Domestic abuse in pregnancy

Sensitive and routine enquiry on domestic abuse is appropriate for all pregnant women, write Amanda Aher and Rhona O’Connell

Domestic abuse is a public health issue and also a personal one.1 Internationally, one in three women are abused at some stage in their lives and the abuser is usually a spouse or family member. One in five Irish women experience abuse by a current or former partner. In 2011, there were 12,612 incidents of domestic abuse disclosed to a national freephone helpline.2,3 This indicates a high prevalence of domestic abuse, which midwives need to be aware of and competent in dealing with.

Domestic abuse can be physical, sexual, emotional and financial, and can take place within the family. The abuse can have a detrimental effect on a person’s mental and physical wellbeing. As well as physical injuries, many women experience psychological problems such as anxiety, depression, low self-esteem and passivity. Exposure to domestic abuse also increases the risk of drug and alcohol dependency.

Pregnancy has been identified as a high-risk period, when domestic abuse often begins or intensifies. Maternal outcomes include injury, fear, poor sleep, anxiety, depression and death. Risks to the baby include miscarriage, premature labour, still birth, intrauterine growth restriction, placental abruption, foetal bruising and fractures.4 Domestic violence is slowly being acknowledged as one of the most serious threats to the unborn baby.

Tell-tale signs

Pregnant women are over 60% more likely to be beaten than women who are not pregnant.5 Midwives need to be alert to signs which include: frequently missed antenatal appointments; injuries that are not consistent with accidental causes; anxiety or depression; a dominant partner. Abuse victims may have difficulty using antenatal care services as the perpetrator may try to prevent her from attending appointments.

Antenatal care provides an opportunity to identify women experiencing abuse. The HSE recommends that women are offered the chance to disclose domestic abuse in a safe and secure environment.6 Routine antenatal enquiry occurs less frequently than other aspects of social history taking. Most midwives agree to routine screening; 81% believe it is their responsibility to do so but only 60% are happy to make routine enquiries.7 Routine enquiry involves asking all pregnant women about domestic abuse, regardless of whether signs are present, or if it is suspected. This process also works to reduce the stigmatisation of abuse.

Research shows that direct questioning by trained health professionals leads to a greater disclosure of domestic violence. National guidelines published this year recommend a discreet method of coding to alert colleagues to the presence of abuse. It is as follows:

- V0 – the woman denies domestic abuse
- V1 – the woman has admitted there is violence within the home
- V2 – domestic abuse has been confirmed and appropriate action had been taken by hospital staff

Information, tailored specifically to support abuse victims, should be widely available and offered in antenatal clinics. Some women may be afraid to reveal domestic abuse for fear that their partner will find out or their children will be involved with social services. Midwives can reduce fear by providing information on available support services. If midwives do not sensitively and routinely enquire about abuse, women may feel silenced.

Provision of information

There is a lack of information on domestic abuse during pregnancy. Websites like www.womensaid.ie and www.cosc.ie provide information on where women can get help; a freephone number is also available, but a leaflet discussing the issue should be developed and made available in antenatal clinics.

Providing flexible appointments may help women experiencing abuse receive better antenatal care and help them disclose the abuse. Midwives play an important role in supporting women at this time. See Table 1 for strategies to encourage women to disclose abuse.8 Clear referral pathways should be set out for women who disclose domestic abuse. Midwives should have up-to-date guidance on how to respond and should provide information on safety and local sources of support.

Health promotion is an important aspect of a midwife’s role, and awareness of the signs and symptoms of abuse is essential. Competency in caring for women who disclose abuse can be gained through training programmes for midwives, students and members of the multidisciplinary team. Local and national guidelines on dealing with domestic abuse should be followed.

Doming abuse strategies8

- Create a safe and private environment
- Meet with women at least once on their own during pregnancy
- Believe women who disclose abuse and offer support
- Never use partners or relatives as interpreters
- Give women information on keeping safe and on local services such as safe houses
- Constantly liaise with other healthcare professionals so the woman may receive appropriate support and education

Table 1

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References on request from nursing@medmedia.ie (Quote: Aher A, O’Connell R. Midwifery Matters. Domestic abuse in pregnancy. WIN 2012; 20(7): 45)

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