



Royal College
of Midwives

Eight Tips for Responding to Domestic Abuse

Pregnancy is a time of heightened vulnerability to domestic abuse, not because it is necessarily more prevalent, but because it may start or become more severe antenatally. There are generic lessons I have learned in the context of primary care about how clinicians can respond to patients experiencing abuse which may be relevant to my obstetric and midwifery colleagues.

1. Training in asking about Domestic Violence and Abuse and responding to women disclosing abuse must be integrated with safeguarding training. Otherwise, we potentially do more harm than good.
2. Ensure that in at least for one antenatal consultation you can speak to the woman on her own.
3. Ask about abuse as if you want to know the answer. If asked in a long list of screening questions, women are unlikely to disclose.
4. The immediate response to disclosure needs to be non-judgemental and supportive.
5. Don't press for more details if the woman is reluctant to disclose them in the initial consultation. That can feel coercive.
6. There has to be a simple, direct referral route to an Independent Domestic Violence Advisor (IDVA) employed by your trust. Obstetricians and midwives cannot manage disclosure on their own.
7. Data on disclosures and referrals must be collected, reviewed by your trust and fed back to frontline clinicians and managers.
8. Your trust must have a policy on supporting clinicians and other staff who are experiencing domestic abuse.

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