Welcome to Issue 13 of The Family and Domestic Violence Newsletter.

In our first edition for 2018 we have a range of information from new release publications and programs. One to note is the Counting on change Guide that has been developed through ANROWS and Our Watch on page 3. It outlines a framework that encompasses a broad range of strategies and ideals for change for the ultimate goal of Australian women and their children living free from violence in safe communities. The Guide provides a host of underlying measures and reforms focussed on the broader changes we need across society. Often addressing family and domestic violence is about the social/justice responses, but this Guide is much more than that.

Network expression of interest…..

Women’s Health Strategy and Programs would also like to hear from WA Health staff who either work as trainers or in health promotion roles. We are looking to build knowledge and share best practise through a professional NETWORK.

At this stage we’re keen to hear from interested parties. As people may be located across a wide variety of regions, the network would be flexible. So if you are in either a training or health promotion role and would like to build your expertise and knowledge on FDV to be able to better support staff in your local service delivery area, please contact us at whcsp@health.wa.gov.au addressing the email to the attention of Andrea.

Did you know?

Intimate partner violence causes more illness, disability and deaths than any other risk factor for women aged 25–44

72,000 women, 34,000 children and 9,000 men sought homelessness services in 2016–17 due to family/domestic violence

This report by the Australian Institute of Health and Welfare (AIHW, 2018) explores the latest data available to AIHW on family, domestic and sexual violence in Australia.

The report finds that women are at greater risk of family, domestic and sexual violence. Men are more likely to experience violence from strangers and in a public place, while women are most likely to know the perpetrator with the violence usually taking place in their home.

Some groups are more vulnerable to family, domestic and sexual violence—Aboriginal and Torres Strait Islander women; young women; pregnant women; women with disabilities; women experiencing financial hardships and women and men who experiences abuse or witnessed domestic violence as children.

The toll of family and domestic violence is substantial, having far reaching consequences. It is a leading cause of homelessness for women with children. The impact of intimate partner violence on women’s health has serious implications. In 2011, it contributed to more burden of disease than any other risk factor for women aged 25-44.

The report notes that there are limited data on the nature, extent and impacts of family violence on children. Children can experience family violence as a witness and/or victim. ABS (2017) data shows that 68 per cent of mothers that had children in their care when they experienced violence from their previous partner said their children had seen or heard the violence.

Qualitative research (Campo 2015) has shown that children exposed to family, domestic and sexual violence can experience long-term effects on their development and have increased risk of mental health issues, and behavioural and learning difficulties.

The report notes that there are several gaps in data for key areas such as victims, perpetrators and at-risk groups and addresses what can be done to fill these data gaps.

Reference:

Counting on change: A guide to prevention monitoring

The Counting on change guide for policy-makers, researchers, and other stakeholders on measuring population-level progress towards the prevention of violence against women and their children in Australia was commissioned by Our Watch in partnership with ANROWS. Counting on change provides guidance on how to comprehensively measure progress towards the prevention of violence against women at the population-level.

This Guide was developed to complement Change the story: A shared framework for the primary prevention of violence against women and their children in Australia. Change the story brings together international research, and nationwide experience, on what drives violence against women and what works to prevent it.


Vicarious trauma & burnout

The Lookout

Working with people who have or are experiencing or perpetrating violence can be both rewarding and challenging. It is important to be aware of how responding to family violence may have an effect on you. The three common effects are vicarious trauma, secondary traumatic stress and burnout. Whilst it is helpful to have an understanding of these terms, recognising that not everybody will identify these as distinct experiences. You may find for example, that you experience a little bit of each at different times.

What can be most helpful is to have an understanding of the impacts so that you and your workplace can be proactive in preventing or minimising these impacts.

For more information on the impacts of responding to family violence, recognising the signs and symptoms of vicarious trauma, burnout and how to protect yourself visit The Lookout.
A Chicago study – enhanced versus basic referral for intimate partner violence (IPV) in an urban emergency setting

This study was conducted to determine the efficacy of referrals intended to connect IPV victims with behavioural health resources, while taking into consideration demographic and mental health variables. Individuals that screened positive IPV were randomised to a basic or enhanced referral and given a follow-up interview to determine the referral success. Referrals were considered successful if an individual scheduled an appointment with provided behavioural health resources within the follow-up interval. Two hundred and one individuals were enrolled/provided a referral process. Forty one (20.4%) participants screened positive for IPV.

Summary points -

- In the basic referral group, the researchers provided the participants with a brochure of behavioural health resources. This referral took approximately 5 min.
- In the enhanced referral group, the participants also received the behavioural health resource brochure, but also received paper copies of psychoeducational information about common mental health and IPV issues. Researchers also offered to assist patients in setting up an appointment with a mental health professional. This referral took approximately 10 to 15 min.
- This study provides evidence that a brief, straightforward, IPV screening measure is adequate to identify both male and female victims of IPV in an emergency department setting.
- Both referral type and marital status significantly predicted referral success.
- The comorbidity with mental health concerns measured as high within those that screened positive for IPV victimization.
- The results indicate that both male and female victims of IPV had greater odds of contacting behavioural health resources when they received the enhanced referral, such that 74% of individuals who received an enhanced referral contacted services as compared to 16% of those that received the basic referral.
- These brief methods are available at no financial cost and can be easily used by health care providers to identify and help connect victims of IPV with behavioural health resources and services.


Did you know?

Intimate partner violence is any behavior by a man or a woman within an intimate relationship (including current or past marriages, domestic partnerships, familial relations, or people who share accommodation) that causes physical, sexual or psychological harm to those in the relationship. This is the most common form of violence against women.

Strengthening Hospital Responses to Domestic Violence (SHRDV) Project

The 2016 release of the Victorian Government Royal Commission into Family Violence Report outlined recommendations for government services, including hospitals and health services, to better address family and domestic violence (FDV) in health service settings. The Report recognised health professionals as being in a unique position to identify and respond to FDV but with no health system-wide approach. A key recommendation was that public hospitals be resourced to implement whole of hospital models for responding to FDV. As a result, the Victorian Government increased funding for health services to facilitate the Strengthening Hospital Responses to Domestic Violence (SHRDV) Project.

The SHRDV Project is based on a program implemented at the Royal Women’s Hospital in Melbourne, Victoria. We understand that it is now being introduced to 75 other hospitals across the State with funding support.

The overarching objectives include -
- To create and provide a system-wide approach to addressing family violence within the hospital
- To create an environment where patients feel safe and supported in disclosing their experience of family violence
- To ensure that the workforce is supported at both a personal and professional level

The key elements are -
- Engage leadership and momentum - need to have clear objectives.
- Laying the foundation for success through policies, procedures and guidelines, service mapping.
- Building capacity and capabilities - training and education for all staff (and volunteers), clinical staff and managers. Training is a fundamental building block and helps build capacity and capability.
- Building partnerships and referral pathways with wider community services and family violence sector.
- Create the evidence base - Evidence leads best practice.

Women’s Health Strategy and Programs are able to conduct information sessions and provide an information package to your health service broadly outlining the elements of the SHRDV project. Please contact whosp@health.wa.gov.au attention Andrea.

Upcoming Training

For more information and to register for training visit [here](#)

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<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>FDV Risk Assessment tool</td>
<td>Monday 9 April, 8.30 – 12.00</td>
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<td>Diverse populations and family domestic violence</td>
<td>Tuesday 8 May, 9.00 – 13.00</td>
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<td>Thinking outside the box- working with perpetrators of FDV</td>
<td>Monday 14 May, 8.30 –12.30</td>
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<td>Family and domestic violence- the legal stuff you need to know</td>
<td>June Waitlist</td>
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<td>How to recognise and respond to family violence in WA Health</td>
<td>Spots available November</td>
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<td>Monday June 18, 8.30 – 12.00</td>
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New Resources

Clinical Practice Guidelines on Pregnancy Care (The Department of Health – Federal)
The Department of Health (Federal) has just released their Clinical Practice Guidelines on Pregnancy Care. There is a section on Family Violence (page 196; Section 29 Family Violence).

Counting on change- a guide to prevention monitoring (Our Watch)
A guide for policy-makers, researchers, and other stakeholders on measuring population-level progress towards the prevention of violence against women and their children in Australia.

SH-OUT (Sexual Harassment Out)
Zero tolerance to sexual harassment in WA Health system: The Western Australian Department of Health and the Australian Medical Association (WA) have teamed up to stamp out sexual harassment in the State's health system with the launch of the SH-OUT campaign.

Research hub


The Summer Issue (Volume 19) of the O&G Magazine is dedicated to domestic violence. Please visit here to view the issues. Go to Explore Past Issues. You can search by volume and issue/season.


In the news
ABC News: How the verbal Abuse of Tara Costigan escalated to murder. Updated February 23 2018

Expressions of interest for LGBTI community representatives
WA Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Health Strategy Reference Group

The Department of Health is developing the WA Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Health Strategy (the Strategy). The Strategy will provide a framework to raise awareness of the specific health and mental health challenges of LGBTI people. To apply, email healthpolicy@health.wa.gov.au for the Reference Group EOI form.
About this newsletter

Who can contribute?

This newsletter was predominantly created to share information about policy updates, training, research, and community events and activities among professionals working in the Western Australian Department of Health, including metropolitan and regional health services.

In the interests of information-sharing, submission of articles and other relevant content are invited from external agencies, including those from the non-government sector and other Australian states. Please note, however, that Women’s Health Strategy and Programs reserves the right to maintain editorial control, including the ability to decide the final content to be published and/or making editorial changes to content submitted.

If you would like more information about the submission process, please contact Women’s Health Strategy and Programs as indicated below.

Contact information

This newsletter was produced by the Women’s Health Strategy and Programs, Women and Newborn Health Service, Department of Health WA.

Please direct any queries via the following:

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Accessibility

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