



**CLINICAL PRACTICE GUIDELINE**

# Family and Domestic Violence: Screening

This document should be read in conjunction with the [Disclaimer](#)

## Aims

- To identify women who are experiencing family and domestic violence (FDV).
- To make appropriate referrals when FDV is disclosed.

## Background Information

FDV has been estimated to be experienced by between 1 and 20 per cent of pregnant women. Severe violence or the pattern of violence inflicted on pregnant women may commence in pregnancy, escalate during the pregnancy and postnatal period if already happening prior to pregnancy.<sup>1</sup>

Abused women may develop coping strategies such as smoking, drug and alcohol abuse, and this combined stress, eating and sleeping disorders, may lead to poor weight gain in pregnancy. The combination of these factors and poor antenatal attendance and care provide risk factors for the pregnancy and birth outcomes, such as low birth weight, pre-term birth and neonatal complications.<sup>1</sup>

FDV adversely affects children psychologically, physically and emotionally. It can also affect a woman's parenting skills, with a link between domestic violence and child abuse being demonstrated.<sup>1</sup>

## Key Points

1. Screening is to take place when the woman is alone. Her partner, family (including children) or friends should not be present. The safety of the woman is paramount, screening in the presence of her partner or family may constrain the discussion or place the woman in greater danger.<sup>2</sup>
2. Documentation of FDV must be recorded and filed in the medical record, not in the MR 220 Pregnancy Health Record.
3. All medical officers and midwives administering screening for FDV are to attend in-service education prior to implementing screening. This education will consist of:
  - Introduction to FDV – definition, prevalence, effects of FDV, types of abuse, and FDV and pregnancy.
  - Administering FDV screening – direct questioning and response to disclosure of FDV, repeated administration.
  - The referral process.

PROCEDURE	ADDITIONAL INFORMATION
<b>1 Screening</b>	
<p>1.1 Screen all antenatal women for FDV using the FDV Screening tool:</p> <ul style="list-style-type: none"> <li>• At the initial visit</li> <li>• During the third trimester</li> <li>• Prior to discharge from care in the hospital / postnatal ward.</li> </ul>	<p>Women disclose more readily if they are asked regularly during their pregnancy. They will respond differently to direct enquiry depending on their trust of their carer, their level of fear, their level of comfort, and familiarity with their surroundings.<sup>1</sup></p> <p>Screening for FDV can identify the nature, severity and consequences of abuse, allows planning and strategies for intervention, and provides appropriate referrals and information for assisting the woman.<sup>1, 3</sup></p> <p>Studies have shown that FDV often begins in pregnancy or escalates if already happening. It is also suggested that the violence may increase postnatally.<sup>4</sup></p>
<p>1.2 Screen un-booked women at their first contact with the hospital.</p>	<p>Abused pregnant women often attend antenatal care later, miss appointments and are more likely to cancel appointments than other women.<sup>4</sup></p>
<p>1.3 When screening ensure that:</p> <ul style="list-style-type: none"> <li>• The woman is alone</li> <li>• She understands that what she says will be dealt with in a discrete manner.</li> <li>• Non-judgemental, empathetic manner used</li> <li>• Simple direct questions are used.</li> </ul>	<p>Women are more likely to disclose FDV if the care provider listens respectfully, providing assurances of confidentiality, and responds in a non-judgemental manner.<sup>5</sup></p>
<p>1.4 Language/Cultural Barriers</p> <ul style="list-style-type: none"> <li>• provide interpreter for the antenatal visit</li> <li>• Consider using the Telephone Interpreter Service (TIS).</li> </ul>	<p>A local interpreter may know the women and her family in the community and she may not feel able to disclose FDV.</p>
<b>2 Disclosure of FDV</b>	
<p>2.1 If the woman discloses abuse:</p> <ul style="list-style-type: none"> <li>• Listen, acknowledge, and validate her experience.</li> <li>• Refer all women to the Social Work Department.</li> <li>• Provide <i>all</i> women with the</li> </ul>	<p>A health worker may assist a woman experiencing FDV by defining her management choices, collaborating a safety plan, assessing the safety of the woman and other children in the home, and documenting the reported violence or abuse.<sup>5</sup></p>

Women's Information (WIS) Service Pamphlet.

**NOTE:** Women who decline social work assistance still require referral.

The WIS Central pamphlet provides written information for the woman and contact phone numbers.

- 2.2 If immediate assistance is required contact the social worker for the clinic.  
If immediate assistance is required *outside of regular working hours contact:*
- The After Hours Social Worker (weekends only).
  - Crisis Care.
  - After Hours Hospital Clinical Manager.
- 2.3 If abuse is not disclosed, but suspected provide the woman with the means of contacting appropriate support agencies, and consult with the Social Work Department.

### 3 Documentation

- 3.1 Document the outcome of the FDV screening tool, and action taken when appropriate on the MR 215.15. Documentation may assist the women substantiate abuse in court<sup>5</sup>, and provide information for other health workers caring for the woman.
- 3.2 **DO NOT** document FDV on the woman's MR 220 Pregnancy Health Record.

## References

1. Taft A. Violence against women in pregnancy and after childbirth: Current knowledge and issues in health care and responses. **Australian Domestic & Family Violence Clearinghouse**. 2002(6).
2. Department of Health. **Domestic violence: A Resource Manual for Health Care**. . London: Professionals, Stationary Office; 2000.
3. Anderson C. Battered & Pregnant. A Nursing Challenge. **AWHONN Lifelines**. 2002(April/May).
4. American College of Obstetricians and Gynaecologists. Bulletin Number 343 Psychosocial Risk Factors: Perinatal Screening and Intervention. **Obstetrics & Gynaecology**. 2006; 108(2):469-77.
5. Watts N. Domestic Violence. A Team Approach for Maternal/Newborn Nurses. **AWHONN Lifelines**. 2004; 8(3):211-19.

## Related Policies

Legislation: [Restraining Orders Act 1997](#)

- [OD 0523/14 Responding to Family and Domestic Violence \(Guidelines and Reference Manual\)](#) (2014)
- [OD 0286/10 Memorandum of Understanding- Information Sharing between Agencies with Responsibility for Preventing and Responding to Family and Domestic Violence in WA](#) (2010)
- [OD 0606/15 Guidelines for Protecting Children](#) (2015)
- Mandatory Policy: [MP 0015/16 Information Use and Disclosure Policy](#) (2016)
- Mandatory Policy: [MP 0010/16 Patient Confidentiality Policy](#) (2016)

## Related WNHS policies, procedures and guidelines



WNHS Policies:

- [Family Conflict: Management Strategy](#)
- [Language Services](#)

WNHS- Women's Health [Women's Health Clinical Support Programs: FDV Toolbox](#)

Department of Health WA

- [Guideline for responding to FDV 2014](#)
- [Reference Manual for Health Professionals responding to FDV](#)

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