

INQUIRY INTO DOMESTIC VIOLENCE TRENDS AND ISSUES IN NSW

Organisation: Northern Sydney Local Health District

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**Inquiry into Domestic Violence Trends and Issues in NSW
NSW Legislative Council's Standing Committee on Social Issues**

Northern Sydney Local Health District

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**Inquiry into Domestic Violence Trends and Issues in NSW
Terms of Reference**

Question 2: Early Intervention Strategies to Prevent Domestic Violence

Key issues

A Conceptual Framework to Guide Early Intervention in Domestic Violence

Domestic Violence has been described as a health problem for women that is *"four times more common than breast cancer, (which) spills over to children and incurs health costs twice the norm"* (Thompson R, Bonomi A, et al 'Intimate Partner Violence: Prevalence, Types and Chronicity in Adult Women. American Journal of preventative medicine 2006;30 (6):447-57 cited in Spangaro, J and Zwi, A 2010 'After the Questions: Impact of Routine Screening for Domestic Violence in NSW Health Services School of Public Health and Community Medicine, The University of New South Wales).

One in three women in Australia has experienced violence against women, including sexual assault, domestic violence and family violence - and fear of such violence - impacts upon the capacity of women to participate in social, economic and cultural life fully and equally (Human Right Commission, Information Sheet, *Let's talk about rights*, 2009). Taking these factors into consideration, the key principles to guide early intervention strategies to prevent domestic violence in NSW need to be based on Australia's national framework for human rights - "Australia believes that the protection and promotion of human rights is every nation's responsibility and that the function of government is to safeguard the dignity and rights of individuals, whose lives should be free of violence, discrimination, vilification and hatred." (Australia's National Framework for Human Rights- National Action Plan- December 2004 Australian Government Attorney- General's Department).

Gender Differences in Domestic Violence

A gender analysis is helpful in trying to understand the complex issues related to domestic violence as there are gender differences. While there is evidence that both men and women are abusive in domestic relationships, the data show that men are more likely to be violent than women. The data also shows that the nature and results of men's violence are different to that of women's in that men's violence is more severe, more likely to inflict injury, that women are more likely to be killed by a male partner and that less than 10% of Australian male homicides are by an intimate partner. When women do kill male partners, there is a history of DV in more than 70% of cases (VicHealth The health costs of violence: Measuring the burden of disease caused by intimate partner violence Dept of Human Services, Victoria 2004).

The serious and long lasting consequences of domestic violence include many disorders for which significant gender disparities in prevalence exist such as depression, anxiety, eating disorders, reproductive and physical health problems. 'Among a nationally representative sample of Australian women, gender based violence (GBV) was significantly associated with mental disorder, dysfunction and disability.' (Rees, S et al 2011 'Lifetime prevalence of gender base violence in women and the relationship with mental disorders and psychosocial function' American Medical Association 2011).

Gaps in our Knowledge on the Relationship between Sexual Assault and Domestic Violence

The relationship between sexual assault and domestic violence has not been fully explored and articulated in any depth. *The World Report on Violence and Health* published by the World Health Organisation (WHO) in 2002 states "research suggests that physical violence in intimate relationships is often accompanied by psychological abuse and in one-third to over one-half of cases by sexual abuse" (p.89).

A state-wide policy to routinely screen women for domestic violence was introduced in NSW Health services in 2003, specifically public antenatal, mental health, drug & alcohol and child and family health services. Routine Screening for Domestic Violence (RSDV) raises awareness for service providers, the community and clients. NSW Health releases an annual publication of DVRS snapshot data from across NSW.

Although not listed as a priority service for routine screening, the Northern Sydney Sexual Assault Service implemented screening for domestic violence as the sexual assault counsellors have held a long interest in the relationship between sexual assault and domestic violence. During the early stages of routine screening in Northern Sydney Local Health District (LSLHD), the highest disclosure for domestic violence occurred in the Sexual Assault Service (SAS) with a 30% disclosure ie. during a six week period there were 6 disclosures out of 20 women screened (Hately R, Hall G, 2002 'Practice and Prevention: Contemporary Issues in Adult Sexual Assault in New South Wales. Conference Presentation 'Implementation of the domestic violence screening tool in Northern Sydney Health'). This trend of high disclosure continued in the SAS while routine screening continued.

Early Intervention Is Essential to Preventing Violence in the Long term

There is an opportunity to make significant advances in preventing violence by starting as early as possible, before violence is learned or reinforced. Early experiences involving those that take place prenatally and to five years of age, impact the rest of an individuals life (Executive Summary, 'First Steps Taking Action Early to Prevent Violence'). Therefore, the first steps in preventing violence require action in these early years. Evidence shows a holistic approach that deals with the effects of children's exposure to domestic violence ... will help prevent the intergenerational transmission of violent attitudes and behaviours(Humphreys 2007 cited in Aust Govt, Aust Institute of Criminology, Summary Paper No.07 Dec 2009). This includes improving coordination between domestic violence and child protection services to assist in preventing early exposure to domestic violence in intimate relationships (Humphreys 2007 cited in Aust Govt, Aust Institute of Criminology, Summary Paper No.07 Dec 2009).

Child & Family Health Services across NSW provide routine screening for domestic violence and screening is part of the psychosocial assessment. RSDV is carried out by child and family health nurses at the universal health home visit and is reviewed again at the six week & six month child health checks.

In most public hospitals all mothers regardless of disclosure of violence are offered a resource information card that has phone numbers to assist women and raise awareness of violence issues. Women who do disclose are offered additional information on domestic violence, where they can get assistance, help and support. An assessment is made by the clinician as to the safety of mother and baby as per child protection guidelines.

Women in public hospital Emergency Departments' (EDs) in NSW are not routinely screened for domestic violence. This lack of screening fails to pick up women on the margins who will only present in crisis. It is believed RSDV in EDs should increase the effectiveness of staff in identifying and responding to domestic violence. In addition, there remains a lack of forensic medical protocol for the clinical management of domestic violence and forensic collection of evidence of injury. The NSLHD Women's Health Service and Sexual Assault Service would like to pilot a *Domestic Violence Protocol* in an Emergency Department in the Local Health District to study the provision of forensic medical services to victims of domestic violence. Implementing a pilot in an Emergency Department will require additional resources and funding.

Need for Domestic Violence Specialist Counselling Services

In NSW there is a need for dedicated domestic violence (DV) counselling services in public health facilities throughout NSW. Many government health services rely strongly on the services of local non government services (NGOs) for women experiencing domestic violence. For example, Women's Domestic Violence Court Advocacy Services and Women's Refuges. Private generalist counselling is available in some areas at cost to the client.. This clearly disadvantages women with limited resources.

In government health facilities, individuals seeking counselling must meet the criteria of specific services to be offered counseling such as at drug & alcohol (D&A) or mental health service. Social workers are available for inpatients however, women not admitted to hospital may 'fall through the cracks' in relation to accessing counseling. Given the high percentage of female mental health and D&A clients living in violent situations, case workers must be trained to respond to issues of domestic violence.

Access to Social Work Services - In NSLHD there is an effective system in place in the Royal North Shore Hospital antenatal clinic to respond to disclosures of domestic violence during routine screening by midwives which leads to prompt responses by social workers. This is best practice in responding to domestic violence given the safety issues of pregnant women and follow up at home. Interviews with a number of patients from the antenatal clinic indicated the value of the social work response being provided at this site (Spangaro, J and Zwi, A 2010 'After the Questions: Impact of Routine Screening for Domestic Violence in NSW Health Services School of Public Health and Community Medicine, The University of New South Wales).

Best Practice Example Clinical Staff Training

The NSLHD Child Protection Service and Women's Health Service are working in partnership to provide best practice clinical staff training to increase domestic violence routine screening (DVRs) rates in priority program areas. A new model of RSDV training has been implemented. This training is an essential component for preparing staff to implement DVRs.

Skilled, supported and supervised workforce

Throughout NSW there is a need for clinical supervision to enable all health workers engaged in working with victims of domestic violence to draw on best practice models for intervention and support workers in service provision. This is often problematic given the lack of financial resources to remunerate external clinical supervisors and difficulties releasing staff from busy front line clinical services.

Domestic violence as core businesses of all health services and agencies

Domestic and family violence needs to be core business of all health services and agencies, not just those relating to women's portfolios.

Building Partnerships & Supporting Interagency Approaches

Supporting local community based projects is an important contribution to early intervention through domestic violence networks in NSW. Interagency Domestic Violence Committees and Violence Against Women Regional Reference Groups (VAW RRG) are local level groups with representation including police, multicultural community liaison officers (NSW Police Force), health services, family and community services, probation and parole, women's advocacy groups, DV court advocacy services and centrelink.

A longstanding VAW RRG is located in the Northern Sydney area and provides a forum in which government and non-government services, including sexual assault and child protection services along with police and court support. This group aims to increase community understanding of all forms of violence against women and promote a culture that does not tolerate violence. It works in partnership with key stakeholders to develop an annual regional event, held during 16 Days of Activism to Stop Violence Against Women.

Multi-agency service collaboration: Domestic Violence Committees focus on interagency work at a local community level. Projects include production of multilingual resources & translation of resources, promotion of 16 Days of Action Against Violence Against Women & Stop DV Day.

Raising Community Awareness

Intervention strategies need to address domestic violence on a number of levels – individual, family, community and society. The United Nations White Ribbon Campaign and the annual '16 Days' of activism to eliminate violence against women are examples of community awareness raising projects. Community education is necessary on the impact of domestic violence (long and short term) and costs to the community on the more subtle forms of DV. Availability of resources for use in the community is an important part of intervention strategies.

"Continue efforts to improve community attitudes towards violence against women and address prevailing misconceptions regarding the prevalence, nature and acceptability of violence against women. This cannot be achieved through social marketing and

communication alone and requires investment in other primary prevention programs, such as community development initiatives" (VicHealth 2006; VicHealth 2009 cited in cited in Aust Govt Aust Institute of Criminology Research and Practice Summary Paper, No. 07 2009).

Primary Prevention and Early Intervention Responses to Domestic Violence

Strategies based on evidence need to be developed to engage the community of men around the issues of domestic and family violence. Increasing the involvement of men and boys in the development of programs designed to prevent violence against women by changing male attitudes and behaviours is a specific area that can be targeted to prevent domestic violence (Memmott et al. 2006; NCRVWC 2009b cited in Research in Practice Australian Government Australian Institute of Criminology Summary Paper No.07, p.10).

Involving men in the solution to violence requires promoting equal and respectful relations between men and women. Men can be involved in a solution to violence with examples of campaigns such as the White Ribbon Campaign and the LOVE BiTES' Project. LOVE BiTES' challenges gender stereotypes and promotes respectful relationships for young people. It shows young people are able to lead the way in their communities by developing resources that promote respectful relationships, challenge the attitudes and myths that surround domestic and sexual violence.

These initiatives support interagency partnerships between health services, police, non government organisations and local City Councils. Implement early intervention and education programs targeted at young people, including school-based programs that aim to shape appropriate attitudes towards women and violence, which have been identified as the most important strategies in breaking the cycle of violence (Indermaur 2001; National Crime Prevention 2001 Long term awareness raising regarding the issue of domestic violence in the media).

Men's Domestic & Family Violence Behaviour Change Programs

There has been little research on the effectiveness of men's behaviour change programs in Australia. The evidence for the long term effectiveness of United States programs for stopping men's use of family violence is not strong either (Vlais R Engaging Men on their Use of Sexual Violence as a Power and Control Tactic Australian Domestic Family Violence Clearinghouse Newsletter 45 Winter 2011). Draft minimum standards for men's domestic violence and family violence behaviour change programs have been developed by the Department of Attorney General and Justice. Compliance with standards by 2012 will be required by programs, whether provided by government or non-government organisations, to receive funding or referrals from government agencies. Research needs to be given priority and opportunity to drive prevention.

A model to be supported is Relationships Australia offering a long term program for violent men "*Taking Responsibility- A Course for Men* who have been aggressive or intimidating towards their female partners and who want to take a new path to respectful, safe relationships. This program runs once a week over 18 weeks as part of their Family Safety Program. Relationships Australia provides counselling, support and courses to reduce violence and increase safety in families. Services available to men, women and children

There is debate that Anger Management Programs should not be included in any comprehensive list of programs for perpetrators of domestic violence referrals as anger management is not considered an appropriate response to domestic violence.

Recommendations

Recommendation 1

That in NSW a trial of a Domestic Violence Protocol is implemented in a public hospital Emergency Department to pilot the provision of forensic services to victims of domestic violence

Recommendation 2

That in NSW dedicated counselling services for domestic violence be established in all Local Health Districts and generalist counsellors are employed through key community health centres

Recommendation 3

That in NSW all clinical staff engaged in supporting victims of domestic violence have access to clinical supervision and are released from busy front line clinical services