Antenatal screening for family violence

Case Studies

Prepared by the Strengthening Hospital Responses to Family Violence (SHRFV) leadership team

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Document purpose and rationale

Case studies and role plays are an important tool for education and training, and a valuable method to encourage clinicians to consolidate their learning, and put the themes and knowledge into practice.

This suite of case studies are designed to be used together, or individually, to support screening for family violence in antenatal care face-to-face training, or for case reviews with teams of midwives, doctors, or clinical champions.

The SHRFV team would like to acknowledge the work of the Department of Health and Human Services and Family Safety Victoria in developing these case studies, which have been adapted by the SHRFV team from the MARAM alignment Maternal and Child Health Nurse training, and modified for use in the antenatal setting.

These case studies are provided as an additional option to formal face-to face training, or as an extension exercise for antenatal staff who have completed either the antenatal screening for family violence eLearn or face-to-face module.

**These case studies have been endorsed by the Department of Health and Human Services, Recommendation 96 Team and Family Safety Victoria (November 2020).**

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# ACTIVITY 1: Applying knowledge of family violence evidence-based risk factors

**Description:** Participants will apply principles of the learning by identifying evidence-based risk factors for family violence, utilising the case study 1 Valentina, or case study 2, Geeta. This activity should take 10-20mins depending on the number of participants involved and group discussion afterwards.

**Objective:** The use of case studies provides participants with the opportunity to explore evidence-based risk factors for family violence in a case example that is relevant to the antenatal practice environment.

**Materials:** Handout “Family violence risk factors (Appendix 1)”, Handout “Case study 1 - Valentina” or “Case Study 2 – Geeta”, with instructions for each small group.

**Directions:**

The facilitator will explain the purpose of the case scenario and how it will work based on the following instructions:

1. Participants will need to work in pairs or small groups (to make roughly three groups).
2. Advise the participants each group will review a different group of risk factors using the “Family violence risk factors” handout. One group will review the scenario for risk factors specific to the victim, another group will review the risk factors specific to the child/unborn baby, and the last group will review risk factors specific to the perpetrator.
3. Remind participants that it is important not to get distracted by the details of the case study, but to identify evidence based risk factors.
4. Hand out the selected case scenario and “Family violence risk factors” handout to each group.
5. Participants need to be advised to read through the case study carefully on their handout and then start the activity.
6. Participants are expected to utilise acquired skills from the training with emphasis on MARAM evidence-based risk factors.
7. Facilitator will monitor the activity in order to provide feedback to participants.
8. The facilitator will signal the end of the activity.
9. The facilitator will then conduct a group discussion/wrap up to discuss feedback. The facilitator will write up three columns on a whiteboard, “Victim survivor”, “Child/unborn baby” and “Perpetrator”.
10. Ask each group to feedback the identified risk factors for each column.
11. When all risk factors have been provided by the group, underline the high risk indicators that indicate increased risk of the victim being killed or almost killed (serious risk factors). Key messages and learnings from the activity include that clinicians should be alert to high risk indicators, and that perpetrator behaviours should be in view.

**CASE STUDY 1: Valentina and Ryan**

*Valentina is a 22-year-old woman. She has been dating Ryan (32) for 2 years. When Valentina first met Ryan she found him to be a very attentive and loving partner, and he showered her with gifts and affection. He tells her he wants to marry her one day and says he will do anything to protect her and keep her safe. He often tells her that she is the best thing in his life, and without her and the baby he doesn’t think he could go on living. Ryan worked as a contractor, but recently lost his job.*

*Valentina was living alone in Melbourne until she unexpectedly fell pregnant. Ryan suggested they move to a property in a regional area just outside Melbourne, which was convenient at the time for Ryan’s work, and had more space for when the baby comes. Valentina had to defer her design course to move, and she misses study and her friends in the city. It’s difficult for Valentina to get around as she doesn’t have a car and there is no public transport in the area.*

*Ryan has always had ‘mood swings’ but these seem to have gotten worse since Valentina got pregnant, and she just doesn’t have the energy to manage him anymore. Valentina has had less interest in sex since getting pregnant, but when she tells Ryan this, he accuses her of sleeping with other men. He makes her let him check her phone and Facebook and calls her constantly when they are apart. Ryan regularly goes out on benders with friends. He often comes home drunk or drug-affected and is unpredictable and demanding. On one occasion a few weeks ago, he punched Valentina causing her to fall, then pinned her to the ground by the throat so she couldn’t move. Ryan only let go when Valentina cried out. Ryan was really sorry afterwards and came home with a surprise present for Valentina every day for a week, but since then she feels scared to say no to him.*

*Valentina feels scared and doesn’t know what he is capable of. She has had thoughts of breaking up with Ryan. But he has said in the past that if she ever tries to leave him that he will make sure “she will pay”.*

**Evidence-based risk factors present: case study 1**

**Victim survivor:**

* **Physical assault whilst pregnant/following new birth** [*Valentina is pregnant, and Ryan physically assaulted Valentina*]
* **Planning to leave** [*Valentina wants to break up with Ryan, but is worried that it is too risky to do so*]

**Children/unborn baby:**

* **Exposure to family violence** *[Ryan assaulted Valentina while pregnant. This is known to cause harm to the developing baby]*

**Perpetrator behaviour:**

* **Has ever tried to strangle or choke the victim** [*Ryan recently pinned Valentina to the ground by the throat so she couldn’t move*]
* **Has ever threatened or tried self harm or suicide** [*tells Valentina he doesn’t think he could go on living without Valentina or the baby*]
* **Unemployed** [*Ryan recently lost his job as a contractor*]
* **Drug and/or alcohol misuse** *[Ryan regularly goes out on benders with friends, and returns home drunk or drug-affected]*
* **Isolation** [*Valentina is isolated from family and friends since her move to regional Victoria, and she has no access to a car or public transport*]
* **Physical harm** [*Ryan recently punched Valentina, causing injury*]
* **Has ever harmed or threatened to harm victim** [Ryan has said in the past that if Valentina ever tries to leave him that he will make sure she “will pay”.]
* **Obsession/jealous behaviour towards the victim** [Ryan accuses Valentina of sleeping with other men]

**CASE STUDY 2: Geeta, Narayan, Arjun and Rani**

*Geeta is a 35-year old woman living in a rental property in the northern suburbs of Melbourne with her husband Narayan (34), their son Arjun (11) and daughter Rani (3). Geeta is 32 weeks pregnant. Geeta and Narayan are both trained engineers and met while studying. Geeta hasn’t worked since Arjun was born, as Narayan wanted the children to have a stay-at-home mother. Narayan came to Australia on a skilled migrant visa a few years ago. Once he was granted permanent residency, Narayan sponsored Geeta on a partner visa, and she and the children moved to join him. Geeta is on a temporary spousal visa (sub class 309). Narayan’s parents also live in Melbourne.*

*Geeta doesn’t have any friends or family in Australia. Rani is shy and very quiet, and often doesn’t leave her mother’s side. Rani speaks only occasionally, in baby talk. Recently, Geeta has had to go into Arjun’s school a few times because Arjun has been in trouble for being disruptive and aggressive in play with other children. Narayan tells Geeta this is because she hasn’t brought Arjun up properly.*

*Geeta is finding things hard at home at the moment: Narayan is always stressed from work, and Geeta misses her friends and family in India. She and Narayan are saving for a house and Narayan gives her a weekly allowance, but it isn’t a lot.*

*Narayan recently had his hours cut at work, and now often drives Geeta to her antenatal appointments at the hospital. He used to wait in the car until she was finished, but has started coming in. When Narayan is there Geeta seems distracted and less relaxed than usual.*

**Evidence-based risk factors present: case study 2**

**Victim:**

* **Financial abuse/difficulties** [*Narayan controls the family finances and gives Geeta a small weekly allowance only.]*

**Children/unborn baby:**

* **Change in behaviour not explained by other causes** *[Rani is quiet, and does not want to leave Geeta’s side, speaks in baby talk; Arjun has been in trouble at school for being disruptive and aggressive in play with other children]*
* **Undermining the child-parent relationship** [*Undermines Geeta’s confidence in parenting by telling her she did not bring up Arjun properly*]

**Perpetrator behaviour:**

* **Controlling behaviours** *[insisted she not work to be a stay-at-home mother; drives Geeta to appointments, and insists on attending]*
* **Unemployed/ Disengaged from education\*** *[although Narayan is employed, he has had his hours cut at work. This enables him to spend more time with Geeta, and attend her appointments.]*
* **Isolation** *[Geeta does not have any friends or family in Australia, and is in Australia on a temporary spousal visa]*
* **Emotional abuse** [*Narayan puts Geeta down by telling her she hasn’t brought up Arjun properly]*

# ACTIVITY 2A: Role play

**Description:** Participants will apply principles of the learning in a simulated role play, utilising the case study 1 ‘Valentina’, a woman who is attending the hospital for her first antenatal appointment with her partner Ryan, and her midwife ‘Ling’, or case study 2 ‘Geeta’ attending her antenatal appointment with her husband Narayan, and her midwife Michelle. This activity should take 20-30mins depending on the number of participants involved and group discussion afterwards.

**Objective:** The use of these role-plays is to provide participants with the opportunity to try out different ways of managing the presence of partners in the antenatal appointment. The objective is also for participants to practice creating an opportunity to see the woman alone, so that sensitive screening can be undertaken. It also provides an opportunity to experiment with different communication styles and techniques.

**Materials:** Handout with instructions for each person in the role play, one for each member of the pair.

**Directions:**

The facilitator will explain how the role-play will work based on the following instructions;

1. Participants will need to work in threes (participation in the role is voluntary, but encouraged)
2. Advise participants one person will play the role of the woman attending her antenatal appointment, and the other will play the midwife, for one round (consisting of 5 minutes) then they will swap positions.
3. Hand out the instructions for each ‘role’ in the attached handout (see Handout 1&2 or 3&4).
4. Participants need to be advised to read through the instructions carefully on their handout and then start the role play.
5. Participants are expected to utilise acquired skills from the training with emphasis on sensitive screening and inquiry, listening and communication skills and offering ongoing support or referral.
6. Facilitator will monitor the role-plays in order to provide feedback to participants.
7. The facilitator will signal the end of the role play.
8. Each pair will then undertake informal debriefing with each other to discuss and provide constructive feedback. (2mins)
9. Participants should be encouraged to take some time to ‘de-role’ and debrief before returning to the group. This can include the participant walking out of the room to get some air or a walk, grounding exercises or talking through the experience with another participant can also be helpful. Participants should be encouraged to seek support if they are at all feeling ‘triggered’ or have a strong emotional reaction to participating.
10. The facilitator will then conduct a group discussion/wrap up to discuss feedback, key messages and learnings from the activity, allowing time for participants to feel comfortable before moving on. (5 mins)

Ground rules should be set prior to the commencement of the role-play. These guidelines act to maximise the involvement of participants and promote a non-threatening environment for learning.

* Monitor time - You should monitor the time allocated to the role-play. The participants should be aware of these time limits. It is important to allow adequate time for participants to prepare for the role as well as time for debriefing after the role.
* All group members to take turns - It is important that all group members take their turn in participating in the role-play.
* Provide constructive feedback - Participants should be aware of the need to offer constructive feedback. All feedback should focus on examples within the role-play.
* The learning within the role-play should remain confidential and not talked about outside the group forum.
* All participants need time after the role play has been completed to ‘de-role’ and leave their role play personas behind.

**Wrap‐up/Discussion:** Remind participants that the purpose of this activity is to practice responding to a disclosure of Family Violence in a supportive setting, not to point out what people are ‘doing wrong’.

Key points to ask participants;

* Effective: What worked? What did ‘the woman’ feel was helpful and allowed her to feel comfortable to disclose her experience? What did the ‘Midwife’ feel they did well?
* Do more of: What could there have been more of? Was there anything that could be added or expanded upon?
* Improve: What could have been done differently? Remember to remind participants that feedback to each other should be constructive and involves sharing of information and observations, not blaming or giving advice.

**Handout 1**

**Instructions for ‘Midwife - Ling’**

*You are Ling, a midwife at a regional hospital. You are meeting with Valentina for her first antenatal appointment.*

*Valentina and her boyfriend Ryan enter the consulting room and everyone introduces themselves. You notice some bruising on Valentina’s wrists as you shake her hand. At the start of the appointment, you ask Valentina and Ryan about the pregnancy and then go through other assessment-based questions. Ryan tells you that he was studying at TAFE after losing his job, but he decided to drop out to look after Valentina during her pregnancy. He says no one else can look after her as well as he can. He appears to be very intense. Ryan is eager to know the date of every appointment in advance, explaining that he must come along with Valentina. Ryan often speaks over Valentina during this initial appointment. You provide information about public transport options to access the hospital, in case getting to the hospital is the reason that Ryan needs to be at the appointments. Ryan says as he is the father of the child. He is in charge of who does what, and when. Valentina looks withdrawn and somewhat scared during parts of the discussion.*

* How would you arrange to see Valentina on her own?
* How would you frame theses question for Ryan and Valentina?
* What would you say?
* Use the Suggested Scripting in Appendix 4, to start this conversation

**Handout 2**

**Instructions for ‘Valentina’**

*You are Valentina, a 22-year-old woman, attending your first antenatal appointment at the local hospital. You live with your boyfriend Ryan. Ryan encouraged you to move in with him very early on in the relationship; he explained that he had lined up a good job and would start his TAFE course, and that he would look after you. Then Ryan lost his job and then dropped out of TAFE. Ryan often tells you that “you are the one” and that you will get married one day.*

*Ryan insisted on moving to regional Victoria to find a job and a get a bigger house. Once pregnant, you noticed that Ryan’s behaviour began to change, but there was so much change happening with the move to regional Victoria and your pregnancy you put it down to you both adapting to new things. Then Ryan started to get angry about really small things and was always asking what you were up to, and who you were with; eventually you began to spend all your time with him because it was easier than fighting. You missed your friends back in Melbourne, but Ryan told you not to think about them because they don’t care about you.*

*You recently got pregnant, and you are worried about Ryan’s behaviour. Unfortunately, Ryan has been getting more and more aggressive, and recently he held you by the wrists and shouted at you right up in your face. You are scared of him and embarrassed by him. You sometimes think about leaving him, but it feels hard and risky. You are meeting with Ling for your first antenatal appointment at your local hospital. Ryan has insisted he come with you.*

You would like to speak to the midwife alone, but you don’t know how you can do this as Ryan will not leave you alone. You are relieved when the midwife asks Ryan to leave/advises Ryan that the policy at this hospital is to see women alone for part of the appointment/insists that you accompany her for a test in a patient-only area of the clinic.

**Handout 3**

**Instructions for ‘Midwife – Michelle’**

*You are Michelle, a midwife at a busy metropolitan maternity hospital. You are meeting with Geeta (35) for her antenatal 32 week check-up. You see an alert in the booking system for clinical aggression dated 6 years ago, which causes you to review the file thoroughly before bringing Geeta into the room. You also note that Geeta is a non-Medicare eligible patient, indicating she is not a citizen or permanent resident of Australia. When taking a closer look at Geeta’s previous notes, you see that to date the hospital has been unable to screen for family violence risk because her partner Narayan has attended every appointment.*

*You greet Geeta in the waiting room, and today she is accompanied by Arjun, her school aged son (11) who appears not to want to leave his mother’s side. You note that it’s the middle of the day, and briefly wonder why the boy is not in school. You also notice that Geeta looks like she might have been crying. Geeta’s husband Narayan walks up to you as you are greeting Geeta and you notice that Geeta’s behaviour changes.*

*You invite Geeta into the consultation room. You confidently and firmly explain to Narayan that this needs to be a private appointment. Narayan becomes very aggressive, saying that it is “his child and his business” and you notice Geeta flinches somewhat as he raises his voice. Arjun stops playing on his device and looks very nervous.*

* What would you say?
* Use the Suggested Scripting in Appendix 4, to start this conversation?
* What are some reasons why Geeta, or another victim survivor, may not disclose when asked?

**Handout 4**

**Instructions for ‘Geeta’**

*You are attending your routine antenatal appointment. Your husband Narayan has driven you to the hospital, and your son Arjun is also present as he had a fight with another child at school this morning and the school asked you to take him home.*

*You are on time for your appointment, and a midwife you have not met before calls your name in the waiting room. You expect that Narayan will accompany you into the appointment, as he attends all of your appointments, but you would like to speak to the midwife on your own as you find it hard to concentrate when Narayan is with you. You are also worried about Arjun, and wondering how you will manage with a new baby.*

*You are relieved when the midwife advises Narayan that the policy at this hospital is to see women alone for part of the appointment/insists that you accompany her for a test in a patient-only area of the clinic.*

# ACTIVITY 2B: Demonstration role play

**Description:** Participants will apply principles of the learning by observing a demonstration of best practice screening in an antenatal clinic setting. This activity should take 10-20mins depending on the number of participants involved and group discussion afterwards.

**Objective:** The use of a demonstration role play provides participants with the opportunity to observe screening in practice in a case example that is relevant to the antenatal practice environment. While participating in role plays is a valuable learning tool, it is not always practical, or participants may not choose to participate. The purpose of this activity is to introduce the MARAM screening and identification tool and familiarise participants with the principles of antenatal screening in the Sensitive Practice approach. The facilitators, or the facilitator and a volunteer from the group, will act out the screening interaction within an antenatal consultation between Geeta and her midwife, Michelle.

**Materials:** Handout 5 “Demonstration role play – Geeta and Michelle.

**Directions:**

Ground rules should be set prior to the commencement of the role-play. These guidelines act to maximise the involvement of participants and promote a non-threatening environment for learning.

* Monitor time - You should monitor the time allocated to the role-play. The participants should be aware of these time limits. It is important to allow adequate time for participants to prepare for the role as well as time for debriefing after the role.
* The learning within the role-play should remain confidential and not talked about outside the group forum.
* All participants, including facilitators, need time after the role play has been completed to ‘de-role’ and leave their role play personas behind.

The facilitator will explain the purpose of the case scenario to the group and how it will work based on the following instructions:

1. Place two chairs at the front of the room.
2. The facilitator/s and/or willing a participant from the group, will read out the scripted interaction between Geeta and Michelle. One will be Geeta, and the other Michelle.
3. Once the script has been read, facilitator will lead a large group discussion using the following questions:
* What did you think of the screening interaction, how it was introduced and conducted?
* How do you think Geeta felt during the interaction?
* How do you think Michelle felt during the interaction?
* How long did it take?
* What practices did you like from this role play that you could integrate into your clinical practice?
1. Key messages for this activity include: that screening is not a ‘tick box approach’, can be completed sensitively and quickly. Midwives and doctors are not expected to be family violence experts, and referral pathways and supports are available.

**Handout 5**

**Michelle:** Please come in and have a seat. Geeta, we know that pregnancy is a time of high risk for family violence towards women and their children. It’s the policy of this hospital to ask every woman and patients about experience with family violence

We are here to care for you during your pregnancy and your wellbeing is our primary concern. Is it ok if I ask you a few questions about how you are and how things are going at home?

**Geeta:** Um, sure

**Michelle**: I know that English is not your first language, would you like me to arrange an interpreter?

**Geeta**: No that’s OK, I am fine with English.

**Michelle**: OK, sure, if you change your mind, or we are not understanding each other well, we can get someone on the phone.

Thanks Geeta.

Geeta, do you remember when we first met, I told you that if our service becomes concerned about someone’s safety we have a responsibility to let others know?

*Geeta nods*

Ok I just wanted to let you know that you can choose what you talk to me about. Did you have any questions about that?

**Geeta:** No, I understand you have to look after everyone’s safety.

**Michelle:** Thanks. And if there are any questions I ask that you don’t want to answer just let me know.

*Geeta nods.*

Geeta is there anyone in your family who makes you or the kids feel unsafe or afraid?

**Geeta:** Well, I suppose so, things can be a bit scary at home sometimes.

**Michelle:** That sounds really hard. Who is it that is making you feel scared?

**Geeta:** It’s my husband, Narayan. He never used to be like this but since he has less work he has been very stressed at home.

**Michelle:** How frequently does Narayan make you feel scared?

**Geeta:** It used to be every now and then, when he was in one of his moods, but now he’s pretty scary most of the time.

**Michelle:** I’m sorry to hear that Geeta. It’s not ok for your husband to scare you or your son. Does Narayan control things you can do or say things that make you feel bad about yourself?

**Geeta:** Narayan won’t let me have any money of my own. I would like to go back to work but he tells me I am selfish and a terrible mother for even thinking about it. I don’t even talk to him about it anymore – anytime I disagree he tells me I am ungrateful and threatens to cancel my visa and send me back to India and keep the kids. He gets my mother in law to call me too and she says I’m not good enough for her son.

**Michelle:** That’s a very frightening threat to be living with. It sounds like this is happening pretty frequently, is that right?

**Geeta:** All the time.

**Michelle:** It must be upsetting for him to talk to you this way.

Has Narayan ever threatened to hurt you in any way?

**Geeta:** Yes (quietly)

**Michelle:** Has Narayan ever physically hurt you?

**Geeta:** Yes

**Michelle:** Would you mind telling me in what way he has hurt you?

**Geeta:** When he is angry Narayan breaks things in the house and yells at me, then he pushes or grabs me. He says it’s because I’m ungrateful and argue too much. The other day he grabbed my wrists when I mentioned going back to work after I have the baby.

**Michelle:** Geeta that sounds frightening. It’s never ok for anyone to hurt you like that. That is not your fault.

**Geeta:** Oh. It’s good to hear you say that.

**Michelle:** What happens at home sounds really frightening and I’m worried about what you’ve told me. Do you feel it will be safe for you and Arjun at home tonight?

**Geeta:** Yes, I feel ok. I just wish things were different.

**Michelle:** Are you worried about Arjun? Do you think there is any chance Narayan might hurt him?

**Geeta:** Narayan has never hurt him. It’s just that Arjun used to hear us arguing all the time and Narayan telling me he would send me away from him. That must have been awful for him.

**Michelle:** Yes, you’re right, kids pick up a lot. Geeta would you call the police if you ever felt really scared of Narayan?

**Geeta:** The police? Narayan says they will just say I made it up to stay in Australia. Do you think they would help me if I needed them?

**Michelle:** Yes, it’s what they are there for. What Narayan is saying isn’t true. In Australia the police are here to respond to emergencies and protect the community, which includes you and Arjun if you aren’t safe and need help immediately

Do you know what number to call if you need help?

**Geeta:** 000. Is that right?

**Michelle:** Yes, that’s right. If ever you feel immediately unsafe and need help Geeta call the police.

Thanks for telling me all this Geeta. What you are describing is family violence and many of the things that Narayan is doing are against the law. You and Arjun have the right to feel safe at home.

There are specialist family violence services that I can refer you to for more help, if that is what you would like to do

A specialist family violence service would ask you more questions to understand your situation better and could talk to you about your options including getting legal advice about your visa. I can give you their number or we can call them together if you would like. I could share with them what we have discussed today so you don’t have to repeat it. Would you like to speak with a specialist family violence service?

**Geeta:** That would be really good. I didn’t know there was anyone that could help.

# ACTIVITY 3A: Applying a child focus to your practice

**The purpose of this activity is to apply a child focus to an antenatal care setting. Use this clinical scenario to explore how to use child-focussed practice in an antenatal clinic.**

**Description:** Participants will use a reflective example to explore the principles of child focussed practice for all professionals in an antenatal care setting. In a large group activity, participants will utilise the scenario of an obstetric registrar in a specialist clinic. This activity should take 10 – 20 mins depending on the size of the group and group discussion.

**Objective:** Participants will reflect on the roles and practice expectations of family violence screening and identification, with a particular focus on child focussed practice.

**Materials:** Handout with reflective example information for facilitator to read to the room, handout “Family violence risk factors (Appendix 1)”.

**Directions:** The facilitator will explain how the activity will work based on the following instructions;

The facilitator will explain the purpose of the reflective example and how it will work based on the following instructions:

1. Facilitator will read the reflective example of the obstetrics registrar to the group.
2. Facilitator to handout “Family violence risk factors”, highlighting the second and third column as specific to children in this activity.
3. Facilitator will conduct a group discussion using the following questions to guide the conversation:
* *How could the obstetric registrar ensure they have a child focus in their work?*
* *How is a child or unborn baby’s safety, needs and wellbeing understood and considered in an antenatal setting?*
* *What are the evidence-based risk factors specific to children?*
* *What is the impact of family violence on children and how can antenatal staff recognise any indicators?*

**Reflective example**

An obstetric registrar works in a multiple pregnancy clinic in a tertiary maternity hospital. The doctor reviews women with multiple pregnancies at regular intervals during pregnancy. The doctor sits within a multidisciplinary care team, and works with midwives and other allied health professionals. The doctor’s responsibilities sit at an identification level under MARAM. Many women who attend this hospital are newly arrived refugees and migrants.

# ACTIVITY 3B: Applying a child focus to your practice

**The purpose of this activity is to apply a child focus to an antenatal care setting using a case study.**

**Description****:** Participants will apply the principles of child focussed practice in an antenatal care setting in a large group activity, utilising the case study of ‘Mary’ and her family. This activity should take 10 – 20 mins depending on the size of the group and group discussion.

**Objective:** The use of case studies provides the participants the opportunity to reflect on the needs of children in the context of antenatal care.

**Materials:** Handout with the case scenario details. Handout of “Family violence risk factors (Appendix 1)” for the group to assist in identifying child-specific risk indicators.

**Directions:** The facilitator will explain how the activity will work based on the following instructions;

1. Facilitator will read the case study of Mary and her family to the group.
2. Facilitator will conduct a group discussion using the following questions to guide the conversation:
* *Are Mary and Emma engaged with support services?*
* *Does Emma look healthy and well?*
* *If you have concerns, what do you do next to address them?*
* *What are your hospital’s child at risk policies, and do they apply to this case?*
* *What are the evidence-based family violence risk factors specific to children?*
* *What is the impact of family violence on children?*

**Case Study**

Mary is 38 years old and is 28 weeks pregnant. She is attending your antenatal clinic for her routine appointment. Mary attends her antenatal appointment today with a baby (Emma, 12 months old – Mary’s granddaughter) in her care. You know from Mary’s previous appointments that Mary has one adult child Sally, and two younger children Erin (14 years) and Jennifer (16 years).

Mary tells you that 1 month ago Emma was placed in her care by DHHS Child Protection due to exposure to significant family violence. Mary tells you that Sally has supervised visits with Emma, and that Emma’s father has been imprisoned due to the family violence and other criminal behaviour. Mary tells you that Sally still has contact with Emma’s father and visits him and writes to him in prison.

# ACTIVITY 4: Responding to Risk

**The purpose of this activity is to consider basic risk assessment in an antenatal care setting.**

**Description:** Participants will apply principles of the learning in a small or large group activity, utilising the case study of ‘Julie’, a woman presenting late for pregnancy care. This activity should take 20-30mins depending on the number of participants involved and group discussion afterwards.

**Objective:** The use of case studies provides participants with the opportunity to reflect on different ways of applying sensitive screening practices and basic risk assessment in an antenatal setting.

**Materials:** Handout with instructions for each small group, or one handout for each trainer in a large group activity. Handout of Basic Safety Planning (Appendix 3)

**Directions:**

The facilitator will explain how the activity will work based on the following instructions;

1. Participants will need to work in pairs or small groups.
2. Advise the participants to consider how to respond to this scenario using the basic safety planning handout.
3. Remind participants that it is important not to get distracted by the details of the case study, but to consider what the midwife could talk to Julie about in the short time the midwife has available.
4. Hand out the case scenario and “Basic Safety Planning” handout to each group.
5. Participants need to be advised to read through the instructions carefully on their handout and then start the activity.
6. Participants are expected to utilise acquired skills from the training with emphasis on basic risk assessment and planning.
7. Facilitator will monitor the activity in order to provide feedback to participants.
8. The facilitator will signal the end of the activity.
9. The facilitator will then conduct a group discussion/wrap up to discuss feedback.
10. Ask each group to feedback the identified risk factors any discussion.
11. Key messages and learnings from the activity include that clinicians should work in partnership with the woman to assist with basic risk assessment, and provide information.

Suggested scripting – for facilitators to explore with the group:

“*From what you have told me, I am concerned about your safety. Do you have a plan of what you would do if you needed to leave or if X happened?*”

* *“If you need to leave home in a hurry, where would you go?”*
* *“Is there someone close you can tell about the violence or ask to call the police on your behalf?”*
* *“Do you need to arrange anything for anyone in your care? i.e children/older people”*
* *“Do you have access to a phone or internet?”*
* *“What essential things like documents, keys, money, clothes or other things should you take with you when you leave? Do you have access to these?”*

**Case Study**

Julie is a 29-year-old woman who presents quite late in pregnancy for care. Julie has one school-aged child and this is her second baby. She is accompanied by her partner John. John will not leave her side, and answers the questions you ask Julie. John says they did not need to attend sooner as “they have done it all before with their first”. When you talk about Julie’s recommended maternity care/plan you sense she is uncomfortable, and John becomes increasingly agitated.

Your hospital does not routinely see patients alone during pregnancy care consultations, so you ask Julie to accompany you for a test in another room. John indicates that he will come along, but you advise him that you are only able to take patients, not family members, into that part of the clinic. He reluctantly complies with your instruction.

When you are able to speak to Julie alone, you sensitively screen for family violence using the screening tool (Appendix 2). When screening is complete, Julie screens positively to:

Q2 “Have they controlled your day-to-day activities (e.g who you see, where you go) or put you down?”

Julie explains that John has recently been controlling of the couple’s finances. He often refuses to give Julie money for school uniforms as well as asking to see all the shopping receipts. He’s also been checking the odometer daily on her car as he is suspicious of Julie ‘seeing other men’.

When you ask the immediate safety questions (questions 5 -7), Julie states that she ‘feels safe to leave here today’ and does not have fears for the immediate safety of herself or her children.

When offered a referral for support, Julie states she cannot stay today, as John is waiting in the consultation room and will be suspicious.

# Appendix 1: Family violence risk factors

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk factors relevant to adult victim circumstances** | **Risk factors specific to children caused by perpetrator behaviours** | **Risk factors specific to children’s circumstances** | **Risk factors for adult or child victims caused by perpetrators behaviour** |
| * **Physical assault whilst pregnant/following new birth\***
* Self-assessed level of risk #
* **Planning to leave or recent separation\***
* **Escalation - increase in severity and/or frequency of violence\***
* Financial abuse/difficulties (including property damage)
* Imminence #

 | * Exposure to family violence #
* Sexualised behaviours towards a child by the perpetrator #
* Child intervention in violence #
* Behaviour indicating non-return of child #
* Undermining the child-parent relationship #
* Professional and statutory intervention #

 | * History of professional involvement and/or statutory intervention #
* Change in behaviour not explained by other causes #
* Child as victim in other forms of harm #

 | * **Controlling behaviours\***
* **Access to weapons\***
* **Use of weapon in most recent event\***
* Has ever harmed or threatened to harm victim or family members
* **Has ever tried to strangle or choke the victim\***
* **Has ever threatened to kill victim\***
* **Has ever harmed or threatened to harm or kill pets or other animals\***
* **Has ever threatened or tried to self harm or suicide\***
* **Stalking of victim\***
* **Sexual assault of victim\***
* Previous or current breach of court orders/Intervention Order
* History of family violence #
* History of violent behaviour (not family violence)
* **Obsession/jealous behaviour towards victim\***
* **Unemployed/ Disengaged from education\***
* **Drug and/or alcohol misuse\***
* Mental illness/Depression
* Isolation
* Physical harm #
* Emotional abuse #
* Property damage #
 |

**Note: bold underlined and \*** indicateincreased risk of the victim being killed or almost killed (serious risk factors).
# New risk factors not previously included in CRAF

# Appendix 2: Screening tool



#

# Appendix 3: Basic safety planning activity

Opening statement:

“*From what you have told me, I am concerned about your safety. Do you have a plan of what you would do if you needed to leave or if X happened?*”

|  |  |
| --- | --- |
| **Considerations** | **Suggested Scripting** |
| **Leaving the house** | *“If you need to leave home in a hurry, where would you go?”* |
| **Supports and services** | *“Is there someone close you can tell about the violence or ask to call the police on your behalf?”* |
| **Caring responsibilities** | *“Do you need to arrange anything for anyone in your care? i.e children/older people”* |
| **Access to communications** | *“Do you have access to a phone or internet?”* |
| **Practical considerations** | *“What essential things like documents, keys, money, clothes or other things should you take with you when you leave? Do you have access to these?”* |

# Appendix 4: Antenatal screening suggested scripts

**Framing statements**

“We know that many pregnant women have issues with their relationships and this can affect their health, so we ask all women who come into our service a set of questions about home life and relationships.”

“Answering these questions will help us understand how we can best provide care. All mothers deserve healthy relationships where they are treated with respect and kindness, and feel safe and supported.”

“In this clinic we ask all women some questions about safety in relationships, because abuse by a partner is quite common and it can affect your health and the health of your baby. You don’t have to answer the questions if you don’t want to.”

**Introducing woman-only time**

“Part of our visit today will involve some one-on-one time. We do this with all our patients, as we find that many women and also their partners have questions for us they might not feel comfortable asking in front of others.”

‘Good Morning Jane and John. My name’s Tara and I’m a midwife here at [insert org name] Jane, would you like to come into the consultation now. We’ll see you on your own for the first ten minutes and then we can invite John in, as you wish. John if you want to get a coffee or put money in the parking meter, now’s probably a good time.’

‘It’s a policy here that we see all women on their own first in the first antenatal visit.’

‘We will be doing routine examinations in this part of the consultation.’

**Explaining the limits of confidentiality**

“What you say will remain confidential to this health service, unless you tell us something that indicates there are serious safety concerns for you or your children. If that was the case, we would talk to you about that first, wherever possible.”

**Asking again later**

“At your first visit you might remember I asked you some questions about your relationship. Sometimes things change during your pregnancy. Can I check in with you again about that?”

“We give every woman this little card with some information and numbers on it. You might know someone who’d find it useful. If you don’t want to take it, you can leave it in the waiting room”.

# Reference

Sustainability of identification and response to domestic violence in antenatal care: The SUSTAIN Study (2020) <https://www.dvhealthtools.com/> [retrieved 19 October 2020]; Royal Women’s Hospital Antenatal Screening for family violence clinical practice guidelines (2019).