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Monash Health response to the Royal Commission into Family Violence

Monash Health is a large public health service employing over 15,000 staff and providing over 2.6 million episodes of care each year. Over 193,000 people attend Monash Health Emergency Departments each year and based on the statistics provided in the Issues Paper it is likely that a portion of these patients have been impacted by Family Violence. This has a significant impact on the health care system, but also has the potential to impact the well-being of staff.

As a health service Monash Health provides a number of services and programs to support victims of Family Violence. This includes the South East Centre Against Sexual Assault (SECASA), community based programs, Refugee services, Mental Health services, Emergency Department Care Co-ordination teams and more.

The focus of this current submission from Monash Health is to discuss the potential impacts and considerations for staff who are working with victims of Family Violence and make a number of recommendations for the Commission to consider.

There are a number of considerations Monash Health takes into account when supporting and responding to victims of Family Violence. These include but are not limited to;

- Providing adequate support and supervision to staff working with clients who are victims or perpetrators of Family Violence is critical. The continued exposure of staff to such situations can lead to feelings of frustration, powerlessness, ineffectiveness, fear for own safety, and consequent stress and burnout for providers. Support can be achieved through a number of avenues such as education, supervision, environmental risk assessments, peer support etc. Specialist knowledge and expertise contributing to this support structure is very important and providers may not always have such expertise internally, which is where partnerships with other organisations is paramount.

Recommendation: Consideration is given to the key factors / actions that health providers need to consider in order to prioritise their staff's safety when working with victims and perpetrators of Family Violence. This should include appropriate education.

- There have been some reported cases of staff in health settings being verbally threatened, stalked or having damage to their property when working with victims of family violence. It is noted that this has not been a frequent occurrence at Monash Health, however staff safety is a strategic objective and it is critical staff feel safe when undertaking their work.

Recommendation: Consideration is given to the provision of adequate support services for staff to utilise if required.

- Monash Health has implemented practical solutions when working with victims of or perpetrators of Family Violence. This includes using the support of Security Staff, only having first names on badges so staff identity is protected, swipe card security access to certain areas, ensuring there are appropriate rooms for interviews (two doors for exits), 'Code Grey' emergency responses etc. The presence of Occupational Violence and Aggression is

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challenging but Monash Health has implemented a variety of ways to respond to these. The complications of Mental Health illness and substance use add further complexity to the situation and should be considered in any education packages developed.

Recommendation: These examples of solutions should be considered as part of the key factors health services should have in place to ensure staff safety.

- The Family Violence discussions that are now increasing among the broader community have had a positive impact on the awareness of both community members and Monash Health staff. An increase in presentations to Emergency Departments, patients asking for help in the ward environments, increased referrals to Social Work services have all been noted. This is a very positive change but has the potential to identify the need for more specialised services or responses in main stream health services. For example there are Refugee Health workers and Aboriginal Health workers, is there need for consideration of Family Violence workers that is in addition to what already exists?

Recommendation: Consideration be given to the best practice workforce models that could be implemented by health services.

- As a health service Monash Health provides a 24 hour response to the Emergency Department for victims of family violence. It is essential that staff in the Emergency Department have the knowledge and resources they require to adequately respond. One challenge Emergency Department staff may face is finding suitable and safe accommodation for victims out of hours. There are limited options available after 3pm so local motels are sometimes used. Below is an example of a 'safety card' Monash Health Emergency Department staff provides to victims.

Safety Plan If You Are Living With Possible Violence	<ul style="list-style-type: none"> ✓ Plan <i>Decide what you will do if you leave (even if you haven't decided to leave yet)</i> <ul style="list-style-type: none"> • Decide where to go, how to get there • Make notes about relevant incidents; keep text messages/voice mails/emails to help if you seek legal advice ✓ Collect important items in a handy place <i>So you can be ready to leave quickly if needed</i> <ul style="list-style-type: none"> • Passport • Copies of birth and marriage certificate(s) • Medical records and copies of scripts • Financial records ✓ Pack things you will need immediately <i>Leave with a neighbour, or hide them outside your house</i> <ul style="list-style-type: none"> • A spare car key and \$20 or more • Clothing and other things you'll need • Children's things • List of important contact details – family, friends, schools, doctor etc 	<ul style="list-style-type: none"> ✓ Talk to other people <i>Tell people you trust about the violence</i> <ul style="list-style-type: none"> • Make friends with neighbours – ask them to call police if they hear sounds of violence from your house • Two friends – agree on a code word so they know when you 'need to get out now' • Your child's teacher and school principal – tell enough so they understand; ask them to agree not to release the child to your partner, if you tell them you are about to leave home ✓ Take action <i>Limit possible violence</i> <ul style="list-style-type: none"> • Avoid arguments in the bathroom/garage/kitchen or near weapons • Avoid saying you will leave if they hit you again. They may. • If they are "building up" and you can't safely leave, keep your back to an open space, not a corner • Be aware that you may be tracked via online accounts or your phone <p>Remember: You don't deserve to be hit</p>	In an emergency - 000 Safe Steps - 1800 015 188 (Women & Children) SECCA Crisis - 9594 2289 (Men, Women & Children)
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Recommendation: Consideration be given to the availability of after-hours responses for victims, which should include safe accommodation options.

- Another experience that Monash Health has found particularly challenging is that it is not uncommon for staff and clients to have Family Violence issues as a shared experience. In some instances this could be helpful as an avenue to demonstrate empathy and develop rapport, especially if the staff member has found ways to overcome the violence, on the other hand it can get in the way of clinical judgement if transference issues is affecting the staff members ability to provide service without getting overinvolved. There is a risk of re-

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traumatisation if the clinician has experienced Family Violence and is attending a client with similar issues.

Recommendation: Education and support services for staff members who work in this area is critical to maintain their own health and well-being and provide the best possible care to their clients.

- A large majority of child protection cases also involve Family Violence so there are significant inter-agency collaborations that are critical as well as the need for staff to have the skills and competencies to respond. There are also many other critical service interdependencies between various cultural groups (such as Refugee Health and Aboriginal Health) with mental health, drug and alcohol and family violence services. These are critical to providing holistic and integrated care for victims.

Recommendation: Consideration could be given to providing service providers with recommendations and best practice guidelines for formalising relationships and encouraging collaborative practice.

- There are a number of excellent initiatives that Monash Health is involved in which are targeted at women who are victims of family violence such as the 'In Touch' program which provides pro-bono legal support to victims. This is a collaborative between a legal centre and Monash Health and a formal memorandum of understanding exists. 'Taskforce Alexis' is another program of which Monash Health is a member. The focus of programs such as this is to reduce recidivism and ensure victims remain safe while other court or legal processes may be occurring. This is a positive step forward and components such as intensive counselling have had very positive impacts.

Recommendation: Further consideration should be given to enhancing models and programs similar to these which are achieving positive outcomes.

- When working with paediatric or youth patients at Monash Health, there is the potential impact of dealing with parents where conflict exists and the impact this may have on the child. It can make caring for the child more challenging when the health professional also need to manage the dynamics of a potentially aggressive parent. Where Family Violence continues to exist Monash Health has found that the health care needs (psychological, physical or development) are not able to be met or adequately treated due to the detrimental effects of experiencing Family Violence.

Recommendation: Services responding to Family Violence continue to consider taking into account and addressing the broad impacts Family Violence can have on health and well-being.

- In some instances there may be concern that a child may have suffered an inflicted injury but the injury is not obvious, there is no clear perpetrator and the child is unable to speak up. Staff may feel very frustrated and disempowered to know who to trust or how to act. There is also concern for the child when they leave the care of health providers and what

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risks they may be exposed to. Monash Health staff have experienced occasions where accessing child protection services is challenging due to the threshold of proof required. Mandatory reporting has been a positive strategy however the challenge lies in meeting demand and being able to respond in a timely manner.

Recommendation: Consideration be given to ensuring services responding to referrals are able to respond in a timely manner and support referrers to feel confident their concerns are being investigated.

Thank you for considering Monash Health's submission and recommendations in this critical discussion.