

HANDOUT 18: INTEGRATING THE RESPONSE TO DOMESTIC VIOLENCE SERVICES IN MATERNITY AND SEXUAL HEALTH SERVICES - AN EXAMPLE FROM THE UK

The MOZAIC project was implemented from 2004-2007 as a partnership between the maternity and sexual health services of Guy's and St. Thomas Foundation Trust and the 170 Community Project, a NGO providing specialized domestic violence support services on-site. As part of the intervention, clinical guidelines were introduced and a training programme was implemented to increase health professionals' knowledge on domestic violence and to enable them to identify and document violence and to refer survivors to MOZAIC Women's Wellbeing Service, who provided on-site support and counseling. Male patients who disclosed domestic violence were also provided with counselling. In this setting, routine enquiry was practiced for asking women about domestic violence¹⁹ (Bacchus et al 2010). In 2007, an evaluation was undertaken. It took into account the perspective of both, hospital staff and service users. The partnership did not stop at the end of the project: The partners built on the results of the evaluation to further improve the intervention.

The evaluation revealed, among others, the following findings:

- » Training resulted in increased knowledge rated as “very much” or “quite a lot” by the vast majority of health professionals. At the same time, findings from six months later revealed a number of challenges faced in day-to-day clinical practice that prevented an effective response, such as the presence of partners or family members during consultations, language barriers, time constraints in busy clinics, or reluctance of some women to trust health professionals.
- » Combined training of maternity staff and sexual health services staff was not found to be useful, mainly because sexual health professionals required specific skills that were not covered in the training, such as dealing with male patients experiencing domestic violence.
- » Maternity and sexual health services were not found to be early points of intervention to prevent domestic violence from occurring. Rather, some women using maternity services revealed a long history of partner violence. Therefore, these services were found to provide “opportune” points of intervention for women survivors at different stages to seek and accept help.
- » Confidence and sensitivity on the part of health professionals was deemed helpful by patients in situations where they were reluctant to disclose abuse, as shown by the following quote from a 31 year old user of maternity services: “...I was in tears and she noticed the bruises on my arm... and she started questioning me and I said to her that I was fine and she said ‘No, you can talk to me’ and then she dug and dug and then I opened up to her.”
- » Survivors reported that the support provided by MOZAIC had initiated a process of re-assessing their personal situation and of gaining confidence in their ability to begin and sustain changes. They were able to tentatively explore options, such as temporarily leaving the abuser, contacting the police or seeking legal advice. At the same time, their ability to take decisions was impacted by the quality and availability of alternative options, such as housing or financial resources, also taking into account immigration status.
- » The evaluation also identified potential sources of harm in clinical practice, such as negative labelling and stereotyping by health professionals, failure to document cases adequately or breaches of confidentiality.

Source: Bacchus et al 2010

¹⁹ The WHO does not recommend routine enquiry as such but state that this method could be considered in maternal health care settings (WHO 2013)