Domestic violence

Domestic violence is a series of behaviours which:

• include verbal, physical, sexual, financial, psychological, and/or emotional abuse;
• instill fear in the victim; and,
• is an attempt by one party to gain and retain power over another.

It is the position of the Australian Nursing and Midwifery Federation that:

1. Domestic violence is criminal conduct. It damages the physical and psychological health, well being and future life opportunities of victims.

2. Violent behaviour is the responsibility of the perpetrator. Trigger factors such as alcohol and other drug abuse, stress, emotional trauma or provocation by the victim do not justify violent behaviour. While research into violence, and provision of perpetrator programs is supported, these should not be conducted at the expense of resources or services for victims of domestic violence.

3. Victims of domestic violence include adults or children directly involved, or children witnessing or caught up in violence perpetrated against an adult in their presence. In many jurisdictions nurses and midwives have a responsibility for identification and reporting potential for harm, in such cases.

4. Education regarding domestic violence should be provided for nurses and midwives during their undergraduate education programs and continuing education made available for all nurses, midwives and assistants in nursing in the workforce.

5. Nurses and midwives have an important role in identifying people who are victims of domestic violence and facilitating their access to assistance and support, while respecting their privacy. Screening for domestic violence provides an opportunity for the provision of routine care, and may assist nurses and midwives to identify people who are victims of domestic violence and who would benefit from support and assistance. This must occur in conjunction with an effective system of support following disclosure of domestic violence.

6. An empowerment model of intervention is supported. The primary orientation of this response is the prevention of domestic violence and the safety and ongoing protection of the victim. Interventions should include medical, legal, social and cultural issues.

7. Nurses and midwives should be involved in developing and implementing organisational policies and protocols to support an effective strategy for people experiencing domestic violence.
8. In relation to nurses, midwives and assistants in nursing themselves being the victim of domestic violence:

a) Nurses and midwives should recognise their colleagues may be victims of domestic violence, and be able to provide appropriate support and assistance. Their attendance or performance at work may suffer as a result of experiencing domestic violence.

b) Health and aged care facilities, and other organisations which employ nurses, midwives and assistants in nursing, should develop guidelines and protocols which detail the appropriate action to be taken in the event that a nurse, midwife or assistant in nursing employee reports domestic violence.

c) The employer and responsible line management must maintain confidentiality at all times in relation to any report of domestic violence by a nurse, midwife or assistant in nursing. Confidentiality is the key to those experiencing domestic violence having the confidence to seek support in the workplace.

d) Comprehensive training should be provided to all managers and Human Resource advisers on how to implement the protocols/guidelines and maintain confidentiality at all times.

e) A nurse, midwife or assistant in nursing should be provided with 20 days of paid family and domestic violence leave per year in addition to all other leave.

f) A nurse, midwife or assistant in nursing who supports a person experiencing domestic violence should be entitled to take carer’s leave to accompany them to court, to receive health care, or to assist with childcare.

g) In order to provide support to a nurse, midwife or assistant in nursing employee experiencing domestic violence and to provide a safe work environment to all employees, health and aged care facilities should approve any reasonable request from an employee experiencing domestic violence for:

i. changes to their span of hours or pattern or hours and/or shift patterns;

ii. job redesign or changes to duties;

iii. relocation to suitable employment within the workplace;

iv. a change to their telephone number or email address to avoid harassing contact;

v. any other appropriate measure including those available under existing provisions for family friendly and flexible work arrangements.

vi. provision of appropriate security measures to prevent harassment or intrusion into the workplace.

vii. right to privacy and confidentiality (in relation to contact details)
h) A nurse, midwife or assistant in nursing employee experiencing domestic violence should be referred to an Employee Assistance Program (EAP) and/or other local resources. The EAP should include professionals trained specifically in domestic violence.

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