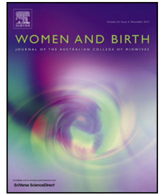
Women and Birth xxx (2015) xxx–xxx

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi



ORIGINAL RESEARCH – QUANTITATIVE

An exploration of Australian midwives' knowledge of intimate partner violence against women during pregnancy

Kathleen M. Baird [a,b,*], Amornrat S. Saito [b], Jennifer Eustace [b], Debra K. Creedy [a,b]

[a] Maternity and Family Unit, Centre for Health Practice Innovation (HPI), Griffith Health Institute, Griffith University, Queensland 4131, Australia
[b] School of Nursing and Midwifery, Griffith University, University Drive, Meadowbrook, Queensland 4131, Australia

ARTICLE INFO

Article history:
Received 18 November 2014
Received in revised form 22 January 2015
Accepted 23 January 2015

Keywords:
Australia
Intimate partner violence
Knowledge
Midwives
Pregnancy

ABSTRACT

Background: Intimate partner violence is recognised as a global public health issue. Living with intimate partner violence results in poorer health status with reduced quality of life and higher utilisation of health services. Increased awareness, education and training, and an understanding of multi-agency collaboration are vital in order for health practitioners to respond to women experiencing partner violence and abuse. Midwives are well placed to identify, provide immediate support, and refer women onto appropriate support agencies but may lack appropriate education, training or support.
Aim: To investigate midwives' knowledge of intimate partner violence against women during pregnancy.
Methods: An online survey link was distributed through the Australian College of Midwives. The survey included personal, professional and practice details, and 25 questions that tested knowledge about intimate partner violence.
Findings: 152 midwives completed the online questionnaire. Knowledge scores ranged from 27 to 48 (out of a possible 50), with the mean total score of 42.8 (SD = 3.3). Although 60% of participants scored 48, two-thirds did not know about the risks and signs of intimate partner violence. One-third of the midwives did not know about age risks associated with intimate partner violence. Around 25% incorrectly believed that perpetrators are violent because of alcohol or drug use. Nearly 90% (88%) of participants had some education or training about intimate partner violence. Those with some training achieved higher knowledge scores than those with no formal training (Mann–Whitney $U = 1272$, $p = 0.003$).
Conclusion: Participating midwives generally reported a high level of knowledge about intimate partner violence but held misconceptions about risks and characteristics of perpetrators of violence. These knowledge gaps may adversely affect their ability to identify women at risk of violence. Education about intimate partner violence was associated with improved knowledge. Future training and education on intimate partner violence should target identified knowledge gaps.
Crown Copyright © 2015 Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd) on behalf of Australian College of Midwives. All rights reserved.

1. Introduction

Intimate partner violence (IPV) towards childbearing women is a global health issue.[1] An analysis of data from 10 countries by the World Health Organization confirmed that pregnant women who have experienced partner violence are significantly more likely to report at least one induced abortion than women who have never experienced partner violence.[1] Up to 50% of all women physically abused during pregnancy were kicked or punched in the abdomen, and between 8 and 34% reported that the violence got worse during the pregnancy.[1] In Australia, 34% of women experienced at least one form of violence from a partner,[2] with another study reporting that 17% of women experienced domestic violence for the first time during pregnancy.[3] Experiencing IPV during pregnancy poses a threat to the mother but to the baby as well including a higher incidence of neonatal death, premature labour, low birth weight and miscarriage.[4,5]

In Australia, the federal government and professional bodies have published policy statements promoting the implementation

* Corresponding author at: School of Nursing and Midwifery, Griffith University, Logan Campus, University Drive, Meadowbrook, Queensland 4131, Australia. Tel.: +61 7 3382 1198; fax: +61 7 3382 1277.
E-mail address: k.baird@griffith.edu.au (K.M. Baird).

http://dx.doi.org/10.1016/j.wombi.2015.01.009
1871-5192/Crown Copyright © 2015 Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd) on behalf of Australian College of Midwives. All rights reserved.

of routine antenatal enquiry during pregnancy.[6,7] In 2012 the Australian Health Ministers Advisory Council Clinical Antenatal Practice Guidelines recommended that every midwife should enquiry about domestic violence and abuse at a woman's first antenatal visit. The guidelines also suggest that training programs should be available to improve the confidence and competency of health professionals in identifying and caring for women experiencing domestic violence.[6] The Australian Nursing and Midwifery Federation position statement on domestic violence outlines the role of both midwives and nurses in both identifying survivors and facilitating access to support.[7] However, despite such recommendations the overall response from many health sectors continues to be poor.[8]

Women experiencing IPV often seek help from a wide range of health care professionals.[1,9] They are overrepresented in visits to both outpatient departments and in primary care with only approximately a third of abused women disclosing a history of abuse to their GP.[10] The reluctance of primary health care, including GPs, to inquire about IPV is associated with a lack of time, training and appropriate and effective referral pathways.[11]

The central role of midwives in the provision of maternity care provides opportunities for them to routinely enquire about IPV.[12–14] However, there is a reluctance by some midwives to ask women about partner violence due to perceptions about the private delicacy of the subject.[12,13] Other barriers to routine inquiry include time constraints, negative preconceived ideas about victims of abuse, language difficulties, presence of a partner, and lack of knowledge and training.[12,14] Clinicians frequently underestimate the prevalence of IPV and have misconceptions about victim characteristics, risk factors, signs and symptoms of violence and co-morbidity patterns relating to violence.[9,15–19] This lack of knowledge is one of the major factors contributing to the failure of health professionals to screen, detect, or acknowledge violence among women.[12,15]

Despite some midwives' hesitancy in asking women about violence in their relationship, women themselves find the questioning acceptable in maternity settings.[13,14] The Australian Bureau of Statistics (ABS) in 2005 found that after family and friends the next person to whom women felt able to disclose was a health professional.[2] Such an inquiry needs to be made in a sensitive manner by a well trained professional in a safe, confidential environment.[12,14]

In Australia there is limited research on midwives' knowledge in relation to screening for IPV with most studies reporting on outcomes of screening and midwives' perceptions of training and practice changes. For example, Jones and Bonner reported that midwives who participated in a pilot project on domestic violence screening were originally apprehensive, but at post-study recommended the continuation of screening, felt the screening enhanced their relationship with women, developed their skills, and enabled them to demonstrate a concern for women beyond their immediate medical needs.[18] Similarly, in a qualitative study McCosker-Howard et al. found that midwives valued training for the introduction of routine IPV enquiry but experienced a range of barriers to implementing their knowledge and skills in practice.[19] In Victoria, midwives and doctors ($n = 27$) who received training to support women with psychosocial issues in pregnancy were more likely to reported significant gains in knowledge of psychosocial issues, competence in dealing with them, and asking directly about domestic violence, but knowledge was not actually assessed.[20]

Findings from studies conducted in the Canada, United Kingdom, Australia and Sweden indicate that midwives and obstetric nurses feel insufficiently prepared to support women who are experiencing IPV. A Canadian survey with 96 nurses working in postpartum units found that 37.6% of respondents nominated lack of knowledge as the most important barrier to screening, followed by systemic factors (29%) such as lack of hospital protocols and screening tools.[11] A lack of knowledge was also significantly related to the frequency of screening for different forms of violence (physical, sexual and emotional).[11]

In the United Kingdom, Jackson and Fraser reported that 56% of midwives did not feel adequately prepared to deal with disclosure of sexual abuse, with a further 29% being 'unsure'. In this study community midwives rated themselves as more able to deal with disclosures of sexual abuse compared with hospital-based midwives. Similarly, in a survey of nearly 200 Swedish primary health care nurses, 86% considered themselves to be insufficiently prepared to manage women exposed to IPV.[21]

Due to the nature of the midwife's role and the intimacy of the relationship that can develop with a woman, midwives may be the first person to whom a woman feels confident to disclose about violence within her relationship. However, this can only occur if the midwife feels knowledgeable about asking women about IPV. This paper presents findings of a survey which aimed to explore Australian midwives' knowledge relating to intimate partner violence against women during pregnancy.

2. Participants and methods

A convenience sample of midwives was recruited through the Australian College of Midwives (ACM). Inclusion criteria were midwives engaged in antenatal maternity service provision. At the time of the survey, there were approximately 4000 active members of the ACM. The ACM is a national, not for profit organisation that serves as the main professional body for midwives. Its purpose and aim are to shape and guide Australian maternity care. There are over 4500 members of the ACM, which includes midwifery clinicians, academics, researchers and policy makers; it is therefore difficult to determine the proportion of members engaged in direct antenatal care provision. The 2013 Australian Institute of Health and Welfare report indicated that of all midwives currently practising in Australia, 2598 provide antenatal care.[22] This equates to 12.5% of practising midwives.[22] The online survey link was distributed through an electronic bulletin of the ACM. The bulletin contained a direct link to the online survey. The survey was open from September to December 2013. The link also contained an information sheet about the study.

2.1. Measures

The online survey included questions about personal details, educational qualifications, years of experience, education and training about IPV, and reported practice. Participants indicated how frequently they asked women about partner violence on a 4 point Likert scale of 1 = 'not at all/unsure' to 4 = 'a great deal' of the time. Participants also reported how many women disclosed partner violence to them in the last six months on a scale of 1 = 'none' to 5 = 'more than 21 women'.

The Knowledge Scale of the PREMIS (Physician Readiness to Manage IPV Scale)[23] was reviewed by the authors for use with midwives in Australia. The original scale included 6 multiple choice items, items requiring matched responses about stage of change to five different behaviours, and 11 questions requiring a true/false/don't know response. A critical review of the scale by the authors and consultation with an expert panel indicated the need for several changes in order to reduce duplication of item topics (such as alcohol abuse, and characteristics of victims and perpetrators); removal of items about 'stage of change' as not all respondents would be familiar with this approach; and adoption of one form of response option.

Twenty-five questions on knowledge about IPV, with responses on a scale of "true", "false" and "unsure" were used. Correct

Download English Version:

https://daneshyari.com/en/article/5866159

Download Persian Version:

https://daneshyari.com/article/5866159

Daneshyari.com