

Domestic Abuse

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By the end of this session, delegates will be able to:-

- Describe the nature of domestic abuse and how this may present
- Identify how fertility nurses and midwives can ask about domestic abuse
- Explain fertility nurses and midwives' professional roles and responsibilities when abuse is identified or disclosed

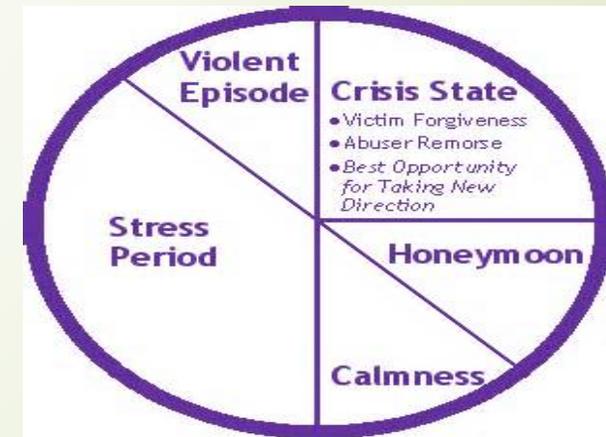
Definition of domestic violence

- ▶ Any incident or pattern of incidents, of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 years or over who are or have been intimate partners or family members, regardless of gender or sexuality.
- ▶ This can encompass, but is not limited to, psychological, physical, sexual, financial or emotional abuse (DH, 2013).



Coercive control

- Coercive behaviour can be acts or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.
- Coercive and controlling behaviour was introduced as a criminal offence on 29th December 2015 carrying a maximum of 5 years imprisonment, a fine or both (Serious Crime Act 2015). (CSEW, 2017)



Statistics



- Approximately **1.2 million women** and **713,000 men** aged 16-59 years experienced domestic violence and abuse (during year ending March 2017).
- An estimated **1.9 million adults aged 16-59 years** experienced any domestic abuse. This equates to approx. 6 in 100 adults

CSEW (Crime Survey for England and Wales, 2017).

Statistics continued



- Women are more likely to have experienced domestic abuse than men – **7.5%** women compared to **4.3%** men
- Women are much more likely than men to be the victims of **high risk or severe domestic abuse**: 95% of those going to Multi Agency Risk Assessment Committee (MARAC) or accessing an Independent Domestic Violence Advisor (IDVA) service are women.
- Domestic violence and abuse can affect any woman regardless of age, class, race, ethnicity.

(The crime survey for England and Wales, 2017)

Possible Indicators of domestic abuse

The following symptoms or conditions are indicators of possible domestic violence or abuse:-

- Adverse reproductive outcomes, including multiple unintended pregnancies or terminations
- Genitourinary symptoms, including frequent bladder or kidney infections
- Vaginal bleeding or sexually transmitted infections
- Symptoms of depression, anxiety or sleep disorders



9 Continued- Indicators of possible domestic violence and abuse

- Unexplained gynaecological symptoms
- Repeated health consultations with no clear diagnosis
- Suicidal tendencies or self-harming
- Intrusive 'other person' in consultations, including partner or spouse, parent, grandparent or an adult child

(National Institute of Care Excellence 2016)

Female genital mutilation (FGM) or 'cutting'

- FGM has been **illegal** in the United Kingdom (UK) since 1985, with the law being strengthened in 2003 to prevent girls travelling from the UK and undergoing FGM abroad.
- Between **April 2016 and March 2017 there were 9,179** attendances reported at NHS Trusts and GP practices where FGM was identified or a procedure for FGM was undertaken. **87%** of these attendances were reported **in midwifery or obstetrics services.**

Cases of Female Genital Mutilation (FGM) added to the FGM Enhanced Dataset collection platform between 1 April 2016 and 31 March 2017. England. Experimental statistics.

FGM Act (2003)

- A person who works in a regulated profession in England and Wales must make a notification under this section (an “FGM notification”) if, in the course of his or her work in the profession, the person discovers that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18.

Action- To review your organisations policy around reporting Female Genital Mutilation

Take a stand against
Hopeless Crime Physical Lonely Control
Hurt Children Fear Crying RAGE
Verbal Anger Depression Abuse
Apologies Trapped Resentment Insecurity
Heartache Why Lies Anxiety Assault
Partner Scared Bruise Victim
Domestic Violence

Women want to be asked about domestic abuse

- Many women do not recognise that they are in an abusive relationship and may underestimate the risk
- The health care system might be the victim's first or only point of contact with professionals.
- Survivors identify health care professionals as the people they would trust most with their disclosure of domestic violence.

****It is not your role to encourage a victim to leave but instead help them to be informed of their choices****

Asking the question- some suggestions.....

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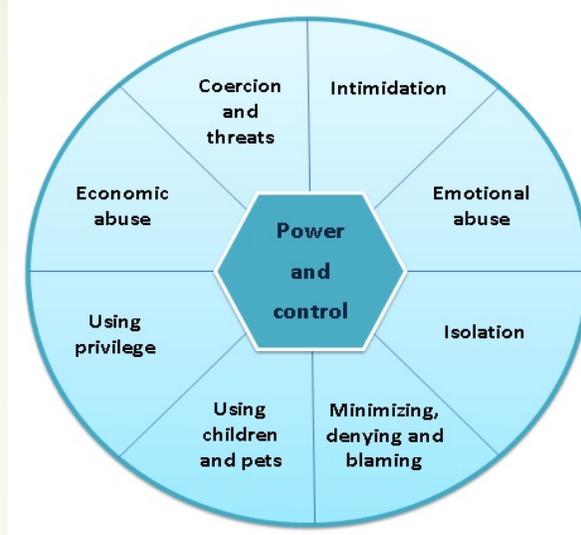
- Has your partner ever physically threatened or hurt you?
- Is there a lot of tension in your relationship?
- Are you afraid of your partner?
- Has your partner ever threatened or abused your children?
- Has your partner destroyed things that you care about?
- Does your partner get jealous? If so, how does he act?
- You mentioned your partner uses drugs/alcohol. How does he act when drinking or on drugs?

Interpreters (NICE 2016)

- Services should ensure that they can provide a safe and private environment in which people feel able to disclose.
- Use professional interpreters who are impartial and have a duty to maintain confidentiality. Family members or friends should not act as interpreters for enquiries or discussions.

Possible validation statements:-

- Everybody deserves to feel safe at home...
- You don't deserve to be hit or hurt and it's not your fault...
- I am concerned about your safety and well-being...
- You are not to blame. Abuse is common and happens in all kinds of relationships...
- Abuse can affect your health and that of your children in many ways...



What is your role?



- To be sympathetic, listen, maintain confidentiality and provide support
- Private discussion to assess the person's immediate safety in order to prevent further incidents.
- It is not your role to encourage a victim to leave but instead help her to be informed of choices
- Liaise with other health colleagues e.g. named professionals for safeguarding children, Domestic Violence and Abuse Lead Practitioners, GPs, Midwives, Adult Mental Health and Substance Misuse services.

Action- Review your organisations policies in terms of domestic abuse and how to escalation your concerns

What is your role if a woman discloses?

- Provide information- leaflets, helpline numbers
- Prioritise safety
- Refer to support services or specialist teams
- **Documentation:-**
 - Questions and answers in clients words
 - Symptoms or injuries observed
 - Any information on frequency/severity of abuse
 - Describe facts do not judge or assume
 - Record your actions e.g. referral
 - Keep records secure

Action- Follow your organisations record keeping policies and procedures around clear documentation about domestic abuse.



Services for the Victim/Survivor

- Domestic violence advocacy services
- Counselling
- Safety planning with support
- Refuge
- Housing advocacy
- Child care, transportation, food – other concrete resources
- Parenting support
- Skilled legal assistance with immigration issues
- Home visiting (Health Visitor)
- Substance misuse and mental health treatment

Action- To identify the referral framework/processes within your organisation.

Nursing and Midwifery Council (2015)

- Immediate concerns about abuse should be dealt with under local safeguarding procedures in the first instance.
- As a nurse or midwife, you have a professional duty to put the interests of the people in your care first and to act to protect them if you consider they may be at risk.
- Speaking up on behalf of people in your care and clients is an everyday part of your role. Just as raising genuine concerns represents good practice, 'doing nothing' and failing to report concerns is unacceptable.

Action- Reflect on how you adhere to the NMC (2015) Code of Conduct in terms of safeguarding

RCN's Position

- ▶ The Royal College of Nursing is committed to keeping this complex issue on the policy agenda
- ▶ Working to inform and support nurses and midwives to understand their role their responsibilities around this complex subject.

Action- Refer to the RCN's Pocket Guide for information about domestic abuse.

Legislation and Policy Frameworks

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- Domestic Violence Crime and Victims Act 2004
- Crime and Disorder Act 1998
- Forced Marriage (Civil Protection) Act 2007
- Female Genital Mutilation Act 2003
- The Serious Crime Act 2015
- Protection of Harassment Act 2014
- United Nations Convention on the Elimination of All Forms of Discrimination against Women 1979
- United Nations Convention on the Rights of the Child 1989
- The Children Act 1989 and the Children Act 2004
- Adoption and Children Act 2002



Support Services

ADVICE Help lines

Women's Aid 0808 2000 247

National Centre for Domestic Violence: 0800 970 2070 for advice
on injunctions

HOUSING Shelter

<http://england.shelter.org.uk>

Help for male victims of domestic abuse

Men's advice line and enquiries (MALE) 0808 8010327. Advice and support for men
In abusive relationships.

www.mensadvice.org.uk Tel: 0808 801 0327

<http://www.mensadvice.org.uk/pages/advice-support-for-male-victims.html>

Men's Health Forum leaflet. Information for victims and perpetrators

<https://www.menshealthforum.org.uk/male-health>

LGBT clients. GLDVP web-site for a list of LGBT domestic abuse services or email

lgbtforum@gldvp.org.uk

RCN Weblinks

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

Position statement:-

<https://www.rcn.org.uk/professional-development/publications/pub-006587>

Pathway:-

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

Pocket guide:-

<https://www.rcn.org.uk/professional-development/publications/pub-005985>

Any Questions?



References

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- Office for National Statistics. (2018). *Crime survey*. [ONLINE] Available at: <http://www.crimesurvey.co.uk/SurveyResults.html>. [Accessed 15 March 2018].
- The Code: Professional standards of practice and behaviour for nurses and midwives (the Code) (NMC, 2015).
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