
The Council of International Neonatal Nurses’ Position Statement on Violence Against Women, Children, and Families

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Drafted by	Jacque Koberstein	Approved by BoD	March 16, 2016
Responsible person	Karen New	Scheduled update	March 16, 2019

COINN supports the recent commitment by world leaders to 17 global Sustainable Development Goals (SDGs) to achieve an end to extreme poverty, fight inequality and injustice and combat climate change in the next 15 years. Part of this work includes ending violence against women and girls, reducing all forms of violence everywhere and ending all forms of violence against children⁽¹⁾.

COINN champions the Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016-2030 that “strives for a world in which every mother can enjoy a wanted and healthy pregnancy and childbirth, every child can survive beyond their fifth birthday, and every woman, child and adolescent can thrive to realize their full potential, resulting in enormous social, demographic and economic benefits”⁽²⁾.

Background

Violence against women and children is partner or non-partner abuse, intimate partner violence, child abuse and neglect, elder abuse and neglect, dating violence, sexual violence, or violence in other family relationships⁽³⁾.

Violence can be instigated psychologically, physically, sexually, through neglect or financial and spiritual constraints.

A global report released by the World Health Organization (WHO) in partnership with the London School of Hygiene & Tropical Medicine and the South African Medical Research Council provided figures on the first global systematic review of scientific data on the prevalence of two forms of violence against women: violence by an intimate partner (intimate partner violence) and sexual violence by someone other than a partner (non-partner sexual violence)⁽⁴⁾. This review was based on data from 80 countries and main findings include:

- 35% of women worldwide have experienced either intimate partner violence or non-partner sexual violence in their lifetime. This is more than 1 in 3 women worldwide
- 42% of women experience injuries either physically or sexually by a partner
- 38% of all murders of women globally were committed by an intimate partner

- Women who have experienced violence are:
 - 2 x more likely to experience depression
 - 2 x more likely to have alcohol use disorders
 - 1.5 x more likely to acquire HIV and sexually transmitted disease
 - 16% more likely to have a premature or low-birthweight baby

The risk factors for either becoming a victim or a perpetrator appear similar: low education, witnessing violence in the family, exposure to childhood abuse and attitudes accepting of violence and gender inequality⁽⁵⁾. International studies reveal that a quarter of all adults report having been physically abused as children, with 1 in 5 women and 1 in 13 men reporting having been sexually abused as a child. Also many children were subjected to emotional abuse and neglect⁽⁵⁾.

The impact on a child where there is violence in the family leads to emotional and behavioural disturbances in later life and can continue the cycle of abuse, with them either continuing as a victim or becoming a perpetrator^(5, 6). When stressors such as poverty and abuse are experienced, the impact on a family are felt by everyone, even an unborn child⁽⁷⁾. It increases the risk for restricted foetal growth, premature birth and neonatal and infant death. During pregnancy, the foetus is exposed to signals from the mother's emotions and early programming of the foetal brain can be negatively influenced with the potential for permanent changes to the stress regulation system⁽⁸⁾. After birth, these changes are associated with greater reactivity to stress and long-term problems with emotional and cognitive functioning⁽⁶⁾. Along with the risks from domestic violence and premature birth, the connections for parent infant attachment can also be affected^(8, 9).

Research from multiple disciplines indicates the importance of a positive start during pregnancy and the early years in order for children to have healthy outcomes across the life span^(10, 11). Central to this positive start is the need for all infants and children to have the opportunity to develop a secure attachment with their parents as a foundation for their future development^(7, 9).

Key principles:

COINN supports and advocates for the following key principles:

1. Nobody has the right to physically hurt another person and this includes children⁽³⁾;
2. Nobody has the right to have sexual contact with another person without that person's permission⁽³⁾;
3. Nobody has the right to use intimidation or threats to control another person⁽³⁾;
4. Everybody has the right to live in a healthy family relationship based around trust and respect. A place they can feel safe and valued, no matter which country they come from⁽¹²⁾;
5. Women and Children Violence is unacceptable and impacts our most vulnerable. There is a need to make changes, to stand up and be counted and not accept family violence as something that is behind closed doors⁽³⁾;
6. It is up to every individual, community, society and country to engage others to speak up and support programmes that will allow women to say no more and teach parents about healthy relationships^(9, 13).

Summary statement:

The above principles are the foundation for a life free of violence. Addressing the issue of women and children violence is an urgent priority. Nurses and National Nurses Associations have a responsibility to provide information and lobby for the elimination of family violence.

COINN is the international organization that represents the global community of neonatal nurses and their organizational partners. COINN advances neonatal nursing care and the profession of neonatal nursing by speaking with one strong voice. Working together, we are able to contribute to the formulation of health policy, promote quality neonatal care and advance neonatal nursing knowledge while fostering high practice standards for neonatal nursing as a profession.

This Position Statement represents the views of the Council of International Neonatal Nurses. This Statement was approved by the COINN Board of Directors on March 16, 2016. This statement was coordinated by Ms Jacquie Koberstein.

References:

1. United Nations. Transforming our world: The 2030 Agenda for Sustainable Development. A/RES/70/1 <https://www.sustainabledevelopment.un.org/post2015/transformingourworld2015> [Accessed October 23, 2015].
2. Every Women Every Child (2015). Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030. Survive, Thrive, Transform <http://www.everywomaneverychild.org/commitments/make-a-commitment>. [Accessed October 23, 2015].
3. Ministry of Social Development (2015). Family Violence is not OK. <http://www.areyouok.org.nz/> [Accessed October 23, 2015].
4. World Health Organization (2013). Global and regional estimates of violence against women. Prevalence and health effects of intimate partner violence and non-partner sexual violence <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/> [Accessed October 23, 2015].
5. World Health Organization (2014). Child maltreatment fact sheet 150 <http://www.who.int/mediacentre/factsheets/fs150/en/> [Accessed October 23, 2015].
6. The Body Shop International and UNICEF (2006). Behind Closed Doors: The Impact of Domestic Violence on Children <http://www.unicef.org/media/files/BehindClosedDoors.pdf> [Accessed October 23, 2015].
7. Nobile H (2014). The experience of poverty for infants and young children. <http://www.brainwave.org.nz/wp-content/uploads/2015/08/Child-Poverty.pdf> [Accessed October 23, 2015].
8. Altarac M, Strobino D. Abuse during pregnancy and stress because of abuse during pregnancy and birthweight. *Journal of the American Medical Women's Association*. 2002;57(4):208-14.
9. Benoit D. Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Paediatrics & Child Health*. 2004;9(8): 541-45.
10. Larson CP. Poverty during pregnancy: Its effects on child health outcomes. *Paediatrics & Child Health*. 2007;12(8):673-77.
11. Perry B. Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture. *Brain and Mind*. 2002;3:79-100.
12. Revilla L (2014). Characteristics of family relationships. www.livestrong.com/article/55800-characteristics-family-relationship/ [Accessed October 23, 2015].
13. World Health Organization (2014). Global status report on violence prevention 2014. http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/. [Accessed October 23, 2015].

2110 Yardley Road, Yardley, PA 19067, USA

• E-mail: info@coinnurses.org • Website: www.coinnurses.org
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