Strengthening hospital responses to family violence

Project overview
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Introduction

The hospital system is an early contact point for many people who have experienced family violence. Health professionals are in a unique position to identify indicators of family violence, have conversations with patients and provide support.

An empathetic and professional response from a trusted doctor, nurse, midwife or other health professional can reinforce a patient’s understanding that they are entitled to healthy relationships and a life free from violence. By respecting the decisions of patients and offering a range of options, health professionals have a vital role in ensuring that health needs are met, inclusive of a patient’s safety. Such interventions have the potential to empower people affected by family violence, contribute to enhanced health outcomes and potentially save lives.

Given the prevalence of Australians affected by family violence it is likely that a number of hospital staff will have personal experience, or been indirectly impacted by such violence. As a priority, hospitals need to have a Family Violence Workplace Support Program for staff experiencing family violence in place. They also need to train and support clinical staff to identify and respond to patients experiencing family violence. With appropriate education and support, health professionals can reduce the barriers to disclosing family violence and be a catalyst for action.

To assist hospitals to undertake this work, the Victorian Government funded the Royal Women’s Hospital (the Women’s) and Bendigo Health in 2014 to develop an approach and a toolkit. These were developed for hospitals statewide to apply and strengthen their approach to family violence. The project became known as Strengthening Hospital Responses to Family Violence (SHRFV). This work was informed by international best practice and evaluated by Our Watch in 2015.

The Victorian Government has invested $38.4 million from 2017 to 2021 to support hospitals to implement the SHRFV approach.

The critical importance of this work is in response to recommendation 95 of the Royal Commission into Family Violence (Victoria 2016) which called for a whole-of-hospital approach when responding to family violence drawing on evaluated approaches, and the inclusion of family violence in the Statements of Priority for all Victorian public hospitals.1

This fourth edition of the SHRFV Toolkit was developed based on feedback and input received from participating hospitals and other organisations and includes a range of resources. The Royal Children’s Hospital, Bendigo Health, St Vincent’s Hospital and Centres Against Sexual Assault (CASA) Forum developed and reviewed the supplementary training modules.

This edition of the SHRFV Toolkit emphasises the importance of prioritising a Family Violence Workplace Support Program and offers additional tools to support this process.

The SHRFV Project Management Guide outlines the approach used by the Women’s and Bendigo Health.

The initial scope of this project was limited to a particular focus on violence against women, and substantially on intimate partner violence. In 2017, this was expanded to recognise the broader impact of family violence and sexual assault across the life span.

While anyone can be a victim or perpetrator of family violence, the evidence base both globally and in Australia shows that gender is a significant factor, as family violence is predominantly committed by men against women. Children and other vulnerable family members are also victimised by directly experiencing and/or witnessing the effects of violence in the home. Australian statistics also show that when men are the victims of family violence, the perpetrators are also predominantly other men.2
What does the Toolkit include?

The materials provided in the Toolkit detail the approach that the Women’s and Bendigo Health developed to improve how they respond to family violence. It is recommended as an evidence-based approach appropriate to the needs of Victorian hospitals. It can be adapted to suit different hospital and health service operating environments and the communities they serve.

The Toolkit contains:

- SHRFV Project Overview – an overview of the SHRFV approach
- SHRFV Project Management Guide – practical information to help project managers establish and implement a whole-of-hospital approach to family violence
- Family Violence Workplace Support Program Overview – an overview of the key components of a health service approach to supporting staff experiencing family violence
- SHRFV Project Management Tools to support project implementation include:
  - print-ready files for promotional and awareness-raising materials
  - formats that will enable hospitals to target staff and patients using their own brand and contact details
  - an internal briefing presentation and notes to build executive and leadership engagement.
- SHRFV Training Manual, materials and handouts – presentations, session plans and facilitators’ guides.
- The Family Violence Support Modules which focus on:
  - providing managers with the skills to provide personal and professional support for staff in the workplace
  - providing staff and volunteers with the skills to respond to disclosures from peers and information on how to access support themselves.
- SHRFV modules focus on:
  - building a shared understanding amongst all hospital staff of family violence and its drivers
  - building the capacity and confidence of health professionals to identify and sensitively respond to people affected by family violence across the lifespan
  - providing supplementary skills for health professionals which address the specific issues of sexual assault, working with children, elders and people living in regional and rural locations in the context of family violence.
Defining family violence

The SHRFV whole-of-hospital approach aligns with the *Family Violence Protection Act 2008* (Vic).

The *Family Violence Protection Act 2008* (Vic), defines family violence as ‘including a range of behaviours such as physical and sexual abuse; emotional or psychological abuse; economic abuse; or behaviour that is threatening, coercive, or in any way controls or dominates that person or causes them to feel fear. The definition also refers to any behaviours that cause a child to witness or hear or otherwise be exposed to the effects of family violence.’

As described by the Royal Commission into Family Violence (Victoria 2016), family violence ‘may involve partners, siblings, parents, children and people who are related in other ways. It includes violence in many family contexts, including violence by a same sex partner, violence by young people against parents or siblings, elder abuse, and violence by carers in a domestic setting against those for whom they are responsible.’

Victoria Police crime statistics indicate just over 90,000 family incidents were recorded in 2017–2018.

The following statistics are used to demonstrate the prevalence and severity of violence amongst the groups most vulnerable.

- On average, at least one woman a week is killed by a partner or former partner in Australia.
- On average, one man per month is killed by a partner or former partner in Australia.
- One in six women and one in 16 men have experienced physical or sexual violence from a current or former partner since the age of 15.
- One woman in four had experienced emotional abuse by a current or former partner.
- One in four Australian women has experienced physical or sexual violence by an intimate partner.
- Women in Australia are at least three times more likely than men to experience violence from an intimate partner.
- More than half of the women who experienced violence had children in their care when the violence occurred.
- The following groups are most at risk of family violence and sexual violence:
  - Aboriginal and Torres Strait Island women
  - young women
  - pregnant women
  - women with disabilities
  - women experiencing financial hardships
  - women and men who experienced abuse or witnessed domestic violence as children.
Why strengthen hospital response to family violence?

Research shows that family violence and broader violence against women and children has major and long-term physical and psychological health impacts and contributes to repeat presentations in hospitals and associated health care costs.14

Recent data published by the Australian Institute of Health and Welfare reports that eight women and two men are hospitalised each day after being assaulted by their partner.15

This is supported by US research which found family violence from an current or former partner contributed to higher use of health services, particularly mental health services.16

It is known that women experiencing family violence commonly first disclose to health professionals and that their first response is pivotal.17

Doctors, nurses, midwives, social workers and other health professionals working in a hospital setting are therefore uniquely placed to help people affected by family violence seek the safety and support they require.

An empathetic and sensitive first response has added importance when working with individuals from diverse and vulnerable populations, who may be more reluctant to disclose due to concerns of judgement, dismissal and discrimination.

However, surveys of health professionals conducted prior to training often indicate that while the majority of staff recognise the importance of identifying and responding to family violence, they lack the confidence to do so.

The SHRFV approach recognises that hospitals are large employers, with a predominantly female workforce, and a broad reach into the community through both patients and staff. Given the prevalence of Australians affected by family violence it is likely that a number of hospital staff will have personal experience, or been indirectly impacted by such violence.18

The SHRFV approach also provides clinical staff with training and tools to address the known barriers to effectively identify and respond to family violence.

It also offers non-clinical staff, for example administrative and security staff, training designed to raise awareness and improve their understanding of the issue, promoting a shared understanding across the hospital.

Vicarious trauma recognises that working with trauma survivors may affect health professionals and that the effects must be addressed in order to protect both them and patients. Vicarious trauma can be the natural consequence of being human, connecting to and caring about our patients as we see the effects of trauma on their lives.19

The Toolkit therefore includes actions and activities that hospitals can undertake to ensure that their own staff are appropriately supported personally and professionally.
Like all change processes, strengthening a hospital’s approach to family violence will not happen overnight. It requires a sustained effort and total commitment from the hospital board, executive and a multi-disciplinary reference/implementation group. It cannot be the responsibility of any individual working in isolation.

The experience of the Women’s, Bendigo Health and other health services implementing the SHRFV approach is that committed, engaged executive and senior management leadership teams are critical to success.

It is also important to be mindful of the many interrelated environmental factors which will impact on this work, including the law, media attention, research, practice innovations and your hospital’s ‘place’ in the local family violence service system. To effectively accommodate such environmental factors it is important to approach implementation of the project with a flexible mindset.

At every stage of the work, effective communication – the right message to the right people at the right time – is vital for success.

The SHRFV approach aims to:

- address the need to support staff both professionally and personally
- introduce practices in hospitals which will help patients affected by family violence be more inclined to disclose and seek help
- ensure that health professionals feel confident, and have the capacity to recognise indicators of family violence, provide a sensitive response, and the necessary support and referrals.
Underlying principles

Two fundamental principles inform the SHRFV approach.

Respect and gender equity

Respect and gender equity recognises that family violence is a serious health issue, predominantly determined and reinforced by gender inequality and adherence to rigid gender roles and stereotypes.

The promotion of gender equity, respectful relationships and a zero tolerance to violence, are ways in which we can prevent family violence. In doing this, hospitals can contribute to improved health and social wellbeing of staff and service users, as well as improved hospital performance.

SHRFV training aligns with the *Family Violence Protection Act 2008* (Vic), which acknowledges that family violence is a gendered issue, particularly within the context of intimate partner violence which is overwhelmingly committed by men against women.²⁰

Within the context of intimate partner violence, data demonstrates that women experience far greater harm than men. Women are five times more likely to be hospitalised and five times more likely to suffer serious injury than men.²¹

A ‘family violence across the lifespan’ approach provides knowledge and skills that can be applied by staff when working with people identifying as victims of family violence regardless of their age, gender or circumstance.

Sensitive practice

Sensitive practice increases a patient’s sense of safety, respect and control regardless of whether or not they choose to disclose violence.

Sensitive inquiry is an aspect of sensitive practice involving a process of asking patients about their experience(s) of family violence if indicators of family violence are identified. These indicators include pregnancy, mental health, isolation, alcohol, drugs, separation or plans for separation and divorce.

Sensitive inquiry is different to universal screening where every patient is asked about their experiences of family violence. In sensitive inquiry a patient is asked about family violence only if indicators of family violence are identified.

The key elements of sensitive practice, based on the lessons learned from working with victims and survivors of childhood sexual abuse, are trauma informed and align with World Health Organization’s (WHO) recommendations for a first-line response.²² Sensitive inquiry, as outlined in the SHRFV approach is aligned with the Victorian Family Violence Risk Assessment and Risk Management Framework (known as the Common Risk Assessment Framework or CRAF*).

* At the time of publishing this document, the CRAF was being revised by the Victorian Government. Once the revised CRAF is released (expected in late 2018) the Women’s will review the SHRFV approach accordingly.
Five elements of work

The SHRFV approach involves five elements of work to introduce a whole-of-hospital approach to family violence.

The elements and associated tasks will drive culture change. They are described in a consecutive order, but in practice work in each element is likely to overlap and can be undertaken concurrently or in an order which best suits the needs and capacity of the hospital.

The SHRFV approach uses both patient-centred care as well as a staff-centred approach.²³

Three key recommendations are made:
• start this work at Element 1 to confirm critical commitment from hospital leadership
• ensure that the policies, procedures and infrastructure (Element 2 and 5) necessary to support sensitive practice are in place before training clinical staff (Element 3)
• make learning and development for managers about their important workplace support role an early priority.

The SHRFV approach: five elements of work
Key tasks

Element 1
Engage leadership and build momentum

- Engage leadership and decision makers to confirm commitment.
  » See Tool: Senior Management Engagement Presentation
- Establish a SHRFV position statement.
  » See Tool: Sample Family Violence Position Statement
- Appoint a SHRFV project manager.
  » See Tool: SHRFV Project Manager Role Description
- Establish a SHRFV reference group.
  » See Tool: Reference Group Terms of Reference
- Establish project objectives and indicators of success.
  » See Tool: Project Management Guide
- Plan project implementation.
  » See Tool: Project Implementation Plan
- Develop a communication plan.
  » See Tool: Communication Action Plan
- Promote the hospital’s commitment to strengthening its response to family violence.

Element 2
Lay a foundation for success

- Map service relationships.
  » See Tool: Mapping Partnerships and Connections
- Adapt or develop policies, protocols and guidelines to identify and document patients’ experiences of family violence and any subsequent referrals.
  » See Tool: Identifying and Responding to Family Violence Policy
- Develop policies, procedures and guidelines to support staff professionally and personally.
  » See Tool: Family Violence Workplace Support Policy
- Identify any opportunities in the prevailing culture which can be harnessed to support the project.
  » See Tool: Pre-Implementation Baseline Culture Change Survey
- Identify barriers to change which will need to be addressed in order for the project to succeed.
  » See Tool: Risk Management Plan
Element 3
Build capacity and capability

- Raise awareness across the hospital so all staff better understand family violence and its drivers.
  » See Tool: Special Event Communication Plan
- Provide training for clinical staff to improve confidence and skills to identify and respond to family violence.
  » See Tool: SHRFV Training Manual
- Provide ongoing support to health professionals to undertake this work.
  » See Tool: Family Violence Workplace Support Procedure
- Provide training for managers to provide workplace support for staff.
- Sustain continuous improvement of systems and procedures.
- Train staff and volunteers to respond to disclosures from peers and how to access information and support themselves.
  » See Tool: Family Violence Workplace Support Program Staff and Volunteer Training
- Consider sustainability of the program within the local hospital environment.
  » See Tool: Project Evaluation Framework

Element 4
Build partnerships

- Build partnerships with the wider community and the family violence sector.
  » See Tool: Mapping Partnerships and Connections
- Increase internal and external referrals for people affected by family violence.
  » See Tool: Specialist Family Violence Services Contact List
- Involve patients.
  » See Tool: Engaging Survivor Advocates

Element 5
Create the evidence base

- Collect data in relation to changed clinical practice.
- Evaluate implementation of the SHRFV approach.
  » See Tool: Project Evaluation Framework
Training your workforce

The SHRFV training modules recognise that a whole-of-hospital approach requires all hospital staff to have a shared understanding of the complexities of family violence and how hospitals can support people affected by it.

Clinical staff are ‘first responders’. They need to be specifically trained to identify, sensitively inquire, respond to and refer people who are affected by family violence. They are not expected to be family violence experts.

The SHRFV training is designed to build a whole-of-hospital understanding and meet the needs of clinical staff as ‘first responders’.

Additionally all line managers need to be trained to develop the skills necessary to support staff working with patients affected by family violence, or who may have personal experience of family violence.

Human resources professionals will also require training to provide workplace support to staff experiencing family violence.

Depending on a patient’s needs, referrals for clinical staff may include social work, sexual assault services or mental health, alcohol and drug services. These staff may require advanced specialist family violence training.

While training the clinical workforce to build capacity and capability is a critical element of the SHRFV approach, it should not occur until the infrastructure such as policies, procedures and partnerships are in place to support the role of health professionals as ‘first responders’. This will ensure that health professionals can respond effectively to family violence disclosures.

The SHRFV training modules have been designed as one hour face-to-face group presentations.

e-Learning for Module One training is available for clinical staff in the absence of a face-to-face option. Please refer to the SHRFV Training Manual for further guidance.
Family Violence Workplace Support manager training
This module is for line managers and HR managers and covers considerations and procedures related to providing professional and personal support to staff.

Family Violence Workplace Support staff training
This module is for all staff and volunteers and covers information regarding family violence leave and other support available for staff to access themselves or to assist their peers.

Module One
A shared understanding
This module is for all hospital staff and covers the definitions, prevalence, drivers and health impacts of family violence and outlines why hospitals are in a unique position to intervene early before a family violence situation escalates. It also reinforces local commitment and refers to both professional and personal workplace support for staff.

Module Two
Identifying and responding to family violence
This module is for clinical staff only and covers clinical indicators of family violence, the principles of sensitive practice, process of sensitive inquiry, professional responsibility and staff support.

Modules One and Two
These modules are for clinical staff when time is limited.

Supplementary modules
These additional modules are designed to provide clinical staff with a deeper understanding of family violence in the context of working with children, elders and rural and regional communities, as well as sexual assault.
Conclusion

Hospitals are in a unique position to play a significant role in driving social change and helping to reduce the incidence and impact of family violence. It requires strong organisation-wide commitment and teamwork involving people in different areas of the hospital to successfully implement the SHRFV approach and achieve the desired change.

The SHRFV approach is based on the experience of the Women’s and Bendigo Health embarking on their own change journey to strengthen their response to family violence. It has been demonstrated that there is no one size fits all approach and that it is not possible to effectively implement the SHRFV approach overnight. The Women’s and Bendigo Health have each made adaptations to suit their own operating environments. Other hospitals are expected to do the same.

This work is vitally important for the benefit of patients experiencing family violence; for health professionals to feel supported to identify and appropriately respond to people affected by family violence; and for supporting staff at a professional and personal level.

While undertaking this work can certainly present challenges in a health setting, the evidence tells us that for many women, a health care professional is often the first person they will talk to about family violence. Given this knowledge, the health sector must do all it can to better equip staff and contribute to social change to reduce the occurrence and incidence of family violence in the Victorian community.
Endnotes


3 *Family Violence Protection Act 2008* (Vic).

4 State of Victoria, 2014–16, op.cit.


8 ibid.


10 ibid.

11 ibid.

12 ibid.

13 ibid.


15 ibid.


20 *Family Violence Protection Act 2008* (Vic).


23 Hegarty K, Tarzia L, Fooks A, Rees S, Women’s input into a trauma-informed systems model of care in ehealth settings: Key findings and future directions, ANROWS Compass, Sydney.