ATTACHMENT LD-1

This is the attachment marked "**LD-1**" referred to in the witness statement of Lisa Anne Dunlop dated 10th August 2015.

To: **Royal Commission into Family Violence**

From: **The Royal Women's Hospital**

Date: **28 May 2015**

SUBMISSION OVERVIEW

The Royal Women's Hospital (the Women's) considers that family violence is a health issue and that hospitals have a unique role in identifying women and children at risk and linking them with support. The World Health Organisation (WHO) recommends that health services recognise family violence as a public health issue and take a lead in generating effective, multi-sectoral responses across health, justice and social support services. Health professionals are often the first point of contact for women experiencing family violence, and are the professional group that women are most willing to talk to about experiences of violence. VicHealth's 2004 research into the burden of disease from intimate partner violence found it was the major cause of preventable death and disease in women aged 15 to 44 years. For these reasons, hospitals should take a lead in providing women and children with a safe place to disclose violence, get information and access specialist services.

Hospitals provide multiple opportunities for identifying and engaging women and children experiencing family violence and linking them with specialist support. Current responses are sporadic, however so there is an urgent need for health to be part of a whole-of-system approach.

RECOMMENDATIONS

1. That the Victorian Government recognise family violence as a health issue, with hospitals mandated to collect and report on disclosures and responses as part of their role in linking women and children with specialist care and support.
2. That hospitals' role as a safe place for disclosing family violence be supported through a program of undergraduate and postgraduate training for health professionals and increased social work resources to safely manage women and children in acute crisis.
3. That the Department of Health and Human Services' (DHHS) data systems be modified to recognise, report on and fund family violence as a comorbidity so that hospitals have the resources to provide multi-disciplinary care and multi-sectoral partnerships across health, justice and social support.
4. That funding be invested in strengthening the evidence base for primary prevention, health care and social support programs and services, including a centre for research translation at the Women's.
5. That multi-year funding models be developed that support innovative strategies to address the complexities of preventing family violence.

With the implementation of these recommendations, hospitals would have a powerful role in a systemic approach to family violence prevention, early intervention and response services.

EXECUTIVE SUMMARY OF THE KEY ISSUES

The Women's is one of the few hospitals in Victoria to have developed family violence prevention, early intervention and response services; we provide training and protocols for clinicians, printed and web-based health information, crisis care for women after sexual assault and case management of women at risk of family violence. This work includes integrating legal and health services for women at risk of violence and developing a systemic approach to building capacity in hospitals. Our commitment extends beyond hospitals and into secondary schools, where we deliver Victoria's most comprehensive program for educating young people about gender equity and violence prevention. We are developing a holistic approach based on learning from hospitals in the United States of America (USA), New Zealand, Britain and Canada that are developing the evidence base for training, clinical practice and integrated models of care.

The Women's has identified the following systemic issues and opportunities to strengthen hospital capacity and multi-sectoral responses to prevent family violence across the continuum.

Preventing Family Violence through Education

- The Sexual Assault Prevention Program in Secondary Schools (SAPPSS) is Victoria's most comprehensive primary prevention program for young people. Developed by CASA House in 2004, it uses the whole school community to model and educate young people about gender equity and respectful relationships. SAPPSS is now delivered by Centres against Sexual Assault (CASAs) in Melbourne and Geelong, where it is embedded in the culture and curriculum of 22 schools. CASA House supports its delivery in 10 schools in north-west Melbourne. With such a large cohort of students educated in primary prevention, SAPPSS is overdue for evaluation and possible expansion.

Training Health Professionals and Social Workers

- Family violence is not part of the core curriculum in undergraduate courses for health professionals or social workers, so clinicians are not trained to manage this complex issue. The Women's Social Work Department has developed significant expertise over many years in short term counselling and case management of women at risk of family violence. Snapshot data shows that following a disclosure, social workers spend many hours on the phone coordinating support across housing, mental health, child protection, legal advice and migration issues. This expertise forms the backbone of our in-service training for clinicians; since August 2012 we have trained more than 400 health professionals.

Building Hospital's Capacity in Family Violence

- The Strengthening Hospital Responses to Family Violence project is a partnership with Bendigo Health that is developing, implementing and evaluating training, protocols and resources to improve health care and social support for patients experiencing family violence. In June 2014 this pilot project received 12 months funding from the DHHS, with Our Watch conducting the evaluation. The project is developing a model and methodology for embedding knowledge, skills and capacity in hospitals to identify and respond to family violence.

Data Collection and Management

- Core inpatient, outpatient and emergency data systems in Victoria's hospitals are not mandated to capture and report the rate of disclosures of family violence, to capture social issues as a co-morbidity or to track outcomes for women or children. This renders family violence-related presentations and activity invisible in hospitals, with consequences for funding and service planning. Through the Strengthening Hospital Responses to Family Violence project, the DHHS has funded additional work to map current practice and report on options for developing a consistent, efficient and reliable system and process for data capture, retrieval and reporting, with the potential for transferability.

Partnerships

- Acting on the Warning Signs, the Strengthening Hospital Responses to Family Violence Project and SAPPSS are three initiatives that demonstrate the benefits of partnerships for achieving integrated responses to family violence. These programs should be available in hospitals and schools across Victoria. In the context of ever-growing pressure on crisis services, these initiatives have the potential to deliver a systemic response to early identification and prevention of family violence. Hospitals are best placed to lead this work as they are where disclosures are most likely to occur and because of social workers' role in providing and facilitating social support including with housing, legal and family violence services.

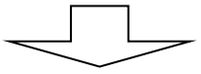
Multidisciplinary Responses to Women and Children

- There are opportunities for greater integration within the health sector and across health, justice and social support services. Acting on the Warning Signs is an example of a partnership between the Women's and Inner Melbourne Community Legal that trains clinicians in family violence prevention and integrates legal assistance into our health care and social support. Training is delivered by police, lawyers and health professionals, so clinicians understand their part in the broader response system. The project has been funded from philanthropic and pro bono sources. In the 2015-16 financial year, the Independent Hospital Pricing Authority has announced new activity based funding arrangements that will provide a financial incentive for multidisciplinary clinics in hospitals. If combined with better data about demand and additional funding to manage increased activity, hospitals will have the capacity to develop shared services in areas like mental health, maternal and child health and other community based supports for women and children affected by family violence.

Why a Whole of System Approach is Necessary?

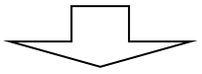
Family violence requires a whole of system approach to address the issue across a continuum from preventing violence from occurring to assisting those who experience it.

Primary Prevention - Preventing Violence in the first instance



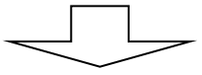
- School programs are spotty and not available everywhere – funding is limited
- Health care education programs do not cover family violence in the curriculum
- Family violence is often a circular issue with children learning through witnessing or experiencing it within their own family

Preventing violence - offenders



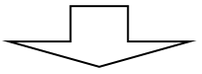
- Justice system is inconsistent when dealing with offenders
- Societal "acceptance" of violence against women

Acute response



- Police response is inconsistent
- Ambulance and paramedic response is inconsistent
- Hospital response is inconsistent, not "required" and staff do not have the knowledge
- There is little data to fully assess the problem and to develop appropriate responses
- Justice partnerships are only in a VERY few organisations
- Funding for programming is limited and inconsistent

Long Term Response – social support



- Funding formulae do not cover multi professional or multi-sectoral programs and much of the response to family violence cannot be done without cross sectoral partnerships
- Responding to family violence disclosures is time consuming and complex
- Women often cannot get away from their violent partner to obtain legal advice or social support
- Response across sectors is siloed and fragmented.
- Current models for programming and funding for family violence prevention is project based, with short term funding and therefore unsustainable
- Data is poor and does not allow for a systems approach to planning and intervention

DISCUSSION OF THE ISSUES

This section of the submission provides detailed information on these issues and our recommendations. It focuses on family violence and women's health, as this is the Women's area of expertise. We recognise that family violence is a serious health issue for all victims/survivors and support the development of comprehensive programs and services for women, their children and families.

1. Section One reviews the evidence supporting hospitals' roles in preventing family violence, highlighting the invisibility of family violence in Victoria's acute health systems. It reviews approaches in comparable countries and describes an effective program developed in the United States.
2. Section Two describes services and programs developed by the Women's; our onsite response services, training and protocols for clinicians, efforts to create a safe environment for disclosures and to strengthen community linkages, as well as the importance of executive leadership. These services and programs should be expanded across Victoria.
3. Section Three discusses the limitations imposed by inadequate data, concerns with the sustainability of activity at the Women's and gaps and opportunities in research.

1. EVIDENCE SUPPORTING A ROLE FOR HOSPITALS IN FAMILY VIOLENCE

Research into the Health Impacts of Family Violence

Local and international research has been essential to understanding the health impacts of family violence. In 2004 VicHealth research identified intimate partner violence as the leading preventable contributor to death, disability and illness in Victorian women aged 15 – 44 years, making it a major determinant of women's health. Anxiety, depression and suicide accounted for more than 70% of the burden of disease[1]. The WHO reports that the health impacts include complications in sexual and reproductive health, unintended or unwanted pregnancy, complications in pregnancy and birth, chronic pain, gastrointestinal disorders, stress and self-harm, higher rates of sexually transmitted infections and of risky behaviours such as increased use of alcohol and other drugs[2]. The 2015 Lancet Series on violence against women and girls found that these outcomes lead women to make extensive use of health care resources[3] . A study in the USA of health care costs and utilisation for women with a history of intimate partner violence found that health care use was still 20% higher five years after the abuse had ceased and annual total health care costs were 19% higher in these women, compared with women with no history of partner violence[4]. Research at the Women's in 2004 found that 27% of pregnant women interviewed reported violence from a current partner; for

[1] VicHealth (2004) *The Health Costs of Violence Measuring the burden of disease caused by intimate partner violence A summary of Findings* pp11, http://www.health.vic.gov.au/vwhp/downloads/vichealth_violence%20_%20summary.pdf, 20/05/2015

[2] World Health Organisation (2012) 'Understanding and addressing violence against women Health consequences' Information Sheet http://apps.who.int/iris/bitstream/10665/77433/1/WHO_RHR_12.35_eng.pdf 20/05/2015

[3] Claudia García-Moreno et al (2015) The health-systems response to violence against women *The Lancet* Vol 385, No 9978, published online, 20 November 2014, pp1685-1695

[4] Frederick P Rivara et al (2007) 'Healthcare Utilization and Costs for Women with a History of Intimate Partner Violence', *American Journal of Preventative Medicine,* Vol 32, No 2, pp89-96

many women this was the first time they had talked about their partner's violence[5]. This research cemented the Women's commitment to addressing violence as a health issue for women, families and the community.

The Role of Hospitals

The World Health Organisation recommends that health services recognise family violence as a public health issue and take a lead in generating effective, multi-sectoral responses across health, justice and social support[6]. Hospitals can contribute to preventing family violence through identifying its serious health consequences, providing a safe place for disclosures and linking women and children with specialist services and support. This is consistent with hospitals' role in mitigating the impacts of disease, improving clinical outcomes for individuals and in protecting the health of communities.

Survivors of partner abuse report that health care providers are the major professional group to whom they want to disclose violence[7]. Women who have experienced family violence seek help from health services more often than women in the general community[8], but shame, self-blame, fear and other barriers within health services can make it difficult for women to disclose[9]. Research in 2009 found that marginalised groups of women – young women, homeless women, Aboriginal and Torres Strait Islander women, women with same sex partners, migrant and refugee women and women with disabilities – were at increased risk of experiencing higher levels of violence and faced greater barriers to disclosure[10]. As universally accessed health services, hospitals are uniquely placed to provide a safe environment for women and children to disclose violence and seek help. Health services are often the first point of contact for women and their children and health professionals are a trusted source of information and advice on sensitive issues[11]. The dynamics of abuse mean that a woman may be trapped, frightened and unaware of their rights and options. In a situation where a woman is isolated from friends and services, a health care appointment may be one of the few times a controlling partner will allow her access to a professional.

With education and support health professionals can reduce the barriers for women and be a catalyst to action. An empathic response from a trusted doctor, nurse, midwife or other care provider that emphasises the perpetrator's responsibility, reinforces a woman's entitlement to a healthy relationship, encourages her to believe that a better life is possible, offers a range of options and respects her decisions[12] is an important step in breaking down the sense of isolation that leaves women and children vulnerable to serious harm. These interventions have the potential to be empowering, may contribute to enhanced health outcomes and are potentially lifesaving.

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[5] Deborah Walsh, Wendy Weeks (2004) *What a Smile can Hide A report on the Study of Violence against Women during Pregnancy*, the Royal Women's Hospital, Carlton

[6] World Health Organisation (2013) *Responding to intimate partner violence and sexual violence against women WHO clinical and policy guidelines,* http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/

[7] Claudia García-Moreno et al (2015) 'The health-systems response …' opcit p1567

[8] World Health Organisation (2013) *Responding to intimate partner violence…opcitp10*

[9] Kelsey Hegarty, Angela Taft (2001) 'Overcoming the barriers to disclosure and inquiry of partner abuse for women attending general practice', *Australian and New Zealand Journal of Public Health*, vol25 no5 pp433-7

10 FACSIA (2009) *Background Paper to Time for Action The National Council's Plan for Australia to Reduce Violence against Women and their Children 2009-2021* Commonwealth of Australia, Canberra pp 15-21

[11] World Health Organisation (2013) *Responding to intimate partner violence*…opcitp10

[12] Women's Health Goulburn North East (2004) *A Powerful Journey Women reflect on what helped them leave*, http://www.whealth.com.au/documents/publications/whp-apj_report.pdf, p7

In addition to identification and referral, hospitals' role in an integrated family violence system includes strengthened collaboration with community based health care, housing and family violence services. An integrated response with safe housing, legal advice and support from child protection, and maternal and child health services are a priority for women with newborn babies. The Women's sees opportunities for closer integration of hospital care with the mental health sector, community legal services, maternal and child health and children's services.

Family Violence is Invisible in the Victorian Hospital System

Family violence is a common but invisible issue in health care in Victoria. Drawing on ABS prevalence data[13] we can assume that across in the health system - in emergency departments, pregnancy clinics, mental health services, sexual and reproductive health, drug and alcohol services - health professionals regularly come into contact with affected women. Studies have shown that women experiencing violence are more likely than non-abused women to seek health care [14] and pregnancy is a time of increased risk[15] . However, the trend analysis from the Victorian Family Violence Database found that while Victoria Police data on family violence incidents increased dramatically between 1999 and 2010, Emergency Department's data over the same period showed the number of family violence incidents as static[16].

This pattern of invisibility begins in the undergraduate education of health professionals. As far as the Women's is aware, family violence is not part of core curriculum in the undergraduate training of health professionals or social workers in any university in Australia. Australian trained doctors, nurses, midwives, social workers and other allied health professionals therefore begin providing clinical care without being sensitised to the prevalence and dynamics of family violence, informed about its health impacts, trained to recognise the signs or to respond safely and effectively to a disclosure.

In our role as a training hospital, the Women's includes violence against women as a topic in the orientation program for nurses and midwives on clinical placement at the Women's. Something similar should be considered for other training hospitals, including prevocational training for junior doctors.

After graduation, the Royal Australian College of Obstetricians and Gynaecologists offers doctors training modules in sexual assault [17] and the Royal Australian College of General Practitioners have developed a resource called *Abuse and Violence: Working with our Patients in General Practice*[18]. The Australian Medical Association's position statement on women's health[19] recognises domestic

[13] Australian Bureau of Statistics (2012) *Personal Safety Survey* ABS Cat No 4906.0, http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0

[14] World Health Organisation (2013) *Responding to intimate partner violence*…opcitp10

[15] Australian Bureau of Statistics (2005) *Personal Safety Survey* ABS Cat No 4906.0, p11

[16] Department of Justice (2012) *Victorian Family Violence Database Volume 5 Eleven year report*, Victorian Government Melbourne, p50-51

[17] Royal Australian New Zealand College of Obstetricians and Gynaecologists (2012) *Medical Responses to Adults Who Have Experienced Sexual Assault* https://www.ranzcog.edu.au/sexual-assault-module.html

[18] Royal Australian College of General practitioners (2012) *Abuse and violence: working with our patients in general practice*, 4th edition, http://www.racgp.org.au/your-practice/guidelines/whitebook/

[19] Australian Medical Association (2014) *Position Statement Women's Health* https://ama.com.au/position-statement/womens-health-2014

and sexual violence as significant public health issues, with serious and long-lasting detrimental consequences for women's health.

Approaches in Comparable Countries

Around the world, health professionals are increasingly engaged in addressing violence against women and children as a public health issue.

- The World Health Organisation has led efforts to strengthen health systems through the development of clinical and policy guidelines on responding to intimate partner violence and sexual violence against women, based on systemic reviews of evidence. These guidelines were released in 2013 and set the standards for integrating evidence into identification protocols and clinical care responses, the education of health professionals and policy and programmatic approaches by government[20].
- In Canada the Family Violence Initiative has been led and coordinated by the Public Health Agency of Canada since 1998. It includes resources for health professionals, funding for family violence initiatives plus tools and guidelines for prevention and response[21].
- In New Zealand the Family Violence Intervention Programme was introduced in 2002. It supports health sector responses by funding coordinator positions in all district health boards (DHBs), auditing DHB performance, supporting research and evaluation and offering technical advice and training to health services committed to the program[22].
- In the USA, the 2004 Joint Commission Standard on responding to domestic violence in health settings[23] and the Violence Against Women Act 2005 [24] recognise that hospitals provide an entry point into the family violence service system. Based on research by the Institute for Medicine[25], the Affordable Care Act recognises violence as a major determinant of women's health and funds screening and counselling.
- In Britain, *Improving services for women and child victims of violence: the Department of Health Action Plan 2010* includes strategies for awareness raising, workforce development, quality improvement and evidence and information[26].

These initiatives recognise that health professionals see and treat women living in violent relationships, that this violence has serious health consequences but is often invisible and that health professionals have a powerful role in encouraging women to disclose and to access services and support.

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[20] World Health Organisation (2013) *Responding to intimate partner violence*…opcit

[21] Public Health Agency of Canada (2014) Family Violence Initiative http://www.phac-aspc.gc.ca/sfv-avf/initiative-eng.php

[22] Ministry of Health (2015) Family Violence, http://www.health.govt.nz/our-work/preventative-health-wellness/family-violence

[23] The Joint Commission accredits and certifies health care organizations and programs in the United States: http://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx

[24] United States Congress (2013) *Violence Against Women Reauthorization Act of 2013*, see sec.501. 'Strengthening the healthcare system's response to domestic violence, dating violence, sexual assault, and stalking' https://www.govtrack.us/congress/bills/113/s47/text

[25] Institute of Medicine 2011 *Clinical Preventive Services for Women: Closing the Gaps* http://www.iom.edu/reports/2011/clinical-preventive-services-for-women-closing-the-gaps.aspx

[26] Department of Health 2010 *Improving services for women and child victims of violence: the Department of Health Action Plan* https://www.gov.uk/government/publications/improving-services-for-women-and-child-victims-of-violence-the-department-of-health-action-plan

Evidence for Strengthening Hospital Capacity

A 2011 systematic review of successful intimate partner violence programs in health care settings around the world found that a whole-of-hospital or systems-model was essential to reorienting health services to respond in a sustained and effective way to violence as a health issue[27]. The review found that programs that took a comprehensive approach based on multiple components were most successful in increasing the numbers of health professionals who used their training to inquire about violence and the number of women who disclosed. The review identified four program components that were essential to increasing health professionals' self-efficacy in identifying and responding to violence: institutional support, effective screening protocols, initial and ongoing training and immediate access to onsite or offsite support services.

A Successful Family Violence Prevention Program

Kaiser Permanente is the largest not-for-profit health care provider in the United States, with facilities in 10 states. Its Family Violence Prevention Program uses a systems model to develop a comprehensive, sustainable and effective approach to improving the health service response to family violence. Over ten years, Kaiser Permanente has documented a sixfold increase in the number of reports of intimate partner violence (from 1,022 in 2000 to 6,255 in 2010) and a 50% uptake by patients of referrals to mental health services following a disclosure[28].

Using a phased approach, it engages senior doctors and nurses as champions, creates multi-disciplinary teams to develop and lead an implementation plan, develops protocols for treating family violence as part of standard clinical care, creates a welcoming environment for patients to talk about family violence, delivers comprehensive training programs and generates timely and meaningful data to support planning, benchmarking and quality improvement.

In this model, the quality measures are a mix of quantitative and process indicators:

- How many cases were identified compared to the incidence in the population per annum and how many patients received appropriate referral and follow up?
- Is there a physician or nurse champion, a multidisciplinary implementation team and a referral protocol in place?

This program provides a model for building capacity in Victorian hospitals to strengthening violence prevention and management.

[27] O'Campo et al (2011) 'Implementing Successful Intimate Partner Violence Screening Programs in Health Care Settings: Evidence Generated from a Realist Informed Systematic Review', *Social Science and Medicine* Vol72 pp855-866

[28] McCaw B (2012) 'Family Violence Prevention Program Significantly Improves Ability to Identify and Facilitate Treatment for Patients Affected by Domestic Violence' *Agency for Healthcare Research and Quality* *https://innovations.ahrq.gov/profiles/family-violence-prevention-program-significantly-improves-ability-identify-and-facilitate*

2. SERVICES AND PROGRAMS AT THE WOMEN'S

Over the past decade, the Women's has developed a range of programs and services to respond to family violence, based on learning from international models such as Kaiser Permanente. The Women's aims to capitalise on opportunities for early identification so as to support timely referrals into the family violence service systems.

The current strategy for preventing violence against women includes the following components:

1. **Onsite response services**: The Social Work Department provides a specialist response to family violence during business hours. Once referred from clinical areas, social workers conduct a comprehensive risk assessment and, where there is a disclosure, safety planning as well as supportive counselling, information and referrals into specialist services. A recent snapshot over a fortnight found that 16% of hospital social workers' casework was with women currently experiencing family violence while 64% of CASA House's counselling was with women who had experienced family violence either recently, as a child or in a previous adult relationship. The Alcohol and Drug Service and the Aboriginal Health Worker also support women experiencing violence and the Women's manages the state-wide afterhours Sexual Assault Crisis Line (SACL) including crisis care responses, where 35% of offenders are family members. About 40% of calls on the counselling line to SACL go unanswered because of shortfalls in resources for staff. Inner Melbourne Community Legal provides a part-time lawyer onsite at CASA House and in the Social Work Department; they have provided close to 300 instances of free legal advice to patients of the Women's.
2. **Inquiry and referral**: Training defines violence against women, sensitizes clinicians to indicators and provides them with the skills to inquire, respond, assess and refer women who disclose, and document the disclosure, based on a clinical protocol. Since August 2012, we have trained over 400 of our health professionals. Currently, data about the relationship between training, rates of disclosure and patterns of referral could only be gathered through manual audits of training documentation and medical records.
3. **Creating a Safe and Welcoming Environment**: After training, staff wear badges on their lanyards that read "safe at home talk to me" or "the Women's says no to violence against women". There are posters in waiting areas, palm cards in consulting rooms, and fact sheets on the website to educate the community about the health impacts of family violence and to encourage women to talk to their health professional.
4. **Community linkages**: The Women's works closely with family violence services including InTouch Multicultural Centre against Family Violence. Victoria Police, Inner Melbourne Community Legal, Women with Disabilities Victoria and the Aboriginal Family Violence Prevention and Legal Service are part of our multi-disciplinary training. SAPPSS is delivered as a partnership between participating CASA's and secondary schools in the inner city, eastern and northern region of Melbourne and Geelong. CASA House trains external health, counselling and welfare based professionals to work with victim/survivors of sexual assault.
5. **Leadership**: Preventing violence against women is a strategic priority; the range and scope of the Women's programs and services is unique amongst Victorian hospitals. It is built around a specialist role for social workers, with support from the Executive leadership of the hospital. The Women's also chairs the Strengthening Hospitals Response to Family Violence Working Group, a network of hospital based social workers that meets quarterly with Health

and Human Services, Berry Street and CASA Forum to discuss developments in research and practice, identify system wide issues and share resources and expertise.

Despite the range and scope of activity, we recognise that this approach falls short of a best practice 'whole of hospital' model. We are constrained by systemic issues with data collection, the training of social workers and health professionals, weaknesses in the evidence base for case management, clinical and therapeutic care and the resource challenges to sustainable programs and services.

3. SYSTEMIC ISSUES

Limitations in Hospital Data Systems

Knowledge about the clinical or operational impact of these programs and services is limited by inadequate data. Current hospital data collection and reporting systems do not support the ability to;

- Collect and aggregate data about the health status of women affected by current or past experiences of family violence
- Track clinician's practice in regard to inquiry, support, response and disclosure before and after training
- Measure changes in the rates of inquiry or disclosure in service areas where staff have been trained
- Measure satisfaction with the services and support provided to a woman following a disclosure
- Collect data about the uptake of support by women and the impacts on her safety, health and wellbeing over the short or medium term
- Set a benchmark for the annual rate of family violence related episodes of care and compare activity from year to year

From our partnership with Bendigo Health, we know that their data systems impose similar limitations. Fortunately, the Strengthening Hospital Responses to Family Violence Project is taking steps to identify and address these issues.

The Strengthening Hospital Responses to Family Violence Project is a pilot that began in July 2014. It is developing, implementing and evaluating training, protocols, tools and other resources in the Women's Emergency Centre and in the Emergency Department, Mental Health and Women's Health Services at Bendigo Hospital. This 12 month pilot project is developing the knowledge, tools and methods for a state-wide approach to capacity building in hospitals across Victoria. The project is investigating the current limitations of hospital data sets in order to address the barriers to measuring rates of identification and tracking outcomes for women. It has developed protocols for responding to women after a disclosure, including strengthened integration with the family violence sector. Staff are trained in the use of these protocols and in the prevention of family violence. The project is also creating resources for community education. Funding is due to conclude in June 2015. With additional funding, this model could be packaged and transferred into hospitals in Victoria so that there is a consistent approach to training clinical practice and referrals.

Issues with the Sustainability of Programs and Services

As an illustration of the weakness of initiatives developed without a broader framework for consistency and sustainability, the Women's violence prevention strategy has been pieced together over time from one off project grants and internal allocations of staff resources. In keeping with our role as a leader in women's health, the Women's commits significant resources and expertise from Social Work, CASA House, SACL, Clinical Education, Communications and the Executive. With this level of commitment we are able to prioritise funding and policy submissions, develop and maintain partnerships with other hospitals and community based organisations, share our knowledge and expertise with others and attract grant funding for training, community education and advocacy as a supplement to clinical response services.

Social issues like family violence have a negative impact on health outcomes and coordinating care for women and children across health and community agencies is complex and time intensive. For example, in a recent snapshot of social work activity over a fortnight at the Women's, 7.5FTE of social workers managing 42 family violence cases spent over half of their time on the phone coordinating interventions such as housing, family violence support, infant and adult mental health, maternal and child health services, child protection, migration issues and legal advice. Hospital funding models do not take into consideration the level of resources required to respond to complex social issues like family violence. Managers of already stretched services in hospitals will be concerned about the impacts on demand, service activity and their budgets if they begin routinely identifying and managing women and children experiencing family violence. Many hospitals, particularly in rural areas, have only a small social work department and do not have dedicated social workers in their Emergency Departments, for example. Hospitals must have funding for social complexity built into their core operating model in order that they can respond in ways that are timely and keep women and children safe.

DHHS has funded the Strengthening Hospitals Response to Family Violence Pilot Project. This funding has enabled a dedicated project manager to develop and implement new training programs, protocols and tools including identifying and addressing barriers to new practices in a service setting. This is complex, time consuming work, which requires multi-faceted skills and expertise, but is gaining momentum and proving to have a positive impact at the Women's and at Bendigo Health. As a time-limited, 12 month pilot though, our ability to continue this program on an ongoing basis is questionable, and illustrates the need for capacity to be built into hospitals' funding and activity targets at a systemic level.

Similarly, we are concerned that when funding is time limited rather than recurrent, services such as the onsite lawyer, which is funded by a grant from the Legal Services Board of Victoria until June 2016, will have to cease. The Acting on the Warning Signs project has provided vulnerable women with timely and free access to a lawyer for advice on matters such as separation and divorce, child support, intervention orders and social security. For many women, free and accessible legal advice about, for example, an intervention order is empowering and potentially life-saving.

The lack of multi-year funding and funding models that recognise this work is a significant barrier to a comprehensive system to address family violence.

Gaps and Opportunities in Research

Data is essential to establishing a robust evidence base for clinical care, service planning and policy development. VicHealth's burden of disease study into intimate partner violence demonstrates what a powerful tool research can be in educating the community and galvanising leaders and institutions into action. At the Women's, the research findings into women's experiences of violence during pregnancy, and the fact that these issues were not identified as part of routine care was integral to deciding that family violence was a priority issue for our services[29].

There are significant gaps in the evidence base for primary prevention programs and health care interventions after a disclosure of violence. In 2009 VicHealth identified SAPPSS as a leading example of good practice in school based respectful relationship programs and called for an academic led evaluation of this and other programs to better understand its impact on students and the issues of implementation, sustainability and transferability to other schools[30]. While research has clearly established a relationship between violence and disparities in women's health status and use of health care, the data on health impacts shows associations between violence, physical injuries, mental health, and sexual and reproductive health but does not establish causal links. The Lancet series on violence against women and girls calls for more longitudinal studies and improved study designs to advance the evidence about the health effects of partner violence[31].

The Women's welcomes the establishment of the Australian National Research Organisation into Women's Safety, which has a mandate to identify significant gaps in the evidence, fund well designed research projects and support the translation of research into policy development and service delivery responses. This is a significant development in building a community of research and practice partnerships and creating consensus about the most effective and efficient approaches to preventing family violence and sexual assault. The Women's provides an ideal setting for a centre where evidence can be translated into new models of service delivery and clinical practice.

CONCLUSION

Family violence is a health issue, and hospitals are ideally placed to provide interventions across the continuum to support women and children's safety and wellbeing. Taking up this role will require support for hospitals to change the way they identify and respond to women and children experiencing family violence. Systemic barriers that need to be addressed include a mandated approach to data collection, training for health professionals, enhanced levels of social support in hospitals and in the community, appropriate funding models and better evidence and resources for multi-sectoral partnerships. Learning from international models, the Women's has developed programs and services in primary prevention, early intervention and response services that could benefit hospitals and schools across Victoria.

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[29] Deborah Walsh, Wendy Weeks (2004) *What a Smile can Hide, opcit p12*

[30] Vichealth (2009) *Respectful Relationships Education Violence prevention and respectful relationships education in Victorian secondary schools* http://www.education.vic.gov.au/Documents/school/teachers/health/respectfulrel.pdf p86

[31] Marleen Temmerman (2014) Research priorities to address violence against women and girls *The Lancet* Vol 385,No 9978, published 20 November 2014, ppe38 – e40

RECOMMENDATIONS

1. That the Victorian Government recognise family violence as a health issue, with hospitals mandated to collect and report on disclosures and responses as part of their role in linking women and children with specialist care and support.
2. That hospitals' role as a safe place for disclosing family violence be supported through a program of undergraduate and postgraduate training for health professionals and increased social work resources to safely manage women and children in acute crisis.
3. That the Department of Health and Human Services' (DHHS) data systems be modified to recognise, report on and fund family violence as a comorbidity so that hospitals have the resources to provide multi-disciplinary care and multi-sectoral partnerships across health, justice and social support.
4. That funding be invested in strengthening the evidence base for primary prevention, health care and social support programs and services, including a centre for research translation at the Women's.
5. That multi-year funding models be developed that support innovative strategies to address the complexities of preventing family violence.