generally limited to a one-off incident

- physical injuries can easily be targeted on places where they are unlikely to be seen

Victims may not realise they have become a victim as the manipulation is subtle and can be realising they have become a victim as the manipulation is subtle and can be

Do you feel safe at home? Have you ever felt unsafe in your home situation?

Do you know who to contact if you suspect someone is being abused in a non-urgent situation and/or the person refuses consent for referral and/or support:

If you believe someone is in imminent danger:

Do you know the care pathways locally to best support those affected by domestic abuse?

In England and Wales:

- 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 honour-based violence) assessment or similar.

Undertake a DASH (domestic abuse, stalking and harassment) process and that it will not be disclosed to the perpetrator

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

Do you know the care pathways locally to best support those affected by domestic abuse?

- contact your local safeguarding lead/MARAC multiagency risk assessment conference, or local safeguarding lead would normally be your first point of contact.

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