PERINATAL MASTERCLASS

Domestic Violence & perinatal mental health- case study

1. Rachel is a 28 year-old lady of West African origin, unemployed and living with her partner. She is referred to perinatal MHS at 12 weeks of pregnancy by her CMHT. She has a diagnosis of schizoaffective disorder, and has had several admissions under Section, including PICU admissions. After trials of several antipsychotics and ECT she has been stabilised on depot and lithium. She has a number of physical co-morbidities including obesity and diabetes. She was born in West Africa, and came to London in her mid-teens with her family. Her mother and sister live nearby and have supported her in the past. She started a college course, but dropped out due to repeated admissions and partial recovery between illness episodes. She has been with her current partner for five years- and he has moved into her council flat. He is unemployed.

   She attends a joint psychiatric/obstetric clinic alone. This is her first pregnancy, and she tells you it is planned and wanted by her and her partner. She has no current affective or psychotic symptoms, and has been well since her discharge 6 months ago. She tells you that her current partner is supportive and denies any problems in the relationship. You note from previous psychiatric records that she was referred to MARAC three years ago following a physical assault by this partner due to jealousy, and that there was a restraining order in place against him a year ago.

- **(1a) What worries you about Rachel's relationship with her partner, and potential changes to this in pregnancy and postnatally?**
- **(1b) If you were Rachel, what barriers might you face in recognising and disclosing abuse in your relationship (especially during COVID lockdown)?**
- **(1c) What barriers might you face in enquiring about potential abuse (especially during COVID lockdown)?**
- **(1d) What more do you need to know to clarify DVA risks and who will you ask?**

2. You arrange to speak to Rachel's CMHT nurse and Consultant. They confirm that Rachel's partner was violent towards her in the past and has been in jail for a violent (non-domestic) crime. He has an older son, but has had no contact with him since birth. The midwife has asked Rachel twice about DV but she denied this. With Rachel's consent, you also speak to her mother. Her mother tells you that she is very worried about her because her partner has been living in Rachel's flat and taking her benefits money. He has stopped Rachel from seeing the family. You arrange to see Rachel again, and you try to discuss some of these concerns with her. She becomes irritable, tells you her partner is her only support and that he has never been violent. She asks you not to speak to her mother again. She also tells you she will not take the new medication prescribed by the maternity team because she is on too many tablets.

- **(2a) What types of abuse might Rachel be experiencing?**
- **(2b) How would you address the barriers Rachel faces in identifying and disclosing abuse in her relationship?**
- **(2c) What safety plan would you put in place with Rachel?**

3. You make a MASH referral. You arrange a professionals meeting, and invite the maternity team, the CMHT, the GP, Children's Services and safeguarding leads. Just before your meeting, Rachel's mother contacts you and tells you that she has tried to visit Rachel, but Rachel's partner assaulted her and threatened her with a knife- asking her to stay away from Rachel's home. She has reported this to the police and is waiting to be interviewed. Rachel witnessed this but has chosen to remain at home with her partner, and asked her mother to stay away.

- **(3a) What legal and safeguarding frameworks do you need to consider when planning next steps?**
- **(3b) Whose safety do you need to consider- and how will you mitigate risks?**
- **(3c) What will you do if Rachel continues to deny abuse in the relationship and chooses to remain at home with her partner?**

4. The police investigate. Rachel denies witnessing or experiencing any violence, and the police take no action due to lack of evidence. She is assessed by the professional network as having capacity to make decisions regarding where she lives and whether to continue with the relationship.

   Rachel stops speaking to her mother and siblings. She hardly leaves her home during pregnancy due to lockdown restrictions. She is now 30 weeks pregnant and is still living with her partner. She has attended most antenatal appointments and is taking her psychotropic and other medications. She continues to have no affective or psychotic symptoms. She says she has a strong positive bond with the pregnancy and is looking forward to looking after baby with her partner. Her partner has not attended any appointments with her. Children's Services have managed to speak to Rachel and her mother, but her partner has not engaged with them.

- **(4a) Children's Services arrange a Section 47 strategy meeting. What are they key concerns that you will highlight in terms of risks to baby?**
- **(4b) What plans would your perinatal service put in place to mitigate risks?**
- **(4c) The unborn baby is placed on a Child Protection Plan (category of abuse). At the CP case conference, you are asked for your opinion on the options below re postnatal plans. What would you recommend and why?**
    - Carrying out a community-based parenting assessment
    - Carrying out a residential parenting assessment
    - Fostering (especially if Rachel refuses to leave her partner)