



RCN Position Statement

The RCN is committed to supporting nurses, midwives and healthcare workers to better understand the complexities that surround Domestic Abuse, whether it affects them personally or professionally.

Definition

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

It is a complex issue that all health care professionals should have a good understanding about. They should be aware of who is affected, how individuals 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 through safeguarding processes.

RCN Position

Domestic violence is both complex and commonplace, and impacts on everyone, either personally or professionally. Despite this, knowledge and understanding of the indicators for abusive behaviour in the home, comprehension of the actions required to be taken to safeguard and support victims/survivors remains different across the UK. Nurses and midwives, are one of the key professional groups engaging with those most likely to be affected, the Royal College of Nursing is committed to keeping this complex issue on the policy agenda, especially working to inform and support nurses and midwives to better understand their role and their responsibilities around this complex subject.

RCN Activity

In 2016, the RCN focused on the development of an online clinical resource, with an expert project team used to collate existing resources for professional and personal support. This activity has taken account of nurses and midwives RCN members and employees.

In 2016, RCN Congress supported the resolution: - That this meeting of Congress asks RCN Council to lobby for mandatory domestic abuse awareness for all health care workers.

The agreement of the resolution was timely with further work ongoing in the College on the subject.

Since the launch of the website in November 2016, the project team have also:-

1. Developed a 'Pathway of Care' tool, as a possible template to be used locally.
2. Developed a Pocket Guide on domestic abuse, disseminated initially at RCN Congress 2017, and at subsequent events across the UK.
3. Attended APPG, NICE consultations and relevant national events to engage with key stakeholders, including engaging with new government plans to create legislation.
4. Been invited to speak at National Conferences and contributing to discussions nationally.
5. Engaged with the NMC's review of the Pre-Registration Nursing Education Consultation (April 2017) and the NMC Pre registration Midwifery Education Consultation (2018).
6. Considered how best to engage with post qualifying education across all areas of nursing and midwifery to enhance education on domestic abuse for qualified nurses and midwives.

Further actions

The RCN is committed to supporting nurses, midwives and healthcare workers to better understand the complexities that surround Domestic Abuse, whether it affects them personally or professionally.

We are committed to working with the UK's governments, employers, support groups and representatives to ensure that all health and care staff are informed about Domestic Abuse, and aware of the opportunities for support and referral available to anyone impacted by it.

Support for healthcare professionals should include awareness raising about the indicators for Domestic abuse, education about the impact of Domestic Abuse, and providing an understanding of the safeguarding pathways required to provide high quality care for those who are affected by this challenging social construct. (Appendix 1 for details)

References

RCN Clinical Resource Page for Domestic Abuse can be found at

<https://www.rcn.org.uk/clinical-topics/domestic-violence-and-abuse>

Bagness & Donovan, (2016) Domestic abuse: what healthcare professionals need to know

Nursing **Standard** October 2016 <https://rcni.com/nursing-standard/features/domestic-abuse-what-healthcare-professionals-need-know-68046>

Bagness & Donovan (2016) Perspectives: Do you feel Safe at Home? **Journal of Research in Nursing** Volume 21, Number 5-6, Sep 01, 2016

www.journals.sagepub.com/toc/jrn/21/5-6

Safelives (2016) A Cry for Health Report by Safe lives <http://safelives.org.uk/node/935>

Appendix 1

Domestic Abuse is a significant and complex element of our society, and consequently impacts on healthcare. It

- Directly affects 1 in 4 women and 1 in 6 men in their lifetime
- Around 1 in 5 children have been exposed to domestic abuse.
- Is not gender, race, sexual orientation or age specific
- The victim and the perpetrator are known to each other
- Victims and perpetrators will be among the healthcare professional community.
- It 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.

The cross governmental definition of domestic violence and abuse is (Home Office 2016):

“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 definition is focused on partners / ex partners and not including 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 Scottish Parliament in 2017

Domestic Abuse is well recognised for being under reported and despite its common occurrence, is often under recognised, sometimes because of preconceived ideas about who it impacts on, and sometimes because nurses and others are unsure about what they can do for a victim or suspected victim, especially when it is discovered out of the context of the care being offered. It also has to be acknowledged that nurses and midwives, whilst caring for those affected (directly or indirectly by domestic abuse) may be victims themselves, and in some cases may be perpetrators.