ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

ROYAL COMMISSION INTO FAMILY VIOLENCE

29 MAY 2015

EXECUTIVE SUMMARY

As the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand, the Royal Australasian College of Surgeons (RACS) is committed to taking informed and principled positions on issues of public health at both state and federal levels.

In Australia and New Zealand, the incidence of family violence is significant and under-reported. Statistics on violence in Australia can be found in the 2012 Australian Bureau of Statistics Personal Safety Survey; however it includes a relatively small sample size and it is likely that the incidence of family violence is much higher than reported.

Domestic violence is a bigger danger to women than all other physical crimes combined. Over a nine year period from 2002-03 to 2011-12, there were 654 intimate partner homicides in Australia (around a quarter of all homicides). Three quarters of the victims were female and in one third of all domestic/family homicides, there was a recorded history of domestic violence.[1]

Women in rural and remote areas are more likely to experience domestic violence than those in metropolitan areas, and Aboriginal and Torres Strait Islander people are much more likely than non-Indigenous people to experience domestic violence and to be hospitalised for injuries arising from assault.

Without more detailed data on surgical workload resulting from family violence, it is difficult for RACS to comment on the surgical aspects of family violence or related trauma. Nevertheless, RACS supports the efforts of other agencies to raise awareness about the prevalence and prevention of family violence in society.

In particular, RACS supports efforts to develop data-collection systems to better understand how domestic or family violence contributes to hospital presentations and the requirement for surgical care. Where modifiable risk factors exist, such as availability of alcohol, we support policy development to limit these risk factors.

RECOMMENDATIONS

RACS encourages the Victorian Government to give consideration to the following policy areas as a means to reduce the harmful impacts of family violence:

1. Conduct ongoing public education campaigns on family violence that are community driven and culturally sensitive.
2. Implement community-led and comprehensive alcohol controls in communities where a need has been identified and agreed.
3. Support programs that help to identify and support family violence victims, including training programs that improve the confidence and competency of health professionals to identify and care for people experiencing family violence.
4. Invest in research to expand the evidence base about which interventions are effective in different contexts, and how they can be adapted.
5. Improve data collection by:
    a. Adding a flag for family/domestic violence related deaths to the National Coronial Information System.
    b. Bolstering efforts by health professionals to screen for family violence.
    c. Supporting integrated care and collaboration between healthcare agencies.

HEALTH IMPACTS ASSOCIATED WITH THE OCCURRENCE OR PERSISTENCE OF FAMILY VIOLENCE

The impacts and outcomes of family, domestic and sexual violence can vary in duration from short, to long term, affecting victims, perpetrators, their respective families, friends and the broader community. These can affect a wide range of areas of wellbeing, including population; community; family; individual; physical and mental health; education; employment; economic resources; housing; crime and justice; and culture and leisure.[2]

In Victoria, domestic violence is responsible for an estimated 9 per cent of the total disease burden for women under 45 years, with the greatest proportion of the disease burden associated with mental health problems (60%).[3] Domestic violence has the greatest impact on the health of Victorian women between the ages of 15 - 44 than any other known risk factor.[4]

The most common physical injuries from domestic violence include contusions, abrasions and lacerations to the head and face, and fractures and dislocations of arms, hands and the face.[5]

Emotional abuse occurs when a person is subjected to certain behaviours or actions that are aimed at preventing or controlling their behaviour with the intent to cause them emotional harm or fear. It is often seen as less serious than other forms of abuse because it has no immediate physical effects, but over time it can lead to mental health problems, eating disorders, behavioural problems and self-harm.[6] Emotional abuse can particularly affect children's social, emotional and physical health and development.

CONTRIBUTING FACTORS TO FAMILY VIOLENCE

Around two thirds of family violence homicides involve alcohol and/or illicit drugs,[7] however the relationship between alcohol and family violence remains unclear. The use of alcohol may have an effect on the severity of the abuse or the ease with which the offender can justify their actions, but some domestic violence experts assert that a person that uses violence within their intimate relationship does not become violent because drinking causes them to lose control of their temper.[8] Domestic violence is used to exert power and control over another; it does not represent a loss of control, therefore domestic violence and alcohol abuse should be treated as independent problems.

Nonetheless, a study which draws on 2011 statistics reports there were 29,684 police-reported incidents of alcohol-related domestic violence in Australia for states and territories, where data is available.[9] The Hidden Harm: Alcohol's impact on children and families, found that over a million children (22% of all Australian children) are affected in some way by the drinking of others, 142,582 children (3%) are substantially affected and 10,166 (0.2%) are already within the child protection system where a carer's problematic drinking has been identified as a factor.

Please note that the Victorian Alcohol Policy Coalition, of which RACS is a member, has also provided a submission to this enquiry. The established RACS position on reducing alcohol-related harm recommends:

- Restricting the physical availability of alcohol, by reducing trading hours and outlet density.
- Restricting the economic availability of alcohol, by introducing a volumetric tax on alcohol.
- Reducing exposure to alcohol advertising and promotions.
- Further investigation of how a suitable Screening and Brief Intervention program could be implemented in Australian hospitals.

The full RACS position paper is available on our website:
www.surgeons.org/policies-publications/publications/position-papers/.

GAPS OR DEFICIENCIES IN CURRENT RESPONSES TO FAMILY VIOLENCE

VicHealth introduced domestic violence screening through the Maternal and Child Health service in 2009 as part of a strategy to reduce the burden of family violence in Victoria. A literature review on screening by nurses within the 'well child' setting found that despite the abundance of literature, discussion about screening was limited, and several barriers were identified.[10]

In Victoria and other states, domestic violence screening rates are low. While there are policy directives for identifying and responding to family violence as an allied health professional, and clinical guidelines available from the Australian Department of Health, efforts to improve screening programs will help gain a better understanding of the magnitude of the problem.

This may include the development of appropriate and ongoing training, education and specific resources for clinicians to screen for and respond to family violence.

INTEGRATION AND CO-ORDINATION BETWEEN THE VARIOUS BODIES WHO COME INTO CONTACT WITH PEOPLE AFFECTED BY FAMILY VIOLENCE

RACS supports efforts to improve integrated care and collaboration between healthcare agencies, and other services that come into contact with people affected by family violence. The most successful integrated models of care recognise the needs of the patient wherever they need treatment, advice or support, are patient-focused, and engage consumers and the community as much as possible.

RACS also recommends adding a flag for family/domestic violence related deaths to the National Coronial Information System.

WAYS TO SUPPORT THE ONGOING SAFETY AND WELLBEING OF PEOPLE AFFECTED BY VIOLENCE

Surgeons caring for children are trained to recognise the signs of maltreatment that may be related to abuse by parents or carers. This is standard clinical practice. RACS supports programs that help to identify and support family violence victims, including training programs that improve the confidence and competency of health professionals to identify and care for people experiencing domestic violence.

IF YOU OR YOUR ORGANISATION HAVE BEEN INVOLVED IN OBSERVING OR ASSESSING APPROACHES TO BEHAVIOUR CHANGE, TELL US ABOUT ANY AUSTRALIAN OR INTERNATIONAL RESEARCH WHICH MAY ASSIST THE ROYAL COMMISSION. IN PARTICULAR, WHAT DOES RESEARCH INDICATE ABOUT THE RELATIVE EFFECTIVENESS OF EARLY INTERVENTION IN PRODUCING POSITIVE OUTCOMES?

A 2014 study notes that despite the shortcomings of the available evidence base about what works to reduce domestic violence, promising trends are emerging about multi-sectoral programs that engage with multiple stakeholders to challenge both the acceptability of violence, and underlying risk factors such as gender dynamics and economic dependence.[11]

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[7] Dearden J, Jones W. Homicide in Australia: 2006-07 National Homicide Monitoring Program annual report. Canberra: Australian Institute of Criminology, 2008.

[8] Wilson M. Domestic Violence and the intersection of alcohol from a front-line perspective. AMA Alcohol Summit, 28-29 October 2014, Canberra.

[9] Foundation for Alcohol Research & Education, Centre for Alcohol Policy Research. The Hidden Harm: Alcohol's impact on children and families. Canberra, 2015.

[10] Hooker L, Ward B, Verrinder G. Domestic violence screening in Maternal & Child Health nursing practice: a scoping review. La Trobe University, 2012. From: http://www.mchnv.com/PDFS/Domestic_violence_screening.pdf. Accessed 25 May 2015.

[11] Ellsberg M, Arango D, Morton M, Gennari F, Kiplesund S, Contreras M, Watts C. Prevention of violence against women and girls: what does the evidence say? The Lancet, 2014. S0140-6736(14)61703-7.