

INQUIRY INTO DOMESTIC VIOLENCE TRENDS AND ISSUES IN NSW

Organisation: Central Coast Local Health District

Date received: 4/10/2011



The Director,
Standing Committee on Social Issues
Legislative Council
Parliament House,
Macquarie Street
SYDNEY NSW 2000

Email: socialissues@parliament.nsw.gov.au

Dear Sir/Madam

I refer to your letter of 1st August 2011 concerning the 'Inquiry into domestic violence trends and issues in NSW'.

Domestic Violence (DV) is a critical social issue and as known impacts significantly on the health and wellbeing of the population.

The response is outlined under the specific items listed in the Terms of Reference.

1B) WHETHER EXISTING PENALTIES FOR DOMESTIC VIOLENCE ARE ADEQUATE

The legislation appears appropriate however anecdotal evidence suggests there is a lack of consistent interpretation of the legislation sentencing and that this wide variation causes distress for women and children experiencing domestic violence (DV).

Recommendation: More consistent interpretation of the DV legislation to ensure more consistent, predictable judicial responses to both breaches and other DV offences is required. This could occur through the establishment of a Domestic Violence Court.

2. EARLY INTERVENTION STRATEGIES TO PREVENT DOMESTIC VIOLENCE

Early intervention strategies are a crucial component to preventing DV.

Early intervention through universal domestic violence screening and training of health staff

Central Coast Local Health District (CCLHD) implements the preventative strategy of the NSW Health Domestic Violence Routine Screening (DVRS) program for all women presenting to antenatal and early childhood services and for women aged 16 years and over who attend drug and alcohol and mental health services. CCLHD is also responsible for providing DV training for health workers and managers providing primary, secondary and tertiary service to victims. CCLHD has an ongoing training strategy to ensure that managers and frontline staff receive up to date information about DV that is relevant to their position.

Recommendation: Continuation of support for universal DV screening in target areas of antenatal and early childhood services and for women aged 16 years and over who attend drug and alcohol and mental health services. Continue management support for health staff to attend DV training.

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Early intervention in Emergency Departments

Emergency Department staff are well placed to intervene by early identification and response to DV. The NSW Government Domestic Violence Action Plan identifies a responsibility for health to 'Develop a model for intervention and protocols for Emergency Departments to identify and respond to victims of DV, including collection of forensic evidence.' This has been an ongoing issue that has had various approaches across NSW for e.g. a research project was undertaken in CCLHD in 2008.

There is scant information in the literature about how to identify and respond to DV within Australian Emergency Departments (EDs). There is even less information about how to identify and respond appropriately within EDs to children living with DV. A research project was conducted in 2008 aiming to improve practice in identifying and responding to DV in Emergency Department's (EDs) and to improve the visibility of children in this process.

Please see attached paper 'Increasing identification of domestic violence in emergency departments: A collaborative contribution to increasing the quality of practice of emergency nurses' published in Contemporary Nurse Journal 2010.

Please see attached report summary 'Improving responsiveness at the Emergency Department'

Anecdotal evidence from positions within health with responsibility for file review suggest an increase in severity of DV cases and possible gaps in service in ED responses. Whether this is connected with the introduction of Keep Them Safe child protection reforms is unknown.

Recommendations: Support to be provided for research into best practice in identification and responses to DV (including interagency collaborations) in ED. NSW Health to develop a model and protocols re collection of forensic evidence.

Early intervention with older women experiencing domestic and family violence.

Concern is also held for the number, identification of, and services for older women experiencing DV. An issue was raised at the interagency Central Coast Domestic Violence Committee (CCDVC) with reference to responses to older women with mental health /DV issues. An interagency forum for health workers and other agencies on issues and best practice responses was organised and held on 4th August 2011. This forum attracted 109 workers to Gosford Hospital. An outcome has been discussions re the feasibility of introducing routine screening for older women through the Aged Care Assessment Team.

Recommendations: Support for the consideration of the introduction of routine DV screening into other areas of health services including aged care services.

Early intervention through provision of resources

CCLHD supports early intervention through the provision of resources for women and children experiencing family and domestic violence. During 2010-2011 over 4000 DV resource booklets have been distributed on the CCLHD clients and women contacting the police for assistance. The demand for this resource is indicative of the need in the community.

Recommendation: Continued support for the development, printing and dissemination of information about DV to be distributed to both clients and staff of CCLHD and other local health districts. This would also extend to the exploration of appropriate alternative media options to provide similar information.

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Early intervention through engagement with general practitioners.

Numerous research papers have identified the importance of General Practitioners (GPs) identifying DV. Most GPs estimate of DV is much lower than the reality. Horner (2000) studied 15 practices with 620 women - GPs estimated prevalence of violence was less than 1%. The study found 18.9% of women reported experiencing violence when they were asked.

Vic Health (2004) identified that for women aged 15-44 DV is the leading contributor to death, disability and illness, being responsible for more diseases burden than many well known risk factors, such as high blood pressure, smoking and obesity. On the Central Coast a number of one-off education sessions have been held with GP's on an ad hoc basis.

Recommendation: Support and funding be given to a pilot project for engagement with GPs on early intervention and response to DV.

Early intervention with children living with DV.

There is concern expressed from child protection workers, educators, information exchange coordinators and other health workers as to the impact of Keep Them Safe (KTS) reforms on children living with DV. This would include the questions re DV in the mandatory reporter guide. There is strong evidence regarding the impact of DV on children for example, symptoms of post traumatic stress disorder including hyper arousal, fear and separation anxiety (Zerk, Mertin and Proeve (2009)) and exposure to trauma has been found to have long term effects on neurological development (Perry 2006). There is support for early intervention however, programs such as sustained home visiting screen out families where DV has been identified. The threshold for Community Services to be involved has been raised and, if early intervention services will not accept them, what happens to these families?

Another related issue is the anecdotal evidence of young adolescents exhibiting violent behaviours and the complex issues re causes and effects of this behaviour. Disagreement is often evident amongst service providers as to whether this is a 'mental health' or a 'behavioural' issue, regardless there would be evidence that children are falling through the gaps.

Recommendation: As part of the review of Keep Them Safe reforms, the impact of the changes on children living with DV to be examined (including access to services). Further research needs to be conducted as to the extent of violent behaviours by adolescents and best practice treatment responses.

3. THE INCREASE IN WOMEN BEING PROCEEDED AGAINST BY POLICE FOR DOMESTIC VIOLENCE RELATED ASSAULT

In relation to this issue, anecdotal evidence suggests an increase in health staff seeing male victims of DV as well as couple violence where both partners seem to be experiencing violence. Also of growing presentation in the health system is the violent/assaultive behaviours of young adolescents against other family members.

Recommendation: Further study /consideration at a policy level to types and typology of violence. This could include for e.g. Dr Michael Johnson's work into typologies of intimate partner violence. This would help to inform policy and practice for health worker's response to intimate partner violence and other forms of violence that don't typically sit within the usual constructs of DV and power imbalances.

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4. OTHER RELEVANT MATTERS

Lack of DV specific health counselling services or generalist health counselling services

As identified in the Review of Counselling services undertaken by NSW Health and as identified locally, CCLHD have neither DV specific counselling services nor generalist counselling services. This service provision is an action identified in the NSW Government Action Plan on Domestic Violence. The impact this has is that unless women present for another reason within Health they cannot access counselling on DV issues. This is a significant gap as we know DV is a health issue. In fact as identified by Vic Health (2004) for women aged 15-44 DV is the leading cause of death, disability and illness.

Recommendations: All local health districts provide counselling services that women and children experiencing DV can access either specific as in St George or generalist as in other local health districts.

Housing shortage

A housing shortage exists on the Central Coast for women experiencing DV especially for single women. The refuges are routinely full, with waiting lists.

The shortage of housing on the Central Coast has been identified as a key issue by the members of the Central Coast Domestic Violence Committee. This committee represents over thirty agencies, both government and non-government. The issue has become a priority for the committee due to the widespread nature of the housing shortage and the severe impact on clients experiencing DV. The committee has established a housing sub committee to try to address the issue through looking at workable housing models. Refuges provide a valuable service however, they are not necessarily the only housing solution.

Recommendation: Support the expansion of the pilot programs Staying Home, Leaving Violence to enable women and children to remain safely in their own homes while the perpetrators of violence are excluded. Support research into and pilot programs of best practice of housing models.

Interagency relationships between health and police.

There is strong anecdotal evidence through the participation of Domestic Violence Liaison Officers in working with health staff to improve relationships and ultimately positive outcomes for women and children experiencing DV. Examples include police attending in-services with midwives and addressing conditions of AVO's and how information may be exchanged in order to increase the safety, welfare and wellbeing of children. Police have worked with midwives to establish whether an inappropriate caller to the ward claiming to be a police officer was police, they have visited pharmacotherapy units to take statements from women afraid to enter police station, they have attended an ACAT/Mental health forum to provide local statistics on abuse of older women.

Recommendation: Support is continued for the role of and the numbers of Domestic Violence Liaison Officers within NSW Police.

Pilot programs on the Central Coast

The Central Coast has high rates of domestic and family violence consistently ranking high in the top local area command statistics for DV incidents and offences. As a result of these high statistics the Central Coast hosts a number of pilot programs to address DV issues e.g. Staying Home, Leaving Violence and ADVICE.

Recommendation: Support for the continuation of the Central Coast being host to pilot programs to address DV.

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CARAM-Cross agency risk assessment model

This is a gap in that currently there are no standardized risk assessment models to use across agencies. This inter-agency model has been in development for some years.

Recommendation: Support NSW Health and other government agencies in disseminating the results of the pilot and subsequent roll out of the model along with appropriate training.

We would be happy to partake in public hearings, and would like to suggest a Government Forum is held. If you wish to obtain further information, please contact Kate Baker, Director of Social Work on Tel: or Email:

Yours sincerely

Kerry Stevenson

Divisional Manager Primary, Community & Allied Health

8 September 2011

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