



Government of **Western Australia**  
Department of **Health**

# Responding to Family and Domestic Violence in WA Health

Jenny O'Callaghan  
Co-Director, Women's Health, Genetics, and Mental Health  
Women and Newborn Health Service

better health • better care • better value

# Thank you

Kim Massam, Superintendent Central Metropolitan District  
WA Police

Ms Sherrilee Mitchell, Director, Family and Domestic Violence Unit,  
Department for Child Protection and Family Support

Ms Jane Simmons, Relieving District Director, Perth District,  
Department for Child Protection and Family Support

Mr Wayne Salvage, Chief Executive of NMHS

Pip Brennan, Executive Director of the Health Consumers Council

Ms Roia Atmar, Speaker providing the Consumer Perspective

Clinical Senators and Expert Witnesses

# A Call to Action



# Third National Action Plan (2016 – 2019)

- Prevention and early intervention of family and domestic violence
- Aboriginal and Torres Strait Islander women and their children are most at risk
- Greater support and choice for women and children
- Support for front line workers managing sexual violence
- Responding to children living with violence
- Keeping perpetrators accountable across all systems

Source: The Third Action Plan of the *The National Plan to Reduce Violence against Women and their Children 2010-2022*, October 2016, [www.dss.gov.au/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022](http://www.dss.gov.au/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022)

# Defining Interpersonal Violence

- The definition of interpersonal violence aligns with the WA Health definition of Family and Domestic Violence, and encompasses child abuse and neglect, sexual assault and elder abuse.
- Clinical Senate Executive chose the term “interpersonal violence” to also address the widespread impact of Family and Domestic violence on our workforce when dealing with victims and perpetrators.

# Interpersonal Violence: A critical health issue

Interpersonal violence is a social problem with serious and far-reaching health consequences:

- FDV, contributes to more death, disability and illness in women aged 15 to 44 than any other preventable risk factor.
- Clients who have experienced FDV use health services significantly more frequently than clients who have not.
- Evidence suggests there is a direct causal relationship between interpersonal violence and depression, anxiety, homicide and injury, suicide and self-inflicted injuries, alcohol and drug use.

# Intimate partner violence during pregnancy

## Fatal outcomes

- Homicide
- Suicide

## Non Fatal outcomes

### Negative health behaviour

- Alcohol and drug abuse during pregnancy
- Smoking during pregnancy
- Delayed prenatal care

### Reproductive health

- Low birth weight
- Pre-term labour/delivery
- Insufficient weight gain
- Obstetric complications
- STIs/HIV
- Miscarriage
- Unsafe abortion

### Physical and mental health

- Injury
- Physical impairment
- Physical symptoms
- Depression
- Difficulties or lack of attachment to the child
- Effects on the child

# Patients identified “At Risk” of child protection intervention KEMH

Year	Total at Risk	Total newborn in care	FDV present	Mental Health present	Substance use present
2009/10	203	47	43%	35%	47%
2010/11	210	45	64%	54%	65%
2011/12	218	57	61%	55%	69%
2012/13	228	49	68%	50%	71%
2013/14	193	69	73%	49%	72%
2014/15	297	51	67%	60%	62%
2015/16	366	76	61%	48%	75%

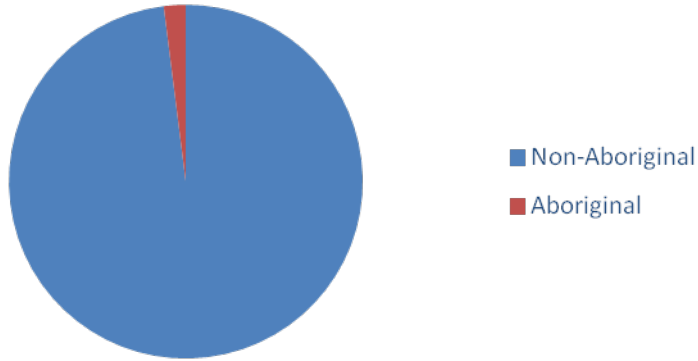


# Aboriginal Women

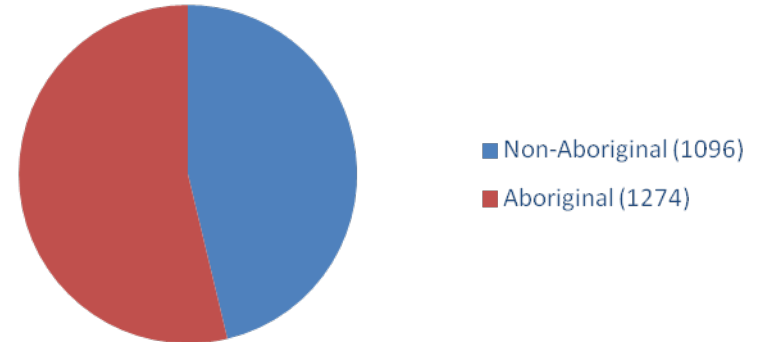
In WA, Aboriginal women are:

- 45 times more likely to be the victim of FDV
- 35 times more likely to be hospitalised due to FDV

**Aboriginal Women make up approximately 2% of the female population in WA**

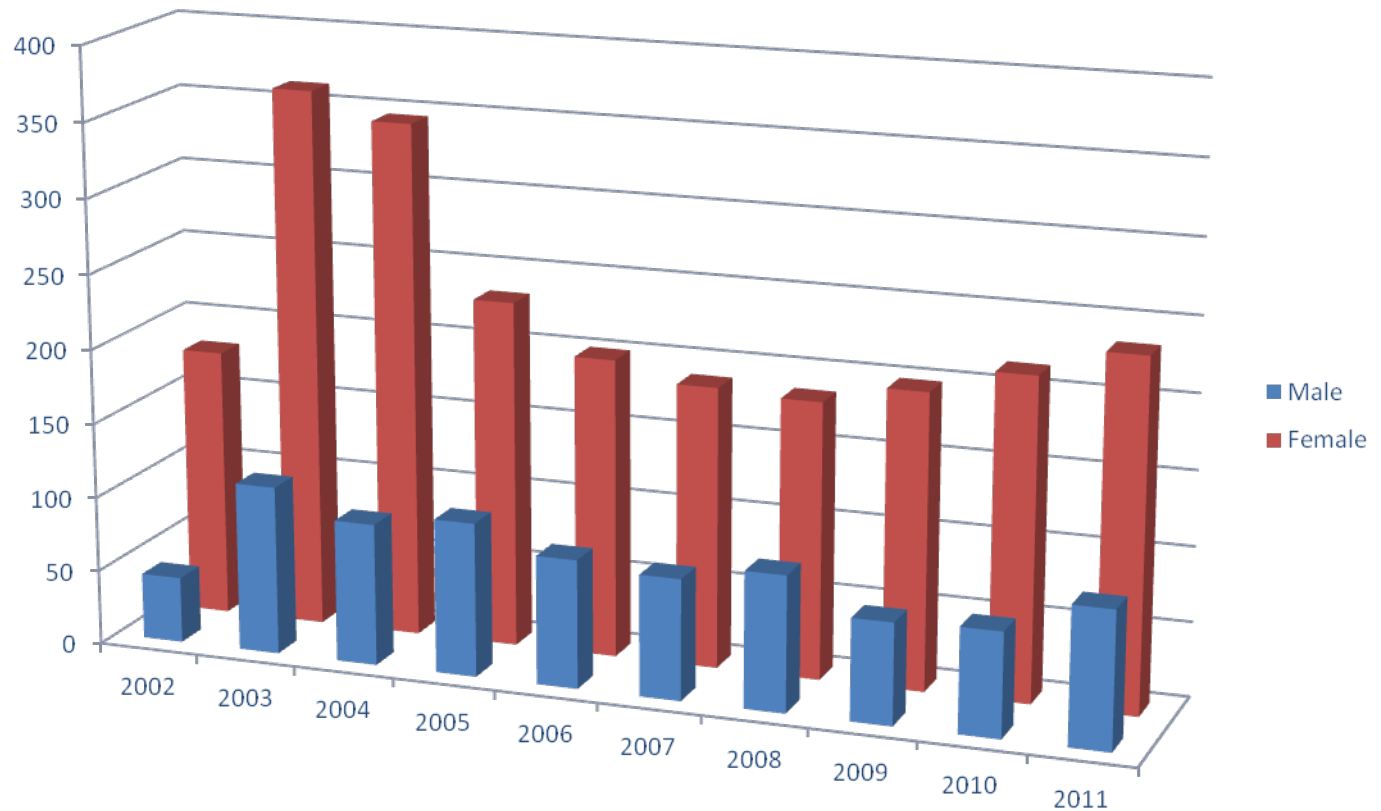


**Number of Hospital separations of women for domestic violence related injuries in WA 2002-2012**



# The overwhelming majority of people who experience FDV are women (90-95%)

Number of Hospital Separations for domestic violence related injuries in WA over the last 10 years



# Costs to WA Health

- The current system in place for WA Health data collection puts the total inpatient cost of FDV at **\$51,879,096** (2009-2015) across all WA Health regions.
- **48%** of this cost relates to spouse or domestic partner caused injuries.
- Increases to **71%** of the cost when assault by a family member is included.
- **56%** of the hospitalisation cost of injuries by a spouse or domestic partner related to Aboriginal women.

Total costs of FDV related hospitalisation by spouse or domestic partner and family member and health region, 2009-2015

HEALTH REGION	TOTAL COST 2009-2015
Kimberley	\$9,159,645
East Metro	\$7,279,915
North Metro	\$4,617,383
South Metro	\$4,110,385
Pilbara	\$3,922,269
Midwest	\$2,507,767
Goldfields	\$1,953,747
South West	\$1,255,796
Wheatbelt	\$1,205,131
Great Southern	\$ 545,150

*Ref: WA Hospital Morbidity Data System. Epidemiology Branch, WA Department of Health. Costs of hospitalisations due to family and domestic violence by health region, year, gender, Aboriginality and type. 2017.*



# Why Health?

# FDV outputs Women's Health Strategy and Programs

- Facilitating the Family and Domestic Violence Advisory Group
- Developed Family and Domestic Violence Policy 2014
- Developed Guideline for Responding to Family and Domestic Violence 2014
- Developed Reference Manual for Health Professionals - Responding to Family and Domestic Violence
- Established uniform screening, evaluation, and referral documentation across WA Health
- Supported the development of other health policies that address Family and Domestic Violence.

# Principles of providing a trauma-informed service

- Understanding trauma: its prevalence, dynamics and impacts
- Ensuring physical and emotional safety for patients
- Building positive relationships of trust between survivor and health service, which include collaboration and the sharing of power
- Empowering choices, skills acquisition, and focusing on strengths
- Understanding client complexities, including coping and culture
- Being informed about the impact of trauma for workers – direct and vicarious

# Principles of Strengthening Hospital Responses to Family Violence

## Respect and gender equity

By promoting respect and addressing gender inequity, hospitals can contribute to better health and social wellbeing, improved organisational performance, and prevention of family violence

## Sensitive practice

Sensitive inquiry is an aspect of sensitive practice involving a six steps approach to routinely asking patients about their experience(s) of family violence where specific risk factors are identified such as pregnancy, mental health, isolation, separation or plans for separation

# Six Key Elements of SHRFV

1. Create cross hospital leadership and momentum
2. Laying a foundation through policy, procedures, and guidelines
3. Changing culture
4. Building capacity and capability
5. Building partnerships and connections with the wider community and the family violence sector
6. Building the evidence base



# WA Health: future directions

- Ensure staff have access to training
- Reinforce that FDV is a preventable health issue
- Implement routine screening, particularly for high risk groups
- Work in a trauma-informed and patient-centred way
- Undertake Health promotion, introduce prevention strategies, and endorse early identification
- Collect data and undertake research to inform strategy