Submission to the Royal Commission into Family Violence

On behalf of Bendigo Health
May 2015

1. Royal Commission goals

The Royal Commission Terms of Reference recommendations are commendable, however could include recommendations for change in the processes around identification and response to victims of family violence by public health services. This recommendation could include a focus on raising awareness of family violence as a health issue, and on education and training of health professionals to improve hospital responses to assessment and response to family violence.

2. Recent reforms and developments

Recent reforms and developments have been successful in increasing public awareness of the issue and this may be a factor in the increased reporting of family violence to Police. These reforms have been based on a public health and primary prevention framework which is an obvious and relevant focus, however reform could be expanded into public health services to improve the identification and response to victims of family violence, particularly those presenting to hospital emergency departments, women's health services and mental health services.

3. Most effective reforms and suggested improvements

The introduction of the Family Violence Protection Act 2008 giving Police more powers to intervene in family violence situations is a significant step toward better protection for victims. Our WATCh is also demonstrating effectiveness in cultural and behaviour change, and has strengthened integration of family violence services and health services through collaboration and provision of expertise. Further innovations and reform aimed at strengthening the integration of the broader family violence service sector with public health services, particularly in rural areas where access to these specialist services is very limited, would help to improve coordination of response to victims of family violence.

It is difficult to know the incidence and impact of family violence in public health services as appropriate data capture mechanisms are not currently available. Reforms targeting data capture and reporting in public health services would enable an evidence base on which to measure improvements in hospital responses to family violence.

4. Involvement in family violence initiatives

Bendigo Health was fortunate to be selected as the regional partner in the **Strengthening Hospital Responses to Family Violence (SHRFV) Project** which is a partnership between Our WATCh, the Royal Women's Hospital (the Women's) and Bendigo Health. The Women's has extensive expertise in addressing violence as a women's health issue and is leading the project. Bendigo Health provides a comparative model to test transferability of project outcomes to rural and regional hospitals. Our WATCh is undertaking the evaluation of the project.

Family violence has major health impacts and is responsible for significant numbers of repeat presentations in hospitals. The SHRFV project recognises that health professionals are uniquely placed to identify women affected by violence and provide safe, timely and effective referrals into

the integrated family violence system. But first, significant work is required to embed a sustainable system of safe and high quality care into clinical practice.

The SHRFV project is developing a suite of resources and tools to train and support health professionals to be a catalyst for women to take back control of their lives, health and wellbeing after family violence. The Project Team is also developing expertise in how to implement a sustainable model of capacity building that can be integrated into all Victorian hospitals.

This is the first and only project of its kind in Victoria, with the potential to provide a robust, evidence based model for prevention, early intervention and effective responses to family violence in hospital settings around Australia. In addition to Our WATCh, the Department of Human Services and the Department of Health have been vital partners to the project.

The two hospitals are similarly invested. As a pilot with limited time and resources, the focus has been on building capacity in emergency departments, mental health and women's health services. The complexities of changing how women affected by family violence are identified in these settings and how clinicians broach the many, sensitive issues about women's safety and health care needs, and the needs of their children, are now well understood. The project is starting to deliver clear benefits to clinicians and service managers, with significant momentum in embedding a model that enables women to receive timely, sensitive and effective care and referrals. Major barriers to data collection are beginning to be resolved and the pathway for system change management in a hospital is becoming defined.

The project is due to conclude under the current contract in June 2015. While it is on-track to meet deliverables, on-going activities to embed this systematic, comprehensive, integrated and sustainable approach to stopping family violence cannot be sustained at either hospital once the contract finishes in June 2015. Both hospitals feel that we have only just scratched the surface of the issue and that there remains so much more to be done in not only embedding changes into practice, but also in evaluating its impact and in rolling the initiative out to other areas of the health services and to other hospitals.

5. Effectiveness of local initiatives in reducing and preventing family violence

Through the SHRFV project, Bendigo Health has engaged with the broader family violence sector in order to implement a more integrated local approach to the issue. The Bystander training delivered by Loddon Mallee Women's Health has raised awareness of the issue and provides advice on how individuals can step up and stop attitudes and behaviours that support violence in our workplace and community. They have also provided a template for organisations to develop their own policy on the prevention of family violence. These initiatives are aimed at reducing and preventing family violence.

6. Circumstances associated with occurrence/persistence of family violence

Circumstances associated with occurrence and persistence of family violence are many and varied within relationships, institutions and whole communities. Not recognising or ignoring the issue would be one of the main circumstances associated with occurrence and persistence of family violence. Loddon Mallee Women's Health promotes the slogan "The behaviour you ignore, is the behaviour you accept – for your own daughter/sister/workmate" which is valuable message in this circumstance.

7. Circumstances and conditions associated with reduced occurrence of family violence

Circumstances and conditions associated with reduced occurrence of family violence are also many and varied. Community awareness of the issue, including raising awareness in workplaces, and public non-acceptance of family violence would be associated with reduced occurrence.

8. Gaps in current response and opportunities for improvement

There are increasing demands being made on the current response services and the demand often outweighs the resource capacity of these services, particularly those who provide outreach services to rural communities. In small rural communities, the local hospital or health service is often the only real avenue of assistance for victims of family violence. There is an opportunity to improve the responses by these rural hospitals through the provision of education, training and resources. Rural and regional health professionals are likely to come into contact with women affected by violence on a daily basis but their ability to provide safe, timely and effective referrals into the integrated family violence system is compromised by the lack of resources and tools to train and support these health professionals.

9. Integration and co-ordination issues

There is some confusion around the most appropriate service to refer a victim of family violence for assessment and support, and a lack of clarity around what the services response to the referral might entail, particularly if the referral is after hours, and this is further compounded by rurality.

10. Barriers and practical changes to improve integration and co-ordination

Limited understanding of the role of each service can be a barrier to integration and co-ordination. Clear service information and flexible program boundaries may assist. Regular face to face meetings with all local agencies involved in the broader family violence sector may also assist.

11. Supporting ongoing safety and wellbeing of people affected by family violence

Improving hospital responses would better support the medical and psychological care and treatment of people affected by family violence. Hospitals could better support ongoing safety and wellbeing of people affected by family violence in a number of ways, if they had access to the appropriate education, training and resources, for example: i] through a prevention of family violence focus in the health promotion and primary prevention activities of the health service; ii] improved identification, assessment and response to people affected by family violence who present to the hospital as emergency department presentations, inpatients, outpatients and in community service provision (e.g. district nursing); iii] through promoting a clear organisational stance against family violence (applicable to both consumers and staff) which is supported by relevant policies and procedures, including counselling and provision of leave; and iv] workforce gender equity initiatives.

12. Participation in behaviour change programs

No comment.

13. Violent behaviour change

No comment.

14. Processes for behaviour change

No comment.

15. Organisation's behaviour change program

No comment.

16. Behaviour change research

No comment.

17. Specific factors which tend to make family violence more likely to occur or to exacerbate its effects

Evidence indicates that, where comparable data exists, there is a higher reported incidence of family violence in rural and remote communities than in metropolitan settings. This higher reported incidence is despite the under-reporting and difficulties in assessing the true extent of rural violence. Studies have also found that Indigenous females were 35 times as likely to be hospitalised due to family violence-related assaults as other Australian females[1]. Further research is required to identify the specific factors that lead to a greater incidence of family violence in rural and Indigenous communities.

18. Barriers to engaging with family violence services

Research is required to explore the barriers faced by rural and Indigenous people in accessing and engaging with family violence services. There are limited services available in rural areas and the services that are available are usually accessed via a central (regional or metropolitan) triage number. Local service provision is a challenge as there is very little anonymity in small rural townships where everybody knows everybody.

19. How can responses to family violence in these groups be improved?

Hospitals in rural towns can provide an access point for rural people affected by family violence, however staff need access to the appropriate education, training and resources to ensure their response is sensitive to the complexities of changing how women affected by family violence are identified in these settings and how clinicians broach the many, sensitive issues about women's safety and health care needs.

20. Any other suggestions to improve policies, programs or services

The SHRFV Project aims to increase staff competence, develop and share resources and build hospital capacity to respond to family violence. The benefits of the project are broad, with outcomes expected to increase identification and referral of victims of family violence within the hospital context, as well as the expansion of links with organisations that provide family violence services.

The overarching objectives of the project are to:

- Apply a framework of sensitive practice to increase the competence of key staff within the hospital environment to better identify and respond to violence against women.
- Enhance the application of tested program design and approaches across hospital sites.
- Strengthen relationships between hospitals and the integrated family violence system.
- Build capability of key staff to plan and implement primary prevention initiatives.

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[1] Phillips J & Park M 2006 **Measuring domestic violence and sexual assault against women: a review of the literature and statistics** E-Brief: Online only issued 6 December 2004, updated 12 December 2006

The project outcomes are:

- **Prevention -** Increased knowledge and skills of key staff in addressing the underlying causes of family violence through planning and implementing primary prevention initiatives
- **Identification** - Increased identification of victims of family violence within the hospital context
- **Response** - Increased referral of victims within the health service and to external services
- **Linkages** - Expansion of links with organisations that provide family violence services
- **Policies, Procedures and Guidelines**- Development of relevant policies, planning guidance, toolkits and resources, including guidelines
- **Data** - Evidence of formalised quality process and improved data collection
- **Evidence** - Building the evidence base on prevalence rates and presentations to hospitals by people experiencing family violence
- **Transferability** - Coordination and program capacity building approaches and activities tested and evaluated at two hospital sites for potential transferability

The benefits of this project should be shared with other hospitals so they too can achieve the above outcomes. The pilot project has been undertaken in a major metropolitan hospital and a large regional health service. The next logical project phase is to embed and evaluate the project outcomes at the pilot sites and to engage with other metropolitan, regional and rural health services to develop strategies for the transferability of project outcomes across Victoria and potentially across Australia.

21. Changes for greatest short and longer term impact

The SHRFV Project requires the ongoing commitment of time and dedicated resources in order that;

- Changes in policy and clinical practice can be embraced and embedded in routine
- Staff can be released from clinical duties to attend training
- Clinical leaders and management understand and support the benefits of this work, in spite of the additional workload for staff and the increased demand for services
- Effective partnerships with local family violence services facilitate timely and effective communication, consultation and referrals, and
- Data collection, analysis and reporting systems can be developed, tested and evaluated.

These requirements are universal considerations for all hospitals and are of major significance to the outcomes of the project and the long term sustainability of the improvements it is delivering.

The Women's has a unique role in the health sector; advancing research and practice and providing leadership and advocacy for women's health with a commitment to pursuing equity in all its forms.

Bendigo Health has acted as the secondary site, providing expertise on implementing the project objectives from a general, regional hospital perspective, as a comparative model to testing of replication in other hospital settings. Both hospitals are well placed to support the implementation of the final model into other hospitals throughout Victoria. Extension of this pilot through new funding would allow consolidation of progress, as each hospital would continue to train staff, refine tools and embed new procedures for identification and referral into practice in more service areas. With an extension, better documentation of project activities would build the evidence base to support transferability of project learning's and associated tool kit into other hospitals across Victoria and potentially across Australia.