

# Intimate partner violence in the antenatal setting

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# Overview

- What is intimate partner violence (IPV)?
- How should you ask about IPV?
- How should you respond to IPV?
- Conclusion

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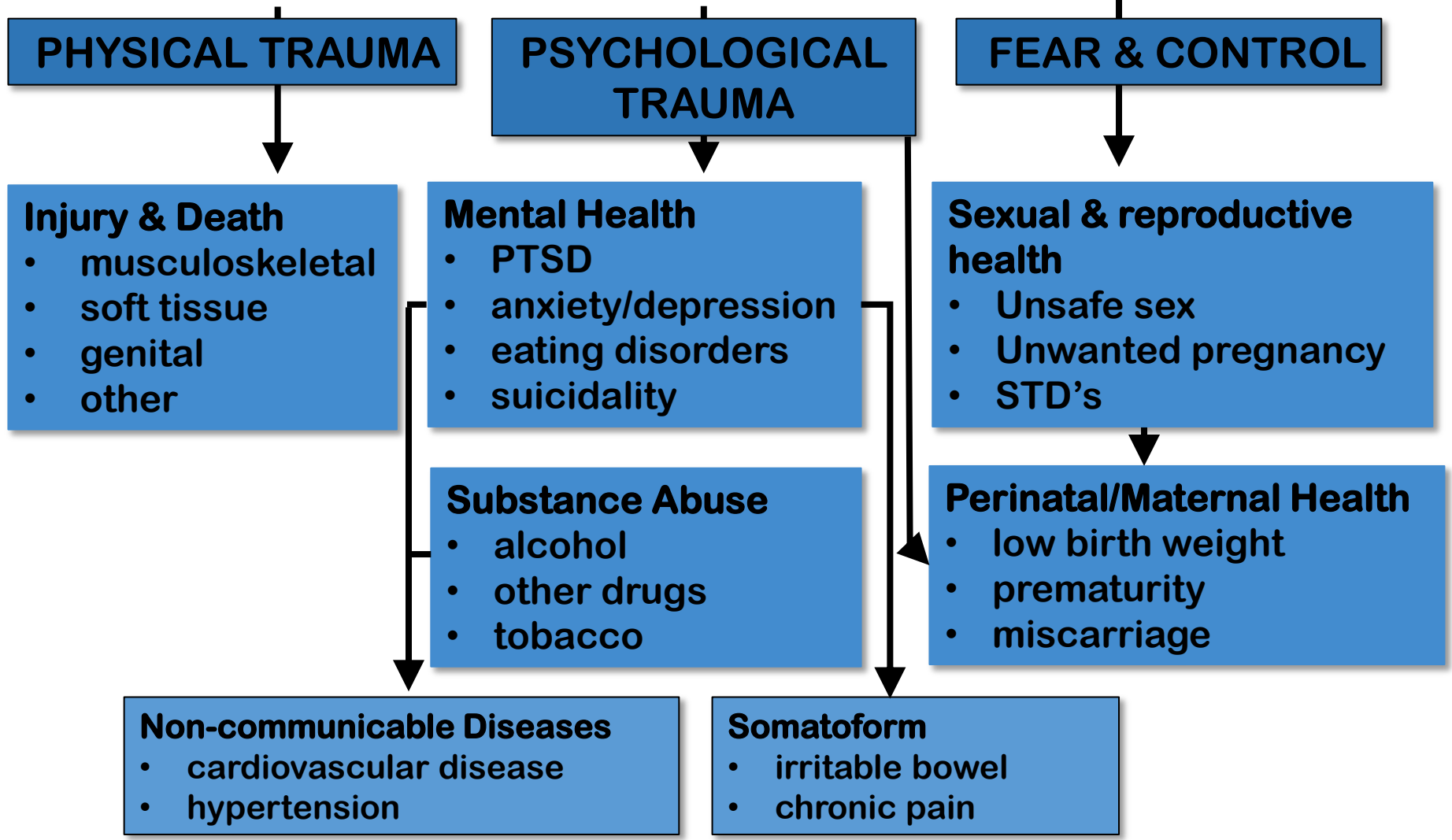
What is Intimate Partner Violence?

## Intimate partner violence (IPV)

- Violence against women: any act of gender-based violence that causes “physical or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty” (Aus Govt’s National Plan to reduce Violence Against Women and their Children 2009)
- IPV is the most common form of VAW: violence perpetrated by a current or previous partner (WHO 2010)
- Gender inequality is central to VAW (WHO 2010)
- Power, control, coercion...
- Family violence is a broader term

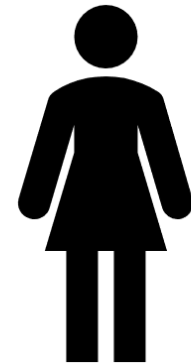


# INTIMATE PARTNER VIOLENCE



# Intimate partner violence in Australia

- IPV is prevalent in Australia (ABS 2017)
- 1 in 3 first time mothers experience IPV before their child turns 4 (Gartland 2014)
- Gender-based public health problem
- Underreported and unrecognised
- IPV may escalate in pregnancy and post partum
- Aboriginal and Torres Strait Islander women and young women at higher risk (AIHW 2018)
- IPV results in adverse reproductive, behavioural, physical and mental health outcomes (WHO 2011)
- Long term consequences for children (AIHW 2018)



# Intimate partner violence during pregnancy

## Fatal outcomes

- Homicide
- Suicide

## Non Fatal outcomes

### Negative health behaviour

- Alcohol and drug abuse during pregnancy
- Smoking during pregnancy
- Delayed prenatal care

### Reproductive health

- Low birth weight
- Pre-term labour/delivery
- Insufficient weight gain
- Obstetric complications
- STIs/HIV
- Miscarriage
- Unsafe abortion

### Physical and mental health

- Injury
- Physical impairment
- Physical symptoms
- Depression
- Difficulties or lack of attachment to the child
- Effects on the child

Health outcomes of IPV during pregnancy (WHO 2011)



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How should you ask about IPV?

Barriers to  
asking about  
IPV (Rose 2011)

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Lack of time or skills

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Belief it is not common

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Fear of offending patient

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Fear of the perpetrator

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Belief it won't change anything as woman  
returns to relationship

# What do women expect from health professionals? (Feder 2006)

## Before disclosure/questioning

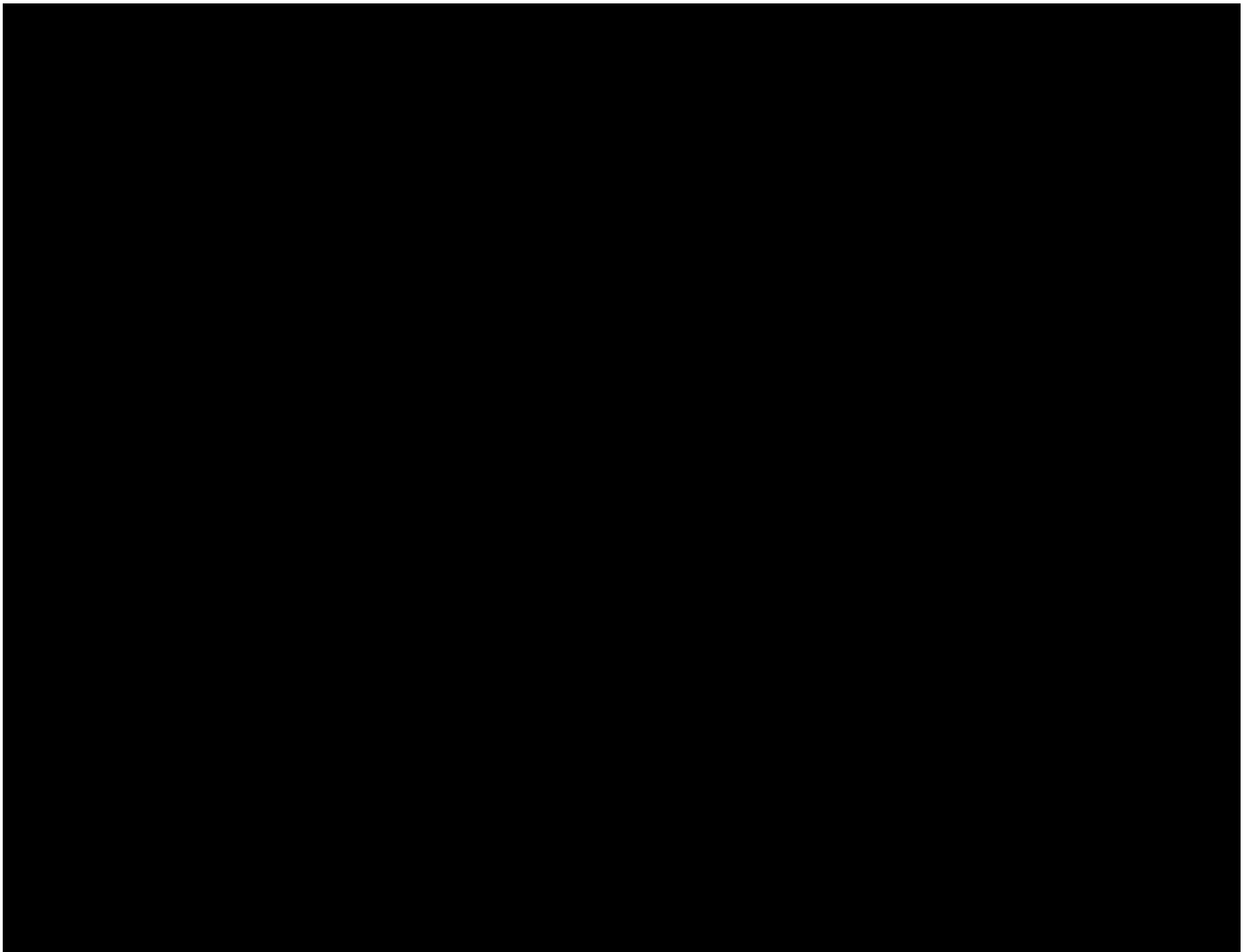
- Be alert to signs and raise issue
- Environment appropriate (posters)
- Assure women about privacy and confidentiality

## Immediate response to disclosure

- Non-judgemental validation is key
- Take time to listen
- Address safety concerns

## Response in later interactions

- Understand the chronicity of the problem and provide follow up and continued support
- Respect women's wishes



Draft identification  
and screening  
questions  
(Family Safety Victoria 2018)

**Violence is very common in the home. I frequently ask my patients ...**

**Questions to identify family violence**

1. Has anyone in your family done something that made you or your children feel unsafe or afraid?
2. Who is making you feel unsafe or afraid? Are there multiple perpetrators?
3. Have they controlled your day to day activities? (e.g. who you see where you go) or put you down?
4. Have they threatened to hurt you in any way?
5. Have they hit, slapped, kicked or otherwise physically hurt you in any way?

**Questions to identify risk – self assessment**

1. Do you have any immediate concerns about the safety of your children or someone else in your family?
2. Do you feel safe when you leave here today?
3. Who would you engage with if you felt unsafe?

Yes/No or Frequency likert scale; Electronic or paper based

Need to integrate with psychosocial screens e.g. mental health ones

# Draft risk assessment questions

(Family Safety Victoria 2018)

***The screening questions, plus the high risk factors (note not all included):***

## **About the person using family violence**

- Are they currently unemployed?
- Has any physical violence increased in severity or frequency in the last year?
- Have they recently:
  - threatened or attempted suicide or self harm?
  - misused alcohol drugs or other substances?
  - followed you, repeatedly harassed or messaged/emailed you?
  - been obsessively jealous or possessive of you?
  - threatened or used a weapon against you?
  - assaulted you when you were pregnant?
  - tried to choke or strangle you?
  - forced you to have sex or participate in sexual acts when you did not wish to?
  - threatened to kill you?

## **About you**

- Do you believe it is possible they could kill or seriously harm you?
- Do you believe it is possible they could kill or seriously harm children or other family members?

## **About your children**

- Have they ever threatened to harm the children?
- Have they ever harmed your children?

## **About imminence**

- Have you recently separated from your partner? *(IPV only)*



How should we respond?



# Responding to intimate partner violence and sexual violence against women

## WHO clinical and policy guidelines







#### Women-centred care:

Health-care providers should, at a minimum, offer first-line support when women disclose violence (empathetic listening, non-judgmental attitude, privacy, confidentiality, link to other services).



#### Training of health-care providers on intimate partner violence and sexual violence:

Training at pre-qualification level in first-line support for women who have experienced intimate partner violence and sexual assault should be given to healthcare providers.



#### Identification and care for survivors of intimate partner violence:

Health-care providers should ask about exposure to intimate partner violence when assessing conditions that may be caused or complicated by intimate partner violence, in order to improve diagnosis/identification and subsequent care.



#### Health-care policy and provision:

Care for women experiencing intimate partner violence and sexual assault should, as much as possible, be integrated into existing health services rather than as a stand-alone service.



#### Clinical care for survivors of sexual violence:

Offer comprehensive care including first-line support, emergency contraception, STI and HIV prophylaxis by any perpetrator and take a complete history, recording events to determine what interventions are appropriate.



#### Mandatory reporting of intimate partner violence:

Mandatory reporting to the police by the health-care provider is not recommended. Health-care providers should offer to report the incident if the woman chooses.

# Health care for women subjected to intimate partner violence or sexual violence

A clinical handbook



WHO Clinical  
Handbook -  
LIVES

**Listen**

- Listen to the woman closely, with empathy, and without judging

**Inquire**

- about needs and concerns. Assess and respond to her various needs and concerns

**Validate**

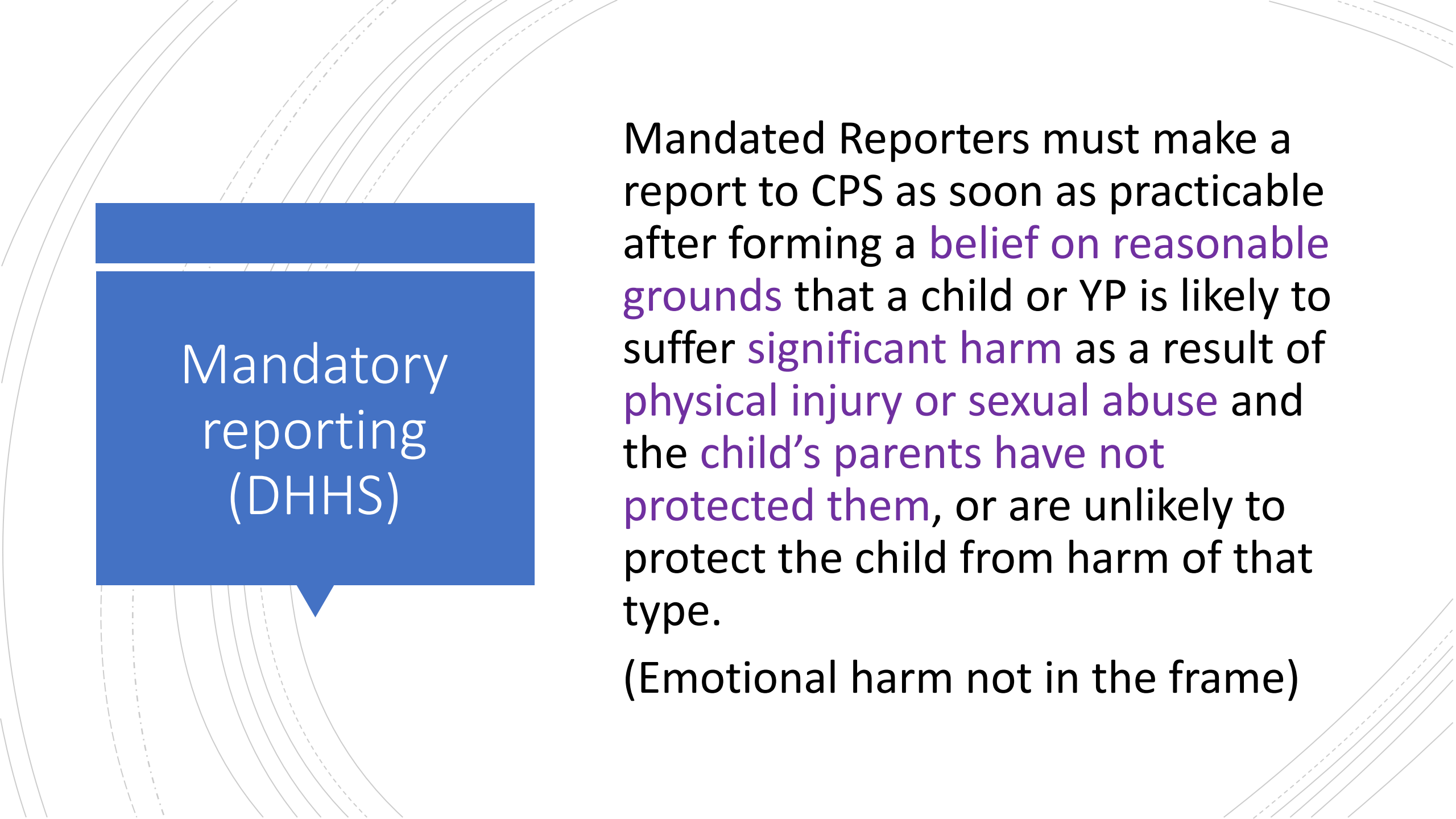
- Show her that you understand and believe her. Assure her that she is not to blame

**Enhance safety**

- Discuss a plan to protect herself and her children from further harm

**Support**

- Help her connect to information, services and social support.



Mandatory  
reporting  
(DHHS)

Mandated Reporters must make a report to CPS as soon as practicable after forming a **belief on reasonable grounds** that a child or YP is likely to suffer **significant harm** as a result of **physical injury or sexual abuse** and the **child's parents have not protected them**, or are unlikely to protect the child from harm of that type.

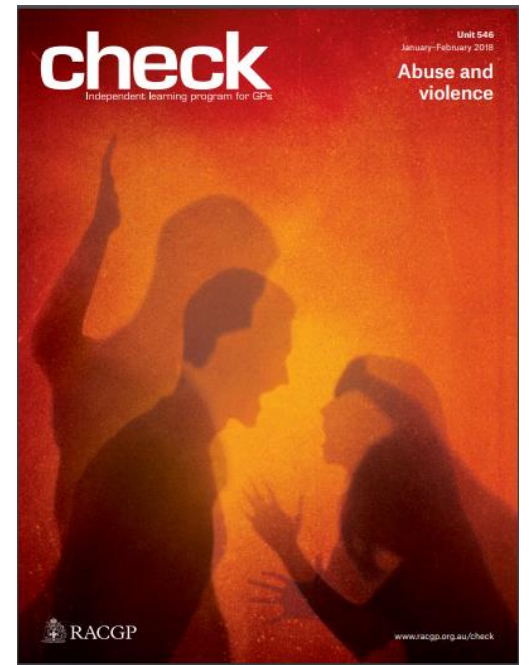
(Emotional harm not in the frame)

## Conclusion

- Rates of IPV are unacceptably high in Australia
- Severe impacts on morbidity and mortality
- Domestic and family violence often begin in pregnancy or increase in severity
- Long term impacts on children's well being
- Pregnancy and early parenthood provides an optimal window for early intervention (item number coming soon)
- Women centred screening and response

# Further training

- University of Melbourne online short course for all health professionals: <https://mdhs-study.unimelb.edu.au/short-courses/mms-short-courses/identifying-and-responding-to-domestic-and-family-violence/fees-and-application#fees-and-application>
- RACGP The White Book <https://www.racgp.org.au/your-practice/guidelines/whitebook/> and Toolkit <https://www.racgp.org.au/familyviolence/>
- Check program for GP's: <https://gplearning.racgp.org.au/>
- DV response training: <https://www.dvalert.org.au/>
- PACTS program: <http://www.pactsproject.org/>
- 1800RESPECT: <https://www.1800respect.org.au/>
- DVRCV: [www.thelookout.org.au](http://www.thelookout.org.au)



# Thank you

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Lifeline 13 11 14

1800RESPECT

Kids Helpline 1800551800

Men's line 1300 78 99 78

Relationships Australia 1300 364 277

