

Dome ic Ab e

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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.

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Domestic abuse 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, midwives, nursing associates and nursing support workers engage with those most likely to be affected. The Royal College of Nursing (RCN) is committed to keeping this complex issue on the policy agenda, especially working to inform and support members and the wider health care community to better understand their role and their responsibilities around this complex subject.

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The RCN is committed to supporting nurses, midwives, registered nursing associates and

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Further information can be found at: rcn.org.uk/clinical-topics/domestic-violence-and-abuse

Domestic abuse is a signif cant and complex element of our society, and consequently impacts on health care.

- It directly affects one in four women and one in six men in their lifetime.
- Around one in f ve children have been exposed to domestic abuse.
- It 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 health care professional community.
- It is a major safeguarding issue, and all health care professionals have a role in increasing awareness and inquiring when confronted with behaviours that raise concerns and alarm.

The cross governmental definition of domestic violence and abuse is (Home Office, 2012):

"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
- f nancial
- emotional
- coercive control.

Perpetrators can f uctuate between forms of abuse at any time during a relationship.

In Scotland, the def nition 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." (NHS Health Scotland 2019)

Domestic abuse is well recognised for being under reported and despite its common occurrence, is often under recognised, sometimes because of pre-conceived 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.

