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Addressing domestic abuse within the healthcare profession

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D [omestic abuse](#)¹ (DA) within the healthcare community is a pressing concern. DA remains a largely concealed phenomenon. It affects healthcare professionals (HCPs), especially women, nurses, and those working in low- and middle-income countries, at an alarmingly disproportionate rate.²

The statistics are alarming. In 2016, [research carried out by the Cavell Nurses' Trust](#)³ revealed that nurses, midwives, and healthcare assistants were three times as likely to have encountered DA in the preceding year compared to the general population. A [10-year femicide census](#)⁴ in the UK listed HCPs as frequently reported victims of DA.

Recognising the seriousness of this problem is the first step toward proactively addressing it.

Why is this happening?

The demanding nature of healthcare work makes HCPs susceptible to stress and burnout, further disrupting their personal lives and relationships.

While risk markers for DA among HCPs mirror those in the general population, HCPs face particular vulnerabilities. They uphold core career values, such as the [‘six Cs’ of nursing](#): care, compassion, competence, communication, courage, and commitment.⁵ Such values might lead them to remain with abusive partners out of altruism or the belief that their partner relies on them. The demanding nature of healthcare work makes HCPs susceptible to stress and burnout, further disrupting their personal lives and relationships.

A [UK study conducted in 2021](#) highlighted that female doctors often internalise the stigma associated with DA, leading to social and professional isolation.⁶ This isolation can make seeking assistance challenging. [Medical professionals have expressed](#) their struggles with overwhelming emotions of guilt and shame, as well as the challenge of reconciling their role as victims with their identity as doctors, primarily due to prevailing stereotypes related to DA

victims.⁷ Fear of the potential repercussions on HCPs' careers and reputations² creates a

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So what?

The impact of DA on healthcare workers as a risk group is itself a harm and injustice that should not be overlooked. However, the impact of DA is not limited to HCPs' personal lives; it extends into their work, with significant repercussions. It impairs their ability to concentrate, erodes confidence, and compromises their overall well-being. It can negatively affect work attendance and performance, thus jeopardising the quality of patient care.

Exposure to distressing situations, such as witnessing patients' suffering, takes a severe toll on HCPs' mental health. This heightened emotional strain can lead to compassion fatigue, vicarious trauma, and even post-traumatic stress disorder, rendering them more susceptible to DA.² The trauma and mental health consequences of DA exacerbate the already challenging and potentially traumatic nature of healthcare jobs. This creates a harmful cycle that must be addressed to safeguard both the well-being of both HCPs and the quality of care they provide.

HCPs rarely seek support for DA. These may be due to psychological and social barriers experienced by the HCP but also because of [inadequate workplace support](#).⁸ [UK legislation](#) recognises the employer's role in supporting victims of DA, emphasising the importance of ensuring the health, safety, and welfare of employees at work.⁹

How can we address this critical issue?

Addressing this critical issue requires a multifaceted approach. As employers, we may bear the responsibility of managing cases involving both victims and perpetrators, especially when they work within the same organisation. To effectively tackle DA among HCPs, it is essential to establish a workplace that is safe, supportive, and non-judgmental, eliminating barriers for HCPs seeking help.

Breaking down the fear of judgement and the associated stigma surrounding DA is paramount. This can be achieved by nurturing a culture of support and open communication, encouraging HCPs to share their experiences and recognise signs of DA. A [2021 UK study](#)⁶ emphasised the effectiveness of peer support and compassionate colleagues in providing assistance. Furthermore, the [assessment of a hospital program](#)

[involving Independent Domestic Violence Advisors](#) revealed that staff, despite its

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however, HCPs may hesitate to use local DA support services due to concerns about encountering family, friends, or their own patients.

Implementing mandatory, focused DA awareness sessions for all staff and managers, including during new recruits' induction, can raise awareness of potential signs of DA. This not only helps in identifying and supporting colleagues experiencing DA but also benefits the patient population.


Additionally, promoting self-care among HCPs is key, ensuring they have the emotional capacity to care for themselves while delivering high-quality patient care. Encouraging mindfulness training and participation in Balint groups can help maintain emotional well-being.

Professional organisations, such as [RCN's Counselling Service](#)¹¹ and [BMA](#)¹², often provide resources and support services for their members facing DA. Encouraging staff to reach out for help and access resources such as counselling, legal advice, financial assistance, and safe housing can make a significant difference.

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Employers hold a key position in supporting staff members experiencing DA. Offering confidential support systems, such as employee assistance programs, is fundamental. Implementing a clear in-house DA workplace policy for each organisation, outlining available resources, procedures for victims to seek help at work, and any provisions, adjustments, or workplace safety plans is essential to support HCPs.

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Furthermore, establishing an in-house designated contact person or a DA Champion within each organisation, who is professionally trained to offer confidential emotional and practical workplace support and refer individuals to specialised agencies, can significantly enhance the support available to HCPs facing DA. These designated professionals are not expected to rescue the individuals or dictate their actions, but to provide guidance, education, and access to resources, all while 

encouraging staff to seek assistance and reducing stigma. They can also play a vital role

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In conclusion, DA among HCPs is a serious issue that affects not only the victims but also the quality of patient care. It is essential that we acknowledge this problem and take meaningful actions to ensure the well-being of these professionals. By doing so, we can provide the support and assistance HCPs need while upholding the quality of care that patients deserve. Together, we can break the cycle of abuse and create a safer, more supportive environment for us and our colleagues to thrive.

Editor's note: Have you considered tackling domestic abuse as a PUN/DEN for appraisal? See here for some ideas: <https://bjgplife.com/daforappraisal/>

References:

1. <https://www.legislation.gov.uk/ukpga/2021/17/section/1/enacted> (accessed 30 Oct 2023).
2. Dheensa S, McLindon E, Spender C, et al. Healthcare professionals' own experiences of domestic violence and abuse: a meta-analysis of prevalence and systematic review of risk markers and consequences. *Trauma Violence Abuse*. 2022;15248380211061771.
3. [Domestic Abuse | Mental Health and Wellbeing | Royal College of Nursing \(rcn.org.uk\)](#) (accessed 30 Oct 2023).
4. [Femicide-Census-10-year-report.pdf \(femicidecensus.org\)](#) (accessed 30 Oct 2023).
5. <https://www.magonlinelibrary.com/doi/full/10.12968/bjon.2016.25.21.1188>(accessed 30 Oct 2023).
6. [Domestic abuse among female doctors: thematic analysis of qualitative interviews in the UK | British Journal of General Practice \(bjgp.org\)](#) (accessed 30 Oct 2023).
7. [bma-domestic-abuse-briefing-nov-19.pdf](#) (accessed 30 Oct 2023).
8. [Safe Places? Workplace Support for those Experiencing Domestic Abuse \(rcm.org.uk\)](#) (accessed 30 Oct 2023).
9. [Workplace support for victims of domestic abuse: review report \(accessible webpage\) – GOV.UK \(www.gov.uk\)](#) (accessed 30 Oct 2023).
10. [“From taboo to routine”: a qualitative evaluation of a hospital-based advocacy intervention for domestic violence and abuse | BMC Health Services Research \(springer.com\)](#) (accessed 30 Oct 2023).
11. [Counselling service | Royal College of Nursing \(rcn.org.uk\)](#) (accessed 30 Oct 2023).
12. [Sources of support for your wellbeing \(bma.org.uk\)](#) (accessed 30 Oct 2023).