Domestic abuse: what you need to know

The RCN has updated its online resources on domestic violence and abuse and will publish a new guide for healthcare professionals next year

By Carmel Bagness and Helen Donovan
Despite increased recognition of domestic abuse in recent years, it often remains hidden. While some healthcare professionals are aware of abuse and have a good understanding of the difficulties in addressing the needs of those affected, this is not always the case.

All healthcare professionals need to understand the issues and have up-to-date knowledge to recognise and implement appropriate care and safeguarding measures for anyone who may have been abused or is at risk of abuse.

The government’s definition of domestic violence and abuse, published this year by the Home Office, is: ‘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.’

Coercive behaviours are usually subtle, long-term and damaging to health, confidence and well-being. They can go unrecognised as abuse by professionals, society and by victims themselves.

Unrecognised problem
Domestic abuse is under-reported and under-recognised, sometimes because of preconceived ideas about who it affects, and sometimes because nurses and others are unsure what they can do for a victim or suspected victim.

This is particularly an issue when it is discovered outside of the context of the care being offered, for example, as a result of a visit to the GP or immunisation services, fertility or maternity services, or the dentist for unrelated matters. Issues raised in these appointments can alert professionals to potential problems and the need for further questions.

Victims may present with symptoms related to musculoskeletal disorders and chronic pain, genitourinary disorders and respiratory illness. Typical injuries include contusions, abrasions, lacerations, burns, fractures, bruises, lost teeth, internal injuries, gynaecological problems and miscarriages.

However, symptoms may not be physical or visible and consequently much more challenging to identify. Victims may present with psychological and psychiatric problems, such as depression, anxiety, despair and post-traumatic stress disorder. Indicators include self-medication with drugs and alcohol, stress, self-harm and suicide attempts.

Asking a patient or client if they feel safe at home is a good start, but this should be undertaken sensitively and in a safe environment. This often means taking steps to speak to the victim on their own and not in the presence a ‘carer’ or relative who may appear overly protective of them.

It is important to consider how to support the victim to remove themselves from the violent situation, as well as the consequences of this not happening immediately.

Initiating these questions can be difficult for some healthcare professionals, because it may feel intrusive and the person’s reaction is unpredictable.

Who are the victims?
Domestic abuse can happen to anyone. It is not specific to gender, race, sexual orientation or age. It crosses social and economic boundaries, can begin at any stage in a relationship and can affect teenagers and people in lesbian, gay, bisexual and transgender relationships.

Evidence suggests that victims are mainly women assaulted by men, but men are also victims, though the true scale of this is difficult to establish because of under-reporting and stigma.

About one in four women – and one in six men – experience domestic abuse in their lifetime

LWA or Living Without Abuse

About one in four women and one in six men experience domestic abuse in their lifetime, according to the charity Living Without Abuse. Some cultures are more secretive about the existence of domestic abuse, and sometimes violence is an accepted element of living in a relationship with someone.

Domestic abuse is essentially a pattern of behaviour rather than a one-off incident, and tends to increase in frequency and severity over time.

What distinguishes domestic violence from other forms of abuse is that the victim and the perpetrator are known to each other, it takes place...
largely in private and there is often a lack of objective evidence. The abuser may have intimate knowledge about their victim and hurt them in subtle ways.

Physical attacks may be targeted at areas of the body that are unlikely to be seen. Domestic violence is also less likely than other forms of violence to be reported.

It should also be noted that this problem relates to healthcare staff as individuals, just as it does other members of society, as victims and perpetrators of abuse.

Increased risk

The challenges for victims from black and minority ethnic communities may be more extreme. In some cases this is due to language issues and a lack of local knowledge or friends and relatives to call.

The NSPCC says children living in all households where there is domestic abuse are at risk of emotional detachment and physical abuse. They may fear that they are the cause of the abuse, and may become disruptive or aggressive.

Be mindful that abuse in the home could be a factor in the patient’s behaviour.

Once the healthcare professional asks the question, they need to be confident that there is support available, and that the person will not be in greater danger following disclosure. Safeguarding processes need to reflect the fear and anxiety victims have.

It is important to reassure victims they are not to blame and do not have to put up with feeling unsafe at home.

What is domestic abuse?

Abuse can encompass, but is not limited to:

- Psychological – using demeaning language, being rude, aggressive, undermining confidence.
- Physical – hitting, kicking, injuring with an implement.
- Sexual assault and rape.
- Financial deprivation and economic dispossession.
- Emotional – blackmail, mental torture, threats to disenfranchise or kill the person or their children or relatives.

Forms of domestic abuse include:

- Physical violence, causing injury.
- Forced marriage or dowry abuse.
- Honour-based violence.
- Female genital mutilation.
- Sexual violence, including rape.
- Stalking and harassment.
- Deprivation of victims' basic needs.
- Enforcing rules and activities that humiliate, degrade or dehumanise the victim.
- Forcing the victim to take part in criminal activity, such as shoplifting or neglect or abuse of children, to encourage self-blame and prevent disclosure to authorities.

Actions for nurses and midwives:

- Find out more about domestic abuse.
- Ask patients who may be at risk questions such as 'do you feel safe at home?'.
- Know what to do if there are signs of abuse.
- Know where to refer a potential victim.
- Work with multiprofessional organisations and groups.

The charity LWA (Living Without Abuse) suggests that domestic abuse:

- Leads to, on average, two women being murdered each week and 30 men being murdered each year.
- Accounts for 16% of all violent crime, but is still the least likely to be reported to the police.
- Is repeated more than any other crime. On average, a victim will experience 35 assaults before they call the police.
- Is the most quoted reason for becoming homeless.
- Includes forced marriages. In 2010, the Forced Marriage Unit responded to 1,735 reports of possible forced marriages.
- Can lead to suicide. Estimates show that each year 400 people take their own lives after attending hospital for domestic abuse injuries in the previous 6 months. Of these, 200 attend hospital on the day they take their own life.

Local services need to provide support and display an understanding of the consequences for individuals.

All professionals need to know how to ask questions, and have confidence that there are support systems in place.

The RCN has updated its online resources (see link below). A guide for healthcare practitioners on how to approach this sensitive subject with patients and clients will be launched in 2017.

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Find the RCN’s updated resources at tinyurl.com/RCN-domestic-resource

References

Home Office guidance on domestic violence and abuse tinyurl.com/domestic-violence-definition
NSPCC: What is domestic abuse? tinyurl.com/NSPCC-abuse
LWA – statistics tinyurl.com/LWA-statistics

Find out more

LWA
www.lwa.org.uk
Women’s Aid
www.womensaid.org.uk/
NSPCC
www.nspcc.org.uk
National Domestic Violence Helpline
www.nationaldomesticviolencehelpline.org.uk
SafeLives
safelives.org.uk
Bawso – BME support
tinyurl.com/BME-perspective