

Domestic Abuse in Pregnancy

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INTRODUCTION

Domestic abuse can have devastating consequences for the women who experience it. It can also have traumatic and often long term effects on her children. Perpetrators will use various means to dominate and control the person with whom they have had a close and personal relationship.

Many people believe domestic abuse is caused by poverty, alcohol misuse or witnessing abuse as a child. Although each of these can be contributing factors, they are not the sole or primary causes of domestic abuse.

Domestic abuse occurs within all sections of society regardless of age, class, race or religious denomination.

Statistics show that it is most commonly perpetrated by men against women but men can be affected by violence from their female partners and it is also seen in same sex relationships

Many of the behaviours involved in domestic abuse are crimes and everyone has the right to live their lives free from fear, intimidation and abuse.

Domestic abuse can begin at any point in a relationship but research shows that pregnancy can often trigger the escalation of abuse and it is rarely a one-off event but a pattern of repeat, escalating behaviours.

Domestic abuse stems from, and reinforces, gender inequality between women and men. According to Scottish Executive (2000) research on perpetrators of domestic abuse found four themes emerging –

- Men's possessiveness and jealousy
- Men's expectations concerning women's domestic work
- Men's sense of women as their property to be punished after a supposed wrongdoing
- The importance to men of maintaining authority.

DEFINITION

Domestic Abuse (as a gender based abuse) can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviours), Sexual Abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family and friends). Scottish Government 2008

Research has shown that domestic abuse can affect 1:4 women in their lifetime and that it also can begin and/or escalate in pregnancy.

A Routine Enquiry of Domestic Abuse is carried out on all pregnant women regarding domestic abuse noting any concerns so we can signpost them to help.

MIDWIVES ROLE

Domestic abuse is a major health issue and you have a duty of care to those affected.

Rarely would your actions make things worse for a women , and if you intervene sensitively and appropriately you could improve a women's long term health and well being and those of her baby`s and any other children NHS Scotland (2009)

According to Baird et al (2011); Homeyard and Gaudion, (2009) Midwives have a pivotal role in supporting victims. Lewis(2011) RCM (2014) advocate routine enquiry about domestic abuse during pregnancy and it is acknowledged that midwives are ideally placed to recognise ongoing abuse and signpost women experiencing it to the most appropriate service for support.

The most important factor in identifying abuse is the awareness that it often begins or escalates in pregnancy. Domestic abuse is known to place women and their pregnancy at risk and it is associated with poor pregnancy outcomes. Regular contact and continuity of carer are essential in offering support to women and their families.

As a healthcare professional midwives are in a key position to support women who experience domestic abuse through a co-ordinated multi agency approach : responding sensitively to disclosures and providing women with appropriate information.

It may have taken a woman months or years to reach the point of disclosing her abuse,so how she is treated is likely to have an impact on whether she is able to disclose more and find help. Fear of being blamed or not being believed can stop her talking about her experiences.

Midwives should remember that their role should be one of enquiry and information giving and may not extend to in-depth support that other agencies can offer.

Women should be reassured that disclosure of domestic abuse will not be communicated to the perpetrator.

Below is a small list of behaviours which may alert midwives to underlying domestic abuse.

Indicators of Domestic Abuse relating to pregnancy

- 1 Late booking
- 2 General unhappiness about the birth of the baby
- 3 Poor / non attendance at antenatal clinic.
- 4 Partner always accompanies the woman and answers for her.
- 5 Frequent visits with vague complaints or symptoms` of unknown clinical cause` and without evidence of physiological abnormality.
- 6 Woman reports intense jealousy and possessiveness by partner or may deny or minimise partner's actions.
- 7 Minimisation of signs of violence on the body with vague explanations
- 8 Poor obstetric history with a higher incidence of miscarriage, termination, intrauterine growth retardation/low birth weight
- 9 She may appear frightened, ashamed evasive or embarrassed or reluctant to speak and blames herself for her partner's actions.
- 10 Frequent attendance to G.P., and admissions to hospital or A+E /triage department with minor symptoms.
- 11 If in hospital may be reluctant to go home.
- 12 May ask you not to give out information to partner or relatives.

Midwives should be aware of the potential effects on both mother and the fetus when women experience domestic abuse and these women should be assessed by the consultant and be on the Red Pathway as per KCND (Keeping Childbirth Normal and Dynamic). These women have complex needs and therefore require robust continuity of care (r) at all times. Continuous quality improvement processes such as KCND and outcome measure are in place within the maternity services to ensure the safety and wellbeing of women and their babies. Refreshed Framework (2011) Girfec (2011)

ROUTINE ENQUIRY

According to NHS Scotland (2009) the nature and extent of domestic abuse varies in families. For some it may be sporadic or relatively 'standard risk'. For others, however, it is more dangerous and life threatening.

All pregnant women should be given the opportunity to disclose abuse in a safe, private environment together with good principles of talking to women experiencing abuse is required as stated in CEL41 (2008)

Routine Enquiry should be carried out in a respectful, non judgemental manner, and in a way where women feel fully informed and reassured as to the reasons why the issue is being raised.

If an opportunity for routine enquiry does not occur during pregnancy for whatever reason it is important to raise this with the HV and woman`s GP

The local policy on domestic abuse has been adapted to include routine enquiry as part of the initial booking appointment.

Currently in Lanarkshire, midwives provide 'private time' at the first booking appointment. This allows the midwife to include routine enquiry as part of the general history taking and allow privacy to discuss other sensitive, confidential issues.

It is important to note that where a woman is deaf or if English is not her first language, then the midwife should arrange for a same-sex skilled interpreter to be present

Where private time is not possible at the booking visit then alternative arrangements are made for the midwife to see the woman alone on another occasion.

It should be clearly documented in the case notes and MIDIS whether or not routine enquiry has taken place and whether any issues /concerns have been raised. All actions from the disclosure must be documented

Purpose of Routine Enquiry

- 1 All women will be asked regardless of social class or personal circumstances.
- 2 It may identify unknown cases of domestic abuse.
- 3 It may help vulnerable women recognise that they are experiencing abuse.
- 4 It lets her know that she is not the only person experiencing abuse and that N.H.S. Lanarkshire takes it seriously.
- 5 It enables women to gain access to support services.
- 6 If there is disclosure then early interventional support can be offered.

It is important to introduce the subject with open ended non-threatening questions so that a woman has a choice about how to respond and therefore remains in control of the interview. It is equally important not to ask probing questions, so she is in control of the amount of information she discloses. Remind the woman that any information she discloses is kept in confidence unless she wishes you to disclose to a third party on her behalf: unless there are any concerns of immediate harm to you or someone else. At some time during Routine Enquiry it may necessitates that a direct closed question may be asked

If staff following disclosure of Domestic Abuse have any concerns regarding any children at home being `AT RISK` of harm please consult the Child Protection Guidelines / Child Protection Advisor.

Where suspicion is high but women do not disclose, listen closely- the woman may talk around the subject before being able to disclose and this might not be on the first visit Staff must document in the summary sheet within the case notes / MIDIS any suspicion of domestic abuse and follow up on this at subsequent visits. The Named Person / Lead Professional must be informed at all times of any disclosure of domestic abuse.

When discussing domestic abuse there are a number of important points that midwives must consider in particular their own verbal and non-verbal communication skills.

Use a sympathetic and non-judgemental approach. Women who are abused are acutely skilled at reading body language; therefore you need to let them know you believe them.

Ask her what information/ assistance you can give her.

Some reasons why women may choose not to disclose

- 1 They may not recognise that they are being abused especially in cases of emotional abuse.
- 2 They may feel shame, guilt or embarrassment.
- 3 Abuse may escalate if outside agencies are involved.
- 4 They fear the children will be taken into care.
- 5 They don't know what help is available from health professionals.
- 6 If they are refugees or asylum seekers they may be frightened of authorities or police.
- 7 They may lack self esteem, self confidence and self worth.
- 8 They feel that they may not get support from family and friends.

Do not try to tell her what to do.

She may not want to do anything for the time being but just being able to talk to someone may be enough.

Acknowledge the strength she has shown in disclosing to you and allow her to proceed at her own pace by not asking too many probing questions.

Safety is a high priority and it is vital to ask women about their safety and the safety of their children before they leave. Such safety plans should be documented and reviewed.

If the woman feels that she is not safe then various options can be discussed – see safety planning.

If the woman does not need a place of safety or returns to her partner then the midwife must respect this decision and ensure a follow-up appointment is arranged.

SAFETY PLANNING

Suggest that she knows exactly where to find important documents e.g. child benefit, NI number, birth certificate, bank account details etc.

Try to save a little money for emergency purposes and leave at a friend's house or somewhere safe.

If possible, she should keep a small amount of clothing, toys etc at a friend's house.

Keep important telephone numbers to hand.

Advise she should talk to her children at an appropriate stage and ensure it is at an appropriate level of understanding for the age of the child. Making sure they know what to do and how to summon help if it is safe to do so and not to intervene if it is not safe.

According to Dobash & Dobash (2001) Jones (1991) Povey (2004) the period after a woman leaves a violent partner is extremely dangerous time for her, as the partner is likely to attempt to find her. Homicide statistics show that most women are killed in the period after they leave.

Be careful not to divulge confidential information by accident – abusive partners can be very persuasive and cunning if they are trying to find the whereabouts of their partner and children. NHS Scotland (2009).

DOCUMENTATION

Any disclosure of abuse, injuries and symptoms must be recorded in case notes.

More detailed information surrounding the abuse should be documented with or without the woman's consent.

If the woman has anxieties about documentation of disclosure the midwife should explain to women the benefits of documenting the abuse, in particular where any legal proceedings may be involved in the future as your documentation will be evidence, should it go to court.

Any documentation of abuse should be held in the strictest confidence with no reference made in hand held SWHMR notes.

More detailed or sensitive information should be recorded in hospital held records.

INFORMATION ABOUT OPTIONS AND RESOURCES

The RCM Position Paper (2006) recommends that Domestic Violence should be challenged using a multi-disciplinary and multi-agency approach placing the woman at the centre.

No single midwife or agency can meet all the needs of a woman experiencing domestic abuse. Agencies should work together to make sure that those affected by domestic abuse receive help and support regardless of which agency they contact first.

For consultancy and advice on working with women who have experienced abuse, staff in NHSL can call EVA Services on 01236 70 77 67, during office hours.

MARAC

In both South & North Lanarkshire there is a multi-agency forum called Multi-Agency Risk Assessment Conference (MARAC). It consists of a meeting where representatives from a number of organisations within Lanarkshire discuss the safety, health and wellbeing of people who are experiencing domestic abuse and together draw up an action plan to help keep them safer.

The aim of MARAC is to :

- Increase the safety, health and wellbeing of victims and their children – if there are any
- Reduce repeat victimisation
- Improve agency co-ordination and accountability
- Improve safety and support for staff involved in high risk domestic abuse cases.

The NMC Guidelines (2004) state that as a registered Midwife we must protect and support the health of individual clients (1.2)

This includes helping individuals gain access to health and social care, information and support relevant to their needs. (2.4)

A resource pack is available within the unit coordinators office within the Maternity Unit.

Midwives should also utilise the NHSL Domestic Abuse Guidelines for Health Care Workers.

Firstport gender based violence public protection pages for up to date guidance and information

SUPPORT FOR MIDWIVES

Midwives should inform their manager and supervisor of midwives if they become involved in any complicated cases as recommended by the RCM (2006). Managers will be able to provide practical advice and guidance whereas supervisors may be able to provide a more supportive role.

Midwives should also note that NHS Lanarkshire currently have a policy in place to support employees who are themselves affected by Domestic Abuse. Staff may also discuss any issues with their line manager and / or Occupational Health Department.

E.V.A.(Ending Violence and Abuse) Services can be used as a consultation resource for staff (Contact numbers below) Any further information required regarding EVA please see site on Firstport.

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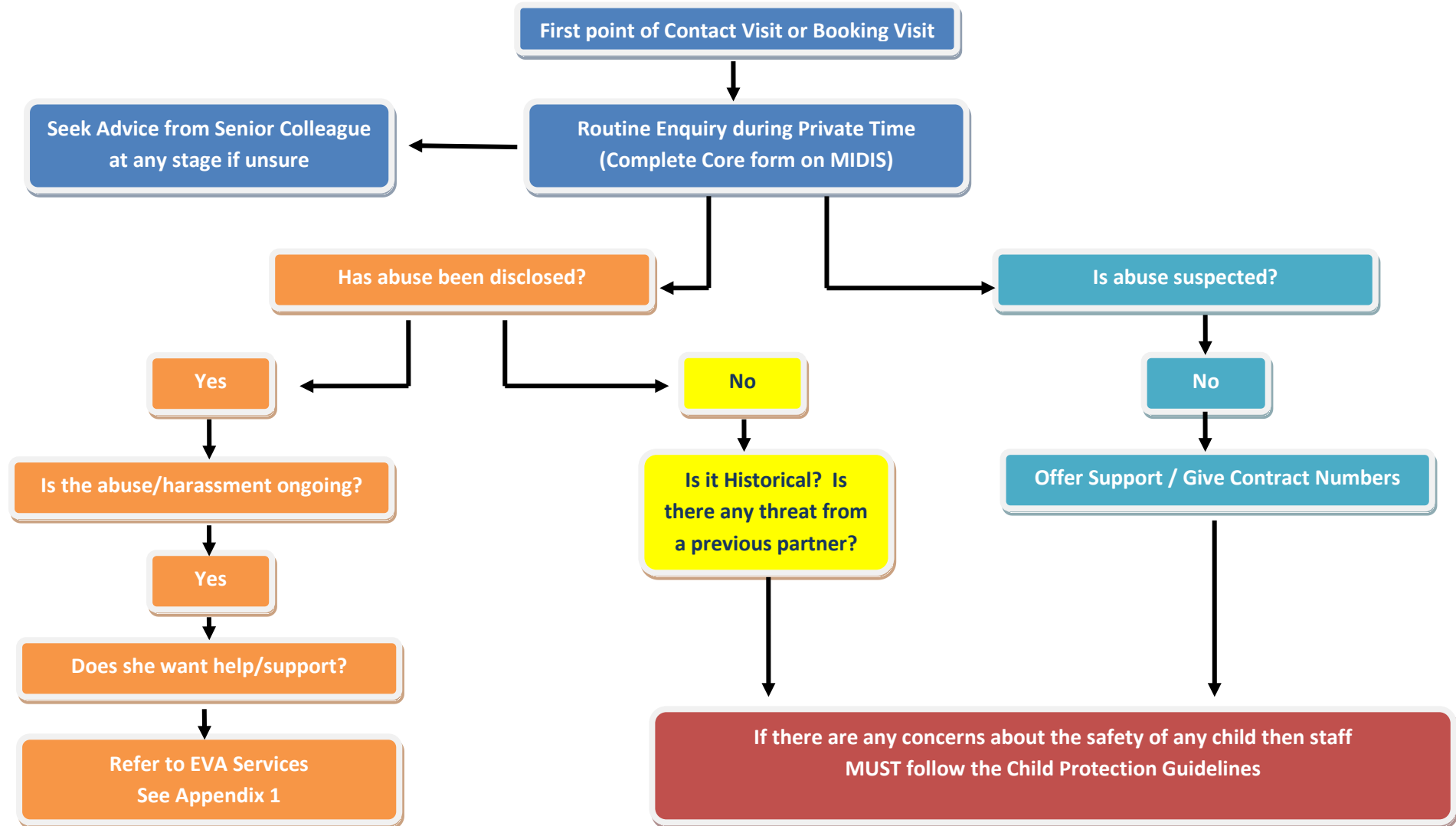
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Maternity Domestic Abuse Sub Group

Encouraging and Responding to Disclosures of Domestic Violence – A guide for Lanarkshire Midwives



RECORD all suspicions and disclosures of domestic abuse and any actions taken and OFFER the chance to come back at any time

USEFUL CONTACTS

Women's Aid	
Monklands Women's Aid (Airdrie, Coatbridge)	01236 432061
Motherwell Women's Aid (Motherwell, Wishaw & Bellshill)	01698 321000
North Lanarkshire Women's Aid (Cumbernauld and Kilsyth)	01236 730992
South Lanarkshire Women's Aid	01698 891498

Women can call any area office of the Women's Aid. They do not require to call their local office.

Housing and Social Work		
Area	Housing	Social Work
Airdrie	01236 758035	01236 757000
Bellshill	01698 332340	01698 346666
Coatbridge	01236 812561	01236 622100
Cumbernauld / Kilsyth	01236 632726 (Cumbernauld) 01236 828120 (Kilsyth)	01236 638700
Motherwell	01698 274135	01698 332100
Wishaw	01698 302920	01698 348200
South Lanarkshire	0303 123 1012	0303 123 1008

Further Agency Numbers

Agency	Telephone Number
Scottish Domestic Abuse Helpline	0800 027 1234
Hemat-Gryffe Womens Aid <i>Asian, Black and minority ethnic women & children.</i>	0141 353 0859 07900 084938
Shakti Women`s Aid <i>Black and minority ethnic women and children</i>	0131 475 2399
Lanarkshire Rape Crisis Centre	01698 527003 (Helpline) 01698 527006 (Advice for Workers)
Childline	0800 1111
Police Scotland	Emergency 999 Report a non urgent crime 101
Domestic Abuse Unit (Police) Lanarkshire Concern Hub	01355 564068
EVA Services (NHS Lanarkshire) For Women in Lanarkshire	01236 707767

APPENDIX 1

The EVA Project or Women's Aid can advise about all the services available.

Checklist of information to gather before contacting other services.

- Has she given you permission to share information with other staff and other agencies?
- Does she need access to a phone or money for bus fares to contact or travel to other agencies?
- Is it safe to contact her at home by phone or by post?
- Is she married to her partner?
- Is she still living with her partner?
- Have any incidents been reported to the police?
- Has she told any other health care worker about the abuse?
(Note who, when and whether injuries were shown)
- Does she have a solicitor?
- Does her partner have access to the children?

This is just a small number of questions which can be asked which will assist other agencies.

Please remember to ensure your patient is safe before she leaves the clinic she is attending.

Always seek advice from senior staff if you are unsure what to do at any stage.