Domestic Violence in Pregnancy and Post Partum

Information for Midwives.

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Home Office Definition

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- Financial
- Emotional [1]

1 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf

How many women experience domestic violence?

- Official figures 1 in 4
- Recent YouGov research suggests 1 in 3
- One in six pregnant women will experience domestic violence.
- 30% of domestic violence starts or worsens during pregnancy.
- Domestic violence is a factor in a significant proportion of maternal and perinatal mortality and morbidity.
- Compare to incidence of conditions routinely investigated during pregnancy.

For a discussion of the statistics please visit
http://www.womensaid.org.uk/domestic_violence_topic.asp?section=0001000100220036sionTitle=statistics

Incidence in pregnancy

- In a study examining the prevalence of domestic violence and its associations with obstetric complications and psychological health, 23% of women had a lifetime experience of domestic violence, and 3% had experienced violence in the current pregnancy - probably an under-estimate . The effects can be cumulative and long-lasting; so abuse prior to the current pregnancy could result in adverse effects for mother and child. (2004)

Miscarriage and premature birth

- Injury to the abdomen, breasts and genitals are common.
- Violence during pregnancy can cause placental separation, foetal fractures, antepartum haemorrhage, rupture of the uterus and pre-term labour.
- Abuse can also indirectly impact upon the health of a woman and her baby through poor diet and restricted access to antenatal care.
- In 2000, the Department of Health, Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, and NICE endorsed routine antenatal enquiry for domestic violence.
- 2001 recommended that all pregnant women should be asked routinely about domestic abuse as part of their social history.

DV and maternal death

- 12% of the 378 women whose death was reported to the **Confidential Enquiry on Maternal Deaths** had voluntarily reported domestic violence to a healthcare professional during their pregnancy. None had routinely been asked about domestic violence so this is almost certainly an under-estimate. (2001)

Lewis, Gwynneth, Drife, James, et al. (2001) Why mothers die: Report from the confidential enquiries into maternal deaths in the UK 1997-9; commissioned by Department of Health from RCOG and NICE (London: RCOG Press); also Why Mothers Die 2000-2002 - Report on confidential enquiries into maternal deaths in the United Kingdom (CEMACH.

What pregnant women want

- Routine enquiry about domestic violence in maternity settings is accepted by women.

- Disclosures of violence require privacy, confidentiality and sensitive questioning by non-judgmental staff. Women may not disclose violence unless asked directly.

- Often women do not understand the failure of health professionals to ask in depth about the cause of their injuries or health problems.

Role of the Midwife

Royal College of Midwives, 2006

- The midwife is ideally placed to identify ongoing abuse and to offer care, support and information to women. However, this contribution is often hampered by poor coordination of services, by inadequate knowledge of domestic abuse and its complexities and by midwives' own experiences, beliefs and attitudes concerning domestic abuse.

- The RCM supports routine enquiry into domestic abuse throughout pregnancy and the postnatal period, which is accompanied by a package of measures that includes a systematic and structured framework for referral and support for women who disclose domestic abuse.

Role of the midwife cont

NICE, 2001

- All women should be routinely asked about domestic violence as part of their social history.

- Women should have the opportunity to discuss their pregnancy with a midwife in privacy, without their partner present, at least once in the antenatal period.

Role of the midwife cont

NICE Pregnancy and Complex Social Factors, 2010

Women who experience domestic abuse should be supported in their use of antenatal care services by:

Training healthcare professionals in the identification and care of women who experience domestic violence

Making available information and support tailored to women who experience or are suspected to be experiencing domestic violence

Providing a more flexible series of appointments if needed

Addressing women's fears about the involvement of Children's Services by providing information tailored to their needs.

Role of the midwife cont

Centre for Maternal and Child Enquiries, 2011

- Continuing recommendation that routine enquiry, 'asking the question', should be made about domestic violence, either when taking a social history at booking or at another opportune point during a woman's antenatal period. Midwives should give high priority to 'asking the question' and to giving information to all women about domestic violence.

- All women should be seen alone at least once during the antenatal period to facilitate disclosure of domestic violence.

Barriers to disclosure

- Fear of an unsympathetic response
- Fear of reprisals and serious escalation of violence from their partner if they get outsiders involved
- Shame and embarrassment over what has happened to them
- Fear that children will be taken into care
- Lack of awareness that help might be obtained from health professionals
- Fear of police or other authorities being contacted and – for some black and minority ethnic women – fear of deportation.

How to support women experiencing DV

- Do not judge. If she could have left she would have.
- Create a relationship. Women who experience DV have often been let down by other professionals.
- Be direct: “I’m worried about you.” “Remember these meetings are confidential.”
- Believe her. DV survivors are often not believed.
- Reassure her that the abuse is not her fault.
- Women have to leave when they are ready. The most dangerous point for women (and children) who experience DV is at the point of separation and immediately after leaving an abusive partner.

How to support women experiencing DV cont

- It takes strength and courage to leave. She may have nowhere to go, no money and her children may be held to ransom.
- Put her in touch with local, good DV agencies, especially IDVA's.
- Be patient. Denial is powerful and women are often very isolated.
- Encourage her. Tell her that she's doing well against very high odds.

Barriers to midwives asking about DV

- Fear of starting something that will get out of control
- Fear of not knowing what to do next
- Fear of causing offence
- Belief that DV is a private matter
- Identification as either as a victim or perpetrator

Multi Agency Risk Assessment Conference (MARAC)

- Local, victim-focused, information sharing between statutory and voluntary sector agencies.
- The risk assessment process –referrals, procedures and standards – are developed by Coordinated Action Against Domestic Abuse (CAADA), a national organisation supported by the Home Office.
- Role of the MARAC is to **facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety**. In a single meeting the MARAC combines up to date risk information with a timely assessment of a victims needs and links those directly to the provision of appropriate services for all those involved in a domestic violence case; victim, children perpetrator and agency workers.
- An individualised multi-agency action plan is created to support the victim and to make links with other public protection procedures, particularly those that safeguard children and vulnerable adults. Issues relating to children such as conflict over child contact, pregnancy and perception of harm to children are key indicators of risk in the CAADA risk.