LEARNING SCENARIOS

# The Role of a Midwife in Disclosures or Reporting Family Violence

## How to use this resource

Midwives are bound by professional ethics to mitigate harm. Yet managing disclosures of violence or the duty to report are not simple or easy tasks.

The purpose of this resource is to encourage reflection on a complex topic that is not always clear cut and where bias may cloud judgement.

The scenarios below are compilations of situations related to family violence. Use this resource for individual self-reflection or as part of a group discussion in a learning setting.

## Disclosing

Disclosing happens when an individual confides they have experienced harm. As a midwife, you want to ensure the person feels like they can make an informed and supported decision. They are not required to file a report; they are the only person who decides what happens. Client information is confidential unless the midwife has a duty to report, especially in the case of harm or suspected harm towards a minor. The duty to report child maltreatment overrides any prerogative related to confidential information given to a midwife.

## Reporting

Formal reporting is when an individual provides a formal account or statement about a harmful event to an institution or authority. The role of a midwife is to ensure proper channels are followed, such as informing the right provincial or territorial agencies and ensuring the individuals involved are safe.

**Find out where to report suspected child maltreatment:** Visit the Government of Canada resource on preventing family violence.

# Learning Scenarios

Consider the following scenarios to reflect on your role as a midwife with disclosures or reporting family violence.

## SCENARIO 1

## SUSPECTED CHILD MALTREATMENT

During a routine prenatal appointment your client is present with her partner and children. Her children often accompany her and stay the whole time. Her partner usually remains in the car but came to the appointment this time. They have a 5-year-old boy and 7-year-old girl. At a previous appointment, during an intimate partner violence screen, she denied any concerns about her safety and wellbeing for herself or her family. However, now your client seems unusually distant, and her children remain close. **You notice that their boy has a noticeable bruise around his wrist and some cuts and bruises on his knees.** You causally address this in a playful manner, asking the boy how he hurt his knees. The partner answers abruptly and says he had to pull their son from the playground a few days earlier as he was not listening. The boy had no other injuries that you can see.

### What should you do?

Hesitation to report is common. Accepted cultural practices complicate the decision to report. For example, specific guidelines to distinguish between physical abuse and discipline don't exist. Spanking is a parenting behaviour that falls in this grey area. What should you do if you suspect a child is getting spanked? Given the spectrum between neglect and inadequate parenting, the level of concern required to report suspected abuse is not clearly defined. However, a midwife is not responsible for determining parental intent, or whether abuse or neglect occurred. **A midwife is responsible for reporting their suspicions and allowing trained professionals to investigate**.

### Reflection Questions

- Does this example resonate with your experience?
- Do you agree with the rationale to report provided in this example?
- What would you do the same or differently?

## SCENARIO 2

# CLIENT SELF-HARMS & HAS A HISTORY OF A PREVIOUS ABUSIVE RELATIONSHIP

On the maternity ward, the postpartum nursing staff tells you they are worried about your client's lack of parental bonding with their newborn infant. The nurse also notes visible scars on the client's arms and fresh cuts on both arms. During the Routine Universal Comprehensive Screening Protocol (RUCS), your client disclosed being abused in a past relationship. During the screen, you observe their self-harm scars. Your client is no longer with that partner and is in a different support network. **You express concern to a fellow midwife who had previously provided care to your client.** Your colleague states that despite the nurse's worries, your client seems to bond with their child, even more than their previous child. **Your colleague tells you there is no reason for concern.**

### What should you do?

Different perspectives on mental health, parental expectations, and history of intimate partner violence can lead to professional differences in assessment and follow-up. You shared the case with a colleague because you wanted a second opinion. You were concerned about misinterpreting signals as you know signs and symptoms and their implications are not always obvious. After sharing the case, you felt your judgement was challenged. This can make you feel uncomfortable, inadequate, and uncertain; it can also lead to self-questioning. Keep in mind that there may be various perspectives about the same situation. Regardless of bonding, a different midwife may have seen your client as someone with major problems taking care of themselves and who keeps their child in an inappropriate environment. Midwives' reference points and experiences can influence their perceptions and judgement.

To the best of your training and ability, your role is to identify the risks of child maltreatment or neglect. Use your local child protection agency to get clarification. A midwife is not responsible for determining parental intent, or whether abuse or neglect occurred.

**So what can you do while waiting for allied support to provide a full risk assessment?** Find out if hospital or community policies are in place for those at risk, especially if you are concerned about a child or client's welfare. These policies could include receiving immediate follow-up in the community as well as increased home visits. Make sure to check your bias about cases involving mental health and communities considered 'at risk'. Mental health issues do not equate to neglect.

### Reflection Questions

- Does this example resonate with your experience?
- Do you agree with the rationale for the concern provided in this example?
- What would you do the same or differently?

## SCENARIO 3

# ABUSER THREATENS TO TERMINATE PREGNANCY

A client reported verbal arguments between one of your clients and their partner during their first antenatal appointment. **In the follow-up appointment, you are concerned that the client and their young son had bruising and scratches on their arms.** When questioned, your client does not disclose any family domestic violence. You explain to your client that different forms of coercion and control exist, often not even recognized as violence. With this information, they admit the relationship is hard and has recently escalated to more controlling behaviour. They disclosed that their partner used threats of violence and wants to terminate the pregnancy.

### What should you do?

It is important to find out details about your client's home environment. **People may not initially recognize what is happening to them or their children as intimate partner violence or child maltreatment even when it meets established criteria.** Try to learn as much as possible about the situation and context and find out if the child is currently at immediate risk (e.g., is experiencing ongoing exposure to the perpetrator). However, do not interview the child about details. That is the responsibility of child protection agencies.

Asking your client for more information may feel uncomfortable and difficult, especially if you have concerns about losing the relationship or misinterpreting signals, and you want to maintain confidentiality. It helps to focus on the child's best interests and the responsibility to protect them from further harm. If you have doubts or need a second opinion, always seek help from an allied health professional.

### Reflection Questions

- Does this example resonate with your experience?
- Do you agree with the rationale for concern provided in this example?
- What would you do the same or differently? Would your instinct be to refer your client to a social worker or report to child protection services?

## REFERENCES:


Government of Canada. *Child Maltreatment: A "What to Do" Guide for Professionals Who Work With Children - Canada.Ca.* 2012, https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/prevention-resource-centre/children/child-maltreatment-what-guide-professionals-who-work-children.html. Accessed 10 March 2023.

Hunt, Dee, and Holly McNeill. *c - The Family and Children's Resource Program.* 2014, https://fcrp.unc.edu/resources/documentation-in-child-welfare-effective-practices-for-county-dss-agencies/. Accessed 10 March 2023.

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