Starting out

RESEARCH LED ME TO BE MORE AWARE OF DOMESTIC VIOLENCE AGAINST MEN

While I was on placement on a medical ward for older people, it was reported during handover that a man with dementia who had been admitted the previous evening was being abused at home.

When a healthcare assistant asked who was perpetrating the abuse, the nurse handing over told us it was the man’s wife. I felt shocked by this, as did some of the other staff, yet a few of them sniggered.

I did not feel that this was an appropriate response to the situation, and wondered about the underlying attitudes of these staff members and how this might affect patient care. I worried that if I asked people directly what they thought, I might come across as challenging or confrontational.

So I decided to read about domestic violence, and attitudes towards it, to inform myself and my future practice.

A study on aggression in heterosexual relationships found that women were more likely than men to use one or more acts of physical aggression, and to use these acts more frequently, although men were more likely to inflict injury (Archer 2000).

On reflection I realised that the number of times I have seen women hitting men far outweighs the number of times I have seen men or boys be violent towards women or girls.

I may have found this difficult to believe because there can be a socially ingrained prejudice against men in Western society, portraying them as aggressors and women as nurturing and caring.

At university, the student union has a women’s officer who runs a campaign raising awareness of violence against women, but there is no equivalent men’s officer to promote awareness of domestic violence against men.

Perhaps this is why some people find the concept of female-on-male violence humorous – a prejudice continually reinforced by the media.

For example, an episode of the television series Tool Academy showed a woman hitting her boyfriend several times. Yet the people who witnessed this expressed sympathy for the perpetrator and attributed blame to the victim.

I am concerned that the different attitudes towards male and female domestic violence victims, and the unequal health and social service provisions, could lead to health inequalities. I am also worried that the fear of being laughed at may discourage male victims from seeking help.

In the future, I intend to be more vigilant to the possibility of male patients being victims of domestic abuse, and I will ensure I liaise with my line manager and social services if I suspect emotional abuse or non-accidental injury. I also hope to raise awareness of domestic violence against men among my colleagues.

Amy Wilkins is a nursing student at the University of East Anglia

Reference


Emphasis should be on a formal form of support

Every nurse would benefit from having a supervisor to assess his or her continuing fitness to practise.

All midwives have a supervisor who monitors their work, provides support and ensures that they have undergone appropriate training.

Midwives are autonomous practitioners who work with a degree of independence, which is not necessarily the case with all nurses.

There are more nurses on the register than midwives, making statutory supervision difficult to provide.

The emphasis should be on providing support for all nurses and making this mandatory.

Sarah Eseghona-Adeigbe is a midwifery sister at St George’s Hospital in Tooting, London.

The process needs to be overhauled

The existing system by which the Nursing and Midwifery Council (NMC) ensures that nurses are fit to practise can be ignored by those who wish to avoid maintaining a record of practice and education.

Neither I nor anyone I know in the profession has been asked to demonstrate our fitness to practise.

Such a system leaves the public at risk because the NMC is not able to demonstrate that all nurses are meeting post-registration education and practice standards.