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Reproductive Health Matters 2010;18(36):147–157
0968-8080/10 $ – see front matter
PII: S0968-8080(10)36526-8

REPRODUCTIVE HEALTH matters
www.rhmjournal.org.uk

Evaluation of a domestic violence intervention in the maternity and sexual health services of a UK hospital

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Abstract: *This paper reports on an evaluation of a domestic violence intervention in the maternity and sexual health services of a UK hospital. The intervention encompassed guidelines, staff training, inclusion of routine enquiry for domestic violence with all patients, and referral of women disclosing violence to an on-site advocacy service. An "assumption querying" approach was applied to evaluate the intervention. Programmatic assumptions were identified and tested using interviews with service providers and patients, review of patient records, and pre- and post-training questionnaires. Domestic violence training resulted in changes in health professionals' knowledge and practice in the short-term, but* universal *routine enquiry was not achieved even in a context of organisational support, guidelines, training and advocacy. Potential and actual harm occurred, including breaches of confidentiality and failure to document evidence, limiting women's ability to access civil and legal remedies. Advocacy support led to positive outcomes for many women, as long as support to maintain positive changes, whether women stayed with or left the violent partner, continued to be given. Maternity and sexual health services were found to be opportune points of intervention for domestic violence services that combine routine enquiry by clinicians, support after disclosure and attention to harm reduction.*

Keywords: gender-based violence, training of service providers, routine enquiry about violence, advocacy support, United Kingdom

DOMESTIC violence, defined here as any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, is a major cause of morbidity and mortality in women.[1] Population-based studies from around the world have established that domestic violence, including violence in pregnancy, is highly prevalent.[2] In response to

this widespread public health issue, the WHO has identified violence against women as an important issue for health care services and many health professional governing bodies are encouraging their members to take actions to actively identify those at risk, and within multi-sectoral strategies to respond to abused women using their services.[3]

Debates about the best way to identify and support abused women, whilst being mindful of the potential to do harm, continue to dominate the policy and research agenda.[4] Systematic reviews report a lack of robust evidence demonstrating the effectiveness of health sector interventions involving screening for domestic violence. One US randomised, controlled trial demonstrated the effectiveness of a community-based advocacy intervention, offering advice and practical support to women, in reducing the levels of violence and improving social support and quality of life.[5] However, it is difficult to generalise these findings to abused women attending health services, since the intervention was delivered to women who had already left their abuser and actively sought help. Little is known about advocacy interventions for abused women using health services who are still in the relationship. Although universal screening for domestic violence is widely advocated by some health professional bodies[3] and has documented benefits,[6] it can be difficult to implement in clinical practice. Furthermore, such initiatives are not without risks and their implementation requires careful evaluation.

This article presents findings from a two-year evaluation of an intervention in the maternity and sexual health services of a UK hospital, using an "assumption querying" framework. The intervention involved the introduction of domestic violence clinical guidelines, a rolling programme of one-day domestic violence training (June 2005 and September 2007) for health professionals, to increase their knowledge of domestic violence and its impacts and to enable them to conduct routine enquiry for and document abuse and refer women who disclosed abuse to a contracted on-site domestic violence advocacy service (MOZAIC Women's Wellbeing Project, provided by a community organisation). Training was delivered by a specialist domestic violence trainer employed by the hospital and co-facilitated by a midwife. A combination of didactic methods, group exercises, role play and watching a DVD of routine enquiry was used. Health professionals received the training pack containing information and resources which were also available in their clinics. The advocacy intervention utilised a "woman-centred approach" that built on women's own analysis of their situation and the risks they perceived of pursuing different options, in order to support and accommodate their changing needs.[7] Advocates assisted women with obtaining a range of community resources. Female members of staff in the hospital experiencing domestic violence were also able to use the advocacy service. Male patients from the sexual health clinic who disclosed domestic violence were offered information about services for male victims and perpetrators of domestic violence.

Methods

The study received ethical approval from St. Thomas' NHS Hospital Ethics Committee in December 2004. We chose a "theory of change" approach as it offered a method of assessing in a systematic and cumulative way the links between activities, outcomes and context. The approach has three stages: articulating with stakeholders the assumptions made within the programme as to how they expect the intervention to change behaviour and outcomes; measuring programmatic activities and the intended outcomes; and analysing and interpreting results, including the implications for adjusting the theory and allocation of resources.[8,9] Further details of the technique used[10] can be found in the full report.[11] Findings from the examination of the following key assumptions about the programme in the two clinics are described in this paper:

- Training will help health staff to implement routine enquiry for domestic violence.
- Implementation of a programme of routine enquiry plus on-site support after disclosure can improve detection of domestic violence.
- Maternity and sexual health services are early points of intervention to reduce domestic violence.
- Women who receive support from a domestic violence advocacy service are able to improve their personal situation.
- Routine enquiry about violence and advocacy will not result in harm.

Figure 1 shows the key stages in the intervention process and intended outcomes.