



The Royal College of Midwives

Position Statement

Domestic abuse occurs across all of society; its prevalence is shocking and unacceptable. Every minute in the United Kingdom, the police receive a call to stop domestic violence (Stanko, 2000). Two women are killed every week by a current or former partner, with 90% of domestic abuse being witnessed by children (Home Office, 1998, Hughes, 1992). More than 14% of maternal deaths occur in women who have told their health professional that they are in an abusive relationship (BMA, 1998). Pregnancy, far from being a time of peace and safety, may trigger or exacerbate male violence (Bohn, 1990; Helston and Snodgrass, 1987); it is estimated that 30% of domestic abuse commences during pregnancy (DoH, 2004; McWilliams and McKiernan 1993). Yet many women experiencing domestic abuse could have been helped if someone had asked them about problems in their relationship.

Domestic abuse is a social problem that is now recognised as an important public health issue, as its effects have been shown to have devastating consequences for the health and well-being of women, their children and the general population. It costs the NHS an estimated £1.2bn to deal with the resulting physical injuries of domestic abuse (Walby, 2004).

Definition

The term domestic abuse is used to describe violence perpetrated by an adult against another with whom they have or have had a sexual relationship. This abuse can take many forms including physical (hitting, kicking, restraining), sexual (including rape, or coercion), psychological (verbal bullying, undermining, social isolation) and financial (withholding money, unrealistic expectations with the household budget). Domestic abuse can also be perpetrated via e-mails and text messages.

The Department of Health's definition of domestic abuse is, "Any incident of threatening behavior, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality" (DoH, 2006). The United Nations defines violence against women as, "Any act of gender based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering of women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life". The United Nations report on worldwide violence confirmed

that it is predominantly women and children who are abused (United Nations, 1995).

The midwife is ideally placed to identify ongoing abuse and to offer care, support and information to women. However, this contribution is often hampered by poor coordination of services, by inadequate knowledge of domestic abuse and its complexities and by midwives' own experiences, beliefs and attitudes concerning domestic abuse.

In 2004, a snapshot survey among 700 midwives across the UK was carried out jointly by the RCM and Red Consultancy as part of the Home Office campaign to raise awareness of the National Domestic Violence Helpline run in partnership between Women's Aid and Refuge. The survey showed that over 1 in 15 pregnant women seen by a midwife over a five-day period was a victim of domestic abuse. Twenty-three percent of midwives in the survey suspected or came across at least one of their clients who were experiencing domestic abuse. Worryingly, a majority of the midwives found it difficult to ask women about domestic abuse, and cited reasons such as the fact that partners were present, inability to offer effective help and lack of time and knowledge to address the women's needs adequately. (Red Consultancy, RCM, 2004).

RCM position

The RCM supports routine enquiry into domestic abuse throughout pregnancy and the postnatal period, which is accompanied by a package of measures that includes a systematic and structured framework for referral and support for women who disclose domestic abuse.

The RCM believes that same-sex independent interpreters and advocates must be used for non-English speaking women, rather than family members.

Every midwife has a responsibility to provide each woman in her care with support, information and referral appropriate to her needs (NMC, 2004a). Where abuse is suspected, the RCM urges midwives to further ask the woman explicitly but carefully and sensitively. The midwife's role and responsibility is then to provide the appropriate response, be that of providing the woman with helpful information, of referring her to appropriate agencies, or of any other action that may be required.

Midwifery managers, educationists and supervisors of midwives should ensure that all midwives undertake education and training programmes to gain knowledge and understanding of the complexities of domestic abuse. This should be followed by regular professional development updates for all midwives (NMC, 2004b).

The RCM believes that domestic abuse is best challenged by a multidisciplinary and multi-agency approach, in which professionals work in partnership with local service providers, police, voluntary sector and the woman herself.

Maternity services should develop a multi-agency and interdisciplinary approach to domestic abuse that ensures a seamless and effective response to a woman seeking help.

RCM recommendations:

The RCM recommends that employers of midwives should have procedures and facilities in place to support midwives who may themselves be in abusive relationships.

All midwives should be familiar with local and national policies, services and resources available to help a woman experiencing domestic abuse. In adherence to the NMC standards for records and record keeping, the RCM recommends that midwives keep detailed and contemporaneous records of all discussions and disclosures of domestic abuse, including accurate description of any injuries. Further, midwives should be vigilant about keeping such information confidential from the abuser and disclose only with the permission of the woman, on a need-to-know basis.

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This document should be read in conjunction with Guidance Paper No. 5

References and related documentation

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Stanko B (2000) *The day to count: a snapshot of the impact of domestic violence in the UK*

Steele R (1999) Why mothers die: confidential enquiry into maternal deaths. *RCM Midwives Journal*. 2:3 80-1

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Helplines

24 hour Freefone National Domestic Violence Helpline

0808 2000 247

Women's Aid England

0117 944 4411

Welsh Women's Aid

029 20 390 0874

Northern Ireland Women's Aid

028 90 331818

Scottish Women's Aid

0131 475 2372

RCM Counselling Service

0800 028 1791

Websites

www.womensaid.org.uk

www.refuge.org.uk

