

Consensus Statement: Family Violence

The New Zealand College of Midwives considers abuse against women and children is unacceptable and should be eliminated within all societies. During pregnancy family violence should be considered a risk factor that leads to adverse health outcomes ¹.

Family Violence / domestic abuse is defined as "Physical, sexual, and psychological abuse, including but not limited to intimidation, harassment, damaged property, threats of physical, sexual or psychological abuse, financial or economic abuse" ². It occurs during domestic relationships which are defined as those with a spouse or partner, family or household member, or a close personal relationship ².

Children are psychologically abused when they see, hear or are aware of family violence².

Rationale:

- "Gender-based violence and all forms of sexual harassment and exploitation including those resulting from cultural prejudices are incompatible with the dignity and worth of the human person and must be eliminated ³ (World Conference on Human Rights, Vienna, 1993)."
- Midwives work in partnership with women during pregnancy and the post partum and are therefore well positioned to screen for family violence⁴⁻⁶.

Practice Notes:

Midwives:

- require ongoing support to address the issue of abuse against women and children within the national family violence strategy/framework⁴
- understand the effect of abuse against pregnant women and children and in particular in relation to the impact on the woman's sexual and reproductive health and the well being and development of children ^{1, 2, 5, 7, 8}
- after participating in appropriate education, midwives routinely ask all pregnant women about family violence / abuse as part of a comprehensive health assessment, including routinely asking about child abuse when abuse is disclosed or concerns are present⁴
- acknowledge the woman has the right to define choice of action/referral or support except when there are safety concerns about her or her baby/ children, or the risk to their safety is serious ^{4, 5, 9}
- are familiar and work with local referral agencies that provide support, counselling and emergency services for women experiencing abuse ^{3, 4}
- can provide information resources to pregnant women on local emergency support services ^{3,4}
- do not support routine mandatory referral when abuse has been disclosed but undertake to balance the provision of ongoing maternity care for the woman with the need for referral if there are care and protection issues for her and/or the baby/ other children ^{4, 9, 10}.

References:

- ^{1.} Janssen, P., et al. (2003). Intimate partner violence and adverse pregnancy outcomes: A population-based study. *American Journal of Obstetrics & Gynecology*. 188(5): p. 1341-47.
- ^{2.} Parliamentary Counsel Office, Domestic Violence Act 1995. New Zealand Government: Wellington.
- ^{3.} United Nations Human Rights. Vienna Declaration and Programme of Action. 1993; Available from: <u>http://www.ohchr.org/EN/ProfessionalInterest/Pages/Vienna.aspx</u>.
- ^{4.} New Zealand College of Midwives, Midwives Handbook for Practice. 5th ed. ed. 2015, Christchurch: New Zealand College of Midwives. 55.
- ^{5.} Ministry of Health. Family Violence Intervention Guidelines. 2002; Available from: <u>http://www.health.govt.nz/publication/family-violence-intervention-guidelines-child-and-partner-abuse</u>.
- ^{6.} Stenson, M., B. Sidenvall, and G. Heimer. (2005) .Midwives experiences of routine ante-natal questioning relating to men's violence against women. *Midwifer.*, 21: p. 311-321.
- ^{7.} National Society for the Prevention of Cruelty to Children, All Babies Count prevention and protection for vulnerable babies. 2011: United Kingdom.
- ^{8.} Williams, H., D. Foster, and P. Watts. (2013). Perinatal domestic abuse: Midwives making a difference through effective public health practice. *British Journal of Midwifery*. 21(12): p. 852.
- ^{9.} Privacy Commissioner, Health Information Privacy Code 1994.
- ^{10.} Commissioner, P.(2015).Sharing personal information of families and vulnerable children. A guide for inter-disciplinary groups

Bibliography:

Wood G. (2007). Child Protection issues: The role of the midwife in safeguarding children. *MIDIRS Midwifery Digest*, vol 17:2 June: 169-174

Competencies for Entry to the Register of Midwives. Midwifery Council of New Zealand

Jahanfar S, Janssen P, Howard L, Dowswell T. Interventions for preventing or reducing domestic violence against pregnant women

Cherniak D, Grant L, Mason R, Moor B, Pellizzari R. Intimate Partner Violence Consensus Statement

Midwifery Council Code of Conduct. Midwifery Council of New Zealand

Multi-Country Study on Women's Health and Domestic Violence against Women World Health Organization 2005 <u>http://www.who.int/gender/violence/who_multicountry_study/summary_report/en</u>

Williams H, Foster D, Watts P. (2013). Perinatal domestic abuse: Midwives making a difference through effective public health practice. *British Journal of Midwifer.* December; Vol 21, No 12

Sheila C Hunt and Ann M Martin. (2001). *Pregnant Women, Violent Men. What Midwives need to know.* BFM Books for Midwives; ISBN : 0 7506 5203 9.

Putting Women First : Ethical and Safety Recommendations for Research on Domestic Violence World Health Organization <u>http://www.who.int/gender/violence/womenfirtseng.pdf</u>

Society of Obstetricians and Gynaecologists of Canada (SOGC), April 2005 Retrieved from http://sogc.org/guidelines/intimate-partner-violence-consensus-statement

Te Rito New Zealand Family Violence Prevention Strategy Ministry of Social Development, February 2002

The Cochrane Collaboration, February 2103 Retrieved from DOI: 10.1002/14651858.CD009414.pub2 August 2014

Marjorie Keys. (2007). The role of nurses and midwives in child protection. A literature review undertaken on behalf of the Scottish Child Care and Protection Network. Scottish Child Care and Protection Network

Fanslow, J & Robinson, E. (2004). Violence against women in New Zealand: Prevalence and health consequences. *The New Zealand Medical Journal*, November; http://www.nzma.org.nz/journal/117-1206/1173/

Ratification:

This statement was ratified at the NZCOM AGM on 30 July 2015 Original Statement ratified 2002 References updated 30 July 2015

The purpose of New Zealand College of Midwives Consensus Statements is to provide women, midwives and the maternity services with the profession's position on any given situation. The guidelines are designed to educate and support best practice. All position statements are regularly reviewed and updated in line with evidence-based practice.