Updated June 2020

This facilitator’s guide has been designed to assist your delivery of the SHRFV Foundational Practice Module.

For each topic, there is suggested facilitation techniques (presentation, group discussion, handouts to be provided), these are suggestions and are not designed to be prescriptive. A number of factors such as time available, resources, target audience and participant’s level of experience will determine what is suitable to deliver and how it is to be delivered. Each topic also includes key messaging, suggested facilitator dialogue and/or background information, nominal duration, suggested resources and the PowerPoint slide number. The suggested facilitator notes are repeated both in this document and under each slide in the presentation for ease of use and reference. If a slide is optional, it is noted in both this document and on the presentation itself. Facilitators can choose to hide or delete slides that indicate they are ‘optional’. There are also slides that must be amended to reflect each individual hospital or health service’s family violence procedures, particularly in the implementation of MARAM practice obligations.

This training has undergone a vigorous review and endorsement process with Family Safety Victoria in order to ensure the training aligns with MARAM framework and Information Sharing Schemes. This training has been tailored specifically for the non-clinical operating environment within the health sector and covers the MARAM practice expectations for staff groups assigned foundational practice responsibilities as set out in the *Workforce Mapping for MARAM Alignment Guide,* and these staff groups should not be required to undertake further external training for MARAM alignment.

Total suggested training time: 1.5 hours (with interaction).

Topic 1: Introduction

Nominal duration

10 minutes

Purpose

To provide participants with an overview of the training and to establish a group agreement

Outcomes

At the conclusion of this topic, participants will understand:

* Purpose of the training
* Training requirements
* Expected behaviour in training environment

Resources

PPT, computer, projector & screen, whiteboard and or Post It notes and whiteboard markers, Powerpoint slides handout, Pre training survey, post training surveys, Quiz handout, attendance sheet, SHRFV badges/bookmarks

| Suggested Facilitation | Key message/s | Facilitators Dialogue | Suggested resources | PPT slide reference |
| --- | --- | --- | --- | --- |
| Presentation on safety and essential information | **Trainer(s) to introduce self****Acknowledgement of traditional owners****Acknowledgement of survivors****Welcome participants****Self-care and support** | * My name is …, my role as …in the Strengthening Hospital Responses to Family Violence program
* Introduce colleague

**In Melbourne:*** “I’d like to acknowledge the people of the Kulin Nations as the traditional owners of the land; and to pay my respects to their Elders, past and present, and to also pay my respects to any Aboriginal colleagues joining us today in the training room.”

**Acknowledgement of survivors*** I would also like to recognize any survivors of family violence in the room, I hope what we say is empathetic to their experience and I also pay my respects to those women and children who have been killed in the setting of family violence or violence against women.

**Self-care and support*** We acknowledge that the subject matter of this day is particularly heavy and that there may be people in the room who have experienced violence. We know that often these discussions can prompt memories of trauma or other strong emotions – if you would like to take a break, we’re more than happy for you to step out and take a break.
* We also encourage you to practice self-care. Look after yourselves and each other. Self-care can take many forms, spiritual, emotional, physical. For you, self-care might be completely different as it is for the next person. The important thing is to figure out what works for you! There are many support options here at (insert hospital name) And we will discuss these at the end of the session.
 | PPT, computer, projector & screen | PPT 1 |
| Group discussion | **Develop Group Agreement** **Provide participants with guideline to ensure safe learning environment** | Establishing group agreements is an excellent tool for managing safety within the training room.Group agreements help a group to come to an agreement on how it will work together respectfully and effectively. This in turn enables people to interact more co-operatively and maintain respect for each other.* Can I suggest the following guidelines today;
* FV is a complex and sensitive topic, ensure that interactions are supportive and provides everyone with the opportunity to participate.
* Welcome to take a break at any time during the training without asking permission
* One person at a time to speak
* De-identify examples from practice to protect confidentiality
* Anything shared in the training session should remain confidential so everyone can feel safe.
* Mobile phones to be switched off or on silent

Acknowledge that no-one knows everything –but together we know a lot!Is there anything else anyone would like to add to this agreement?  | PPT, computer, projector & screen, participant handouts | PPT 1 |
| Individual Participant Presentation**\*This activity is dependent on time available and is optional\*** | **Ask participants to introduce themselves and state what they are wanting to achieve as a result of the training.**  | * We now ask you to introduce yourselves, just your name and what you are hoping to achieve or ‘get out of’ todays training. I am going to note your comments on the whiteboard (or on Post Its) and at the end of the training we will have an opportunity to reflect on how they have been addressed.
* \*If learning outcomes won’t be covered in the session please don’t be disheartened, as this provides useful feedback for future revisions of the training content.
 | Whiteboard (or post it notes), markers | PPT 1 |
| Presentation- Specialist Family Violence Services | **Discussing Family Violence can be distressing, particularly for people who have been impacted by violence.**  | * If the discussion today causes you any concern for yourself or a colleague or family member or friend, please contact one of these services for support. These are listed in your notes as well as local and workplace services you can access.
* 1800RESPECT and Safesteps are 24 hour SACL is an after hours service.
* If you feel you need to discontinue at any time, you may do so, but we encourage to reach out to available supports.
 | PPT, computer, projector & screen | PPT 2 |
| Presentation-Learning Objectives | **This training aims to build a shared understanding of family violence, as we all have a responsibility to create safe and supportive environments for patients and staff who experience family violence.**  | * The purpose of this training is to ensure that we all have a shared understanding of family violence across the lifespan and recognise that all hospital staff have a vital role in an integrated system response to family violence. Following this training, we hope that participants:
* Understand the gendered nature and dynamics of family violence
* Recognise and address barriers that impact support and safety options
* Understand your role in responding to family violence and contributing to an integrated system response to family violence
* Identify family violence observable signs and risk indicators
* How to respond to disclosures respectfully and sensitively and prioritise the safety of victim survivors
* Know what to do if a disclosure of family violence is made or if there are observable signs of family violence in patients or colleagues
 | PPT, computer, projector & screen | PPT 3 |
| Presentation-Background and Rationale**Play video** **(dialogue suggested if video not accessible)** | **This work is a priority for Government and this hospital.**  | * You will recall the Victorian Royal Commission into Family Violence – one of the recommendations was a ‘whole-of-hospital service model’ for responding to family violence in public hospitals within three to five years because the health sector was identified as key to driving an integrated community response to family violence The SHRFV project is making that happen
* Each hospital has family violence in its Statement of Priorities. We are required to progress implementation of a whole of hospital model for responding to family violence. It is mandatory work for every Victorian hospital
* We have received funding to help us with this work and we are being guided by the SHRFV project materials developed by the Women’s and Bendigo Health
* Hospitals are well placed to identify and provide support to people affected by family violence before it gets to crisis stage where police and other authorities are involved
* Evidence tells us that health professionals are often the first person someone will talk to about family violence – we need to prepare health professionals to have these conversations
* Hospital can then more effectively provide a gateway to specialist support services, located either internally or externally through family violence agencies
* Family violence is a serious health issue which has profound physical and psychological affects
* An early intervention response can prevent serious harm and death. It is also an efficient way to manage because providing early intervention means less hospital presentations
* The position of this hospital is that family violence in any form is not acceptable [refer to / handout / insert a slide on your hospital’s position statement]
 | PPT, computer, projector & screen | PPT 4 |
| Quiz**Provide as handout (available in the Toolkit)** | **Checking what participant understanding of family violence is now.**  | * Before we begin, lets check what your understanding of family violence is now.
* Todays training will either build upon or enhance existing understanding and skills
 | PPT, computer, projector & screen, Quiz handout; What do I already know about Family Violence?  | PPT 5 |

Topic 2: What is my role?

Nominal duration

10 minutes

Purpose

To provide participants with an understanding of their role as part of an effective response to family violence under family violence reforms

Outcomes

At the conclusion of this topic, participants will understand:

* Family Violence reforms in the Health Care sector
* Their role as part of an effective response to family violence under the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM)
* Their role as part of an effective response to family violence under the Information Sharing Schemes

Resources

PPT, computer, projector & screen

| Suggested Facilitation | Key message/s | Facilitators Dialogue | Suggested resources | PPT slide reference |
| --- | --- | --- | --- | --- |
| Presentation- Family Violence in the health sector | **Read through slide** **Everyone’s role is vital in an effective response to family violence** | * The Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) guides effective identification, assessment and management of family violence risk across the entire Victorian service system
* The Framework has been established in law under the Family Violence Protection Act 2008
* MARAM is underpinned by an understanding that different sectors and services within the integrated service system have a role to play in supporting effective responses to family violence, as appropriate to their role, functions and expertise. MARAM refers to three broad levels of response to family violence within the integrated service system: identification and screening; intermediate; and comprehensive.
* Under MARAM, hospitals and health services in the course of providing a first line response and health care, play a pivotal role in identification and where appropriate screening of family violence and providing a pathway to specialist family violence support
* It is important to note the difference between family violence screening and identification within a health setting
* **Screening** in a hospital refers to the consistent use of a validated set of short questions to detect family violence in all patients (i.e. women who are screened in antenatal care)
* **Identification or sensitive inquiry** refers to using the opportunity of a clinical encounter to check for family violence and associated health problems should a clinician observe signs of family violence (or risk factors)
* Hospital and health services may also have particular departments or services within their organisation that have higher responsibilities under MARAM because of the nature of their work and engagement with victim survivors.
 | PPT, computer, projector & screen | PPT 6 |
| Presentation- MARAM responsibilities for risk assessment and management**This slide has animation to assist with presentation.** **On first click all the responsibilities will all appear.** **On a second click Responsibilities 3, 4, 7 & 8 will fade.** **On a third click, a circle and text will appear around Responsibility 1 to represent practice responsibility, and text will appear will represent contribution to the responsibilities 2, 5, 6, 9 & 10.**  | **You are not required to be a family violence expert, but you are required to have an understanding of family violence, respond sensitively to a disclosure of family violence and refer a person to the appropriate person within your organisation.** | * MARAM outlines 10 responsibilities which combine to create an effective response to family violence across the integrated service system and covers all aspects of practice.
* Each broad level corresponds to a different set of the ten MARAM responsibilities for risk assessment and management.
* The identification and screening responsibilities specific to the non-clinical operating environment within the health sector is referred to as foundational practice. In line with the foundational practice responsibilities, non-clinical practitioners in health settings are required to competently perform and fulfil MARAM responsibilities 1 (circled above), and contribute to MARAM responsibilities 2, 5, 6, 9 & 10.
* **What does this mean for my role?**
* You are at this training because your role and responsibility under MARAM is to align to the foundational practice responsibilities. This is achieved through compliance with your organisation’s family violence policies and procedures
* This training has been developed to cover your non-clinical practice requirements. Staff should refer to your organisation’s Family Violence Policy and Procedure for more guidance.
 | PPT, computer, projector & screen | PPT 7 |
| Presentation: Information sharing and legislative reforms | * **Key message: Decisions about when to share information, what to share and with whom, requires careful consideration of the relevance of information in managing risk and victim survivor safety.**
 | * Effective information sharing is crucial in keeping victim survivors safe, holding perpetrators to account, and to promote the safety and wellbeing of children
* Two new information sharing schemes have been introduced, creating additional opportunities to share risk relevant information to enable effective responses to family violence and child safety across the Victorian service system, on top of existing legislation.
* **Family Violence Information Sharing Scheme (FVISS):** allows authorised organisations to share risk relevant information related to assessing or managing family violence risk.
* **Child Information Sharing Scheme (CISS):**allows authorised organisations to share information to support child wellbeing or safety.
* The schemes have expanded legal permissions for certain professionals to proactively share and request information from other professionals and organisations. These schemes aim to create a significant cultural shift in information sharing practices.
 | PPT, computer, projector & screen | PPT 8 |
| Presentation- What is my role in information sharing? | **Understand your role in supporting your organisation to meet it’s obiligations** | * These schemes are underpinned by the MARAM Framework, as well as relevant best interests and developmental frameworks.
* MARAM must always be applied to identify and guide the assessment and management of family violence risk — for children and adults. This is to ensure that information is shared appropriately safely and lawfully, so as not to escalate family violence risk
* **Your role in supporting your organisation to meet their legislative obligations is to:**
* Have an awareness of these legislations
* Understand you organisation’s information sharing policies and procedures
* Understand that your organisation has a legal obligation regarding information sharing and you contribute to this through proactively sharing information about a disclosure or observed sign or indicator of family violence with the appropriate professional within your organisation as per your organisation’s information sharing policies and procedures
 | PPT, computer, projector & screen | PPT 9 |

Topic 3: What is Family Violence?

Nominal duration

5 minutes

Purpose

To provide participants with an understanding of Family Violence

Outcomes

At the conclusion of this topic, participants will understand:

* Legal definitions of Family Violence
* Different forms of Family Violence
* Family Violence causes fear through the use of abusive and controlling behaviours
* Family violence is complex

Resources

PPT, computer, projector & screen

| Suggested Facilitation | Key message/s | Facilitators Dialogue | Suggested resources | PPT slide reference |
| --- | --- | --- | --- | --- |
| Presentation- definition of FV | **Read through slide** **Family violence causes fear through the use of abusive and controlling behaviours** | * There are many different forms of family violence
* The *Family Violence Protection Act 2008 (Vic)* takes a broad understanding of family violence and ‘family’, to include ‘family like’ relationships. For example, it includes Aboriginal and Torres Strait Islander kinship relationships and carers of people living with a disability if that carer is in a ‘family like’ relationship with their client
* Fear is what differentiates family violence from relationship conflict. Family violence involves abusive and controlling behaviour that causes a person to fear for their safety or the safety of others, including children
* Examples of family violence that are referred to in the Act (section 5(2)) include:
* Assaulting or causing personal injury to a family member, or threatening to do so
* Sexually assaulting a family member or engaging in another form of sexually coercive behaviour, or threatening to engage in such behaviour
* Intentionally damaging a family member’s property, or threatening to do so
* Unlawfully depriving a family member of their liberty or threatening to do so
* Causing or threatening to cause the death of, or injury to, an animal, whether or not the animal belongs to the family member to whom the behaviour is directed, so as to control, dominate or coerce the family member.
 | PPT, computer, projector & screen | PPT 10 |
| Presentation- Family violence is complex**This slide includes animation to assist facilitation.**  | **Family violence is complex and it occurs across the lifespan****Sometimes it can be hard to recognise family violence** | * Family violence is complex
* It occurs **throughout the lifespan** **(pink)–** it affects girls, boys, women and men
* There are **many types of abuse (black)** – all are a violation of human rights and are unacceptable
* And there are **many different perpetrators (blue)** – family violence occurs in all kinds of families, and in family relationships extending beyond intimate partners, parents, siblings, and blood relatives. It includes violence perpetrated by older relatives, by younger family members, or against a same-sex partner, or from a carer towards the person they are looking after.
* It can sometimes be hard for victims to recognise their experience of family violence
* Responses to children and young people perpetrating violence can be complex and should consider their age and developmental status, including if they have experienced or are currently experiencing family violence themselves. Responses to family violence behaviours exhibited by children or adolescents requires a specific and targeted response which should include specialist treatment services supporting behaviour change.
 | PPT, computer, projector & screen | PPT 11 |

Topic 4: Prevalence and the gendered nature of family violence and family violence impacts

Nominal duration

7 minutes

Purpose

To provide participants with an understanding of the prevalence and gendered nature of family violence

Outcomes

At the conclusion of this topic, participants will understand:

* Victims of family violence are predominantly women and children
* Family violence is a health issue with severe and persistent impacts on a person’s physical, psychological and social wellbeing
* Groups at greater risk of family violence

Resources

PPT, computer, projector & screen

| Suggested Facilitation | Key message/s | Facilitators Dialogue | Suggested resources | PPT slide reference |
| --- | --- | --- | --- | --- |
| Presentation:Prevalence and the gendered nature of family violence | **Victims of family violence are predominantly women and children. People affected by family violence are our patients and our colleagues**  | * **Note:** It is important that when citing statistics, the facilitator is familiar with the terminology definitions. It is recommended that ANROWS *Violence Against Women: Accurate use of key statistics* is used to support this
* This infographic illustrates prevalence rates and the gendered nature of family violence
* Men perpetrate the majority of all violence in Australia against women, children and other men. Most of the violence against men is perpetrated by other men (ABS, 2017).
* Women and men both experience intimate partner violence. However, the prevalence, severity and impacts are greater for women than for men, so it requires a greater focus
* Women are far more likely than men to experience ongoing violence, require medical attention, fear for their lives, and to be murdered
* Men and boys are more likely to experience violence outside the home at the hands of other men and boys
 | PPT, computer, projector & screen | PPT 12 |
| PresentationFamily violence is a health issue | **Family violence is a health issue with severe and persistent impacts on a person’s physical, psychological and social wellbeing** | * Family violence has severe and persistent impacts on a person’s physical, psychological and social wellbeing and is the leading cause of homelessness
* In 2016-2017, there were 1,328 people who presented to Victorian hospital emergency departments with a family violence related injury and of those 40% had sustained a brain injury (Brain Injury Australia, 2018)
* Women who experience family violence rate their health as poorer and use health services more frequently than other women
* The psychological impacts of family violence - such as depression, anxiety, and post traumatic stress disorder - are profound and endure long after the violence has stopped
* The social, behavioural, cognitive and emotional effects on children are significant and may have a lasting impact on their education and employment outcomes
 | PPT, computer, projector & screen | PPT 13 |
| Presentation-Groups at greater risk of family violence | **There are a number of factors that when they intersect with gender can greatly increase the risk of family violence.** | * **Note:** Avoid using the term ‘vulnerable’ as it reinforces power imbalances and locates the responsibility of violence with victim survivors.
* There are a number of factors that when they intersect with gender can greatly increase the risk of experiencing family violence. The Australian Institute of Health and Welfare (2018) identified the following groups of women to be at greater risk of family violence:
* Aboriginal and Torres Strait Islander women
* Young women
* Pregnant women
* Women separating from their partners
* Women with disability
* Women experiencing financial hardship.
* These groups do not experience more violence because of their identity, but rather because of the structural inequality and discrimination they experience. Community attitudes that normalise, tolerate and excuse increased rates of violence towards these communities along with services not being as accessible to these groups, creates opportunities for perpetrators to target these groups. Community attitudes towards these groups (such as women with disability being vulnerable and dependent) limit women’s choices and autonomy.
* Family violence is not part of Aboriginal culture. However, Aboriginal women are disproportionately impacted by family violence due to the structural inequalities and discrimination they experience underpinned by racist and sexist attitudes and the on-going impacts of colonisation. Violence towards Aboriginal people is often perpetrated by non-indigenous men.
* Research has shown that women who are about to or have recently separated from their partners are at a greater risk of experiencing violence and a high number of deaths and near fatal assaults occur three to six months post-separation. This is why we need to challenge the long held misconception that a woman ‘can just leave’ an abusive relationship, it may simply not be safe for her to do so.
* These factors reflect the current and emerging evidence-base relating to family violence risk as defined by the MARAM Practice Guide (Family Safety Victoria, 2019). In recognition of this, MARAM applied a stronger intersectional lens to risk assessment and management.
 | PPT, computer, projector & screen | PPT 14 |

Topic 5: Attitudes & gender equality

Nominal duration

10 minutes

Purpose

To provide participants with an understanding of the misconceptions, attitudes and myths about Family Violence

Outcomes

At the conclusion of this topic, participants will understand:

* According to research, men are more likely to perpetrate abuse if they hold negative attitudes towards women and gender roles
* Gender inequality is seen to be both a cause and a consequence of violence against women

Resources

PPT, computer, projector & screen, embedded videos

| Suggested Facilitation | Key message/s | Facilitators Dialogue | Suggested resources | PPT slide reference |
| --- | --- | --- | --- | --- |
| Presentation on Attitudes and gender equality-VideoSelect whichever video you prefer.Please note: New video as an alternative from Women's Health Gippsland "Make the Link" This one we already use in Manager's training https://youtu.be/dZHKQkdQs8E Please note: New video as an alternative - Women's Health Gippsland Make the link attitudes. https://youtu.be/RxjIp4sDkH0 Group discussion | **As a society we need to promote respectful relationships and work to advance gender equality if we are to prevent men’s violence against women** | * We are now going to consider what drives family violence
* Research shows that gender inequality is both a cause and a consequence of violence against women (Our Watch, 2015). Men are more likely to perpetrate abuse if they hold attitudes and beliefs that condone or support violence, gender inequality or rigid gender roles. Communities with attitudes reflecting greater levels of gender inequality generally have higher rates of family violence and sexual violence.
* **Ask participants:** What stood out for you about this video? To what extent do you agree or disagree with its key messages?
* **Note:** Alternative video from Women's Health Gippsland "Make the Link“: https://youtu.be/dZHKQkdQs8E or Women's Health Gippsland “Make the link attitudes”: https://youtu.be/RxjIp4sDkH0
 | PPT, computer, projector & screen | PPT 15 |
| Presentation-Common Myths**Possible activity-ask group for any myths or misconceptions they have heard about FV and write each on the whiteboard or post-its before clicking through slide.** **This slide has animation. Each myth or misconception will appear with a click of the mouse. Once all comments have appeared, then ‘Distort, Excuse, Minimise and Perpetuate’ will appear.** Group discussion | **Responsibility for the use of violence rests solely with the perpetrator, and victim survivors are not to be blamed, held responsible or placed at fault.**  | * We all have our own unconscious biases, beliefs and values that we gain from our family, culture and a life time of experiences that will influence how we each view family violence
* Here are some statements about family violence that you may be familiar with
* Note that these mainly focus on what the person experiencing family violence does not do, rather than questioning the perpetrator’s behaviour. These community attitudes and myths distort, excuse, minimise and perpetuate family violence.
* Family violence is a choice by a perpetrator to use behaviours for the purposes of power and control.
* Some factors reinforcing violence against women and their children include current or past adversity experienced by perpetrators. However, this does not excuse violent behaviour. The use of violence is a choice and it is important that men who use violence are keep in view and held accountable for their behaviour through informal and formal social and legal sanctions.
* **Ask: What perpetuates these attitudes?**
* This includes social structures, systems, gender norms and attitudes. For example, gender roles and relationships and attitudes that support male dominance in relationships.
* More information for facilitators can be found at:
* https://www.ourwatch.org.au/What-We-Do/National-Media-Engagement-Project
* https://anrows.org.au/publications/horizons-0/media-representations
 | PPT, computer, projector & screen, whiteboard, markers | PPT 16 |

Topic 6: Observable signs of family violence and evidence based risk factors

Nominal duration

10 minutes

Purpose

To provide participants with an understanding of the observable signs and evidence based risk factors of family violence

Outcomes

At the conclusion of this topic, participants will understand:

* The observable signs of family violence across the lifespan
* That some signs of family violence may not be as obvious
* Evidence based risk factors

Resources

PPT, computer, projector & screen, handout: ‘Signs of family violence across the lifespan’

*Appendix 1 MARAM Practice Guide 2, accessible through the following link:* [***https://www.vic.gov.au/maram-practice-guides-and-resources***](https://www.vic.gov.au/maram-practice-guides-and-resources)

*MARAM Foundation Practice Guide, accessible through the following link:* [***https://www.vic.gov.au/maram-practice-guides-and-resources***](https://www.vic.gov.au/maram-practice-guides-and-resources)

| Suggested Facilitation | Key message/s | Facilitators Dialogue | Suggested resources | PPT slide reference |
| --- | --- | --- | --- | --- |
| **Give participants the handout: Signs of Family Violence Across the Life Span****Discuss: What might be some signs or indicators of family violence in patients you see at this hospital?**  | **These signs may indicate that family violence is occurring, but is by no means an exhaustive list** | * While the physical symptoms arising from family violence may be apparent, other impacts of trauma may be less obvious.
* Any of these signs may be caused by a range of other health conditions, but the signs are enough to explore family violence
* It is important to remember that this is by no means an exhaustive list
* These signs may indicate that family violence is occurring.
* Need to acknowledge that these signs can occur differently across a person’s lifespan, from childhood, adolescence through to adulthood and old age.
 | PPT, computer, projector & screen, handout: ‘Signs of family violence across the lifespan’*These observable signs of trauma have been taken from Appendix 1 MARAM Practice Guide 2, and is accessible through the following link:* ***https://www.vic.gov.au/maram-practice-guides-and-resources*** | PPT 17 |
| Presentation-Evidence based risk factors | **Knowledge of risk factors underpins a shared understanding of family violence, and ensures clinical staff use information gained through engagement with patients to identify indicators of family violence risk and affected family members.**  | * These risk factors reflect the current and emerging evidence-base relating to family violence risk as defined by the MARAM Practice Guide (Family Safety Victoria, 2019). The following are considered serious risk factors — those which may indicate an increased risk of the victim survivor being killed or seriously injured in the context of family violence. Knowledge of risk factors underpins a shared understanding of family violence and identification of family violence:
* Physical assault while pregnant and/or following new birth
* Planning to leave or recent separation
* Escalation — increase in severity and/or frequency of violence
* Controlling behaviours
* Perpetrator has access to weapons
* Perpetrator’s use of weapon in most recent event
* Perpetrator has ever tried to strangle or choke the victim survivor
* Perpetrator has ever threatened to kill the victim survivor
* Perpetrator has ever harmed or threatened to harm or kill pets or other animals
* Perpetrator has ever threatened or tried to self-harm or commit suicide
* Perpetrator has ever engaged in stalking the victim survivor
* Sexual assault of the victim survivor
* Obsessive and jealous behaviour toward the victim survivor
* Unemployed or disengaged from education
* Drug and/or alcohol misuse and abuse
* **Not all professionals need to ask about each risk factor** — but do have a role in understanding and identifying risk factors
 | PPT, computer, projector & screen*MARAM Foundation Practice Guide, and accessible through the following link:* ***https://www.vic.gov.au/maram-practice-guides-and-resources*** | PPT 18 |

Topic 7: Children, the Elderly and Family Violence

Nominal duration

5 minutes

Purpose

To provide participants with an understanding of the effects of Family Violence on dependent age groups; children and the elderly

Outcomes

At the conclusion of this topic, participants will understand:

* Children are exposed to Family Violence if they see, hear or are victims themselves
* A childhood experience of family violence and sexual assault has a long lasting and traumatic affect
* There is a duty of care to report any family violence towards children
* Elders are increasingly dependent on others, including persons of concern, so reporting is less common

Resources

PPT, computer, projector & screen

| Suggested Facilitation | Key message/s | Facilitators Dialogue | Suggested resources | PPT slide reference |
| --- | --- | --- | --- | --- |
| Presentation-children and FVThere is a supplementary training module on Children and violence for those requiring more information on working with these patient cohorts. Please see the SHRFV Toolkit for access.  | **Children and young people who experience family violence and sexual assault can experience long term health impacts and trauma** | * Children are to be recognised as victim survivors of family violence in their own right, whether they are directly targeted by a perpetrator, or being exposed to or witnessing violence or its impacts on other family members.
* Children and young people do not have to be physically present during violence to be negatively affected by it, or to be considered victim survivors. Exposure to violence can include:

• Hearing violence • Being aware of violence or its impacts • Being used or blamed as a trigger for family violence • Seeing or experiencing the consequences of family violence, including impacts on availability of the primary caregiver and on the parent-child relationship. * Children are present in many family violence situations and are therefore subject to physical, emotional and social impacts, including psychological trauma, disrupted attachment, delays to development, lack of predictability and stability
* Family violence should be seen as an attack on the mother child relationship because of the effect this has on her ability to parent
* Children and their mothers/carers are especially vulnerable if the child has a disability
* Family violence and the physical or sexual abuse of children are highly correlated
* Family violence was a factor in 80% of child deaths known to child protection in 2013 (Commission for Children and Young People, 2013)
* Health professionals have a duty of care to report to Child Protection when there is a reasonable belief that a child has suffered, or is likely to suffer significant harm from physical or sexual abuse or exposure to it
 | PPT, computer, projector & screen | PPT 19 |
| Presentation-Elder abuseThere is a supplementary training module on Elder abuse for those requiring more information on working with these patient cohorts. Please see the SHRFV Toolkit for access.  | **Older people are increasingly dependent on others, including persons of concern, so reporting is less common.** | * Elder abuse is a form of family violence. An ‘elder’ is usually defined as someone aged 65 years or over
* Elder abuse is usually carried out by someone close to an older person. Sons are most likely to be responsible, however, the abuser may be a grandchild, partner, other family member, carer, friend or neighbour
* There are six main types of elder abuse - physical, financial, sexual, psychological and emotional, neglect and abandonment and social abuse, which is where restrictions are placed on social contact with others. The most common form of abuse reported to Seniors Rights Victoria is financial abuse
* Elders subject to abuse face a greater risk of hospitalisation
* Elder abuse is underreported, with an estimated 5% of older people at risk of abuse, with women at greater risk than their male counterparts
* Consumer based transactions, professional misconduct and abuse, which may occur in residential aged care, are dealt with under specific aged care legislation, consumer legislation and professional registration acts.
 | PPT, computer, projector & screen | PPT 20 |

Topic 8: Barriers to disclosure of Family Violence

Nominal duration

7 minutes

Purpose

To provide participants with an understanding of barriers to making a Family Violence disclosure and how to overcome these barriers

Outcomes

At the conclusion of this topic, participants will understand:

* There are many barriers that will prevent victims/survivors from disclosing Family Violence
* Which groups in particular might be less likely / less comfortable to disclose family violence
* How can health practitioners/services help to overcome these barriers as a practice response

Resources

PPT, computer, projector & screen

| Suggested Facilitation | Key message/s | Facilitators Dialogue | Suggested resources | PPT slide reference |
| --- | --- | --- | --- | --- |
| Presentation-Barriers to disclosure**Group discussion** | **Hospital and health services must work to overcome these barriers to ensure accessible, inclusive and non-discriminatory services that promote the safety for all victim survivors.** | **Discuss: What stops people from disclosing? Some suggestions below to encourage responses:*** They have never been asked
* They have had a bad experience in the past and lack trust ‘in the system’
* Don’t know their rights or understand what behaviours constitutes family violence
* Worried about privacy and confidentiality
* Feelings of shame and judgement

**Discuss: Which groups are less likely to disclose family violence?** * Aboriginal or Torres Islanders communities
* Culturally and linguistically diverse communities as well as refugees and asylum seekers
* People with disability
* People who experience mental health issues
* People experiencing homelessness
* People who have experienced incarceration
* Lesbian, gay, bisexual, transgender, intersex and androgynous people
* People living in rural and regional settings
* People experiencing alcohol or drug dependency

**Discuss: Why might some of these groups be less likely to disclose family violence?*** 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 ostracisation, and concerns about their safety.
 | PPT, computer, projector & screen | PPT 21 |
| **Group discussion-**  | ***Health professionals are not expected to be family violence experts. The way we treat people will reduce the barriers to disclosure for patients*** | ***Discuss: What can we do in our practice at this hospital to make it easier for people to disclose family violence and seek support?**** *Engage with patients respectfully and sensitively.*
* *Allow the patient to lead any engagement*
* *Respect a patient’s right to choose. Support informed decision making by providing information and offering a referral to the appropriate support*
* *No challenge or denial of a person’s identity and experience*
* *Ensure disability access and that our services are accessible, inclusive and non-discriminatory*
* *Be aware of our own biases and reflect on how it may influence our response to a patient*
* *Prioritise the safety of patients. Understand the prevalence of family violence, who is at risk of violence and who is using violence by recognising the signs*
* *Ensure the appropriate use of interpreters – they must be professionals (not family or friend), telephone interstate is preferable and offer a choice of interpreter.*
* *Offer Aboriginal patients support from the Aboriginal Health Liaison Officer*
* *Ensure the organisation is a safe, accessible and culturally responsive environment for patients and staff to disclose.*
* *Know how to respond sensitively and non-judgmentally if someone does disclose family violence*
* *Know what to do if disclosures of family violence are made (support and internal referral options).*

***Be aware*** * *Through this training staff should be able to understand who is at greater risk and be able to recognise the signs and take the first steps to help people feel safe*
* *Staff are not expected to be family violence experts or provide support and referral alone – we want you to consult with colleagues, social work and agencies*
* *We have policies, procedures and referral pathways to support this work*
 | PPT, computer, projector & screen | PPT 22 |

Topic 9: Patient disclosures

Nominal duration

7 minutes

Purpose

To provide participants with an understanding of responding to a disclosure of Family Violence

Outcomes

At the conclusion of this topic, participants will understand:

* They are not expected to be a family violence expert
* If a disclosure is made by a patient or if there are observable signs of family violence, they need to escalate as per family violence policy and procedures to an appropriate clinician or your manager

Resources

PPT, computer, projector & screen

| Suggested Facilitation | Key message/s | Facilitators Dialogue | Suggested resources | PPT slide reference |
| --- | --- | --- | --- | --- |
| Presentation/group discussion | **Escalate as per your family violence policy and procedures to an appropriate clinician or your manager so they can explore what support and referral options are available/required with the patient.**  | * Health professionals are often common sources of support for someone experiencing family violence.
* If you are non-clinical staff and a patient discloses to you that they are experiencing family violence you should;
* **Listen to them in a sensitive and non-judgemental manner**
* **Validate their experience and show you believe them by using statements such as; ‘I’m sorry that has happened to you, I can help by connecting you to support through your treating team’**
* **Support them to make their own decisions;** by providing information and offering a referral to the appropriate internal supports
* **Remember:** You are not expected to be a family violence expert and there is no expectation you need to engage in inquiring any further however if a disclosure is made or if there are observable signs of family violence, you need to escalate as per your family violence policy and procedures to an appropriate clinician or your manager
 | PPT, computer, projector & screen | PPT 23 |

Topic 10: Workplaces supporting staff experiencing family violence

Nominal duration

10 minutes

Purpose

To provide participants with an understanding of the workplace supports available for staff and how to respond to staff disclosures of family violence

Outcomes

At the conclusion of this topic, participants will understand:

* Workplaces have an important role in supporting victim survivors
* How to respond to staff disclosures of family violence
* What workplaces supports are available and how to access them

Resources

PPT, computer, projector & screen

| Suggested Facilitation | Key message/s | Facilitators Dialogue | Suggested resources | PPT slide reference |
| --- | --- | --- | --- | --- |
| Presentation-Workplaces supporting staff experiencing family violence | **Workplaces have an important role in supporting victim survivors** | * Paid employment can be an important protective factor for people affected by family violence
* Paid employment can increase victim survivor’s financial independence, wellbeing, social support, safety and security
* The impact of family violence on the victim survivor is insidious, and may present in many ways including disrupted work records, decreased productivity, absenteeism (such as high use of sick leave) or fear of losing their job due to these factors
* Victim survivors report the main impact of violence on their work performance is being distracted, tired or unwell (16%), needing to take time off (10%), and being late for work (7%) (McFerran, 2011)
 | PPT, computer, projector & screen | PPT 24 |
| Presentation-Workplace supports  | **To access further information on the supports available or seek support for yourself, please contact your human resources department or search your organisation’s intranet** | * Most hospitals and health services now contain a family violence clause in their Enterprise Bargaining Agreement (EBA). The clause outlines leave provisions and other measures to support an employee experiencing family violence:
* Family Violence Leave is 20 days paid leave per year (pro rata for part-time employees) and is available to employees experiencing family violence
* Development of a Workplace Safety Plan can include changes to work duties, span of hours, pattern of hours and/or shift patterns, relocation, changes to contact details
* Trained managers and contact officers. Family violence workplace support training is provided to all managers and family violence contact officers who provide support to staff and volunteers experiencing family violence
 | PPT, computer, projector & screen | PPT 25 |
| Presentation-What if a colleague disclosures family violence?  | **Health professionals are often common sources of support for people experiencing family violence.** | * If a colleague discloses to you that they are experiencing family violence you should;
* Validate their experience and show you believe them by using statements such as;
* ‘That must be hard for you, thank for telling me’ or ‘I’m sorry that has happened to you, no one deserves violence’
* Support them to make their own decisions;
* Inform them of the available workplace supports and connect them to human resources or further family violence information available on the intranet
* If you are a manager: you are required to undergo further training to support your staff. Contact your human resources department for more information.
 | PPT, computer, projector & screen | PPT 26 |

Topic 11: Referrals

Nominal duration

5 minutes

Purpose

To provide participants with an understanding of the services available for referral for patients and staff

Outcomes

At the conclusion of this topic, participants will understand:

* Where to refer patients and colleagues experiencing family violence both internally and to professionals and services that can provide support and assistance**.**

Resources

PPT, computer, projector & screen, Handout: Contact details for specialist family violence services

| Suggested Facilitation | Key message/s | Facilitators Dialogue | Suggested resources | PPT slide reference |
| --- | --- | --- | --- | --- |
| Presentation**Handout: Contact details for specialist family violence services** | **It is important to know how to refer patients and colleagues experiencing family violence internally and to professionals and services that can provide support and assistance.**  | * **Note:** This slide should be amended to reflect your hospital’s referral pathway for internal and external services noting where 24/7 assistance is available
* It is important for health professionals to understand what services are available, including family violence referral pathways
* Refer to the intranet for more information and seek secondary consultation from your manager, clinical staff or social work department.
 | PPT, computer, projector & screen, **Handout:** Contact details for specialist family violence services | PPT 27 |

Topic 12: Conclusions

Nominal duration

10 minutes

Purpose

To provide participants with an understanding of the services available for self care and support and a summary of the key messages in Family Violence practices

Outcomes

At the conclusion of this topic, participants will understand:

* It is important to recognise the need for self care when working with people affected by trauma from Family Violence
* Summary of the Key messages from SHRFV
* Reflections on how this training will impact on practice and make a difference to someone experiencing family violence
* References and further sources of information

Resources

PPT, computer, projector & screen

| Suggested Facilitation | Key message/s | Facilitators Dialogue | Suggested resources | PPT slide reference |
| --- | --- | --- | --- | --- |
| Presentation | **It is important to recognise the need for self care when working with people affected by trauma from family violence.**  | * **Note:** This slide should be amended to outline the support available to staff at your hospital on a professional and personal level
* Acknowledge it is not easy working with people who have experienced family violence and sexual assault and professionals can be personally affected by hearing about these traumatic events, and by witnessing the considerable impact and distress that it causes.
* Listening to accounts of trauma can challenge your understanding of the world and can lead to cumulative stress, compassion fatigue or vicarious trauma.
* Our stress can undermine the care and compassion we are able to give. When supporting people who have experienced trauma, your ability to ‘help’ them may fall short of your expectations and may make you question your professional capacity. This is why reflective practice and supervision can be important practices.
* For some people this work can be experienced as a privilege, knowing the difference that we can make to the lives of those that we assist. It can also become personally draining, at times overwhelming.
* Recognising and addressing the need for self-care is an important part of doing our job well.
* Sometimes, simply sharing our emotions with colleagues, family and friends can help but sometimes more professional support is required.
* Explain what is being done to train managers in the SHRFV Workplace Support Program.
 | PPT, computer, projector & screen | PPT 28 |
| Presentation-Key messages | **For non clinical staff it is still important to understand how the hospital is strengthening its response to family violence.**  | * Family violence is complex and affects people across the lifespan-but mostly women and children
* Family violence could be a factor in a patient’s presentation
* Health staff are not expected to be family violence experts-but everyone’s role is vital in an effective response to family violence
* We all have a duty of care to support patients and colleagues
* There are policies and procedures to support you if you are experiencing family violence
* There are experts and supports available for consultation or referral
* If you are a clinician who attended today’s training, you will also be trained in SHRFV ‘Sensitive Practice: Responding to Family Violence Module’ to ensure you can identify and respond to family violence and meet practice expectations.
* We are asking our staff to become more aware of the signs of family violence and if someone discloses to you, ensure that you can respectfully, sensitively and safely engage and provide appropriate support and referral.
 | PPT, computer, projector & screen | PPT 29 |
| Presentation-read slide | **Reflect on how this training will impact on your practice and make a difference to someone experiencing family violence** | * Thank the group for their participation, engagement and energy
* Acknowledge that family violence and sexual assault are complex and that this training is brief
* Encourage the uptake of any further training, including supplementary SHRFV training programs (that are relevant to role)
* Remind participants to complete the training evaluation form.
 | PPT, computer, projector & screen | PPT 30 |
| References | * References and sources of further information
 | * **Handouts (optional):**
* Relevant policy and procedure
* Referral pathways and contact details
* List of family violence contact officers / clinical champions
* Lanyards to remind clinicians about LIVES and prompting questions
* Badges
* WHO sensitive practice reading material
* Indicators of family violence across the lifespan
* Specialist Family Violence Support Service Contact Details [tailored to your hospital]
 | PPT, computer, projector & screen | PPT 31 |