

Domestic Violence and Abuse- Are you asking the question?

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Introduction

1.2 million women suffer domestic violence (The British Crime Survey, 2013-2014). Out of every four women over the age of 16 years of age one had experienced some form of domestic violence.

Significant evidence suggest there is a high level of domestic violence being experienced with women who use the NHS.

Health professionals need to have the underpinning knowledge and skill to identify incidents of domestic violence and abuse. Also to provide the necessary advice and information so that women can make informed decisions when ready to do so.

Women ask that health professionals help them to 'see and name' abuse.

Impact on women

Silence from both health professionals and the women can exist. This can leave women at greater risk of further abuse (Early Intervention Foundation, 2014).

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 due to:-

- Witnessing violence
- Sustaining physical injuries, sexual assaults,
- Suffering verbal abuse and intimidation
- Suffering neglect secondary to the violence



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 suggested women did not always identify their experiences as 'domestic violence'. 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).

Studies have shown that 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.

Health professionals role and responsibilities

Ramsey et al. (2012) found that clinicians had not received training and only had basic knowledge.

Clinicians were often not prepared to ask relevant questions or make referrals if the woman disclosed domestic violence. Finding suggested that women were not asked about possible domestic violence even when presenting 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- Women need to be encouraged to disclose. Health professionals need to enquire about domestic violence and abuse however a lack of confidence and limited knowledge may prevent questions being asked (Taskforce, 2010). Health professionals need to create opportunities where women feel safe to talk about their experiences.

References: British Crime Survey (2013) Crime survey for England and Wales. Spangaro, J., Poulos, R. G., & Zwi, A. B. (2011) Pandora doesn't live here anymore: normalization of screening for intimate partner violence in Australian antenatal, mental health, and substance abuse services. Violence and victims, 26(1), 130-144.. Catallo, C., Jack, S. M., Ciliska, D., & MacMillan, H. L. (2013) Minimising the risk of intrusion: a grounded theory of intimate partner violence disclosure in emergency departments. Journal of advanced nursing, 69 (6), 1366-1376.. Howard, L. M., Trevillion, K., Khalifeh, H., Woodall, A., Agnew-Davies, R., & Feder, G. (2010). Domestic violence and severe psychiatric disorders: prevalence and interventions. Psychological medicine, 40(06), 881-893..