



Family and Domestic Violence in Pregnancy

Family and Domestic Violence (FDV) is the leading contributor to death, disability and illness for Australian women aged 18-44 years. These are also key childbearing years. It is well documented that FDV is often first initiated or increases during pregnancy, placing both the woman and her baby at risk of a number of negative health outcomes, including serious harm or death.

Why does risk increase in pregnancy?

FDV is primarily about power and control. During pregnancy, a perpetrator might feel threatened or as though he is losing control over his partner, who may be less physically and emotionally available to their partner, or who may be focusing on their pregnancy.

Social costs and health impacts

FDV causes significant social and emotional harm and can result in long-term, negative health outcomes for both the pregnant woman and baby. There is evidence of a direct causal link between FDV in pregnancy and anxiety, self-inflicted injuries, suicide and early pregnancy loss. In the family context, a perpetrator's violence not only impacts the victim, it affects whole-of-family functionality.

A father's decision to use violence against his children's mother is a parenting choice. As well as undermining the mother's parenting, choosing to use FDV also has adverse outcomes on child development affecting children of all ages including, newborns and in utero.

Screening for FDV

Antenatal health professionals are in a unique position to assess and provide support for women who are experiencing FDV because of the nature of the relationship with the woman receiving antenatal care and the multiple appointments and opportunities for intervention during the course of their pregnancy. It is also appropriate to screen for FDV during the ante-natal care as other correlated health factors are also addressed with the client (such as depression, anxiety, drug and alcohol use and smoking).

Women experiencing FDV can often be isolated and so by screening all women for FDV during ante-natal care it is an opportunity to access and provide information to potentially at-risk, isolated women. We also know that women are more likely to disclose FDV if they are asked directly about it.

How to support a pregnant woman who is at risk of FDV

The way that we respond to disclosures of FDV can have a profound impact on women. There are a number of tactics that might be used by perpetrators that might seem insignificant or inconsequential on their own, however, when these tactics present as a pattern of behaviours used to instil fear or to control a person, they are considered to be forms of abuse.

The purpose of asking about family and domestic violence in antenatal settings is to create opportunities for women to share their abuse and send a clear message that FDV in any form is not acceptable and that no one deserves to be treated disrespectfully or be made to feel afraid.

Local policies and procedures should always be referred to when a woman is screened positively for FDV.

For training on how to apply a sensitive enquiry approach contact Women's' Health Strategy and Programs on whcsp@health.wa.gov.au

References

Webster, K. (2016). A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women (ANROWS Compass, 07/2016). Sydney, NSW: ANROWS.

Domestic and Family Violence During Pregnancy and Early Parenthood, Australian Institute of Family Studies, 2015, Retrieved 22nd August 2019 from <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-pregnancy-and-early-parenthood>

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