

Antenatal screening for domestic and family violence guideline – Training scenarios

Scenario 1

Natalie is a 33-year-old woman who is attending her first antenatal appointment at 14 weeks gestation. She does not identify or disclose any issues or concerns when responding to questions in the psychosocial screening tool. However, you have suspicions that there is something wrong/ you recognize domestic and family violence indicators. At Natalie's 28-week antenatal appointment, she again does not identify issues responding to psychosocial screening. However, as your rapport develops through the consultation, she hesitantly discloses that her husband has a long history of mental health issues; and she has experienced past sexual assault in the relationship, some physical violence, usually related to her partner's alcohol consumption and that she is concerned as the frequency and intensity of the violence is increasing. Natalie reports limited support from family and friends and informs you that she wishes to leave the relationship, however feels she is not ready to do this until after the baby is born.

Suggested response

- Apply principles of sensitive practice, that is, ask Natalie what would she like you to do to support her
- Use sensitive inquiry steps
- Assess level of immediate risk for both Natalie and her unborn baby
- Follow Response to disclosure flowchart
- At/after first appointment you can consult with a social worker or DFV worker, or specialist DFV service for specialised advice
- Document your concerns and consultation in the clinical record
- At second appointment make an initial safety assessment
- Obtain consent to make a referral to a DFV worker in your clinical area, social worker, or specialist DFV service
- Provide the client with information about referral options and explain the referral process
- Conduct a safety assessment and plan
- Document your concerns, referral details and details of any information shared with other agencies in the clinical record
- Support the client throughout the referral process.

Scenario 2

Ashley is 35-year-old woman who is presenting for antenatal care at 28 weeks. She has three children currently in her care. She discloses a history of domestic violence from the father of these children. Her current partner is the father of her unborn baby and she reports he has been domestically violent in the past, and currently has had a DVO against him. Ashley discloses that one of children has a significant disability with behavioural issues and her partner finds this difficult to manage and becomes angry when dealing with the child. Her partner is currently unemployed and consequently they are experiencing financial difficulties. She has a supportive mother who assists her with the children. Close to the end of her appointment Ashley advises that her partner is outside the hospital and she is afraid to leave but is also concerned about her children who are at school.

Suggested response

- Ask Ashleigh how you can help her
- Apply principles of sensitive practice
- Use sensitive inquiry steps

- Follow Response to disclosure flowchart
- Make an immediate safety assessment and consider child protection concerns
- Obtain consent to make a referral to a social worker or DFV worker, or specialist DFV service for specialised advice
- Provide the client with information about referral options and explain the referral process
- Document your concerns, referral details and details of any information shared with other agencies in the clinical record
- Support the client throughout the referral process.

Scenario 3

Jenny is a 29-year-old woman who presents quite late in pregnancy for care. She is accompanied by her partner. He will not leave her side, answers the questions you ask Jenny. When you talk about Jenny's recommended maternity care/plan you sense she is uncomfortable and the partner becomes increasingly agitated.

Suggested response

- Explore opportunities to speak to Jenny in private for one-on-one, face-to-face DFV screening*
- Once you are alone with Jenny, apply principles of sensitive practice
- Use sensitive inquiry steps
- Follow Response to disclosure flowchart
- Consult with a social worker, DFV worker, or specialist DFV service
- Make a safety assessment
- Obtain consent to make a referral to a social worker or DFV worker, or specialist DFV service for specialised advice
- Provide the client with information about referral options and explain the referral process
- Document your concerns, referral details and details of any information shared with other agencies in the clinical record
- Support the client throughout the referral process.

*Trainers to facilitate discussion on opportunities to find a private environment.