Royal College of Midwives and Royal College of Obstetricians and Gynaecologists joint policy statement on domestic abuse – November 2020

Domestic abuse is a scourge on our community. One in four women in the United Kingdom will experience domestic abuse or violence in their life time, and those who do are significantly more likely to develop serious, long term illnesses and die prematurely.\(^1\) Domestic abuse also carries a financial cost to society. The Home Office estimates that domestic abuse costs £66 billion per year in England and Wales alone.\(^2\)

Domestic abuse is also a maternal health issue. Not only is domestic abuse more likely to begin or escalate during pregnancy, but it has significant negative health implications for pregnant women and their babies. Domestic abuse doubles the risk of preterm birth and low birth weight,\(^3\) and more than 40% of survivors experience mental health issues including anxiety, depression, and emotional detachment which can affect the way a mother bonds with her child.\(^4\) This has potentially far-reaching intergenerational effects.

As a result of the COVID-19 pandemic, instances of domestic abuse have increased significantly across the UK.\(^5\) Measures to control the spread of COVID-19 have caused many women to be trapped in their household with their abuser, with very few or no opportunities to seek help. To make matters worse, with more medical and antenatal appointments taking place online, in some circumstances it has become more difficult for health care professionals to identify women in need of support. As a result, action to address domestic abuse is more urgent than ever.

Healthcare professionals play an important role in tackling this crisis. While only one in five survivors will call the police, 80% will seek help from health services.\(^6\) Maternity care professionals, who spend time with women in a range of settings, are particularly well placed to identify and respond to abuse.

The Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists urge maternity colleagues to commit to work collaboratively to identify women experiencing, or at risk of, abuse and provide support. In order to assist colleagues in their efforts, the Colleges have recently published guidance on identifying and responding to domestic abuse during the COVID-19 pandemic for midwives, and for other health care professionals.

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\(^1\) Singh Chandan, J et al, *Mortality from all causes over 40% higher in female domestic abuse survivors*. (2020)


\(^3\) B. Donovan et al., *Intimate partner violence during pregnancy and the risk for adverse infant outcomes* (2016)


\(^6\) Department of Health *Responding to Violence against women and children – the role of the NHS* (2010).
In addition, we call on the UK Governments and health system leaders to recognise the important role played by healthcare professionals in tackling domestic abuse and ensure they are appropriately supported by:

- Sustainable funding for high-quality, specialist training of all healthcare professionals.
- Ensuring all health services provide a strategic commitment to responding to domestic abuse.
- Providing sustainable, ring fenced, government investment to ensure all areas adopt the whole health model endorsed by the Pathfinder project, including evidence based interventions like Independent Domestic Abuse Advisers in health settings.
- Priority access to adequately funded specialist mental health support services for survivors, regardless of their immigration status.
- Sustainable funding for quality-assured evidence-based programmes for perpetrators to which health professionals can refer to.
- A long-term public health campaign to help transform public attitudes to domestic abuse.\(^7\)

\(^7\) These recommendations echo those of the Inter-Collegiate and Agency Domestic Violence Abuse forum, of which the Royal College of Midwives and the Royal College of Obstetricians are members.