

Domestic Violence and Pregnant Women: Who Cares?

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Homicide Reviews

In April 2011, the Government implemented section 9 of the Domestic Violence, Crime and Victims Act 2004.

This means that local areas are expected to undertake a multi-agency review.

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- To identify the lessons that can be learned with a view to preventing future homicides and violence.

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Participating in a Homicide Review lead to findings that demonstrated that the young Mother was not asked routine confidential enquiry by any Health Professional at any time during her two very recent pregnancies.

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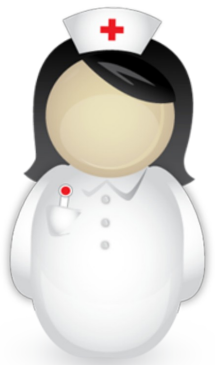
But, she did give clues:

Before & during pregnancy:

Frequently at GP practice, abdominal pain, Anxiety, stress, OD, Relationship issues. A&E attendance, HI and Fall.

Following birth:

Anxiety, stress, concerns about feeding/failure to thrive/ on/off relationship, one premature birth.



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Recommendation:

Check that Midwives & others routinely asked the confidential question regarding domestic abuse/relationship.

Some Facts:

- Over a third of domestic violence starts or gets worse when a woman is pregnant
- One midwife in five knows that at least one of her expectant mothers is a victim of domestic violence
- A further one in five midwives sees at least one woman a week who she suspects is a victim of domestic violence.

• Source <http://refuge.org.uk/get-help-now/what-is-domestic-violence/domestic-violence-and-pregnancy/>

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My research explored the perceptions, experiences and attitudes of Midwives to asking women about Domestic Abuse.

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Following in the footsteps of the giants in the field:

Bacchus, L Mezey, G Bewley, S. (2002) Women's perceptions and experiences of routine enquiry fro Domestic Violence in a maternity service. International Journal of Obstetrics and Gynaecology, 109, 9-16

Baird, K. Salmon, D. White, P. (2013) A five year follow up study of the Bristol pregnancy Domestic Violence Programme to promote routine enquiry. Midwifery.

Lazenbatt, A & Thompson-Cree M.E.M. (2009) Recognising the co-occurrence of domestic and child abuse: a comparison of Community and Hospital based Midwives. Health and Social Care in the Community 17, 358-370

A small qualitative study using semi-structured
questions was completed with the help of 5
community Midwives and 5 Hospital based Midwives

Three Main Themes were Identified:

Environment: Hospital Vs Community Setting.

Consequences: Midwife Vs Expectant Mother.

Experience: Practical Training perspective Vs
Personal resilience perspective.

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Environment: Hospital Vs Community Setting

Findings: This influences whether or not Midwives will ask the question.

This includes Clinics/Wards/Community/Home

'Our managers tell us we have to ask....but in clinic it's just not possible.....busy...no appropriate' HMW

'I ask the question as if I was asking to take their temperature. Using the same tone of voice.....when you ask some of the girls about using drugs they casually answer cannabis, cocaine, they are quite honest about it, we never used to hear about drugs like this, same for DV' CMW

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Consequences: Midwife Vs Expectant Mother.

Findings: This included a sense of seriousness of the situation for both Mother and baby, when it spills into the ward. Safe delivery of Mother & baby.

A sense of incomprehension as to why they 'stay'.

A sense of 'futility' by asking because they refuse the help they say they want.

The need for organisations to audit midwives records for RCE

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'I don't know, would she
have told me if I hadn't
asked ?
Probably not' CMW

'I felt really sorry for her,
expecting a fifth baby
She didn't want, we really
Tried to help her,
me and the HV
but she stayed
With him' CMW

It did impact on my thoughts, it's
all very well
asking the question..it's what
happens in the end I suppose,
it was her home, money, stigma,
her going to a refuge
left her with nothing.. for all of
them..
he was a good father in many
ways, it was the drink that affects
Him. CMW

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Experiences: Midwife Vs Expectant Mother.

Findings: Training and psychological impact on midwives

The role of other Health professionals .

Strength of denial by the women.

Midwives talked of 'peer and manager support' but NOT Supervision.

Midwives had a vague understanding of the role of Multi-agency risk assessment committees (MARAC)

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Midwives had a vague understanding of the potential Effectiveness of MARAC.

Referrals to MARAC did not come from Midwives.

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'at the moment, I've got one
went to the police because he
tried to strangle her, she subsequently
dropped the charges, she didn't know
what to do but it happened.
You think to yourself is the baby safe?
If she doesn't know what to do
How are we supposed to? CMW


'You have to be non judgemental,
often we do get upset....midwife
received some horrible texts, really
abusive from a patient because she
had been the one to ask the question'.

CMW

'I think your instinct tells you
something's not
right, even when they say
It's their fault'

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In A&E they didn't
ask & she didn't tell

Midwives felt let down by other health professionals for failing to recognise the signs and just treating the symptoms, just accepting the story on face value.

'I fell down the stairs'

**Only the maternity department asked about
DV and she disclosed she had been pushed.**

This highlights how clinical presentations can take priority
& 'follow on' questions are not asked.

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However the consequences and experiences of DV are varied.

Women do not present with one set of symptoms or injuries.

Such varied presentations can make it difficult to assess.

Fear of getting it wrong.

Until training is mandatory, both DV and specifically MARAC/DASH training the safety of pregnant women will remain a risk as practitioners will fail to recognise abusive behaviour.

This is particularly true of the younger age group, who are failing to recognise an abusive relationship themselves.

Supervision: The psychological impact of working with high risk pregnancies is not recognised enough by organisations.

Midwives need more support and access to this, to help them support the women and prevent 'burn out' for themselves.

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In the last year 307 women have
been referred to MARAC in
Bucks,

22 of them were
Pregnant.

All were referred by the Police.

Ask your organisations
for more training
in basic awareness
of DV
and
MARAC & DASH training.

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Questions ?

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