

Domestic Violence and Abuse: *Taking the leadership role*

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Introduction

1.2 million women suffer domestic violence (The British Crime Survey, 2013-2014). One out of every four women over the age of 16 years of age have experienced some form of domestic violence that can range from threatening behaviour, violence, physical, psychological, sexual, financial or emotional abuse.

There is significant evidence that suggests women who present themselves within NHS services are living in relationships where they are suffering from intimate partner violence. Health professionals need to have the underpinning knowledge and skill to identify incidents of domestic violence and abuse. Also to be skilled in providing the necessary advice and information so that women can make informed decisions when ready to do so.

Impact on women

Domestic violence causes increased ill health in women such as:-

- Mental health problems
- Pain and injuries
- Gynecological and obstetric conditions
- Suicidal ideation
- Substance misuse

Impact on children

Domestic violence is a powerful stressor that may affect children in all areas of their lives – physiologically, psychologically, socioculturally, developmentally, and spiritually:-

- Sustaining physical injuries, sexual assaults
- Suffering verbal abuse and intimidation
- Suffering neglect secondary to the violence
- Suffering depression and anxiety
- Behavioural problems and developmental delay



Why women may not disclose

Research conducted by Spangaro *et al* (2011) suggested that women often attempt to hide the abuse due to feelings of shame and being stigmatised. Findings also suggest women do not always identify their experiences as 'domestic violence'. Women ask that health professionals help them to 'see and name' abuse. Catallo *et al* (2013) suggested that disclosure is a fearful process. Women fear an escalation of violence when still living with the perpetrator (Hester *et al* 2007; Bourassa *et al* 2008).

Women may not disclose abuse to health professionals unless directly asked about it (Howard *et al* 2010, Rose *et al* 2011). However Bradbury *et al* (2014) found that some health professionals displayed an element of resistance in asking about abuse. **In order to encourage women to disclose they must feel safe to discuss their experiences.**

Nurses and Midwives- The leadership role

Ramsey *et al* (2012) found that clinicians had not received training and only had basic knowledge of domestic violence. Clinicians were often not prepared to ask relevant questions about domestic violence or make referrals if the woman disclosed. Findings suggested that women were not asked about possible domestic violence even when the women presented with injuries. Health professionals need to provide support and remain non-judgemental in their response to disclosures of domestic violence. They need:-

- Confidence in recognising abuse and responding appropriately.
- Skills of assessment and how to raise and talk about the issue with women.
- Knowledge of how to make referrals to other agencies.
- Training around the ongoing support of women.

Conclusion- Health professionals need to create opportunities where women feel safe to talk about their experiences. Systematic enquiry using open ended questions about domestic violence and abuse will encourage women to disclose. However if health professionals lack confidence in their knowledge this may prevent the appropriate questions from being asked (Taskforce, 2010). Silence around the topic of domestic violence can leave women at greater risk of further abuse (Early Intervention Foundation, 2014).

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