Theme – Implementation and policy

Implementation of FDV screening and intervention in WA Health and application in maternity services.
Dr Felice Watt Director of Psychiatry, Womens Health Clinical Care Unit, Women and Newborn Health Service;
Clinical Senior Lecturer, School of Women’s and Infants’ Health, UWA
Felice.Watt@health.wa.gov.au

Kathy Blitz-Cokis Manager Women’s Health Clinical Care Unit, Women and Newborn Health Service, Perth, Western Australia.
Email: Kathy.blitz-cokis@health.wa.gov.au

Full oral presentation

Objective: To outline the implementation and challenges across WA Health of addressing FDV and responding to high risk groups, particularly women in the perinatal period.

Background: Family and Domestic Violence (FDV) affects women across the life span with 1:4 of women exposed to FDV in their life time. FDV is often experienced for the first time in pregnancy that makes targeted screening and intervention essential to reduce the risk of harm to these women and their babies. Women with existing mental health disorders are at increased risk of DV with an impact on maternal and fetal wellbeing. Concurrent drug and alcohol use, homelessness, and missed antenatal appointments compound detrimental outcomes raising maternal stress and impact on fetal brain development, hpa AXIS and mother-infant attachment, as well as have intergenerational consequences.

Method: A small team of multi-disciplinary health professionals influenced different levels across the health system to focus on identifying and supporting women experiencing DV. The process included training to meet demands of workforce; working with specific teams such as mid-wives and child health nurses; high level engagement with senior staff and stakeholders for long term systemic change; and health promotion initiatives.

Results: The impact of FDV and how best to respond is becoming embedded through an increased numbers of systems within WA Health, in particular, within services working with women in the perinatal period. Seizing opportunities and thinking beyond the core work of education and training has resulted in protocol changes to screening; implementation of standard medical record number FDV forms that assist in clinical handover and data collection; wide circulation of FDV newsletter and website materials; and the creation of close working partnerships with committed stakeholders.

Discussion: The session will describe how to gain attention, the key challenges and the future direction in ensuring FDV remains on the agenda of WA Health.

