



Telethon Institute for
**Child Health
Research**

**TO INVESTIGATE THE RESOURCES AND SUPPORT AVAILABLE FOR
WOMEN ACCESSING MATERNITY SYSTEM SERVICES, WHO ARE AT
RISK OF FAMILY/DOMESTIC VIOLENCE**

A SNAPSHOT OF REPORT CONTENTS

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Suggested Citation:

Jennifer Dodd (PhD). Collaboration for Applied Research and Evaluation. Telethon Institute for Child Health Research under contract with the Department of Health, Western Australia; 2012

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Key purpose

To investigate how pregnant women in Western Australia who are at risk of Family and Domestic Violence (FDV) are supported by maternity health services.

Definition of Family and Domestic Violence (FDV)

The term FDV is used throughout the report and understood to incorporate any of the following manifestations of abuse or violence including: physical violence, psychological, sexual, verbal, emotional, social and financial abuse of pregnant women by their partner or other family members.

Current Western Australian and National FDV Policy Context

The Department for Child Protection WA Strategic Plan for responding to Family and Domestic Violence 2009-2013 acknowledges family violence as a complex problem requiring multi agency responses across state and federal government and community sectors. It is underpinned by eight key principles including the assertion that family and domestic violence and abuse is a fundamental violation of human rights and that prevention of domestic violence is a whole of community responsibility. The principles maintain that responses to domestic violence can be improved through the development of an all-inclusive approach in which responses are integrated, safe and accountable. See:

<http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/WAstrategicPlanforFamilyandDomesticViolence.pdf>.

Domestic violence guidelines, policies and programs that focus on pregnant women are informed by broader maternity health policies including the WA Maternity Policy Framework (2008) and the National Maternity Plan (2011) See:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/maternityservicesplan>.

The key principles of this plan are directly relevant to the findings and recommendations that are outlined in the full report for this Western Australian investigation. These include ensuring that health professionals have the necessary skills, knowledge and attributes in responding to women's maternity care and that such care is responsive to women's cultural, emotional and psychosocial needs.

A way forward

Family and domestic violence is a complex area and ensuring that the needs of pregnant women in all their diversity are met often requires referrals to a wide range of health, community and support services outside the immediate remit of maternity services. The formation of an inter-agency leadership group with representatives from the range of government and community agencies may be an essential first step in the practical consideration of how pregnant women at risk of FDV can access additional services and support both within and external to the maternity health services.

The competing philosophies and interests of different government agencies and levels of government present difficulties for maternity service and community sector workers and the women they care for. In some cases women are in danger of having their children removed from their care if they remain in abusive relationships and their children are identified 'at risk' either by Department for Child Protection or maternity units. In others, CaLD women are unable to leave abusive partners due to the likelihood of being deported and losing residency status because they are living in Australia under specific visa categories that are dependent on them remaining with their partner. The need for increased collaboration and integration of services as well as professional development

to inform and educate health professionals about how to respond to these and other issues of sensitivity, such as incidences of rape, or unwanted pregnancies, have been highlighted throughout the results. Leadership in these areas from the multiple government agencies involved is viewed by many health workers as a priority.

The government agencies that the findings and recommendation apply include, but are not necessarily limited to:

- Department of Health WA
- Commonwealth Department of Health
- Commonwealth Department of Immigration and Citizenship
- Department of Housing WA
- Department for Communities WA
- Department for Child Protection WA
- Drug and Alcohol Office
- Legal Aid WA (Family and Domestic Violence Unit)
- WA Police (including DV advocates)

Other agencies that may be relevant in working on recommendations may be identified and added to this initial list.

Methods

A mixed methods approach was used including policy and literature overview, audit, focus group and interviews with a range of health and community sector workers across health, child protection, immigration, communities, legal, drug and alcohol and housing sectors. These methods resulted in a comprehensive and in-depth overview of the key issues and concerns for pregnant women at risk of FDV and the maternity service workers who they come in contact with. The methods used enabled the identification of processes and strategies that are currently working well as well as those requiring further development.

The following major objectives informed the basis for the investigation and the key findings against these are summarised under each heading. As can be seen in addition to maternity services, these findings are of interest to a range of state and commonwealth government agencies.

Objective One

To determine how maternity services currently identify and respond to pregnant women who may be at risk of domestic violence.

Major Findings

Formal and informal screening methods are used by a range of government, private and community-based maternity services. Formal methods are less useful for Aboriginal and CaLD women and health workers recommended the use of informal and trust building processes for these. Referrals to external support services from these different methods of screening are effective when they occur, but there is also unmet demand for counselling and appropriate accommodation services particularly for young pregnant women, Aboriginal women, CaLD women (particularly those on accompanying and/or student visas) and women living in rural areas.

Objective Two

To identify the protocols, guidelines or policy used to guide maternity health system responses to pregnant women at risk of domestic violence – how effective these are in delivering appropriate services/referral pathways for women at risk of domestic violence.

Major Findings

Well established referral pathways are reported between some major government maternity units in metropolitan Perth and social worker support, counselling, domestic violence advocacy and young women's accommodation and support services. These are generally less developed in some regional and rural areas particularly where communities may be dispersed. However, some smaller regional towns have good integration and relationships between maternity services and external services, although demand for services is often greater than availability and are more likely to be subject to workforce shortages and mobility.

Objective Three

To establish the extent to which front-line maternity health services workers are supported by management to respond to pregnant women at risk of FDV.

Major Findings

The majority of maternity health services workers report feeling generally supported by their management, however, also identify that FDV professional development, space for confidential screening and "burn out" of health professionals are issues requiring attention. The majority of health workers describe FDV guidelines and screening tools as useful starting points, along with the ability to refer pregnant women to social workers and counsellors in the first instance, as most important. The majority of health workers feel constrained by mandatory reporting requirements and require more support from management in negotiating and discussing cases with the Department for Child Protection, including professional development and emotional support.

Objective Four

To explore how maternity health and community/welfare sector services can work together more effectively to facilitate greater integration and responsiveness of a range of support services to pregnant women at risk of domestic violence.

Major Findings

There are some areas where maternity health services and community support services such as housing and counselling are already working well. However, there are also areas where increased collaboration and integration are required particularly in meeting the needs of these women:

- Young women – accommodation, counselling, legal representation, substance misuse.
- Aboriginal women – culturally relevant responses, information, accommodation, support services for men, substance misuse and increased ability to remain in their own homes.
- Culturally and linguistically diverse women – culturally appropriate information, support and services for women on accompanying and/or spousal or student visas, access to publicly funded health, housing and income support services, culturally appropriate information and responses to contraception, termination and unwanted pregnancies.

Recommendations

Maternity, women's health, community and country mental health, women's domestic violence advocacy services, multicultural women's health services, humanitarian entrant health service Department of Health WA, Child and Adolescent Community Health.

R1. Managers of maternity and other health services enable a 'culture' of FDV screening that includes ongoing and embedded professional development about formal and informal methods, the provision of space and opportunity to raise the issue of FDV, and access to social worker and other supports including after hours. Information/brochures about the effects of FDV on pregnancies are developed and disseminated.

Maternity, women's health, multicultural women's health services, humanitarian entrant health service, sexual assault referral centre, Department of Health Western Australia, Department for Child Protection, Department for Communities, Commonwealth Department of Health & Ageing, General Practice Networks, Drug and Alcohol Office, Domestic Violence Unit Legal Aid WA, Child and Adolescent Community Health.

R2. Health Professionals/Community services workers are educated about how to identify and respond competently and appropriately to women who are pregnant as a result of rape, or who are unable to use contraception or family planning to safely space pregnancies.

R3. Health services (including maternity) offer multiple entry points and opportunities for identifying pregnant women at risk of FDV even when they present for other reasons.

R4. Emergency Departments are supported to more effectively identify and refer pregnant women at risk of FDV to the appropriate internal and external support services.

Department for Child Protection, maternity services, women's health services, adolescent clinic, community and country mental health services, Aboriginal Maternity Services Support Unit, Aboriginal Health Division Department of Health Western Australia, Commonwealth Department of Health and Ageing, Commonwealth Department of Immigration and Citizenship, multicultural women's health services, Domestic Violence Legal Unit, Legal Aid WA, Department for Housing WA.

R5. Professional Development about FDV includes education about how to respond to Aboriginal women and CaLD women appropriately and understand the reasons why women may stay in abusive relationships; FDV PD includes: knowledge of different visa categories, an understanding of beliefs about family in different cultures, acknowledgement of the pressure by other family members and the wider community to stay in relationships and empathy for women's well founded fears of poverty and homelessness.

R7. Major public and private maternity units ensure that the appropriate language translators or 'community navigators' are available for providing information to CaLD women about the range of health and community support services available.

R8. Responding to pregnant women at risk of FDV is identified as a key priority and commitment to addressing the health and support needs of pregnant women at risk of FDV is emphasised as an ongoing managerial responsibility; maternity system health services are supported to develop and resource community development and prevention approaches to FDV particularly those services who care for young women, Aboriginal and CaLD women.

Department for Housing WA, Department for Child Protection, Maternity services, Aboriginal Community Controlled Health Organisations, Aboriginal Maternity Services Support Unit, Aboriginal Health Division Department of Health WA, Drug and Alcohol Office, WA Country Health Service, Domestic Violence Legal Unit, Legal Aid WA, WA Police.

R6. Aboriginal women should be supported to remain safely in their own homes and the appropriate range of support services provided to male perpetrators.

R9. Counselling services for pregnant women experiencing or at risk of FDV are available on-site or are located near maternity services; FDV specific counselling services for young women and CaLD women living in rural areas are provided.

R10. Programs such as “Safe at Home” are expanded and the availability of affordable and appropriate housing that meets the needs of Aboriginal and CaLDB families are provided.

R11. Relevant support services for male perpetrators are provided so that women and children can remain safely at home. Aboriginal men from local communities are involved in the development and management of healing services for male perpetrators as well as culturally appropriate “Safe at Home” programs that enable Aboriginal women and children to remain safely at home.

R12. Maternity health and community services are supported and resourced to collaborate and form relationships with a relevant range of locally available support services to more effectively respond to the needs of pregnant women at risk of FDV.

Conclusion

The results remind us that there is no one solution, screening tool or process that is applicable to all pregnant women at risk of FDV. Maternity and community sector services require the organisational support and resources to incorporate flexible, integrated, long-term, community-development, health promoting, holistic and multi-level approaches to responding to FDV. Most importantly, maternity health services need to offer multiple formal and informal opportunities for screening, identification, support and referral of pregnant women at risk of FDV.