1. Training reproductive health providers to talk about intimate partner violence and reproductive coercion: an exploratory study.

**Author(s):** Zachor, H.; Chang, J. C.; Zelazny, S.; Jones, K. A.; Miller, E.

**Source:** Health Education Research; Apr 2018; vol. 33 (no. 2); p. 175-185

**Publication Date:** Apr 2018

**Publication Type(s):** Academic Journal

**Abstract:** To explore the effect of provider communication skills training on frequency of intimate partner violence (IPV) and reproductive coercion (RC) assessment, four family planning clinics were randomized to IPV/RC communication-skills building workshop or standard knowledge based IPV/RC training and compared to historical controls from the same clinics (before any training). Female patients aged 16-29 completed after-visit surveys. Primary outcomes included provider discussion about IPV/RC, receipt of safety card with IPV/RC resources and patient disclosure of IPV/RC. Chi-square tests were used to compare groups that received training and historical controls. Participants (training: n=103; historical control: n=576) were predominantly white with mean age of 22. More patients reported discussion about healthy relationships in both training groups (78-90%) compared to historical controls (49-52%, P<0.001 for both). Discussion on birth control sabotage and pregnancy coercion was infrequent with patient-participants in both groups (6-17 and 4-13%, respectively). More patients in the clinics that received training reported receiving a safety card (72-84%) as compared to historical controls (9%, P<0.001 for both). Overall, in this exploratory study, both communication-skills and standard training improved frequency of IPV communication when compared to historical controls but with few differences when compared to each other.

**Database:** CINAHL
2. The cyclical and intergenerational effects of perinatal domestic abuse and mental health.

**Author(s):** Moncrieff, Gill  
**Source:** British Journal of Midwifery; Feb 2018; vol. 26 (no. 2); p. 85-93  
**Publication Date:** Feb 2018  
**Publication Type(s):** Academic Journal  
**Available at:** British Journal of Midwifery - from EBSCO (CINAHL Plus with Full Text)  
**Available at:** British Journal of Midwifery - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection  
**Abstract:** Domestic abuse and mental health disorders are particularly dangerous during the perinatal period, due to their effects on both the mother and the developing fetus. Furthermore, domestic violence and mental health appear to be linked, which can result in these issues being passed down through generations. In order for health professionals to respond efficaciously, pre-registration and ongoing training is needed on how to ask, respond, provide support and refer women on to appropriate supportive agencies. High-quality research is also needed to improve outcomes.  
**Database:** CINAHL

3. Longitudinal evaluation of a training program to promote routine antenatal enquiry for domestic violence by midwives.

**Author(s):** Baird, Kathleen; Creedy, Debra K; Saito, Amornrat S; Eustace, Jennifer  
**Source:** Women and birth : journal of the Australian College of Midwives; Jan 2018  
**Publication Date:** Jan 2018  
**Publication Type(s):** Journal Article  
**PubMedID:** 29352725  
**Abstract:** Routine enquiry about domestic violence during pregnancy is accepted best practice. Training is essential to improve knowledge and practice. Few studies have undertaken a comprehensive evaluation of training impact over time. AIM To evaluate the longitudinal impact of a domestic violence training and support program to promote midwives' routine antenatal enquiry for domestic violence using a mixed methods design. METHOD Data sources included (1) surveys of midwives at 6 months post-training, (2) interviews with key stakeholders at 12 months, (3) chart audit data of screening, risk, and disclosure rates (for 16 months). Measures included midwives' knowledge, preparation for routine enquiry, knowledge of domestic violence and perceptions of impact of the training and support for practice change. FINDINGS Forty (out of 83) participant surveys could be matched and responses compared to baseline and post-training scores. Wilcoxon signed-rank test identified that all 6-month follow-up scores were significantly higher than those at baseline. Level of preparedness increased from 42.3 to 51.05 (Z=4.88, p<.001); and knowledge scores increased from a mean of 21.15 to 24.65 (Z=4.9, p<.001) reported improved confidence to undertake routine inquiry. A chart audit of screening rates revealed that of the 6671 women presenting for antenatal care, nearly 90% were screened. Disclosure of domestic violence was low (<2%) with most women at risk or experiencing violence declining referral. CONCLUSION Training, support processes, and referral pathways, contributed to midwives' sustained preparedness and knowledge to conduct routine enquiry and support women disclosing domestic violence.  
**Database:** Medline
4. 'Asking the hard questions': Improving midwifery students' confidence with domestic violence screening in pregnancy.

Author(s): Smith, Rachel; Wight, Raechel; Homer, Caroline S E

Source: Nurse education in practice; Jan 2018; vol. 28 ; p. 27-33

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 28938180

Abstract: Domestic violence is a global public health issue. Midwives are ideally placed to screen for, and respond to, disclosure of domestic violence. Qualified midwives and midwifery students report a lack of preparedness and low levels of confidence in working with women who disclose domestic violence. This paper reports the findings from an education intervention designed to increase midwifery students' confidence in working with pregnant women who disclose domestic violence. An authentic practice video and associated interactive workshop was developed to bring the 'woman' into the classroom and to provide role-modelling of exemplary midwifery practice in screening for and responding to disclosure of domestic violence. The findings demonstrated that students' confidence increased in a number of target areas, such as responding appropriately to disclosure and assisting women with access to support. Students' confidence increased in areas where responses needed to be individualised as opposed to being able to be scripted. Students appreciated visual demonstration (video of authentic practice) and having the opportunity to practise responding to disclosures through experiential learning. Given the general lack of confidence reported by both midwives and students of midwifery in this area of practice, this strategy may be useful in supporting midwives, students and other health professionals in increasing confidence in working with women who are experiencing domestic violence.

Database: Medline
5. Intimate partner violence as a subject of study during the training of nurses and midwives in Catalonia (Spain): A qualitative study.

**Author(s):** Gómez-Fernández, María Analía; Goberna-Tricas, Josefina; Payà-Sánchez, Montserrat

**Source:** Nurse education in practice; Nov 2017; vol. 27; p. 13-21

**Publication Date:** Nov 2017

**Publication Type(s):** Journal Article

**PubMeID:** 28810167

**Abstract:** While nurses and midwives are in a unique position to identify and help victims of IPV, since they are often their first point of contact in the healthcare system, they need appropriate training. This study sought to examine the presence of IPV-related contents and the depth to which they are addressed in the bachelor’s degree in Nursing and in the Midwifery specialisation programme. The study also explored lecturers' motivations for including IPV in their subjects. The methodology employed was qualitative. In-depth interviews were conducted with 16 university lecturers who teach IPV contents in the Nursing degree and Midwifery specialisation programme. The study took place in Catalonia (Spain). The research shows that lecturers feel personally committed in the training for prevention and detection of IPV. The main teaching methodology is active, experiential and requires student activity. In all cases, the lecturers call for more time and spaces to be made available to carry out this training. It would be desirable for more time to be dedicated to nurses and midwives' university training in IPV. The topic should be approached with a more cross-disciplinary, systematised focus from all perspectives: health, psychological, social, ethical and legal. It is important that the training of teaching staff in IPV should be fostered and methodised.

**Database:** Medline


**Author(s):** Crombie, Nerissa; Hooker, Leesa; Reisenhofer, Sonia

**Source:** Journal of clinical nursing; Aug 2017; vol. 26 (no. 15-16); p. 2100-2125

**Publication Date:** Aug 2017

**Publication Type(s):** Journal Article Review

**PubMedID:** 27412048

Available at [Journal of Clinical Nursing](#) from Wiley Online Library Science, Technology and Medicine Collection 2017

**Abstract:** AIMS AND OBJECTIVES: This scoping review aims to identify the scope of current literature considering nurse/midwife educational practices in the areas of intimate partner violence to inform future nursing/midwifery educational policy and practice. BACKGROUND: Intimate partner violence is a global issue affecting a significant portion of the community. Healthcare professionals including nurses/midwives in hospital- and community-based environments are likely to encounter affected women and need educational strategies that support best practice and promote positive outcomes for abused women and their families. DESIGN: Scoping review of relevant literature from January 2000 to July 2015. METHODS: Search of databases: CINHAL, MEDLINE, EMBASE, PROQUEST Central and COCHRANE Library. Reference lists from included articles were searched for relevant literature as were several grey literature sources. RESULTS: This review demonstrates low levels of undergraduate or postregistration intimate partner violence education for nursing/midwifery staff and students. Existing intimate partner violence education strategies are varied in implementation, method and content. Outcomes of these educational programmes are not always rigorously evaluated for staff or client-based outcomes. CONCLUSIONS: Further research is needed to evaluate existing intimate
partner violence education programmes for nurses/midwives and identify the most effective strategies to promote improved clinical practice and outcomes for abused women and their families.

RELEVANCE TO CLINICAL PRACTICE

Intimate partner violence has a significant social and public health impact. The World Health Organization has identified the need to ensure that healthcare professionals are adequately trained to meet the needs of abused women. Intimate partner violence education programmes, commencing at undergraduate studies for nurses/midwives, need to be implemented with rigorously evaluated programmes to ensure they meet identified objectives, promote best practice and improve care for abused women.

Database: Medline

7. 'It is a difficult topic' - a qualitative study of midwives’ experiences with routine antenatal enquiry for intimate partner violence.

Author(s): Henriksen, L; Garnweidner-Holme, L M; Thorsteinsen, K K; Lukasse, M

Source: BMC pregnancy and childbirth; Jun 2017; vol. 17 (no. 1); p. 165

Publication Date: Jun 2017

Publication Type(s): Journal Article

PubMedID: 28577361

Available at BMC Pregnancy and Childbirth - from BioMed Central

Abstract: BACKGROUND Intimate partner violence (IPV) during pregnancy may jeopardize maternal and fetal health (IJFWM 49:159-164, 2004; IJGO 133:269-276, 2016). In recognition of the significant public health impact of IPV, the Norwegian Directorate of Health issued new guidelines in 2014, which recommend that health professionals routinely ask all women in antenatal care about their exposure to violence. The objective of this study was to gain an in-depth understanding of midwives' experiences with routine enquiry for intimate partner violence during the antenatal period.

METHODS The study had a qualitative design. Individual semi-structured interviews with eight midwives providing antenatal care at eight Mother and Child Health Centres (MCHC) in Norway were conducted. Graneheim and Lundmans method of content analysis inspired the analysis.

RESULTS Three main themes emerged: Midwives do ask about violence; It can be a challenge; and Factors that make it easier to ask. All midwives enquired, but not on a regular basis, about violence. The midwives' personal interest in the topic was an important factor that made it easier for them to ask about violence. Lack of time, fear of not knowing how to deal with a positive answer and lack of organizational support were barriers to asking pregnant women about their experiences of violence.

CONCLUSION Midwives were aware of the guidelines and made some efforts to implement them. However, further education and organisational support is needed to enable midwives to routinely ask all pregnant women about IVP.

Database: Medline

Author(s): Garnweidner-Holme, Lisa Maria; Lukasse, Mirjam; Solheim, Miriam; Henriksen, Lena

Source: BMC pregnancy and childbirth; Apr 2017; vol. 17 (no. 1); p. 123

Publication Date: Apr 2017

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 28420328

Available at BMC Pregnancy and Childbirth - from BioMed Central

Abstract: BACKGROUND Intimate partner violence (IPV) against women constitutes a major public health problem. Antenatal care is considered a window of opportunity to disclose and to communicate about IPV. However, little is known about how women from different ethnic backgrounds wish to communicate about their experiences with IPV during pregnancy in antenatal care. The aim of the present study was to explore how women from different ethnic backgrounds experienced IPV and what their recommendations were about how midwives should communicate about IPV in antenatal care.

METHODS Qualitative individual interviews with eight women who had experienced IPV during pregnancy were conducted and analysed using thematic analysis. The participants were purposively recruited from three crisis shelters in South-East Norway.

RESULTS The participants either had immigrant backgrounds (n = 5) or were ethnic Norwegians (n = 3). All participants received antenatal care by a midwife. Although none of the participants were asked about IPV during antenatal care, they wished to talk about their experiences. Most participants felt that it would be important for the midwife to make them aware that they were victims of violence. Participants offered different suggestions on how and when midwives should talk about IPV. Facilitators to talk about IPV with the midwife were a good relationship with and the trustworthiness of the midwife, information about possible negative health outcomes for the newborn owing to IPV and knowing that the midwife could help them. The main barriers to talk about IPV with the midwife were that the participants were accompanied by their husbands during antenatal care, fear that the Child Welfare Service would take away their children after disclosure and cultural acceptance of violence. Participants with immigrant backgrounds also experienced difficulties in talking about IPV owing to their limited language skills. They thought that professionally trained interpreters with experience of IPV could overcome this barrier.

CONCLUSION Even though none of the participants were asked about IPV in antenatal care, they offered different suggestions on how and when midwives should talk about IPV. Participants irrespective of their ethnical backgrounds perceived antenatal care as a key area to facilitate disclosure of IPV. Midwives' communication and strategic skills to address IPV are crucial for help-seeking women. Training midwives' skills in culture-sensitive communication might help to overcome cultural barriers to talk about violence.

Database: Medline

Author(s): Eustace, Jennifer; Baird, Kathleen; Saito, Amornrat S; Creedy, Debra K

Source: Women and birth : journal of the Australian College of Midwives; Dec 2016; vol. 29 (no. 6); p. 503-510

Publication Date: Dec 2016
Publication Type(s): Journal Article
PubMedID: 27178111

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.

Database: Medline
10. Effect of communication skills training on discussion of intimate partner violence and reproductive coercion

Author(s): Zachor H.; Jones K.A.; Miller E.

Source: Journal of Pediatric and Adolescent Gynecology; Apr 2016; vol. 29 (no. 2); p. 164

Publication Date: Apr 2016

Publication Type(s): Conference Abstract

Abstract: Background: Routine assessment for intimate partner violence (IPV) and reproductive coercion (RC) are recommended in health care settings. Provider barriers to assessing for IPV/RC include not enough time, discomfort, and uncertainty about how to raise the topic or respond to positive disclosures. Focusing on provider communication skills building has been shown to increase provider self-efficacy when discussing other sensitive topics. Thus, adding communication skills training to providers' training around IPV/RC may improve the frequency and quality of IPV/RC assessment, counseling, and intervention compared to standard training that focuses on increasing provider knowledge of IPV/RC. Methods: Five family planning clinics in western Pennsylvania were randomized to either intervention (intensive communication skills-based training) or control (information-based IPV training) at the clinic level. Individuals providing reproductive health care to women at the study sites underwent training. Female patients aged 16-29 years were enrolled and completed exit surveys following their normal clinical visit. Primary outcomes included provider discussion about IPV/RC, whether a safety card with IPV/RC resources was given, and if patient disclosed past IPV/RC. Chi-square test was used to compare the intervention and control sites. Results: Participants (n=126) were predominantly white with mean age of 22.2 years (SD=3.6). Recent IPV and RC were reported in 11.7% and 5% of participants, respectively. More patients reported discussion about healthy and unhealthy relationships in the intervention clinics (90%) compared to control clinics (67%, p=0.002). Discussion of birth control methods that the patient can control such as long-acting reversible contraceptives did not differ significantly by intervention arm (intervention: 65%; control: 53%; p=0.192). Intervention-arm participants reported less discussion on birth control sabotage (14%) and pregnancy coercion (4%) than control-arm participants (18% and 9%, respectively), but these differences were not significant. A higher proportion of patients in the intervention arm reported receiving a safety card, but this difference was not significant (intervention: 72%; control: 64%, p=0.358). Similarly, patient disclosure of IPV/RC did not differ by intervention status (intervention: 10%; control: 12%, p=0.696). Conclusions: Overall, intervention and control sites did not differ significantly on provider communication markers in this small pilot study, suggesting that the communication skills training did not have an immediate effect on IPV/RC assessment in the family planning clinics that participated. While the communication skills training provided was more comprehensive than the information-based training, it is possible that additional sessions are needed to fully realize the benefit of improving provider communication skills.

Database: EMBASE
11. Midwives empowered through domestic violence training.

**Author(s):**

**Source:** Queensland Nurse; Feb 2016; vol. 35 (no. 1); p. 34-35

**Publication Date:** Feb 2016

**Publication Type(s):** Periodical

Available at The Queensland nurse - from ProQuest (Hospital Premium Collection) - NHS Version

Available at The Queensland nurse - from EBSCO (CINAHL Plus with Full Text)

**Abstract:** The article acknowledges a domestic violence (DV) training program for midwives which is being led by midwifery scholar Kathleen Baird at Gold Coast University Hospital in Queensland as of February 2016. Topics discussed include the significance of confidence and practice in the execution of DV handling, impact of the training program on midwives, and the risks involved in handling DV cases.

**Database:** CINAHL


**Author(s):** Stonard, Gill; Whapples, Emma

**Source:** The practising midwife; Jan 2016; vol. 19 (no. 1); p. 26-29

**Publication Date:** Jan 2016

**Publication Type(s):** Journal Article Review

**PubMedID:** 26975130

**Abstract:** The Confidential enquiry into maternal and child health (CEMACH) (2004) set the standard for maternity care to protect women from domestic violence. Twelve women who were murdered by their partner and 43 further deaths from disclosure with no appropriate referrals prompted the routine enquiry for domestic violence to be initiated in 2000. The death rate from domestic violence had marginally decreased slightly in the latest report from The Centre for Maternal and Child Enquiries (CMACE) (2011) with 11 women murdered by their partner and 34 further deaths from disclosure with no referrals. The aim of this article is to review the current literature in order to explore evidence that questions the confidence of midwives when asking about domestic violence in pregnancy. The article aims to highlight the concerns that midwives face when confronted with a positive disclosure of domestic violence, and to provide a flow chart to aid in referral.

**Database:** Medline

Author(s): Baird, Kathleen M; Saito, Amornrat S; Eustace, Jennifer; Creedy, Debra K

Source: Women and birth : journal of the Australian College of Midwives; Sep 2015; vol. 28 (no. 3); p. 215-220

Publication Date: Sep 2015

Publication Type(s): Journal Article

PubMedID: 25684254

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.

Database: Medline
14. Intimate partner violence and anxiety disorders in pregnancy: the importance of vocational training of the nursing staff in facing them.

**Author(s):** de Oliveira Fonseca-Machado, Mariana; Cristina dos Santos Monteiro, Juliana; José Haas, Vanderlei; Cristina Freitas de Vilhena Abrão, Ana; Gomes-Sponholz, Flávia

**Source:** Revista Latino-Americana de Enfermagem (RLAE); Sep 2015; vol. 23 (no. 5); p. 855-864

**Publication Date:** Sep 2015

**Publication Type(s):** Academic Journal

**PubMedID:** 26487135

Available at Revista Latino-Americana de Enfermagem - from Europe PubMed Central - Open Access

**Abstract:** Objective: to identify the relationship between posttraumatic stress disorder, trait and state anxiety, and intimate partner violence during pregnancy. Method: observational, cross-sectional study developed with 358 pregnant women. The Posttraumatic Stress Disorder Checklist - Civilian Version was used, as well as the State-Trait Anxiety Inventory and an adapted version of the instrument used in the World Health Organization Multi-country Study on Women's Health and Domestic Violence. Results: after adjusting to the multiple logistic regression model, intimate partner violence, occurred during pregnancy, was associated with the indication of posttraumatic stress disorder. The adjusted multiple linear regression models showed that the victims of violence, in the current pregnancy, had higher symptom scores of trait and state anxiety than non-victims. Conclusion: recognizing the intimate partner violence as a clinically relevant and identifiable risk factor for the occurrence of anxiety disorders during pregnancy can be a first step in the prevention thereof.

**Database:** CINAHL

15. Are we failing to prepare nursing and midwifery students to deal with domestic abuse?

**Findings from a qualitative study**

**Author(s):** Bradbury-Jones, Caroline; Broadhurst, Karen

**Source:** Journal of Advanced Nursing; Sep 2015; vol. 71 (no. 9); p. 2062-2072

**Publication Date:** Sep 2015

**Publication Type(s):** Article

**PubMedID:** 1238812

Available at Journal of advanced nursing - from Wiley Online Library Science, Technology and Medicine Collection 2017

**Abstract:** Aims. To investigate student nurses' and midwives' knowledge, confidence and educational needs regarding recognition and responses to domestic abuse. Background. Domestic abuse is a serious global problem and has greater, negative effects on long-term health than more obvious diseases, such as diabetes. Nurses and midwives are well-placed to recognize and respond to domestic abuse but many lack confidence in this area. There is firm evidence that training can increase the confidence of Registered Nurses and midwives in responding to domestic abuse. But the issue of undergraduate preparation is significantly underinvestigated. Design. A qualitative study. Methods. Nursing and midwifery students were recruited using purposive sampling. We facilitated eight focus groups with a total of 55 students (student midwives N = 32; student nurses n = 23). Data were collected between May-November 2014. Findings. Students in the study viewed the issue of domestic abuse as important and they possessed sound theoretical knowledge of its nature and consequences. However, they lacked confidence in recognizing and responding to abuse and were concerned about the implications of this for their future practice as registered practitioners.
Interactive learning opportunities that engaged with service users and involved experts from practice were viewed as important educational requirements. Conclusion. Most students in the study felt insufficiently prepared to deal with the issue of domestic abuse. They perceived this as a cyclical state of disempowerment that would impact negatively on their practice and on their own ability to support nursing and midwifery students of the future. 33 references

Database: BNI


Author(s): Mauri, Elisa Marta; Nespoli, Antonella; Persico, Giuseppina; Zobbi, Virna Franca

Source: Midwifery; May 2015; vol. 31 (no. 5); p. 498-504

Publication Date: May 2015

Publication Type(s): Journal Article

PubMedID: 25726007

Available at Midwifery - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection

Abstract: OBJECTIVE the aim of this qualitative study was to explore midwives’ knowledge and clinical experience of domestic violence among pregnant women, with particular emphasis on their perceptions of their professional role. DESIGN the data collected for this phenomenological-hermeneutical qualitative study were collected using semi-structured interviews, and analysed according to Denzin and Lincoln (2011). SETTING AND PARTICIPANTS fifteen hospital and community midwives working in the local health district of Monza and Brianza in northern Italy were recruited between July and October 2012. FINDINGS three main themes emerged: 'it is difficult to recognise domestic violence' because of a limited knowledge of the most common signs and symptoms of violence, a lack of training, cultural taboos, and the women’s unwillingness to disclose abuse; 'we have a certain number of means of identifying violence', such as relationships with the woman, specific professional training and screening tools, which have advantages and disadvantages; 'the professionals involved' in identifying and managing family violence highlight the importance of an interdisciplinary approach. KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE midwives acknowledge their crucial role in identifying and managing domestic violence but are still unprepared to do so and indicate various barriers that need to be overcome. There is a need to implement basic university education on the subject and provide specific professional training.

Database: Medline
17. Welcome to my café: Facilitating a domestic abuse workshop for midwives

**Author(s):** Halsall, Sarah; Marks-Maran, Diane

**Source:** British Journal of Midwifery; Nov 2014; vol. 22 (no. 11); p. 806-812

**Publication Date:** Nov 2014

**Publication Type(s):** Article

**PubMedID:** 1206143

Available at [Journal of dairy science](https://www.journalofdairy.org/) - from Free Medical Journals.com

**Abstract:** This paper presents how the World Café was used as a reflective learning tool to facilitate a workshop on domestic abuse for midwives. The workshop was part of a safeguarding study day for midwives and student midwives. The World Café enabled the midwives' to draw on their experience and raised awareness of issues surrounding routine enquiry about domestic abuse. The seven design principles of the World Café were employed: setting the contexts, creating a hospitable space, exploring questions that matter, encouraging everyone's contribution, connecting diverse perspectives, listening together, sharing collective discoveries. The article outlines the preparation, presentation and evaluation of the World Café experience. 41 references

**Database:** BNI

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18. What are barriers to nurses screening for intimate partner violence?

**Author(s):** DeBoer M.I.; Kothari R.; Kothari C.; Koestner A.L.; Rohs Jr. T.

**Source:** Journal of trauma nursing: the official journal of the Society of Trauma Nurses; 2013; vol. 20 (no. 3)

**Publication Date:** 2013

**Publication Type(s):** Article

**PubMedID:** 24005119

Available at [Journal of trauma nursing: the official journal of the Society of Trauma Nurses](https://www.ovid.com) from Ovid (LWW Total Access Collection 2015 - Q1 with Neurology)

Available at [Journal of trauma nursing: the official journal of the Society of Trauma Nurses](https://www.ebsco.com) from EBSCO (CINAHL Plus with Full Text)

**Abstract:** Intimate partner violence (IPV) causes serious injury and death each year in the United States. Estimates show that up to 16% of patients are current victims of IPV. The Joint Commission requires patients admitted to the hospital be screened for IPV. Nurses play a pivotal role in this screening process. The goal of this study was to identify nurses' attitudes and perceived barriers to screening. A survey was distributed to clinical nurses caring for inpatients at a level I trauma center. A total of 82.6% of nurses reported taking care of 2 or less victims of IPV in the last year, and 45.8% reported not caring for a single IPV victim in the last year. Most nurses in this study have reported that screening for IPV is important, that it is their responsibility to screen their patients, and that they experience few work environment barriers to screening. Among study respondents, the most common identified barrier to screening is the lack of training.

**Database:** EMBASE
19. A five year follow-up study of the Bristol pregnancy domestic violence programme to promote routine enquiry.

**Author(s):** Baird, Kathleen; Salmon, Debra; White, Paul

**Source:** Midwifery; Aug 2013; vol. 29 (no. 8); p. 1003-1010

**Publication Date:** Aug 2013

**Publication Type(s):** Journal Article

**PubMedID:** 23455032

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection

**Abstract:**

**OBJECTIVE**

A follow-up study to evaluate the degree to which practice changes identified in the 2004/2005 evaluation of the Bristol Pregnancy Domestic Violence Programme (BPDVP) for routine enquiry for domestic abuse have been maintained.

**METHODS**

A multimethod approach was adopted, using a follow-up survey and focus groups.

**SETTING**

an acute Trust within the South West of England.

**PARTICIPANTS**

58 midwives completed the survey, 73% (n=36) of whom had taken part in the original study in 2004/2005. Eleven of those surveyed also participated in focus group interviews.

**MEASUREMENTS**

Participating midwives completed a 54-item questionnaire, where possible the questions were the same as those utilised in the original follow-up questionnaire. Similar to the previous study, the questionnaire was divided into a number of sections, including view of professional education, knowledge of domestic violence and abuse, attitudes and efficacy beliefs, barriers and support. The aim of the focus groups discussion was to obtain the overall views of midwives with the regard to the on-going implementation of routine enquiry. Frequency distributions for midwife responses in 2010 were compared with the corresponding frequency distributions in 2004/2005 and a statistical assessment of differences was performed using the χ(2) test of association.

**RESULTS**

Midwives have to feel confident in their abilities to ask about abuse and the findings from this study demonstrate that across the cohort there was a tendency to have an increase in confidence in asking about domestic violence. Midwives have to feel confident in their abilities to ask about abuse. The findings from this study demonstrate that across the cohort there was a statistically significant increase in self-reported confidence in asking women about domestic abuse. In addition, there was a statistically significant increase in the degree of self-reported knowledge of how to deal with a disclosure of domestic violence when comparing the 2010 data with 2005 data.

**CONCLUSIONS**

Results suggest that improvements in antenatal enquiry for domestic violence and abuse developed through the 2004/2005 BPDVP have improved over time, with the support of mandatory training. Nevertheless, barriers continue to exist, which include presence of a male partner and lack of face to face interpreting services, both these obstacles need to be addressed if all women and, in particular those who are most at risk of abuse are to be identified and supported.

**Database:** Medline
20. Evaluation of a domestic violence intervention in the maternity and sexual health services of a UK hospital.

Author(s): Bacchus LJ; Bewley S; Vitolas CT; Aston G; Jordan P; Murray SF

Source: Reproductive Health Matters; Nov 2010; vol. 18 (no. 36); p. 147-157

Publication Date: Nov 2010

Publication Type(s): Academic Journal

PubMedID: 21111359

Abstract: 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.

Database: CINAHL

21. A comparison of the training needs of maternity and sexual health professionals in a London teaching hospital with regards to routine enquiry for domestic abuse

Author(s): Torres-Vitolas, C.; Bacchus, L. J.; Aston, G.

Source: Public Health; Aug 2010; vol. 124 (no. 8); p. 472-478

Publication Date: Aug 2010

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2010-17158-008

Abstract: Objective: To identify maternity and sexual healthcare professionals’ training needs regarding routine enquiry for domestic abuse. Study design: A cross-sectional survey, part of a theory-based evaluation of a routine enquiry for domestic abuse intervention in a South London teaching hospital. Methods: Two hundred and twenty-eight maternity professionals (68% of staff) and 46 sexual health practitioners (45% of staff) attended a 1-day domestic abuse training session. Pre-training questionnaires were completed by 208 respondents (80% response rate). The questionnaire elicited information about previous training experiences, dealing with cases of abuse, general knowledge, attitudes towards victims of abuse and views on routine enquiry. Bivariate and multivariate analyses were conducted to identify differences according to healthcare setting, prior training, and practitioners’ demographic and experiential traits. Results: Maternity and sexual health professionals reported positive attitudes towards women affected by abuse, but had limited domestic abuse training. Previously trained health professionals had good general knowledge, but failed to question attendees about abuse. Sexual health professionals were more likely to enquire about domestic abuse, and were more confident about implementing routine enquiry than maternity staff. Views on routine enquiry were influenced by health setting, demographic,
attitudinal and experiential factors. Conclusions: Domestic abuse training is necessary in maternity and sexual health services. Educational interventions for routine enquiry should include practice-enabling components in addition to awareness modules and pre-training assessment of individuals' training needs to provide content that is tailored to their clinical practice and working environments. Institutional guidelines are recommended to enhance and sustain the positive effects of training. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

22. Midwives' and obstetricians' perception of their role in the identification and management of family violence.

Author(s): Lauti M; Miller D

Source: New Zealand College of Midwives Journal; Apr 2008 (no. 38); p. 12-16

Publication Date: Apr 2008

Publication Type(s): Academic Journal

Abstract: Background Pregnant women are at risk of family violence. Pregnancy provides a window of opportunity for identification and management of abuse. Practitioners do not adequately identify family violence and abused women tend not to disclose it. This exploratory study aimed to investigate the opinions of midwives and obstetricians, regarding their role in identification and management of family violence. Method Focus groups and semi-structured interviews with midwives and obstetricians were conducted, recorded and analysed. Results Identification themes included concerns about privacy and confidentiality, the doctors' lack of continuity of patient care, and the role of screening. Management themes included uncertainty regarding management and referral options, the impact of managing family violence on clinicians, and the need for debriefing. Conclusion Maternity health professionals in the locale studied have significant issues and difficulties in the identification and management of family violence. These need to be addressed in training programmes and guidelines to improve patient outcomes, and to provide support and safety for clinicians. Further research is required to achieve saturation of themes and explore identified issues, which can then be used to focus on interventions.

Database: CINAHL
23. Why don't midwives ask about domestic abuse?

Author(s): Buck L; Collins S

Source: British Journal of Midwifery; Dec 2007; vol. 15 (no. 12); p. 753-758

Publication Date: Dec 2007

Publication Type(s): Academic Journal

Available at British Journal of Midwifery - from EBSCO (CINAHL Plus with Full Text)
Available at British Journal of Midwifery - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection

Abstract: Routine screening for domestic abuse in pregnancy is recommended and midwives are in an ideal position for this role. However due to an apparent reluctance to enquire about domestic abuse it often remains a hidden problem with detrimental consequences for women and their unborn children. The aim of this systematic review was to identify the most commonly reported factors that prevent healthcare professionals from routinely screening women for domestic abuse. Six electronic databases were searched for all articles published in the English language up to January 2006. Data, including all the reported reasons for not screening for domestic abuse, were extracted from all the studies which met the inclusion criteria. A simple ‘vote-counting’ analysis was performed with graphical representation and calculation of weighted means. Thirteen papers met the inclusion criteria. The perceived barriers to screening appeared similar across a range of specialties and clinical settings. The most commonly cited factors were: lack of time, lack of training, and inadequate resources. Domestic abuse remains a serious public health issue and is frequently exacerbated by pregnancy. Our results suggest that raising awareness of the issue should help midwives understand the need to prioritise screening and find the time required to do so. Encouragingly it also suggests that improving basic education and increasing access to simple resources, such as leaflets giving details of where to get support, may provide practitioners with the confidence required to ask women about domestic abuse.

Database: CINAHL
24. Does routine antenatal enquiry lead to an increased rate of disclosure of domestic abuse? Findings from the Bristol Pregnancy and Domestic Violence Programme.

Author(s): Price S; Baird K; Salmon D
Source: Evidence Based Midwifery; Sep 2007; vol. 5 (no. 3); p. 100-106
Publication Date: Sep 2007
Publication Type(s): Academic Journal

Abstract: Background. Domestic violence (DV) during pregnancy is especially serious, but can be a challenging and difficult subject for midwives to raise with women. The Bristol Pregnancy and Domestic Violence Programme was introduced in an NHS Trust in the south-west of England to equip community midwives with the knowledge and confidence to enquire effectively about DV in the antenatal period. Aim. To evaluate the effect of routine antenatal enquiry about domestic abuse on disclosure outcomes. Method. Semi-structured self-completion questionnaires, face-to-face interviews and focus groups were used to collect data from a group of community midwives. An audit was also conducted to assess changes in levels of DV reporting after the introduction of routine enquiry. Results. Eight instances of DV were identified in the 17-month period prior to the programme, and 25 cases of current DV were identified in the nine months following its introduction - an almost six-fold increase. The midwives viewed routine enquiry as important and believed that they have a key role to play. They also identified a lack of pre- and post-registration training and of previous experience in dealing with issues relating to DV. Conclusions. This study supports previous evidence that routine enquiry may increase the number of disclosures of DV during pregnancy. It also implies that any programme of enquiry must include support, appropriate referral and follow-up mechanisms for women, and that midwives require pre- and post-registration education, training and support if they are to be confident and effective in routine antenatal enquiry.

Database: CINAHL
25. An evaluation of the effectiveness of an educational programme promoting the introduction of routine antenatal enquiry for domestic violence.

Author(s): Salmon, Debra; Murphy, Simon; Baird, Kathleen; Price, Sally

Source: Midwifery; Mar 2006; vol. 22 (no. 1); p. 6-14

Publication Date: Mar 2006

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 16246470

Abstract: OBJECTIVE A feasibility study to evaluate the effect of an educational programme on midwives’ knowledge, skills, attitudes and implementation of routine antenatal enquiry for domestic violence. DESIGN A pre-, post- and follow-up survey. SETTING An acute Trust within the South West of England. PARTICIPANTS Seventy-nine of the 82 community midwives (96%) working in the Trust participated in the training programme, with 70 (85%) participating at all three stages of the research. MEASUREMENTS Participating community midwives completed a 38-item questionnaire at three points during the study: before the educational programme to provide base-line data, post-test immediately after the programme, and at 6 months follow-up. The questionnaire was divided into the following categories: views of professional education, knowledge of domestic violence, attitudes to domestic violence, efficacy beliefs and issues of practice development. The aim of the study was to identify any differences between pre- and post-implementation test data in relation to all the areas identified. Repeated multivariate analysis of variance was used to examine changes between pre-, post- and follow-up measures of knowledge, attitudes and efficacy. Hierarchical regression was used to identify potential influences on post-training disclosure rates using pre-, post- and follow-up measures as predictors. FINDINGS The programme was positively received by participants, particularly in relation to an increased awareness and confidence in dealing with domestic violence. It was also associated with improvements in knowledge, attitudes and efficacy at post-test. These changes declined but remained above pre-test levels at 6 months follow-up. Levels of current and previous experiences of abuse obtained by midwives were predicted by past experience of dealing with the issue and efficacy scores immediately after and at 6 months after programme delivery. Rates of enquiry after programme introduction were lower than anticipated, with midwives routinely asking only 50% of the time. However, the key barrier identified was the presence of a male partner. IMPLICATIONS FOR PRACTICE The effect of routine enquiry for domestic violence on midwifery role development needs further exploration before universal introduction. Seeing women alone at least once during a pregnancy would clearly increase opportunities for directly asking about violence and allowing safe disclosure. Where enquiry is introduced, midwives should be given access to validated educational programmes and structured ongoing support if enquiry is to be sustained over time. Although further evaluations are necessary, it may be advisable to focus on skills-based programmes that increase midwives’ confidence and prioritise support and safety aspects for midwives and women during enquiry about domestic violence.

Database: Medline

Author(s): Gunn, Jane; Hegarty, Kelsey; Nagle, Cate; Forster, Della; Brown, Stephanie; Lumley, Judith

Source: Birth (Berkeley, Calif.); Mar 2006; vol. 33 (no. 1); p. 46-55

Publication Date: Mar 2006

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 16499531

Abstract: BACKGROUND When antenatal care is provided, identification and management of challenging problems, such as depression, domestic violence, child abuse, and substance abuse, are absent from traditional midwifery and medical training. The main objective of this project was to provide an alternative to psychosocial risk screening in pregnancy by offering a training program (ANEW) in advanced communication skills and common psychosocial issues to midwives and doctors, with the aim of improving identification and support of women with psychosocial issues in pregnancy. METHODS ANEW used a before-and-after survey design to evaluate the effects of a 6-month educational intervention for health professionals. The setting for the project was the Mercy Hospital for Women in Melbourne, Australia. Surveys covered issues, such as perceived competency and comfort in dealing with specific psychosocial issues, self-rated communication skills, and open-ended questions about participants' experience of the educational program. RESULTS Educational program participants (n = 22/27) completed both surveys. After the educational intervention, participants were more likely to ask directly about domestic violence (p = 0.05), past sexual abuse (p = 0.05), and concerns about caring for the baby (p = 0.03). They were less likely to report that psychosocial issues made them feel overwhelmed (p = 0.01), and they reported significant gains in knowledge of psychosocial issues, and competence in dealing with them. Participants were highly positive about the experience of participating in the program. CONCLUSION The program increased the self-reported comfort and competency of health professionals to identify and care for women with psychosocial issues.

Database: Medline

27. Screening for abuse during pregnancy: implementing a multisite program.

Author(s): Higgins, L

Source: MCN; 2005; vol. 30 (no. 2); p. 109-114

Publication Date: 2005

Publication Type(s): Article

PubMedID: 107747

Abstract: How screening for domestic abuse during pregnancy was introduced at 13 different sites in and around Boston, USA. The Abuse Assessment Screen was used as the screening tool at all the sites and training was given to staff. Lessons learned during the project are discussed. [(BNI unique abstract)] 22 references

Database: BNI
28. The use of exploratory factor analysis in evaluating midwives' attitudes and stereotypical myths related to the identification and management of domestic violence in practice.

**Author(s):** Lazenbatt, Anne; Thompson-Cree, M E M Lyn; McMurray, Frances

**Source:** Midwifery; Dec 2005; vol. 21 (no. 4); p. 322-334

**Publication Date:** Dec 2005

**Publication Type(s):** Journal Article Evaluation Studies

**PubMedID:** 16076514

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection

**Abstract:**

**OBJECTIVE**

To investigate the suitability of the 'Midwives' Attitudes to Domestic Violence Scale' for evaluating midwives' attitudes and stereotypical myths related to the identification and management of domestic violence in practice. Other objectives were to assess midwives' perceived role and experience of raising the issue of domestic violence with their clients, and to assess their perceived prevalence of domestic violence in their current practice.

**DESIGN**

Survey using a postal questionnaire. The questionnaire included a scale on attitudes to, and stereotypical myths surrounding, domestic violence within maternity care, and assessed demographic details.

**SETTING**

Northern Ireland.

**PARTICIPANTS**

861 hospital and community midwives.

**FINDINGS**

488 midwives returned a completed questionnaire leading to a 57% response rate. Exploratory factor analysis of the 22-item attitude questionnaire produced three factors that accounted for 36% of the variance: namely, factor 1: non-susceptible to myths; factor 2: training and information; and factor 3: confidence. In general, as indicated by the mean summary score, most of the midwives (82%) did not subscribe to the numerous stereotypical myths surrounding domestic violence. Similarly, there was general agreement with issues associated with factor 2: training and information (mean summary score 74%). Importantly, however, factor 3, associated with confidence levels, indicated that, in general, midwives lacked confidence in dealing with the issues addressing domestic violence (mean summary score 33%).

**KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE**

The measure provides a reliable method for assessing midwives' attitudes and training needs for identifying and dealing with domestic abuse. It may also serve to evaluate training and policy interventions in domestic violence.

**Database:** Medline
29. Midwives' experiences of routine antenatal questioning relating to men's violence against women.

**Author(s):** Stenson, Kristina; Sidenvall, Birgitta; Heimer, Gun

**Source:** Midwifery; Dec 2005; vol. 21 (no. 4); p. 311-321

**Publication Date:** Dec 2005

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 16061312

**Abstract:**

**OBJECTIVE:** To describe and use the experience gained by antenatal care midwives who routinely questioned pregnant women about personally experienced violence.**DESIGN:** Qualitative, using focus-group discussions.**SETTING:** Antenatal care in a city in south-central Sweden.**STUDY POPULATION:** 21 midwives.**DATA COLLECTION AND ANALYSIS:** The midwives participated in any one of five focus-group discussions held by the same moderator and observer. The discussions were audiotaped, transcribed verbatim and analysed using qualitative content analysis.**FINDINGS:** The importance of routine questioning about violence was emphasised in all groups. Midwives felt they had failed in their duty when women were not questioned. The two main obstacles to such questioning were the delicacy of the subject and the routine of inviting the partner to all visits. The perceived delicacy underlined the need to devise a natural setting for the questioning. The midwives wanted to connect questions about abuse with related subjects routinely established in early pregnancy. As the partner was invited to every visit, it was not practicable to establish a procedure whereby the assessment was connected with a particular visit. Other obstacles included the following: time constraints, oversight, a preconceived notion of who might be a victim of abuse and language difficulties. The midwives emphasised the importance of training, easy access to support for abused women, and personal counselling for midwives. They described their role as raising awareness of the problem of male violence, reducing the shame of being abused, informing, giving emotional support and mediating help.**KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE:** In order to ensure that the establishment of experience of violence is a routine enquiry in antenatal care, midwives must have a reasonable opportunity of carrying out such questioning. A routine that offers each woman a private consultation will ease the questioning and save time and distress.

**Database:** Medline

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30. Domestic violence: learning to ask the question.

**Author(s):** Baird K

**Source:** Practising Midwife; Dec 2005; vol. 8 (no. 11); p. 18-22

**Publication Date:** Dec 2005

**Publication Type(s):** Academic Journal

**PubMedID:** 16372599

**Abstract:** If enquiry about domestic violence becomes routine in antenatal care, it is vital that student midwives develop an understanding, says Kathleen Baird.

**Database:** CINAHL
31. Learning from the Bristol Pregnancy and Domestic Violence Programme.

Author(s): Baird K; Salmon D; Price S

Source: British Journal of Midwifery; Nov 2005; vol. 13 (no. 11); p. 692-696

Publication Date: Nov 2005

Publication Type(s): Academic Journal

Abstract: This paper reports on an evaluation of the Bristol Pregnancy and Domestic Violence Programme, introduced to support the launch of routine antenatal enquiry for domestic violence. In particular, it focuses on data from a national survey of Higher Education Institutions (HEIs) (n=23) and interviews with educationalists (n=10) that assessed the potential impact on education of the introduction of routine antenatal enquiry. Findings suggest that a more systematic approach to domestic violence teaching is needed, focusing on the development of skill acquisition in ‘asking the question’. While HEIs were enthusiastic about their role, professionally developed competencies for pre-registration students are also required to sustain routine enquiry in the longer term. Similarly, existing staff require access to validated programmes within trusts, in association with child protection training to enable existing practitioners to role-model good practice. Where possible, education should be delivered inter-professionally to enable practitioners to establish their role alongside other professionals and agencies, particularly the voluntary sector.

Database: CINAHL

32. Exploring midwives' attitudes to domestic violence screening.

Author(s): Barnett C

Source: British Journal of Midwifery; Nov 2005; vol. 13 (no. 11); p. 702-705

Publication Date: Nov 2005

Publication Type(s): Academic Journal

Abstract: Women have a lifetime risk of 1 in 4 of being the victim of domestic violence and pregnancy can trigger or initiate this. The government recommends that midwives start to routinely ask pregnant women about domestic violence. However, we do not know what the attitudes of midwives are to asking these questions particularly those who have personal experience of domestic violence. 236 Midwives in Tayside, Scotland, were asked to complete a questionnaire to identify their needs when preparing to ask women about domestic violence and to disclose if they had personal experience of domestic violence. Almost 19% of midwives disclosed that they have been in violent relationships. Midwives acknowledged the need to ask women but they were anxious that a support system was in place for themselves and their abused colleagues who may face particular problems. Adequate training to prepare for asking about domestic violence would be required.

Database: CINAHL

Author(s): Berman S; Barlow KA; Koziol-McLain J

Source: New Zealand College of Midwives Journal; Apr 2005; vol. 32; p. 21-26

Publication Date: Apr 2005

Publication Type(s): Academic Journal

Abstract: The New Zealand College of Midwives instituted family violence workshop training in 2002 to prepare midwives to integrate screening and referral for family violence into their care. In this paper the findings are presented of a qualitative descriptive study in which a small sample of Auckland midwives participated in focus groups to explore their learning experience and the degree to which the work-shop objectives were met. Participant midwives affirmed a commitment to incorporate family violence screening into their practice. They also made recommendations for additional and on-going teaching and learning activities to facilitate positive and sustainable change in responding effectively towards preventing family violence during pregnancy.

Database: CINAHL

34. Tackling domestic violence during pregnancy.

Author(s): Morgan JE

Source: British Journal of Midwifery; Mar 2005; vol. 13 (no. 3); p. 176-181

Publication Date: Mar 2005

Publication Type(s): Academic Journal

Available at British Journal of Midwifery - from EBSCO (CINAHL Plus with Full Text)
Available at British Journal of Midwifery - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection

Abstract: Domestic violence is a serious criminal, social and medical problem that has profound effects on a person’s health, well-being and development. It is often described as a ‘hidden crime’ as it is severely under-reported and, because of its complex nature, is difficult to research. This sort of violence is most commonly perpetrated by men against women and their children. The most common factor behind domestic violence is the exertion of power and control over another individual. Domestic violence has been shown to start or intensify in pregnancy and further increase in the postnatal period leading to maternal and fetal morbidity and mortality. The Department of Health advocates that the NHS incorporates policy and training for health professionals to support women who are experiencing, or have experienced domestic violence. Policy states that midwives are ideally placed to support women who may be in abusive relationships. However, in order to do so, midwives require adequate training and support within maternity services.

Database: CINAHL
35. Effect of an intimate partner violence educational program on the attitudes of nurses.

**Author(s):** Schoening, Anne M; Greenwood, Jullie L; McNichols, Jackie A; Heermann, Judith A; Agrawal, Sangeeta

**Source:** Journal of obstetric, gynecologic, and neonatal nursing : JOGNN; 2004; vol. 33 (no. 5); p. 572-579

**Publication Date:** 2004

**Publication Type(s):** Comparative Study Journal Article

**PubMedID:** 15495702

**Abstract:**

OBJECTIVE To examine the effect of an intimate partner violence (IPV) educational program on the attitudes of nurses toward victims.

DESIGN A quasi-experimental study utilizing a pretest and posttest.

SETTING An urban health care system.

PARTICIPANTS Fifty-two inpatient nurses completed both the pretest and posttest.

INTERVENTION One-hour and 3-hour IPV educational programs.

MAIN OUTCOME MEASURES Change in attitude was determined by scores from the Public Health Nurses’ Response to Women Who Are Abused (PHNR), a standardized questionnaire that measures nurses’ reactions to an IPV scenario. Parallel forms, each with a different scenario, were administered before and 2 months after the 1-hour and 3-hour educational sessions. Scores were analyzed using a repeated measures analysis of variance followed by multiple comparisons with Bonferroni adjustments.

RESULTS Nurses’ PHNR scores increased significantly after attending the 1-hour session if they had previous IPV education and after the 3-hour session if they had no previous IPV education.

CONCLUSION Educational offerings should be tailored for nurses. For nurses with previous IPV education, offer a 1-hour update. For nurses with no previous IPV education, provide a 3-hour educational session. Further study is needed to determine if change in nurses' attitudes translates into improved screening, identification, and intervention for IPV victims.

**Database:** Medline

36. An interview study of the impact of domestic violence training on midwives.

**Author(s):** Protheroe, Lynn; Green, Josephine; Spiby, Helen

**Source:** Midwifery; Mar 2004; vol. 20 (no. 1); p. 94-103

**Publication Date:** Mar 2004

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 15020031

Available at Midwifery - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection

**Abstract:**

OBJECTIVES To evaluate the impact on midwives of a training programme designed to increase their awareness and understanding of violence against women from men they know.

DESIGN A cross-sectional survey using semi-structured interviews.

PARTICIPANTS A stratified sample of 55 midwives who attended training between April 1999 and June 2000 were asked to participate, 26 agreed.

SETTING Midwifery services of the Leeds Teaching Hospital NHS Trust.

RESULTS Participants reported greater awareness and understanding of domestic violence, and an increased likelihood of identifying and supporting women, partly through improved knowledge of other helping agencies. However, there was considerable uncertainty over issues of confidentiality and documentation. Practical difficulties were raised in implementing training within the midwifery role; these included time and privacy.

CONCLUSION This research adds to the scarce evidence base related to the effectiveness of health-care professionals’ training in domestic violence. Further research should also explore the impact of training on women’s experiences of healthcare.

**Database:** Medline
37. Domestic violence in pregnancy -- midwives can make a difference.

**Author(s):** Johnstone J  
**Source:** MIDIRS Midwifery Digest; Sep 2003; vol. 13 (no. 3); p. 311-315  
**Publication Date:** Sep 2003  
**Publication Type(s):** Academic Journal  
**Abstract:** This article focuses on the issue of domestic violence in pregnancy. It seeks to analyse the different social learning theories to explain domestic violence, and identifies societal influences on childbearing that relate to domestic violence. In addition, a range of strategies are evaluated which relate to the practice of midwifery within the context of domestic violence and the role of the midwife in detection and referral of women experiencing violence within the home. Consideration is also given to the midwife working as part of a multi-disciplinary team. Finally, attention is given to the ethical and legal strategies that safeguard the well-being of mother and baby.

**Database:** CINAHL

38. Midwives' perceptions and experiences of routine enquiry for domestic violence.

**Author(s):** Mezey, Gill; Bacchus, Loraine; Haworth, Alison; Bewley, Susan  
**Source:** BJOG : an international journal of obstetrics and gynaecology; Aug 2003; vol. 110 (no. 8); p. 744-752  
**Publication Date:** Aug 2003  
**Publication Type(s):** Journal Article  
**PubMedID:** 12892686  
**Abstract:** OBJECTIVE To examine midwives' perceptions and experiences of routine enquiry for domestic violence. DESIGN Focus groups and semi-structured interviews. SETTING The study was conducted in the maternity services of Guy's and St Thomas' NHS Hospital Trust, an inner London teaching hospital. SAMPLE Twenty-eight midwives were interviewed. METHODS One hundred and sixteen out of 145 (80%) midwives were trained to screen routinely pregnant women for domestic violence at booking, at 34 weeks of gestation and postpartum. Twenty midwives attended one of four focus groups and eight semi-structured interviews were conducted. Interviews were transcribed and analysed using content analysis. MAIN OUTCOME MEASURES Midwives' views of routine enquiry for domestic violence. RESULTS Midwives felt that domestic violence was an important issue to be addressed. However, practical and personal difficulties were encountered during the study. These included: time constraints, lack of confidential time, safety issues, staff shortages, low staff morale and midwives' personal experiences of domestic violence. The study produced a raised awareness about domestic violence within the maternity unit. There was considerable support for the idea of a specialist domestic violence midwife. CONCLUSIONS Routine enquiry for domestic violence cannot be implemented effectively without ensuring that in-depth training, resources, staff support and policies to ensure that screening can be conducted safely and confidentially are in place.

**Database:** Medline
39. Experiences of seeking help from health professionals in a sample of women who experienced domestic violence.

**Author(s):** Bacchus, Loraine; Mezey, Gill; Bewley, Susan

**Source:** Health & social care in the community; Jan 2003; vol. 11 (no. 1); p. 10-18

**Publication Date:** Jan 2003

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 14629228

Available at [Health & social care in the community](#) - from Wiley Online Library Science, Technology and Medicine Collection 2017

Available at [Health & social care in the community](#) - from EBSCO (CINAHL Plus with Full Text)

**Abstract:** The present paper describes a qualitative study of women who suffered domestic violence. The aim was to explore their experiences of seeking help from health professionals and assess their psychological health. Purposive sampling was used to select a subsample from a larger sample of women who were screened for domestic violence as part of a study undertaken at Guy's and St Thomas' Hospitals in London, UK. In-depth, semi-structured interviews were conducted with the subsample of women during the postpartum period (up to 14 months). Interviews were conducted in women's homes and general practitioners' (GPs) surgeries. The sample consisted of 10 women who had experienced domestic violence in the past 12 months (including the current pregnancy), and six women who had experienced domestic violence in the past 12 months but not the current pregnancy. The main outcome measures included: women's experiences of seeking help from health professionals; and assessment for postnatal depression, post-traumatic stress disorder (PTSD) and psychological distress. Women scored highly on measures of postnatal depression and PTSD. With regard to seeking help, there was a tendency for women to regard GPs, and accident and emergency staff as less helpful compared with health visitors in responding to domestic violence. Lack of privacy, continuity of care and time constraints were dominant themes which emerged from women's contacts with health professionals. Very few women voluntarily disclosed domestic violence to a health professional and even fewer were asked directly about domestic violence by one. It is important for health professionals to enquire about domestic violence in a sensitive manner and provide a response that takes into accounts the complexity of women's needs. Domestic violence training is necessary to equip health professionals with the knowledge and skills they need to respond to domestic violence more effectively.

**Database:** Medline
40. Violence against pregnant women will remain hidden as long as no direct questions are asked.

Author(s): Edin KE; Högberg U

Source: Midwifery; Dec 2002; vol. 18 (no. 4); p. 268-278

Publication Date: Dec 2002

Publication Type(s): Academic Journal

PubMedID: 12473442

Available at Midwifery - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection

Abstract:
OBJECTIVE: to assess the experience, knowledge, attitudes and routines regarding violence against pregnant women among midwives working at antenatal clinics in the county of Västerbotten, northern Sweden. DESIGN: five qualitative research interviews with midwives were conducted. In addition, questionnaires were sent to all midwives working at the antenatal clinics in the county. FINDINGS: the midwives, although very knowledgeable about and sensitive to pregnant women and their needs, still rarely revealed the occurrence of violence. Symptoms and signals of abuse may vary and are not easily recognised by an outsider. Among pregnant women registered at the antenatal clinic, the midwives roughly estimated that the frequency of known cases of physical and sexual abuse before and during the current pregnancy was 2.3 and 0.6%, respectively for the preceding calendar year. The local programme for antenatal care provided no guidelines regarding response to violence, no instruments for disclosure and no directions about support when confronted with an abused pregnant woman. The midwife did not usually ask any questions if she was merely suspicious but had no strong supporting evidence. In answering the questionnaire however, the midwives were positive towards asking every pregnant woman about abuse in approximately the same way as they asked about other issues already incorporated in the records. CONCLUSION: most likely the midwives in this study were disclosing only a fraction of the cases of abuse against women. Violence of this kind will probably remain hidden as long as the whole issue of violence is not included in the national recommendations or in the local programme for antenatal care. IMPLICATIONS FOR PRACTICE: there should be specific written recommendations in the national antenatal care programme to guide and support the midwives in questioning all pregnant women about violence. To achieve adequate and optimal assessment and intervention at the antenatal clinic, the midwives need to be given education and training and provided with a supportive professional network both for themselves and for the abused women.

Database: CINAHL
41. Training midwives to screen for domestic violence.

**Author(s):** Ward S; Spence A  
**Source:** MIDIRS Midwifery Digest; Mar 2002; vol. 12  
**Publication Date:** Mar 2002  
**Publication Type(s):** Academic Journal  
**Available at:** MIDIRS Midwifery Digest - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.  
**Abstract:** This article outlines a project to introduce training on domestic violence for midwives at the Royal Surrey County Hospital. The project is linked to the multi-agency Surrey Domestic Violence Project. It arose from work carried out by the Training Task Group and the policy and procedures produced by the Domestic Violence and NHS Group. A cascade model of training trainers was used. The training covered both awareness raising and policies and procedures in particular screening. The article discusses the processes used, the achievements and the challenges. It concludes with key issues to consider for anyone else embarking on a similar process.  
**Database:** CINAHL

42. Screening for domestic violence in an antenatal clinic.

**Author(s):** Jones C; Bonner M  
**Source:** Australian Journal of Midwifery; Mar 2002; vol. 15 (no. 1); p. 14-20  
**Publication Date:** Mar 2002  
**Publication Type(s):** Academic Journal  
**PubMedID:** 12017039  
**Abstract:** In 2000, the Antenatal Clinic at Sutherland Hospital agreed to participate in a Commonwealth funded pilot for domestic violence screening. The aim of the pilot was for midwives to ask all women 16 years old and over three questions about domestic violence during their first visit interview. The pilot was for a three month period. Prior to undertaking the screening, midwives attended a training program, resources and flowcharts were developed and protocols for screening were outlined. During the three month pilot period, 80% of women were screened with 10.7% disclosing previous or current domestic violence. Just under one quarter of the women who disclosed violence wanted further assistance when offered by the midwives. The midwives, although apprehensive prior to commencement of the pilot, recommended that the Antenatal Clinic should continue to screen women for domestic violence. Overall, the midwives felt the screening enhanced their relationship with women, developed their skills in asking about an important health issue and demonstrated a concern for women beyond their immediate medical needs. With thanks to the midwives at the Hospital Antenatal Clinic, Menai Outreach Clinic and Delivery Suite, Sutherland Hospital.  
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PsycINFO

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