Women and Birth xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Women and Birth

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

Effectiveness of training to promote routine enquiry for domestic violence by midwives and nurses: A pre-post evaluation study

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

[a] Menzies Health Institute Queensland, Griffith University, Queensland 4131, Australia
[b] School of Nursing and Midwifery, Griffith University, University Drive, Meadowbrook, Queensland 4131, Australia

ARTICLE INFO

Article history:
Received 26 July 2017
Received in revised form 19 October 2017
Accepted 25 October 2017
Available online xxx

Keywords:
Domestic violence
Midwives
Training
Evaluation
Routine enquiry

ABSTRACT

Background: Asking women about experiences of domestic violence in the perinatal period is accepted best practice. However, midwives and nurses may be reluctant to engage with, or effectively respond to disclosures of domestic violence due a lack of knowledge and skills.
Aim: To evaluate the impact of training on knowledge and preparedness of midwives and nurses to conduct routine enquiry about domestic violence with women during the perinatal period.
Method: A pre-post intervention design was used. Midwives and nurses (n = 154) attended a full day workshop. Of these, 149 completed pre-post workshop measures of knowledge and preparedness. Additional questions at post-training explored participants' perceptions of organisational barriers to routine enquiry, as well as anticipated impact of training on their practice. Training occurred between July 2015 and October 2016.
Findings: Using the Wilcoxon signed-rank test, all post intervention scores were significantly higher than pre intervention scores. Knowledge scores increased from a pre-training mean of 21.5–25.6 ($Z = -9.56$, $p < 0.001$) and level of preparedness increased from 40.8 to 53.2 ($Z = -10.12$, $p < 0.001$). Most participants (93%) reported improved preparedness to undertake routine enquiry after training. Only a quarter (24.9%) felt their workplace allowed adequate time to respond to disclosures of DV.
Conclusions: Brief training can improve knowledge, preparedness, and confidence of midwives and nurses to conduct routine enquiry and support women during the perinatal period. Training can assist midwives and nurses to recognise signs of DV, ask women about what would be helpful to them, and address perceived organisational barriers to routine enquiry. Practice guidelines and clear referral pathways following DV disclosure need to be implemented to support gains made through training.

Statement of significance

Problem or issue

Domestic violence is a leading cause of mortality in women, contributing to poor mental and physical health, substance abuse and poverty.

What is already known

- Asking women about their experiences of domestic violence in the perinatal period is accepted best practice.
- Midwives and nurses report feeling unprepared and unsupported for routine enquiry about domestic violence.

What this paper adds

- Brief training improved knowledge and preparedness of midwives and nurses to conduct routine enquiry and support women disclosing domestic violence.
- Training programs need to address common myths associated with DV to prompt positive attitudes, focus on knowledge and preparation for routine enquiry, provide information on local resources, and promote adherence with best practice.
- A 'whole of work unit' approach where all staff attend training is recommended.

* Corresponding author at: School of Nursing and Midwifery, Griffith University, Logan campus, University Drive, Meadowbrook, QLD 4131, Australia.
E-mail address: k.baird@griffith.edu.au (K.M. Baird).

https://doi.org/10.1016/j.wombi.2017.10.014
1871-5192/

1. Introduction

Violence against women and children incurs an enormous cost to countries around the world. Domestic violence (DV) (also referred to as intimate partner violence or family and domestic violence)[1] in Australia is estimated to cost $13.8 billion, with costs to heath estimated at $863 million alone.[1] DV is a leading cause of morbidity and mortality in women, contributing to poor mental and physical health, substance abuse, poverty and exclusion.[2] Experiencing DV during pregnancy is of special concern, as the violence not only poses a threat to women but also to their babies. The consequences of DV during pregnancy include a higher incidence of miscarriage, neonatal death, premature labour, and low birth weight infants.[3,4]

The continuing high prevalence and significant impact of DV on women's health requires an urgent response by health services.[3] Routine enquiry about violence during pregnancy and throughout the perinatal period is recognised as best practice.[3,5,6] However, regardless of policy and research drivers, the overall response from many maternity services and clinicians has been sporadic.

Although women rarely voluntarily disclose their experiences of DV to health professionals,[7] women do find questions about DV acceptable in maternity settings.[8] A qualitative meta-synthesis of healthcare providers' experiences of antenatal DV screening in the United States, New Zealand, Sweden and United Kingdom identified that health professionals sometimes struggle to identify unspoken cues from women, were uncertain about when and how to ask about violence, and complained of a lack of tools and processes to guide screening and referral.[9] Other workplace barriers to routine enquiry include presence of the partner and time constraints during the consultation.[9]

The reluctance of health professionals to ask women about DV has also been attributed to a lack of preparedness and negative attitudes.[10] A recent qualitative study found that midwives in Australia felt not only unprepared for screening, but fearful about what to do if a woman disclosed DV.[11] Personal feelings of discomfort and/or fear of causing offence have also been reported.[12] Similarly, negative preconceived ideas of staff about women experiencing abuse have been identified as barriers to routine enquiry.[9,13]

1.1. Impact of domestic violence education and training

A range of training programs have been developed to advance midwives' and nurse' understanding of DV, identification of women at risk, and use of referral pathways for women. A recent scoping review by Crombie et al.[14] highlighted not only a paucity of DV education and training programs for midwives and nurses, but wide variation in available program content, educational approaches and length of training. Seven of the 35 studies identified for initial review were excluded because they did not report on impact or outcomes of DV training. Of the 20 included studies, eight originated from the USA, four from the UK, with the reminder conducted in countries such as Australia, Canada, New Zealand and Turkey. This relative paucity of studies confirms a lack of evaluative research on DV education and training for midwives and nurses.

The relatively few published evaluations of DV education and training programs for midwives and nurses have produced positive results. The Bristol Pregnancy Domestic Violence Programme (BPDVP), for example, was well evaluated using a longitudinal pre-post intervention design. This skills-based training course for community midwives demonstrated improvements in knowledge, attitudes and efficacy which were sustained at six months.[15] Five years after the introduction of the BPDVP participating midwives described continued feelings of confidence and a sense of pride about their role in routine enquiry.[16] Their sustained commitment to routine enquiry also prompted the use of innovative workplace strategies to overcome some of the previously identified barriers.

A four-day training program in Sri Lanka offered to community-based midwives drew on experts, used case-based experiential learning, and role-play.[17] Evaluation of the program revealed improved knowledge and confidence to provide support to victims of DV and overcome barriers to enquiry. Similarly, a Canadian study explored factors affecting decisions by doctors and nurses about whether to address and respond to DV.[18] Staff who had participated in training felt better prepared when responding to a positive disclosure compared to those without training.

1.2. Characteristics of effective training

WHO[3] recommends that DV training programs need to address staff attitudes, and include safety planning, effective communication and referral to specialist community services. Furthermore, health professionals need to view routine DV enquiry as an important part of their role.[9] Training is also more likely to be more effective for those who want to improve their practice rather than for those who attend training as a mandatory requirement.[15]

To increase levels of staff preparedness, program content should reflect available evidence and best practice.[3,19] Information also needs to be relevant to the practice context of participants, with information about referral pathways and local community agencies available to support women disclosing DV. [20] There also needs to be opportunities to practice the skills required for routine enquiry as well as critical decision-making.[15] Training programs also need to address the responsibilities of midwives and nurses in relation to child safety and mandatory reporting requirements to the appropriate authorities.[21] Relevant strategies need to be discussed, as mandatory reporting can be an area of concern and anxiety for many midwives and nurses.

In summary, although routine enquiry for domestic violence during the perinatal period is best practice, there is variability in the use of screening in practice. There is a paucity of research describing and evaluating DV training. Published papers often provide little detail on program content and processes. Some programs have not been rigorously evaluated and standardised measures and/or mixed method approaches to evaluation are not always used. This paper presents one part of a larger program of evaluation that sought to determine the impact of training on knowledge and preparation of midwives and nurses to routinely enquiry about DV during the perinatal period.

2. Method

A pre-post intervention design was used.

2.1. Sample

All midwives offering antenatal care at three hospitals in south east Queensland and nurses in contact with new mothers (such as neonatal intensive care nurses, community child health nurses) were invited to attend a full day workshop by their unit manager. Workplace arrangements such as paid study leave, backfill, and closing the antenatal clinic, were offered to support workshop attendance for interested staff during work time. Approximately 160 midwives were invited and 154 attended, giving a response rate of 96%.

2.2. Measures

Survey items were drawn predominantly from the literature and the Bristol Domestic Violence Study.[15] All scale items are in the public

Please cite this article in press as: K.M. Baird, et al., Effectiveness of training to promote routine enquiry for domestic violence by midwives and nurses: A pre-post evaluation study, Women Birth (2017), https://doi.org/10.1016/j.wombi.2017.10.014