Updated June 2020

Quiz-What do I already know about Family Violence?-Facilitator instructions

Quiz  
  
Description: Participants will further develop their understanding of Family Violence through the use of a Quiz to explore prior knowledge and introduce new information. This activity has a number of different ways it can be implemented depending on the facilitator’s preference, time constraints and target audience. Objective: As a training activity, the Quiz has several purposes:

1. To assess the level of knowledge that participants already have about Family Violence. Adult learners are a valuable resource because they bring the richness and diversity of their lives with them. Therefore, they should be given the opportunity to use their existing knowledge and experience, which they can apply to new learning experiences.

2. Introduce new information about Family Violence, particularly statistics that assist in forming understanding about the prevalence and complexities of Family Violence

3. Group discussion; this provides the opportunity to further explore the issues and further develop the shared understanding of Family Violence, which will make the learning and retention of the information more meaningful.

Materials: Quiz Handout “*What do I already know about Family Violence*?” can be given to each participant. A Master copy with the correct answers will also be required by the facilitator.   
  
Directions: The Quiz can be used in a number of different ways;

* Give the Quiz as a handout and ask participants to complete individually, then answers are provided by the facilitator in a group discussion.
* Give the Quiz as a handout and the facilitator reads questions out loud, with answers provided by the facilitator in a group discussion.
* The Quiz is not provided as a handout to participants, but the facilitator reads the questions and provides the answers out loud as a group discussion

NOTE: It is important to note that the Quiz has not been designed to be used simply in a question/answer format, it is to be used as a tool to drive and give structure to a group discussion.

Discussion/Wrap‐up:

Remind participants that the purpose of this activity is to explore the participant’s prior knowledge about Family Violence and not to point out what people don’t know or make participants feel uncomfortable for not knowing.   
  
Some discussion points for each question in the Quiz could include;

1. **Which of the following are examples of family violence?**
2. Hitting, slapping or kicking
3. Threatening to upload intimate personal photos to the internet if the partner ever leaves the relationship
4. Taking the rent money and spending it without telling the other partner
5. Children assisting to clean up after a violent episode
6. Failing to provide adequate meals for a dependant elderly family member
7. All of the above

(Correct answer is F):

Family Violence Protection Act 2008 (Vic) FV definition: Behaviour by a person towards a family member that is: physically or sexually abusive, emotionally or psychologically abusive, economically abusive, threatening, coercive or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person. This definition also includes behaviours that cause a child to witness, hear or otherwise be exposed to the effects of family violence. Fear for the safety and wellbeing is what differentiates family violence from relationship conflict. Family violence involves abusive and controlling behaviour that causes a person to fear for their or others safety or wellbeing, including children, and cause a person to change their behaviours in order to be safe.

1. **On average how often are women killed in the context of family violence?**
2. One woman every fortnight
3. One woman per week
4. One woman per month

(Correct answer is B):

On average one woman a week in Australia is killed by an intimate partner. One woman a week was killed by a current or former partner in the 2 years from 2012–13 to 2013–14.Source: Australian Institute of Criminology National Homicide Monitoring Program

1. **Rates of intimate partner violence within lesbian, gay and queer relationships are as high as the rates experienced by cisgender women in intimate heterosexual relationships.**
2. True
3. False

(Correct answer is A):

There are additional unique forms of family violence in LGBTIQ communities. It is also important to understand the context of historical and contemporary discrimination and the limited effectiveness of applying a heterosexual, gendered lens to family and intimate partner violence among LGBTIQ people: for example, response models and interventions based on binary notions of victim/perpetrator.

A recent literature review by OurWATch has found:

Rates of intimate partner violence within lesbian, gay and queer relationships are as high as the rates experienced by cisgender women in intimate heterosexual relationships.

Lesbians are more likely than gay men to report having been in an abusive relationship.

Rates of intimate partner violence may be higher for bisexual, transgender and gender diverse people.

It is unknown how rates of intimate partner and/or family violence against people with intersex people compare as there is a research gap.

Violence from other family members may also be higher, particularly against transgender and gender-diverse young people. Some examples are:

Young people who come out about their sexuality or gender being kicked out of the family home.

Elderly, dependant transgender women being denied access to hormone treatment by their children.

1. **What percentage of people seeking support from specialist homeless services due to escaping family violence are women and children?**
2. 70%
3. 94%
4. 50%

(Correct answer is B):

In 2016–17, SHS agencies assisted 115,000 family and domestic violence clients. Of these clients

• More than 9 in 10 (94%, or 108,000) were women and children

- 3 in 10 (30%, or 34,000) were children aged 14 and under

- 6 in 10 (62%, or 72,000) were females aged 15 and over- fewer than 1 in 10 (8%, or 9,000) were males aged 15 and over

(AIHW 2018 Report).

Disadvantage, marginalisation and discrimination also intersect with gender, creating additional barriers for some women and children who experience family violence.

Domestic and family violence is one of the main reasons women and children become homeless in Australia. A recent report by Mission Australia can be accessed for more details. https://www.missionaustralia.com.au/news-blog/news-media/domestic-and-family-violence-and-affordable-home-shortage-pushes-thousands-into-homelessness

1. **Which of the following statements is true?**
2. A woman is most at risk at being a victim of violence when walking alone late at night
3. Men are most likely to be the victim of violence that is perpetrated by a male stranger
4. Men are most at risk of being the victim of violence when fighting with their partner within the home

(Correct answer is B):

The majority of men reported that their most recent incident of physical assault by another man was perpetrated by a stranger. The location was most often a place of entertainment (28%) or an outside location (28%). If you examine all types of violence, men experience more incidents than women by any type of perpetrator, but women experience more violence from a partner. Most of the violence against men is perpetrated by other men (ABS, 2017).

1. **A woman is most at risk of being killed by her partner:**
2. When she fights back
3. When she attempts to leave the relationship
4. When her partner has a mental health condition
5. When her partner has been using drugs or alcohol

(Correct answer is B):

Women who are about to, or who have recently ended a relationship are at greater risk of experiencing violence. Australian Institute of Health and Welfare. (2018). MARAM Practice Guide (Family Safety Victoria, 2019), also identify Planning to leave or recent separation as an evidence based risk factor for family violence. Evidence/research indicates that a woman is most at risk when attempting to leave the relationship, with 3-6 months post-separation as the most dangerous time. It is thought to be the case due to the perpetrator realising they no longer have the power or control in that relationship and this can then escalate the violence.

Facilitators could also explore reinforcing factors of mental health conditions and use of drugs and alcohol not as causes but they impact risk of family violence, use the opportunity to explore the misconceptions around these being the main drivers of family violence if time permits. There is no significant evidence to indicate that fighting back increase risk. Victim survivors often report that it does not matter what she does, he still is abusive.

1. **What are the rates of hospitalisation for family violence assaults for Aboriginal and Torres Strait Islander women in comparison to non-Aboriginal women?**
2. 10 times
3. 26 times
4. 32 times

(Correct answer is C):

Indigenous women were 32 times as likely to be hospitalised due to family violence as non-Indigenous women. Family violence occurs at higher rates in Aboriginal and Torres Strait Islander communities than in the general population; it must be understood as both a cause and an effect of social disadvantage and intergenerational trauma. Indigenous family violence is likely to be under-reported.

NOTE: It is important to reiterate that these rates do not mean Indigenous men are more violent than non-indigenous men and this is why the rates are higher. It is important to emphasis here how disadvantage, marginalisation and discrimination also intersect/overlap with gender and structural inequalities in our society such as sexism, ableism, racism, homophobia, transphobia, ageism, and mental health discrimination can lead to services being inaccessible to particular groups. This creates systemic barriers for these groups to find appropriate and adequate support and responses that increase their safety. How barriers manifest for an individual will differ, and will depend on their lived experience. Barriers may result from past experiences of inadequate system responses, experiences of services that haven’t been accessible or responsive to their needs, shame, fear of not being believed, language barriers, visa status, experiences of discrimination, historic and ongoing systemic oppression, fear of reprisals or being ostracised, and concerns about their safety.

1. **Women and girls with disabilities are twice as likely to experience violence throughout their lives compared with women and girls without disabilities:**
2. False
3. True

(Correct answer is B: TRUE):

People with a disability or a long-term health condition were around twice as likely to have experienced violence from a current or previous cohabiting partner in the year before the 2016

PSS. For women, 2.5% (72,300 women) of those with a disability or long term health condition had experienced partner violence compared with 1.3% (83,700 women) without a disability or long-term health condition. AIHW 2018 Report. 2016 ABS Personal Safety Survey

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1. How many women and men report having experienced physical and/or sexual abuse as children (before the age of 15)?
2. 1:20 girls and 1:40 boys
3. 1:10 girls and 1:10 boys
4. 1:6 girls and 1:9 boys
5. 1:6 girls and 1:6 boys

(Correct answer is C 1:6 girls and 1:9 boys):

According to the Personal Safety Survey, (ABS 2017), more than 2 million people experienced physical and/or sexual abuse before the age of 15.

One in 6 (16%, or 1.5 million) women and 1 in 9 (11%, or 992,000) men experienced physical and/or sexual abuse as children, before the age of 15. For both women and men, a parent was the most common perpetrator of physical abuse, while a ‘non-familial known person’ (that is, a known person who was not a family member/relative/in-law) was the most common perpetrator of sexual abuse (ABS 2017b)

1. Statistically, how many of your female staff are likely to have experienced violence from a current or former partner?
2. 1:4
3. 1:10
4. 1:20
5. 1:30

(Correct answer is A):

# “It happens to clinicians too”: an Australian prevalence study of intimate partner and family violence against health professionals; study suggests that intimate partner and family violence, including sexual assault, are frequent traumas in the lives of participating women health professionals. One in ten (11.5%) health professionals had felt fear of their partner, or experienced physical, emotional and/or sexual violence from them during the previous 12 months. The University of Melbourne 2018.

1. **Which of the following statements are true?**
2. Physical, financial, neglect, sexual, psychological and social area all forms of elder abuse
3. Elder abuse is under reported
4. Regardless of abuse most older people want to maintain family relationships
5. One of the biggest fears of disclosing elder abuse is being shifted into care
6. All of the above

(Correct answer is E):

Elder abuse is any form of violence or mistreatment that causes harm to an older person, and occurs within a relationship of trust. Elder abuse can include acts of psychological, financial, physical, social and sexual abuse, as well as neglect. Some older people may describe this type of behaviour as disrespect or mistreatment, rather than abuse or violence. Elder abuse can happen in many contexts, including the home and residential aged care. ‘Elder Abuse as Family Violence Discussion Paper- Senior Rights Victoria 2018. Elder abuse can be under recognised and under reported due to people not necessarily identifying it as violence or fear for the victim of being shifted into care if they speak up.

1. How many recommendations were contained within the Victorian Royal Commission into Family Violence Report?
2. 227
3. 144
4. 105

(Correct answer is A):

It is also important to point out to the participants that although the statistics and facts raised by the quiz questions can be disheartening and that the issues of Family Violence can seem insurmountable; there is ‘light at the end of the tunnel’.

The Royal Commission was established in 2015 after a number of family violence-related deaths in Victoria - most notably the death of Luke Batty.

The role of the Commission was to find ways to:

Prevent family violence

Improve support for victim survivors

Hold perpetrators to account

### As at 31 December 2019 154 recommendations have been implemented with 73 in progress.

# **Recommendation 95:** Implement a whole-of-hospital model for responding to family violence

Frontline hospital staff are uniquely placed to identify and provide early support to victim survivors of family violence and their families. The Strengthening Hospital Responses to Family Violence initiative ensures those staff have the skills and experience to play a central role in reducing the enduring impact of family violence.

# **Recommendation 96:** Routine screening for family violence in all public antenatal settings.

# The Department of Health and Human Services require routine screening for family violence in all public antenatal settings. The screening guidance should be aligned with the revised Family Violence Risk Assessment and Risk Management Framework. Implementation will require targeted and continued training, the development of specific guidelines, and clinical support.

Facilitators are encouraged to elaborate further on discussion points if knowledge and time permits.

Time: Depending on the method used and how much discussion is generated, 10-15 minutes

Tool: Handout to be given to participants can be accessed via the SHRFV toolkit.