### Assessment of the parent(s) and the potential risk to the child:

**Domestic abuse as a risk factor**

Around 30% of domestic abuse starts during pregnancy; around 9% of women being abused during pregnancy or after giving birth Associated with a wide range of compromised physical outcomes: late prenatal care; miscarriage, preterm and stillbirth; foetal injury (bruising, broken and fractured bones, stab wounds)

* Maternal depression and PTSD
* Significantly more negative representations of their infants and themselves
* Babies were more likely to be insecurely attached

Workers do need to examine as many of the questions indicated:

* Domestic abuse and other violent behaviours
* The nature of violent incidents
* Their frequency and severity
* Information on what triggers violent incidents.
* The non-abusing/nonviolent parent’s recognition of the potential risks as a result of the history of or current domestic abuse/ violent behaviour
* Domestic abuse incidents in the pregnancy Parent/s may exhibit aggressive behaviour
* There may be pregnancy complications that could lead to e.g. pre- term delivery with the result of a baby that will require a higher level of care
* Potential characteristics which may make the expectant child harder to care for.
* Is the pregnancy one of the few times when the mother has been permitted to go to the doctor?
* Is this an early or late presentation?
* Have they ever attended with injuries requiring hospitalization before? Is she allowed to attend by herself?
* Has the mother been screened for domestic violence using a screening tool?
* Was the pregnancy planned or wanted? If not, it escalates the chance of domestic violence in the pregnancy. Women with intended pregnancies reported less abuse at each period. Violence was four times higher among women whose partners did not want the pregnancy
* Does the mother wish to seek a termination or is she under pressure to secure one from her perpetrator?
* Is there any concern that she may be at risk of being given foods or medicines that could induce a termination?
* Are there religious considerations if the couple are unmarried or have no plans to remain together post-birth?
* Or is the pregnancy a period of respite from the violence as the perpetrator has secured short-term control through the pregnancy
* Do we know the identity of the expectant father and whether it differs from the perpetrator?
* Is there knowledge of similar situations arising in either parents’ previous relationships? Do we know when that started and/or escalated?
* Has the mother been coping by using drugs and/or alcohol?
* What factors may be known to be present and counterbalance or mitigate against any harm inducements
* Did the violence predate the pregnancy confirmation? Has it continued to date?
* Is there any motivation known or suspected for the violence?
* Jealousy toward the unborn child
* Anger toward the unborn child
* Pregnancy specific violence, not directed to the child
* ‘Business as usual’.
* In relation to the timing of abuse, can the mother identify whether it occurred only during the 12 months before the pregnancy, during the pregnancy or during both time periods.
* Is the violence targeted at multiple injury sites (such as head, limbs, and neck) or targeted specifically to their abdomen? Or does it change? Or is it predictable? Where there has been a direct non-accidental injury to the abdomen of the pregnant woman complications may include:
* Infection
* Hemorrhage and placental abruption Miscarriage
* Premature rupture of the membranes Fatal injury
* Preterm delivery
* Stillbirth
* Is there any evidence of gynecological problems, complications in pregnancy and childbirth, depression, anxiety, chronic somatic disorders, sexually transmitted diseases (STDs) and HIV infections and eating disorders?
* Is there evidence of physical and psychosomatic disorders, behavioural problems, post-traumatic stress?
* How does this potential compromise to her parenting capacity correspond with elevated needs/risks to the expectant baby?
* What do professionals fear may inhibit disclosure from the mother?
* Shame and/or embarrassment
* Fear of the abuser and retribution
* Belief the abuse is normal and common among couples
* Fear of judgmental attitudes
* Belief or hope he will change (when the baby comes)
* Her partner is present
* The abuse is her responsibility, no-one else can help Does the mother have a preferred means of delivery?
* Does this include the perpetrator?
* Is he pushing for a shared birth? Or having it away from a hospital?
* Are there options locally for choice of delivery site?