

Screening for domestic violence in relation antenatal and postpartum care: A systematic review

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Background: A systematic review was conducted on behalf of the Danish Health Authorities to inform the new Danish national guidelines on screening for domestic violence in relation to antenatal and post-partum care among pregnant women, their partners and new parents.

Objective: To identify screening tools, understand barriers and facilitators for healthcare professionals and target groups, and address key issues related to ethnic minorities.

Methods: A literature search was conducted on Cinahl, Cochrane, Embase, PsycINFO, SocIndex in June 2023. The search was limited to systematic reviews and primary studies conducted in Europe, Canada, Australia, and New Zealand. Studies published within the past 10 years and grey literature from Scandinavian countries were included.

Results: 20 studies were included, and 13 screening tools were identified, primarily detecting physical and emotional violence, and secondary sexual violence. The Abuse Assessment Screening (AAS), Composite Abuse Scale (CAS), and NordAQ/NordVold were the screening tools most often used. Screening was mainly conducted during antenatal care with limited data on partners and new fathers. Systematic screening was more effective than opportunistic screening but did not significantly increase referrals to supportive interventions.

Barriers and facilitators were identified on societal, institutional and individual level. For healthcare professionals barriers included lack of knowledge, time, anonymity, and guidelines, while facilitators included viewing pregnancy and parenthood as opportunities for detection, continuity of care, training and clear referral pathways. For pregnant women and new mothers, facilitators included motherhood, systematic screening to avoid stigmatisation. Self-reported questionnaires with verbal follow-up were preferred.

Barriers for screening among ethnic minorities included fear of losing custody or residence permits, mistrust of the healthcare system, a need for certified interpreters and continuity. Guidelines and education for healthcare professionals and collaboration with organisations working with ethnic minorities were recommended.

Conclusions: Systematic screening is most effective, but there were lack of data on screening for various types of violence and a lack of perspectives from partners, new fathers, perpetrators, and ethnic minorities. Several barriers on different levels need to be addressed to implement effective screening approaches for pregnant women, their partners and new parents.