



infant

for neonatal and paediatric
healthcare professionals

The silent and hidden victims of domestic abuse

The issue of domestic violence has again been brought into the public arena following a spate of incidences in recent months in which women have died of alleged domestic violence in Northern Ireland. The 7th Northern Ireland Community Nursing Network Conference “Changing Practice – Improving Public Health” held on the 22nd of February 2005 heard from the National Domestic Violence Co-ordinator from the Department of Health that a third of all abuse occurs when a woman is pregnant. However, what is the effect on a baby or child within the family unit and what initiatives have been, and are being, developed to support them in this situation?

The British Crime Survey¹ has estimated that approximately one third of violence reported to the authorities is domestic assault. It has also been reported that children who live in a home in which domestic violence takes place are some four to nine times at greater risk of being assaulted than children from homes where domestic violence does not take place². Abuse of the child in the family may occur as a result of children becoming accidental victims when violence is perpetrated by one member of the family towards other members of the family.

Apart from actual physical damage, one of the long term consequences of this violence is that the child may see how difficulties in the family and relationships are resolved by violence and that the child may then adopt violent or aggressive behaviour in similar situations³, thereby perpetuating the cycle of abuse.

Historically domestic violence and child welfare issues were generally seen as separate issues with social workers and healthcare professionals protecting the child and often women’s refuge workers concerning themselves with women and domestic violence. More recently this separation of the two groups has been moving closer together with linkage between the two and family services providing assistance to the family as a unit.

There needs to be greater awareness of this taboo subject. In particular when an infant is being discharged and staff suspect that domestic abuse is an issue within the family, then they have a responsibility to act to ensure the safety of the child. Neonatal and paediatric staff, midwives, health visitors, community nurses and General Practitioners must all become more aware of the issues and the resources and

support networks available to help support the child and family members in these situations.

Another related issue for professionals was highlighted by Frost⁴ around safety concerns for health visitors when undertaking home visits in which domestic abuse is suspected and that there is a perceived lack of training and support from managers and colleagues. It is suggested that only 34% of the 107 health visitors questioned have ever received training on domestic abuse, yet they may be the professional who has first contact with the family.

A number of initiatives have been developed to improve healthcare professional’s support of victims of domestic abuse and the effects on the child in the family⁵⁻⁸. Conferences like The Northern Ireland Community Nursing Network Conference provide additional opportunities to promote discussion and debate on the issues of domestic violence and the effect on children, and one would hope promote further advancement regarding the support required for infants and children living with domestic violence.

These sometimes forgotten and hidden sufferers need the support of all health and social care professionals. The recognition of this sensitive and destructive aspect of society needs appropriate referral and guidance to enable the professional to support the child in a violent domestic environment.

Gary Barrett

MBA, Med, BSc, RGN, RSCN, ENB405,
Lecturer, School of Nursing and Midwifery,
University of Southampton

References

1. **British Crime Survey.** The 2000 British Crime Survey. 2000 London: Home Office
2. **Moffit, T., Caspi, A.** Annotation: Implications of violence between intimate partners for child psychologists and psychiatrists. *J Child Psychol Psychiatry* 39: 137-44.
3. **Browne, K., Herbert, M.** Preventing Family Violence. 1997 Chichester: Wiley.
4. **Frost, M.** Health visitors’ perception of domestic violence: The private nature of the problem. *J Adv Nursing* 1999; 30: 589-96.
5. **Department of Health.** Working Together to Safeguard Children. 1999 London: Department of Health.
6. **Department of Health.** Domestic Violence: A resource manual for health care professionals. 2000 London: Department of Health.
7. **Department of Health.** Health Visitors Practice Development Resource Pack. 2001 London: Department of Health.
8. **Peckover, S., Marshall, K., Kendall, S.** Understanding Domestic Violence: A training pack for community practitioners. 2001 Community Practitioners and Health Visitors Association. London.