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ORIGINAL RESEARCH – QUALITATIVE

Midwives' experiences of routine enquiry for intimate partner violence in pregnancy

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ABSTRACT

Background: Reducing violence against women is a national public health priority in Australia. Routine antenatal intimate partner violence screening by a skilled midwife is essential for assessment, support and appropriate referral, but can be challenging to implement.
Aim: To explore midwives' experiences of routine enquiry, perceptions of facilitators and barriers, and suggested strategies to improve practice.
Method: A qualitative descriptive design was used.Participants were recruited from an e-mail bulletin by the Australian College of Midwives. In-depth telephone interviews were conducted with 21 midwives. Data were analysed using an inductive thematic analysis approach.
Findings: Three themes were identified: The first theme; *Asking the Question* incorporated the belief that whilst asking women about intimate partner violence were within the role of the midwife, participants felt unsupported and unprepared. The second theme; *The big fear factor* represented concerns around positive disclosures of intimate partner violence, including a sense of responsibility, worries about encouraging women to disclose without clear processes and resources to support them. The third theme; *Building a relationship* incorporated the importance of continuity of care, trust and rapport-building. Continuity of care was identified as a positive enabler for routine enquiry. A perceived lack of support, time pressures, and presence of a partner at appointments were all considered barriers to routine enquiry.
Conclusion: Routine enquiry about IPV is a valuable and important midwifery role. Midwives described frustration and fear when women disclosed violence. The perceived level of support from health services varied according to practice contexts and needs to be improved.

Summary of Relevance:

Problem or Issue

- Some midwives are unclear about their role in addressing intimate partner violence (IPV) and find it difficult to listen or understand a woman's experience on disclosure.

What is Already Known

- Midwives need to become more proactive around women's experiences of IPV. This includes the development of an enhanced knowledge base, and understanding of the consequences of abuse and impact on health.

What this Paper Adds

- For midwives to feel prepared and confident with the process of routine enquiry they must feel supported. Ongoing training on IPV that includes guidance on how to ask the question, deal with barriers, recognise the signs of IPV and have a clear referral pathway for positive disclosure is vital.

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1. Introduction

Intimate partner violence (IPV) is any behaviour within an intimate relationship that causes physical, psychological or sexual harm.[1] Globally 1 in 3 women experience physical and/or sexual violence from a partner.[2] Women are particularly vulnerable to violence during pregnancy and separation.[3] Recent national census data in Australia revealed 17% of all women reported experiencing some form of IPV. Of those women experiencing IPV, 54% reported violence by a partner during pregnancy, 25% for the first time.[4] Reducing violence against women is a national priority.[5] In 2009 the National Council to Reduce Violence Against Women and Their Children (NCRVWC) devised a framework for social and health service change over the next 12 years.[6] The main challenges relate to fragmented services, a failure to invest in primary prevention, a lack of tailored and accessible responses, inadequate monitoring reporting and lack of evidence about what works.[7]

2. Literature review

The debate as to whether routine antenatal enquiry for IPV during pregnancy is an effective intervention has led to some reluctance to introduce routine screening in health services within Australia.[8] A systematic review of studies conducted in the United States of America (USA), New Zealand, Canada and Australia indicated that although routine screening for IPV in health settings increased the identification of women at risk, it did not demonstrate any specific benefit in reducing the incidence of IPV.[9] More recently a cluster randomised trial by Taft et al.[10] investigated the impact of routine screening using a self-report check-list for IPV by maternal and child health nurses in Victoria, Australia. Nurses screened new mothers at 4 weeks after birth and if appropriate again at 3 months. There was no significant difference in reporting or referral of IPV between groups. Increased rates of screening and safety planning behaviour were sustained by nurses in the intervention group at 36 months suggesting that nurses had an increased awareness of IPV, valued screening process, and continued to incorporate screening into their routine appointments. However, such findings contrast with an educational programme introduced for community midwives in Bristol in the United Kingdom promoting routine enquiry for IPV.[11] A five year follow up study evaluating the sustainability of the education and training program demonstrated a marked increase in both the identification and referral of IPV, as well as support of women disclosing IPV in the antenatal period.[12] Further support for routine screening for IPV in healthcare settings was also identified in a recent Cochrane review which concluded that routine screening increased the identification of IPV, but rates were still below prevalence estimates of IPV in all women seeking healthcare.[9] Studies specifically focusing on antenatal screening had a higher rate of disclosure of IPV, however it is important to acknowledge that samples of the included studies were small.[9]

Midwives are well-placed to raise issues of IPV because the majority of women will access antenatal care at some time during their pregnancy.[13] Research suggests pregnant women are comfortable disclosing sensitive, personal information about IPV, as they perceive their relationship with their midwife to be safe, supportive and professional.[12,14] However, evidence suggests that midwives do not feel comfortable asking about or managing women who disclose IPV.[15–18]

The perceptions and experiences of UK midwives have been explored by a number of studies since the introduction of routine enquiry for IPV.[11,12,16] Mezey et al.[16] interviewed 28 midwives from a London teaching hospital. Midwives reported that IPV was an important issue to discuss with women but identified several practical barriers to routine enquiry. These included the presence of the partner, time constraints and concerns around personal safety. These barriers were similar to those identified by Baird et al.[12] in a follow up study evaluating the practice changes of midwives after the introduction of the Bristol Pregnancy Domestic Violence Programme in 2004. Fifty-eight midwives completed a questionnaire with 11 participating in a focus group interview. Despite the presence of barriers, midwives described feeling more confidence and having a sense of pride in regard to their role in routine enquiry. This increased confidence and commitment to routine enquiry assisted midwives to employ innovative strategies to overcome some of the identified barriers. Research conducted by Stenson et al.[18] also explored the experiences of midwives related to men's violence against women in pregnancy, using focus group discussions. Twenty-one midwives described a commitment to questioning women but also described obstacles. Respondents encountered difficulties with the perceived delicacy of the subject and routine presence of a partner at all antenatal visits. The importance of ongoing training and counselling for midwives and access to support for women disclosing IPV were identified as enabling factors. The need for training was supported by a recent study by Finnbogadottir and Dykes[19] with 16 Swedish midwives in focus groups who discussed the importance of knowledge and experience when recognising signs of IPV. The midwives did not routinely enquire about IPV in the antenatal period but asked if risk factors were identified. The midwives also highlighted barriers similar to those identified in previous studies.

A phenomenological-hermeneutical study by Mauri et al.[15] explored the knowledge and clinical experiences of IPV enquiry for 15 midwives working in a health district in northern Italy prior to the introduction of routine enquiry. Semi-structured interviews with the midwives identified three main themes. The first was based on difficulties identifying IPV and included common barriers. The second theme highlighted supportive factors such as training and education and clinical experience. The midwives described difficulties identifying IPV due to a lack of knowledge and preparedness for dealing with IPV. The midwives identified the benefit of building a relationship with women prior to asking about IPV. The third theme incorporated the role of the midwife in the multidisciplinary team when identifying IPV in pregnancy.

Lo Guidice[26] recently published a qualitative meta-synthesis to explore healthcare provider's experiences of prenatal screening for IPV. The meta-synthesis analysed eight studies with 142 participants from the United States, New Zealand, Sweden and the United Kingdom. The majority of the participants were obstetricians and physicians ($n = 78$) and the remaining participants were midwives ($n = 47$) and nurses ($n = 17$). Key metaphors from each study were used to construct five over-arching themes. The theme 'Therapeutic relationship' was identified in seven of the eight studies. This theme focused on the importance of establishing rapport with women before screening takes place. The second theme, 'Understanding what she is not saying' was identified in five studies and explored the silent cues that may indicate signs of IPV that require further investigation. A common identified barrier to IPV screening was 'Presence of the partner' which also encompassed difficulties with the use of the partner as an interpreter. 'Variations of how and when to discuss' IPV revealed a level of uncertainty by respondents in regards to screening. This theme was also concerned with perceived barriers such as a lack of a standard instrument for screening and various interpretations of what "routine screening" encompassed. 'Lost in the maze of disclosure' focused on health professionals' lack of confidence and feelings of un-preparedness for disclosure of IPV. This was a universal theme across all eight studies reflecting concerns about lack of education and resources when pregnant women disclose IPV. Time constraints, minimal organisational support and lack of a clear referral framework were sub-themes.

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