

# NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026 Summary

## Overview

The NSW Health **Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026** provides strategic direction and guides action for NSW Health over the next five years to strengthen the public health system's role in preventing and responding to domestic and family violence. It recognises that all staff in the health system are likely to encounter people experiencing domestic and family violence in the course of their work.

This strategy is closely aligned to NSW Health's **Integrated Prevention and Response to Violence Abuse and Neglect Framework** and is intended to help realise NSW Health's vision that:

***All children, young people, adults and their families are supported by the public health system to live free of violence, abuse and neglect and their adverse impacts.***

This strategy identifies actions to ensure NSW Health staff have the support they need from the public health system to prevent, respond to, and ameliorate the harmful effects of domestic and family violence (DFV). It also describes action needed to provide the statewide and local policies and procedures, resources and training that will support health services and staff in this important work.

## Priority settings within NSW Health for DFV

Violence, Abuse and Neglect Services	Social Work Services	Women's Health Services
Maternity, Child, Youth and Family Health Services	Mental Health Services	Alcohol and Other Drug Services
Aboriginal Health Services	Community Health Services	Emergency Departments
Sexual Health Services	Chronic and Aged Care Services	Multicultural Health Services

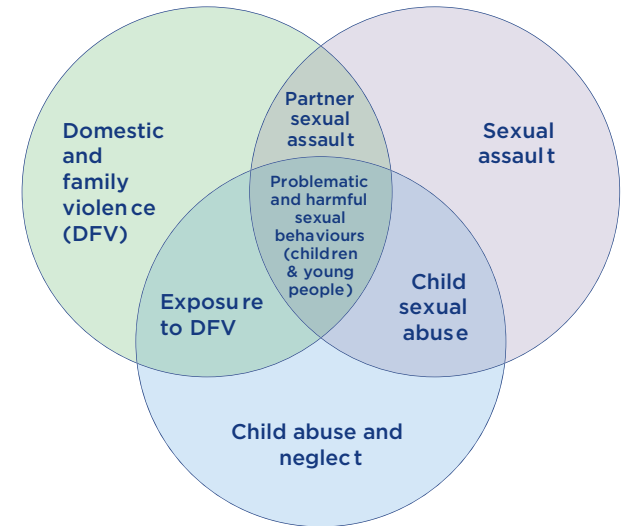
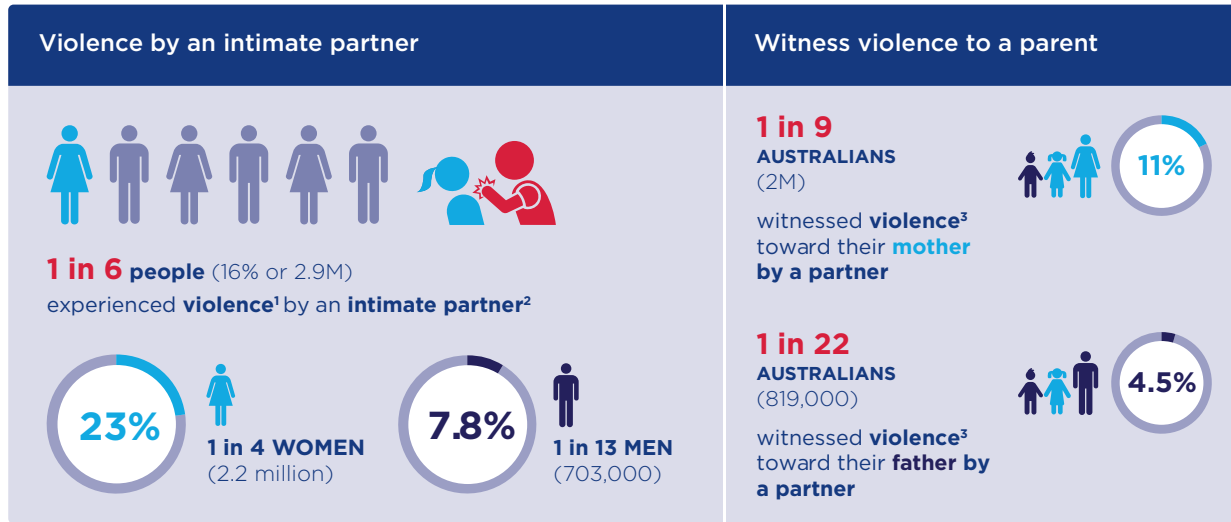
## Opportunities to make a difference

Women, children, young people, and men present at various points within the broad health system with both physical and mental health issues that are a direct or indirect consequence of violence. Each presentation is an opportunity to identify and respond to the underlying domestic and family violence.


The full strategy can be downloaded from [www.health.nsw.gov.au/parvan/domestic-violence](http://www.health.nsw.gov.au/parvan/domestic-violence)

# Key statistics

Many people across Australia experience domestic and family violence.




Violence, abuse and neglect are rarely experienced as a single incident. Many people experience multiple forms of violence, abuse and neglect, either co-occurring or at different stages across their life.

 The central element of domestic and family violence is an ongoing pattern of behaviour aimed at controlling a partner or other family members through fear and coercion.

The impacts of domestic and family violence are serious and long-lasting.



Some people experience **multiple, overlapping challenges** that may heighten the **likelihood, impact or severity of domestic and family violence**. This requires both general and targeted health responses and prevention efforts



1. Physical and/or sexual violence since the age of 15. 2. Current and/or previous partner, girlfriend, boyfriend or date. 3. Physical assault only witnessed before the age of 15. Infographics: [Costello & Backhouse, 2019a](#). Data sources: [ABS, 2017](#) (Personal Safety Survey) & [Costello & Backhouse, 2019b](#) (pp.109-111).

# The health and financial costs of domestic and family violence to individuals, communities and governments are significant and preventable.



In **4 in 10 hospitalisations for female** (45% or 2,800) and **1 in 20 for male** (4.4% or 560) assault victims, a spouse or domestic partner was the perpetrator<sup>4</sup>.



Indigenous women are **32x more likely** than non-Indigenous women to be hospitalised due to family violence injuries<sup>5</sup>.



Every week in Australia, at least **3 women** are hospitalised with a brain injury as a direct result of family violence<sup>6</sup>.



**Intimate partner violence**

contributed an estimated

**5.1%**

of the **burden of disease** (impact of illness, disability, premature death) for women aged 18-44 years.

This is more than any other risk factor, including alcohol, tobacco use and obesity .



The **disease burden** of domestic and family violence for **Indigenous women** aged 18-44 years is **6.3 times higher** than for non-Indigenous women in the same age group.

Estimated **cost of violence against women** (violence, abuse and stalking) in 2015/16:



**\$22 billion**

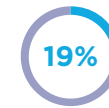
This includes **\$1.4 billion** to the **HEALTH SYSTEM**<sup>11</sup>.



**Domestic and family violence** is the **leading reason for seeking assistance from specialist homelessness services** (40% of clients; of which 92% were women and children)<sup>8</sup>.



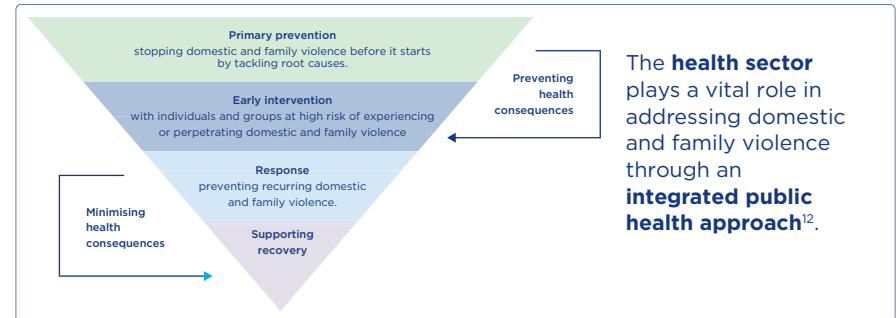
Between 2010-2014, there were **152** (121 women, 31 men) **intimate partner homicides** in Australia that followed an identifiable history of **domestic violence**<sup>9</sup>.



**1 in 5 VICTIMS** (103) of domestic violence homicide

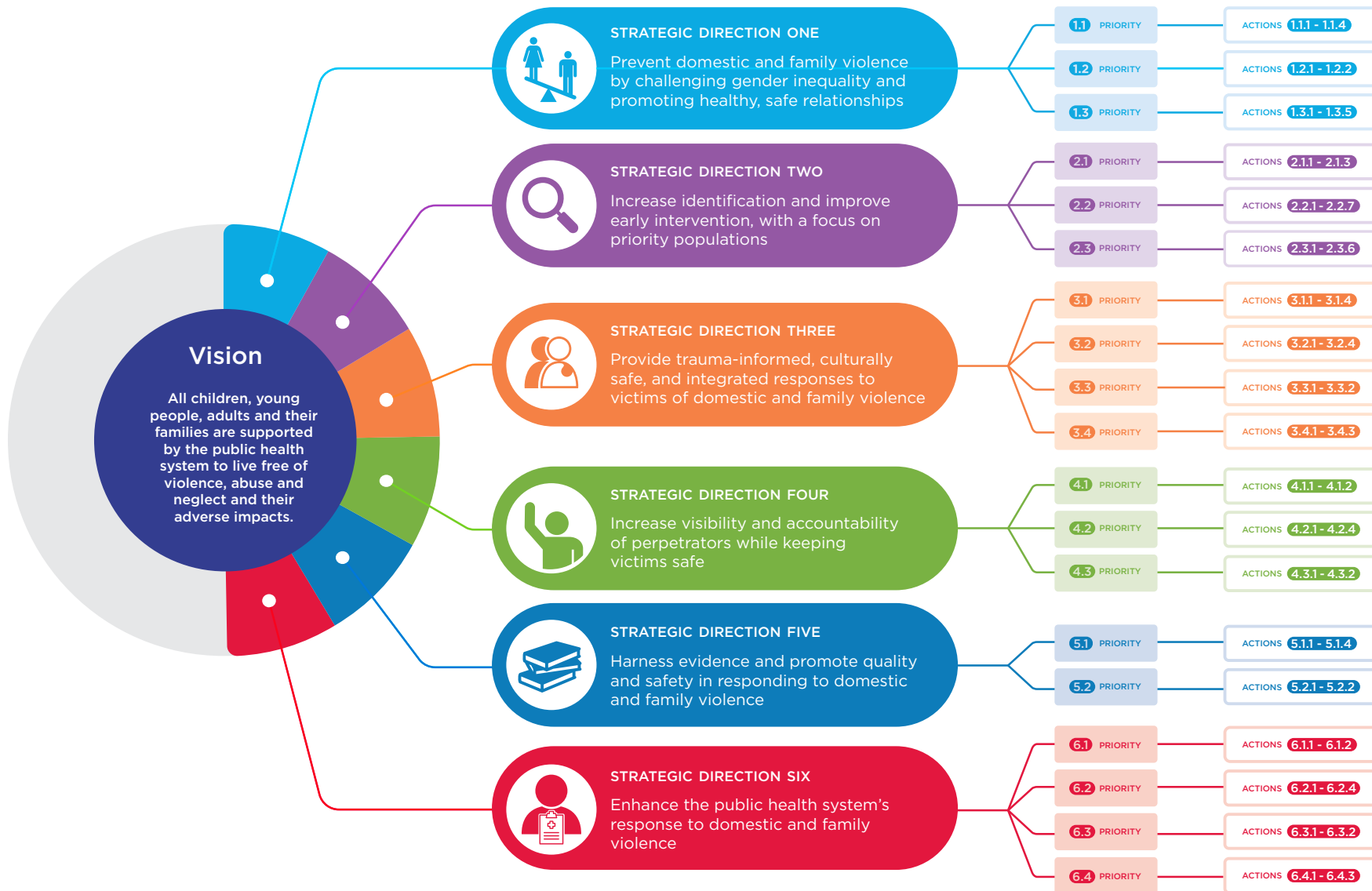



were **children killed by a relative or kin**, in NSW between 2000-2019<sup>10</sup>.



4. [AIHW, 2018](#) (National Hospital Morbidity Database 2014-15); 5. [Productivity Commission, 2016](#); 6. [Brain Injury Australia, 2015](#); 7. [Webster, 2016](#); 8. [AIHW, 2017](#) (Specialist Homelessness Services Collection 2016-17); 9. [Australian Domestic & Family Violence Death Review Network, 2018](#) (National Minimum Dataset); 10. [NSW Domestic and Family Violence Death Review Team, 2020](#) 11. [KPMG, 2016](#); 12. [Costello & Backhouse, 2019a](#) (adapted from [Webster, 2016](#)). Infographics: [Costello & Backhouse, 2019a](#).

# NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026 at a glance



KEY	
	NSW Ministry of Health (MoH)
	Local Health Districts / Specialty Health Networks (LHDs/SHNs)
	Education Centre Against Violence (ECAV)
	Agency for Clinical Innovation (ACI)
	Bureau of Health Information (BHI)
	Clinical Excellence Commission (CEC)
	eHealth
	Health Education and Training Institute (HETI)

<b>1.1</b>	<b>PRIORITY - Adopt a life course approach to primary prevention</b>
<b>1.1.1</b>	<b>ACTION - Identify opportunities for health services to contribute to primary prevention initiatives</b> 
<b>1.1.2</b>	<b>ACTION - Equip health workforce to engage proactively with parents to promote equality and positive involvement of both genders in childcare, parenting and other duties</b> 
<b>1.1.3</b>	<b>ACTION - Take opportunities to promote gender equality before, and as young people are establishing intimate relationships</b> 
<b>1.1.4</b>	<b>ACTION - Provide support to increase the resilience of men at key life transitions</b> 
<b>1.2</b>	<b>PRIORITY - Build workforce capability across NSW Health to challenge gendered drivers of domestic and family violence and promote healthy and safe relationships</b>
<b>1.2.1</b>	<b>ACTION - Develop and implement communication and workforce development strategies to promote shared understanding of domestic and family violence, including underpinning attitudes, beliefs and social norms across NSW Health</b>    
<b>1.2.2</b>	<b>ACTION - Support NSW Health services to promote safe and respectful relationships through health service interventions</b> 


<b>1.3</b>	<b>PRIORITY - Partner with local communities on primary prevention activities</b>
<b>1.3.1</b>	<b>ACTION - Partner with community organisations and other government agencies on prevention campaigns and advocacy</b> 
<b>1.3.2</b>	<b>ACTION - Outreach to, engage with, and consult priority populations and representative bodies in developing and implementing prevention campaigns and local community engagement programs</b> 
<b>1.3.3</b>	<b>ACTION - Raise awareness in the community and amongst NSW Health partner agencies about the adverse impacts of domestic and family violence on health and wellbeing of victims</b>  
<b>1.3.4</b>	<b>ACTION - Adapt prevention activities to address the specificity of risk factors for domestic and family violence in rural and remote communities</b> 
<b>1.3.5</b>	<b>ACTION - Continue to partner with Women NSW through their funding of Education Centre Against Violence to deliver the Tackling Violence Program in NSW</b> 

<b>2.1</b>	<b>PRIORITY - Improve early identification and initial response for victims</b>
<b>2.1.1</b>	<b>ACTION - Undertake the Domestic Violence Routine Screening in Emergency Departments Pilot and prioritise NSW Health's response to the outcomes of the pilot</b>   
<b>2.1.2</b>	<b>ACTION - Finalise and implement the revised Domestic Violence Routine Screening Protocol</b>  
<b>2.1.3</b>	<b>ACTION - Establish consultation and referral pathways between Domestic Violence Routine Screening services and NSW Health violence abuse and neglect services and specialist domestic violence services outside of NSW Health</b> 
<b>2.2</b>	<b>PRIORITY - Identify and address the barriers to accessing support for priority populations</b>
<b>2.2.1</b>	<b>ACTION - Provide guidance for staff in conducting screening and making sensitive enquiries around domestic and family violence when working with people from priority populations</b>  
<b>2.2.2</b>	<b>ACTION - Facilitate ready access to trained interpreters (in community languages and Auslan)</b>  
<b>2.2.3</b>	<b>ACTION - Consider opportunities to extend the Education Centre Against Violence Domestic and Family Violence Bilingual Community Education Program statewide</b>  

<b>2.2.4</b>	<b>ACTION - Ensure people from priority populations can access targeted information</b>  
<b>2.2.5</b>	<b>ACTION - Establish advisory groups with representation from priority populations within districts and networks to co-design and reduce barriers to access</b> 
<b>2.2.6</b>	<b>ACTION - Develop and implement a Sexual Assault and New Street services access strategy for people with disability to build the capacity of the workforce to respond to sexual assault, problematic and harmful sexual behaviour in children and young people and its co-occurrence with other forms of violence, abuse and neglect, including domestic and family violence.</b>   
<b>2.2.7</b>	<b>ACTION - Clarify service expectations on meeting the needs of clients from priority populations as part of the review and update of NSW Health's violence, abuse and neglect service standards and associated audit tool</b> 
<b>2.3</b>	<b>PRIORITY - Promote Aboriginal family wellbeing and violence prevention</b>
<b>2.3.1</b>	<b>ACTION - Develop and implement the NSW Health Aboriginal Family Wellbeing and Violence Prevention Strategy that provides strategic direction for the whole of the public health system to assist in achieving the Closing the Gap Target 13</b> 
<b>2.3.2</b>	<b>ACTION - Develop updated operational guidelines supporting the Aboriginal Family Wellbeing and Violence Prevention workforce to work closely with local communities and develop innovative solutions based on local contextual factors</b> 
<b>2.3.3</b>	<b>ACTION - Increase the Violence, Abuse and Neglect (VAN) Aboriginal workforce</b>  
<b>2.3.4</b>	<b>ACTION - Build the cultural capability of Districts and Networks by:</b> <ul style="list-style-type: none"> <li>Developing Sexual Assault Service Aboriginal Action Plans to strengthen community engagement and service accessibility </li> <li>Delivering cultural competency training for violence, abuse and neglect services Senior Executives and practitioners  </li> </ul>
<b>2.3.5</b>	<b>ACTION - Co-design the new holistic, public health based Safe Wayz program for children under the age of criminal responsibility with problematic and harmful sexual behaviours and their families to ensure it is a culturally safe model that responds to intersecting forms of violence, abuse and neglect</b>   
<b>2.3.6</b>	<b>ACTION - Establish a statewide Prevention and Response to Violence, Abuse and Neglect Aboriginal Advisory Group to provide policy and system reform advice from an Aboriginal social and cultural perspective and to promote the development of cultural safety and reduction of institutional racism in NSW Health services</b>   

**3.1 PRIORITY - Expand specialist services for domestic and family violence statewide**

**3.1.1 ACTION** - Expand integrated statewide violence, abuse and neglect service provision for victims of domestic and family violence 



**3.1.2 ACTION** - Develop and implement the NSW Health integrated domestic and family violence psychosocial, medical and forensic crisis response model   


**3.1.3 ACTION** - Build medical and forensic workforce capacity to respond to domestic and family violence   


**3.1.4 ACTION** - Review medical forensic payment determinations for rural and regional districts to consider their application to domestic and family violence medical and forensic responses   


**3.2 PRIORITY - Promote comprehensive health service responses to domestic and family violence that incorporate risk assessment, safety planning, referral, and integrated support**


**3.2.1 ACTION** - Increase the capacity of NSW Health workers to assess domestic and family violence risk and undertake safety planning   
  
  


**3.2.2 ACTION** - Develop and promote domestic and family violence referral pathways across government and non-government sectors   


**3.2.3 ACTION** - Develop and implement policy and practice guidance to enhance the use of structured risk assessment to support referral, safety planning and response across key health settings   




**3.2.4 ACTION** - Develop health protocols for identifying and referring clients at serious threat to the Safer Pathway program   



**3.3 PRIORITY - Build workforce capacity to offer trauma-informed and culturally safe responses**

**3.3.1 ACTION** - Develop and promote workforce development opportunities that support trauma-informed and culturally safe practice   
  
  


**3.3.2 ACTION** - Embed patient reported measures into routine practice so that clinicians use this data to improve clinical practice, support patients and drive system-wide improvements in providing trauma-informed and culturally safe responses for victims   






**3.4 PRIORITY - Support the workforce and build resilience**

**3.4.1 ACTION** - Ensure staff responding to clients experiencing domestic and family violence have regular access to experiencing vicarious trauma have regular access to clinical and/or specialist supervision, de-briefing and other workplace supports   


**3.4.2 ACTION** - Promote provisions and supports available for NSW Health workers who may be experiencing domestic and family violence 




**3.4.3 ACTION** - Promote access to Aboriginal cultural supervision for workers responding to Aboriginal clients experiencing domestic and family violence   
  
  


**4.1 PRIORITY - Support the workforce to prioritise victim safety by keeping perpetrator tactics in view in all health interventions**



**4.1.1 ACTION** - Support identified workers to develop skills, knowledge, attitudes, and values that centralise adult and child victim safety and perpetrator accountability   
  
  


**4.1.2 ACTION** - Undertake The Evidence to Support Safe and Together Implementation and Evaluation (ESTIE) Project   


**4.2 PRIORITY - Provide learning and development opportunities that upskill workers to identify and respond effectively to perpetrators when domestic and family violence is identified**



**4.2.1 ACTION** - Develop and promote workforce development initiatives to build the skills, confidence and competencies of staff, in line with their roles   
  




**4.2.2 ACTION** - Support appropriate referrals to registered men's behaviour change programs 

**4.2.3 ACTION** - Ensure that worker safety (physical and emotional) is explicitly addressed and regularly reviewed through clear policies and procedures and supervision   






**4.2.4 ACTION** - Develop training for managers, human resources staff and other relevant staff and supervisors on how to support staff and create a safe working environment   




**4.3 PRIORITY - Collaborate with interagency partners to prevent reoffending and keep victim-survivors and children safe**





**4.3.1 ACTION** - Participate in and support cross-agency initiatives that promote justice and behaviour change   



**4.3.2 ACTION** - Progress strategies to promote information sharing about perpetrators with co-occurring mental health, alcohol and other drugs or disability issues between health services and other agencies to promote justice outcomes and victim safety   


**5.1 PRIORITY - Implement evidence-informed policies and clinical interventions**





**5.1.1 ACTION** - Develop policy and practice guidance for NSW Health staff on best-practice approaches to documenting violence, abuse and neglect in clinical records, including recording perpetrator tactics and protective behaviours of victims   
  
  




**5.1.2 ACTION** - Develop state-based designs of clinical systems to meet business requirements on information sharing and to support client safety, including guidance on implementation   


**5.1.3 ACTION** - Develop and promote the evidence base around lesser known forms of domestic and family violence including non-fatal strangulation and reproductive coercion, and their health impacts, in collaboration with expert clinicians and partner agencies   
  
  




**5.1.4 ACTION** - Develop clinical guidelines for non-fatal strangulation 


**5.2 PRIORITY - Enhance quality, safety and incident management systems**

**5.2.1 ACTION** - Strengthen NSW Health's incident management systems to support improved identification, review and analysis of health responses to domestic and family violence and other forms of violence, abuse and neglect   
  
  




**5.2.2 ACTION** - Enhance collaboration between Ministry of Health, Centre for Clinical Excellence, Domestic Violence Death Review Team and the Ombudsman in the system response to domestic violence-related homicides and serious incidents   


**6.1 PRIORITY - Strengthen leadership, governance, and accountability**

**6.1.1 ACTION** - Develop and implement updated NSW Health policy and procedures for identifying and responding to domestic and family violence   


**6.1.2 ACTION** - Review and update the NSW Health guide to role delineation of clinical services to incorporate service responses to domestic and family violence 

**6.2 PRIORITY - Integrate health responses for victims of domestic and family violence**

**6.2.1** Progress responses to the recommendation of the Domestic Violence Death Review Team on the intersection of mental health, alcohol and other drugs and domestic and family violence in collaboration with our interagency partners   


**6.2.2** **ACTION** - Develop communities of practice involving the violence, abuse and neglect sector and broader mental health workforce and interagency and non-government organisation partners responding to domestic and family violence



**6.2.3** **ACTION** - Establish links between different NSW Health networks and governance structures that directly and indirectly respond to domestic and family violence to enhance collaboration



**6.2.4** **ACTION** - Develop and implement a specialist treatment service for adult survivors of child sexual assault, including strategies to address the intersection of sexual assault and domestic and family violence



**6.3 PRIORITY - Align NSW Health systems to national and state reforms**

**6.3.1** **ACTION** - Contribute to interagency planning, implementation, monitoring and evaluation mechanisms of domestic and family violence responses in NSW



**6.3.2** **ACTION** - Work with primary health networks to strengthen the capacity and capability of general practice doctors and nurses to identify and respond to domestic and family violence



**6.4 PRIORITY - Expand policies, guidance and workforce development to address all forms of domestic and family violence**

**6.4.1** **ACTION** - Develop and implement a NSW Health Competency and Training Framework for Preventing and Responding to Violence, Abuse and Neglect



**6.4.2** **ACTION** - Collaborate with agency partners to broaden responses to all forms of domestic and family violence



**6.4.3** **ACTION** - Ensure that violence, abuse and neglect policies link with intersecting policy areas, e.g. youth, disability, older people

