

Antenatal screening for domestic and family violence

Guideline
QH-GDL-456:2018

1. Statement

This guideline provides recommendations for the screening for domestic and family violence during antenatal care to promote consistency and best practice, and to ensure all health service midwives, nurses and relevant health service professionals can appropriately identify and respond to the particular needs of pregnant women at risk or experiencing domestic and family violence (DFV).

2. Scope

This guideline applies to Queensland midwives, obstetricians, nurses and other health service professionals (permanent, temporary and casual) and all organisations and individuals acting as its agents (including visiting medical officers and other partners, contractors, consultants, volunteers and students/trainees) in the public health sector involved in the provision of antenatal care.

Compliance with this guideline is not mandatory, but sound reasoning must exist for departing from the recommended requirements within this guideline.

Private sector health services providing antenatal care have been consulted in the development of this guideline and are strongly encouraged to adopt these requirements in the provision of antenatal care, as appropriate to their service environment.

3. Background

The Special Taskforce on Domestic and Family Violence in Queensland (the Taskforce) was established on 10 August 2014. The Taskforce provided recommendations on system improvements and ways to prevent future incidents of DFV in Queensland in its report on 28 February 2015 titled *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland* (the NNNE report).

The NNNE report outlines three key themes – community culture and attitudes; integrated service responses to support victims; and the need for police and court systems to protect victims and hold perpetrators to account. Recommendation 54 in the NNNE report sought an evaluation of the frequency and efficacy of antenatal screening for DFV. Independent consultants KPMG were engaged to complete the evaluation and this guideline meets a number of further recommendations.

Health professionals typically enjoy non-judgemental relationships of trust and confidence with clients and a professional interest in their health and well-being. These factors give the health sector a unique capacity to identify and provide support to clients impacted by DFV.

Pregnancy can trigger DFV or can intensify the occurrence of DFV.ⁱ Screening for DFV during antenatal care can identify women at risk or already experiencing DFV, and enables referral to support to help enhance the safety and wellbeing of these women and their baby.

4. Requirements

4.1 Principles

These principles provide a foundation for routine, sensitive inquiry in the screening for DFV:

- Respect
- Safety
- Empowerment/client-centred
- Confidentiality
- Integrated, coordinated, collaborative and responsive
- Diversity: inclusive and equitable
- Evidence-based
- Understanding the dynamics of gender, power and control.

4.2 Approach

- Queensland has five main maternity care options – midwifery-led continuity of care, private midwife care, GP share care, public hospital obstetric and midwifery care (tertiary and non-tertiary), and private obstetric care – and antenatal screening should be applied according to this guideline regardless of the model of care.
- Screening should only be conducted by midwives and health professionals who have demonstrated competence in the appropriate skills of a sensitive inquiry approach. (See 4.10 Education and Training)
- All women should be informed that:
 - Queensland Health staff members have a duty of care to disclose any relevant information about a client to avert a serious risk to the life, health or safety of the client or another person or to public safety. (See the Queensland Health [Information Sharing for Domestic and Family Violence factsheet](#))
 - Health professionals have mandatory reporting requirements in relation to a child in need of protection, and the implications of any potential disclosure should be understood by the woman. (See Department of Health Guideline, [Reporting a Reasonable / Reportable Suspicion of Child Abuse and Neglect](#)).

4.3 Cultural considerations

- To provide culturally capable services, health professionals should use culturally appropriate processes and communication strategies when working with Aboriginal and Torres Strait Islander women and offer access to Aboriginal and Torres Strait Islander services, such as hospital liaison officers, health workers or health practitioners.
- Provision of services to women from Culturally and Linguistically Diverse (CALD) backgrounds should be in accordance with the Multicultural Queensland Charter as detailed in the *Multicultural Recognition Act 2016*.

- Engage an appropriately qualified interpreter, if required, to effectively communicate with people from non-English speaking backgrounds – do not use partners, other family members or a child as interpreters.

4.4 Timing and frequency

- Routine screening of pregnant women for DFV should occur at a minimum on three occasions — at the first antenatal appointment, at 28 weeks and at 36 weeks.
- Pregnant women making an unplanned presentation to a health facility are to be screened for DFV at the time of presentation.

4.5 Conditions

- Screening should be completed in a private environment to ensure confidentiality and safety, and enable women to feel comfortable and respected throughout the process.
- Each screening should be one-on-one and face-to-face when the woman is alone with the midwife or health professional.
- Aboriginal and Torres Strait Islander women may be accompanied by a support person whose presence during screening may be appropriate.

4.6 Sensitive inquiry

- The capability and clinical judgement of midwives and other health professionals' in framing the questions and establishing strong rapport through sensitive and respectful engagement with the woman is of high importance for effective screening and disclosure.
- Interpersonal skills and ability to assess the physical and emotional safety of the woman and adapting the style of inquiry accordingly is essential.
- The Queensland Health sensitive inquiry model should be applied to all DFV screening. (See 4.10 Education and Training) As an overview, the six steps are:
 - Step 1 – Identification
 - Step 2 – Supportive response
 - Step 3 – Consider safety and manage risk
 - Step 4 – Actions for safety
 - Step 5 – Referral to support
 - Step 6 – Documentation and reporting.
- A specialist risk assessment may be required and is completed by trained health professionals, such as social workers within your facility or specialist DFV services, with the consent of the woman.
- Should a current Domestic Violence Order be in place, the woman should supply a copy to the facility to assist in safety planning.

4.7 Screening tool

- The DFV screening tool used during antenatal care should have a small number of specific and direct questions which are easy for pregnant women to understand and interpret.
- The tool should prompt screening for current and past experiences of DFV, identify the different types of DFV including: physical, sexual, psychological/emotional violence, financial abuse and controlling behaviours.
- Enquiring about feelings of safety during screening can identify situations of stalking or other experiences which can create unease for the woman and indicate risk.
- Health facilities should select a screening tool that meets these criteria, as well as the requirements of local antenatal care services, which is delivered using a sensitive inquiry model (see section 4.6) and after completion of education and training (see section 4.10). Ideally validated, standalone screening tools are preferred, however may not always be viable in busy clinical settings.
- The Safe Start tool is the dominant tool used for screening in the Queensland public sector and was introduced when the National Perinatal Depression Initiative was agreed upon by all Australian Governments in 2008. There is also a prompt for use of Safe Start in the Pregnancy Health Record.

4.8 Documentation

- **Do not document a confidential disclosure of DFV in the Pregnancy Health Record or any other materials a woman may take away from the health facility, such as an ieMR discharge summary.**
- Documentation of relevant information from the DFV screening, including referrals actioned, must be recorded and filed in the woman's medical record for ongoing care and other service providers, and possible legal purposes. Recording should be in accordance with local facility policy and guideline on documentation.
- Legal documents related to supporting and managing a woman's safety, such as a copy of a Domestic Violence Order, should be supplied by the woman, and marked confidential and accessible on a patient record.

4.9 Responding to a disclosure

- Information to guide all health professionals in responding to disclosure of DFV, including referral of clients and perpetrators to specialist support services, is detailed in the Queensland Health *Domestic and Family Violence Referral to specialist support services model* and *Response to disclosure flowchart* (<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/patient-safety/duty-of-care/domestic-family-violence/healthcare-workers>).

4.10 Education and training

- Health professionals who work in maternity services, as well as other specified clinical areas, are expected to complete the *Clinical response to Domestic and Family Violence blended learning package* within six months of commencing their role and refresh the training every three years. (Publicly available at <https://qcmhl.qld.edu.au/crdfv/>)

- The online training module *Clinical response to Domestic and Family Violence* provides the Queensland Health six step sensitive inquiry model to identify and respond to DFV as a routine part of healthcare provision. (Publicly available at <https://qcmhl.qld.edu.au/crdfv/>)
- The face-to-face training element of the *Clinical response to Domestic and Family Violence* can be delivered flexibly as a single session or a series of short sessions.

4.11 Self-care

- It is possible that disclosure of DFV may cause some health professionals to feel uneasy and may trigger the recollection of distressing personal experiences, reactions and feelings. If this is the case you should seek assistance from the Employee Assistance Program (EAP), if available, or a general practitioner, professional counsellor or applicable specialist service.

4.12 Support for employees affected by domestic and family violence

- The Department of Health has worked in partnership with the Public Service Commission to develop and implement a training package and an intranet web page to provide guidance for management of victims of DFV in the workplace. (<http://qheps.health.qld.gov.au/hr/staff-health-wellbeing/domestic-family-violence/supporting-someone>)
- The Domestic and Family violence e-learning program – Recognise, Respond, Refer was jointly developed by the Queensland Government and Australia’s CEO Challenge and is available to Queensland Health employees on QHEPS. (<http://qheps.health.qld.gov.au/hr/staff-health-wellbeing/domestic-family-violence/training>)
- The ‘Support for employees affected by domestic and family violence’ directive, policy and guideline outline the roles and responsibilities of managers and the Queensland Health workforce.

5 Legislation

- *Domestic and Family Violence Protection Act 2012*
- *Child Protection Act 1999*
- *Information Privacy Act 2009*
- *Hospital and Health Boards Act 2011*
- *The Privacy Act 1988*
- *Multicultural Recognition Act 2016*

6 Supporting documents

- *Guideline for Reporting a Reasonable / Reportable Suspicion of Child Abuse and Neglect*
- *Clinical Practice Guidelines: Antenatal Care – Module 1*
- *National Plan to reduce violence against women and their children 2010–2022*
- *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland*
- *Domestic and Family Violence Prevention Strategy 2016–2026 (Queensland)*

- *Australia's CEO Challenge Recognise Respond Refer: Domestic Violence in the workplace*
- *Queensland Health, Health workforce domestic and family violence training guideline*
- *Understanding Domestic and Family Violence online module and booklet*
- *Clinical response to Domestic and Family Violence online module and Facilitator Guide*
- *Aboriginal and Torres Strait Islander resource booklet*

7 Definitions

Term	Definition
Aboriginal and Torres Strait Islander Health Practitioner, Aboriginal Health Practitioner or Torres Strait Islander Health Practitioner	These roles provide direct clinical services to the Aboriginal and Torres Strait Islander community and hold a Certificate IV in Aboriginal Primary Health Care Practice qualification. To operate in these roles a worker must be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.
Aboriginal and Torres Strait Islander health worker (AHW) / Aboriginal Community Controlled Health Worker	This role provides access, liaison, health promotion and preventative health services to the Aboriginal and Torres Strait Islander community across a variety of health service settings (urban, rural and remote).
Aboriginal and Torres Strait Islander Hospital Liaison Officers (or Indigenous Hospital Liaison Officer (IHLO))	This non-clinical role provides advocacy, support and liaison within an acute care health setting and multipurpose services.
Child in need of protection	The <i>Child Protection Act 1999</i> defines a child in need of protection is a child who: <ul style="list-style-type: none"> a) has suffered harm, is suffering harm, or is at unacceptable risk of suffering harm; AND b) does not have a parent able and willing to protect the child from the harm.
Domestic and Family Violence (DFV)	In the Queensland <i>Domestic and Family Violence Protection Act 2012</i> , domestic violence means behaviour by a person (the first person) towards another person (the second person) with whom the first person is in a relevant relationship that— <ul style="list-style-type: none"> a) is physically or sexually abusive; or b) is emotionally or psychologically abusive; or c) is economically abusive; or d) is threatening; or e) is coercive; or f) in any other way controls or dominates the second person and causes the second person to fear for the second person's safety or wellbeing or that of someone else.

Disclosure	Any occasion when an adult or child who has experienced or perpetrated DFV informs a health employee or any other third party.
Health professional	The <i>Hospital and Health Boards Act 2011</i> defines a health professional as – <ul style="list-style-type: none"> a) a person registered under the Health Practitioner Regulation National Law; or b) a person, other than a person referred to in paragraph (a), who provides a health service, including, for example, an audiologist, dietician or social worker.
Midwife	The <i>Hospital and Health Boards Act 2011</i> defines a midwife as “a person registered under the Health Practitioner Regulation national Law to practise in the nursing and midwifery profession as a midwife, other than as a student”.
Nurse	The <i>Hospital and Health Boards Act 2011</i> defines a nurse as “a person registered under the Health Practitioner Regulation National Law— <ul style="list-style-type: none"> (a) to practise in the nursing and midwifery profession as a nurse, other than as a student; and (b) in the registered nurses division or enrolled nurses division of that profession.
Perpetrator	A person who carries out a harmful, illegal or immoral act.
Survivor	A person regarded as resilient or courageous enough to be able to overcome harm, hardship or a series of events that threatens safety.
Victim	A person harmed, injured, or killed as a result of a crime, accident, or other event or action.

Version control

Version	Date	Comments
V1.0	23.05.2018	First release of Antenatal screening for domestic and family violence guideline

ⁱ Spangaro, J., and Raune, J. (2014). *Health Interventions for Family and Domestic Violence: A Literature Review*. Sydney: University of New South Wales.