

RESPONSES TO SUPPLEMENTARY QUESTIONS

Ministry of Health leadership

1. Please explain the structure of domestic violence policy within the Ministry of Health. How does the Ministry take a strategic approach to domestic and family violence?

ANSWER:

Domestic violence is a significant public health issue, affecting the physical, psychological and social health of women and children. Living with domestic violence has a serious impact on short- and long-term psychological, emotional and physical health of victims and their children.

NSW Health applies a public health approach to preventing and responding to domestic and family violence. NSW Health aims to help reduce the incidence of domestic violence through the provision of primary and secondary prevention health care services, and to minimise the trauma that people living with domestic violence experience, through tertiary prevention approaches including ongoing treatment and follow-up counselling.

NSW Health operates within the framework of NSW Government policy on domestic violence. Responses are consistent with current NSW Government policies including the NSW Charter of Victims Rights (*Victims Rights Act 1996*) and the legislative requirements of other statutory agencies such as the NSW Police Force, the Department of Family and Community Services, and Department of Attorney General and Justice.

The *Policy and Procedures for Identifying and Responding to Domestic Violence* (2003) (The Domestic Violence Policy)¹ outlines the role of NSW Health generally and Local Health Districts (LHDs) specifically, in recognising and responding to domestic violence. The Domestic Violence Policy provides the framework for all health workers in hospitals and community health services in respect of how to appropriately respond to the identification or disclosure of domestic violence. The term "domestic violence" is used to refer to abuse and violence between adults who are partners or former partners. The term 'family violence' is preferred by many Aboriginal and Torres Strait Islander communities. NSW Health has other policies and strategies that address other forms of violence such as child abuse and sexual assault.

The Maternity, Children and Young People's Health Branch, NSW Ministry of Health, provides strategic leadership and policy management of NSW Health's response to domestic violence. The role of the NSW Ministry of Health is to also ensure the effective collaboration between all health services, as well as with government and non-government agencies, regarding NSW Health's response to domestic violence. From 1 July 2012, NSW Health's domestic violence response will be incorporated into the establishment of the new statutory corporation, NSW Kids and Families. This new body will champion the health interests of children and young people across the state, and provide policy leadership in the violence prevention and response and child protection fields.

The Centre for Aboriginal Health, NSW Ministry of Health manages NSW Health's policy response to family violence focusing on Aboriginal communities including managing *The NSW Health Aboriginal Family Health Strategy: Responding to family violence in Aboriginal communities (2011-2016)* that guides NSW Health's response in this area.

Local Health Districts provide universal health services to victims of domestic violence. The role of LHDs is to:

- Plan and resource health services to meet local needs.
- Provide responses including prevention, risk identification, early intervention, crisis intervention, treatment and follow-up counselling.

¹ http://internal.health.nsw.gov.au/pubs/p/pdf/procedures_dom_violence.pdf.

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- Ensure that health workers receive up-to-date training and information about domestic violence that is relevant to their position.
- Implement the Routine Screening for Domestic Violence Program in antenatal and early childhood health services, and to women aged 16 years and over who attend mental health and alcohol and other drugs services. The Routine Screening for Domestic Violence Program is an early intervention and prevention strategy.
- Ensure that crisis and non-crisis intervention, medical treatment, appropriate counselling, information and referral services are provided to victims and non-offending family members.
- Ensure that responses to clients who are identified as perpetrators of domestic violence comply with NSW Health and NSW Government policy.
- Encourage interagency collaboration in projects, committees, and initiatives at the local level.

2. At the hearing on 30 April, representatives of the Department of Attorney General and Justice told us that they have advocated for the new Domestic, Family and Sexual Violence Framework to have a focus on the needs of victims and timely and coordinated responses to victims. What is the Ministry of Health seeking to be reflected in the Framework?

ANSWER:

The Ministry of Health has advocated for the adoption of the following five priorities in the NSW Domestic, Family and Sexual Violence Framework:

Governance

Clear accountability and management for domestic and family violence is essential to ensure agencies and NGOs work together to effect change for the benefit of victims, including children, and the community as a whole.

Common language and understanding of domestic and family violence

NSW Health currently recognises domestic violence as relating to intimate partners and family violence to broader family relationships. The *Crimes (Domestic and Personal Violence) Act 2007* definition is broader again including other relationships based around shared accommodation.

Privacy and sharing of information

Standardised processes that clarify, facilitate and expedite information sharing will increase safety. It is noted that the current legislative context for NSW Health staff is the *Health Records & Information Privacy Act (2002)* and *Privacy and Personal Information Protection Act (1998)*.

Risk assessment and management

NSW Health led a whole of government project to develop and trial a Cross Agency Risk Assessment and Management Framework for Domestic and Family Violence. The project is now being led by the Department of Family and Community Services.

Cross sectoral training

This is an essential component of a more coordinated service response.

Cross Agency Risk Assessment and Management - Domestic and Family Violence

3. The Committee understands that you have responsibility for developing the Cross Agency Risk Assessment and Management - Domestic and Family Violence tool. Please briefly outline the purpose of this program.

ANSWER:

NSW Health led the Cross Agency Risk Assessment and Management – Domestic Violence Project, on behalf of the NSW Government to improve the identification and management of the risk of domestic and family violence.

The Cross Agency Risk Assessment and Management – Domestic Violence Project agency partners developed a risk assessment Framework. The Framework comprised a shared understanding of guiding principles; consistent risk assessment tools/risk management strategies/approach to sharing information; and a cross-agency workforce training strategy.

The Framework included two tiers, initial assessments by frontline staff when domestic and family violence (DFV) is first identified, and referrals to the second tier of specialist assessments by experienced DFV workers. Interagency Working Groups were established at the local level to improve agency coordination. The same evidence-based risk factors were applied by all interagency assessors for consistency. Initial and specialist assessment tools were provided to participating agency and service staff.

The Framework was trialled at two sites over three months from July to September 2010. The key agencies in the trial were NSW Health, the NSW Police Force, Department of Justice and Attorney General and Community Services, the former Department of Human Services with the support and participation of non-government agencies. The profile of clients was broadly similar at both sites (Sutherland and Wagga Wagga). The trial resulted in 671 initial assessments, 462 at Sutherland and 209 at Wagga Wagga. Around two thirds of clients at both sites had a partner relationship to the perpetrator, and the other third had a family relationship. At least 31 clients (16 per cent) were recorded as Aboriginal at Wagga Wagga, and at least eight clients (2 per cent) at Sutherland. Women comprised three-quarters of all assessments.

4. The Audit Office of NSW reported that a three month trial of the Cross Agency Risk Assessment and Management program in 2010 had disappointing results (Audit Office of NSW, *Responding to domestic and family violence*, 2011, p 19).

(a) Please tell us about the trial results and any alterations you have made to the program since it was evaluated.

(b) What action has been taken to implement the program across the State?

ANSWER:

The Evaluation

In 2011 an evaluation by ARTD Consultants titled, *Evaluation of the 2010 Trial of the Cross Agency Risk Assessment and Management – Domestic Violence Project Framework (June 2011)*, found that clients were largely satisfied with their experience of the risk assessment and management process.

The evaluation found that interagency coordination improved as a result of the establishment of the Interagency Working Groups. It was recommended that a future approach “would be improved by a longer time period for the trial (say 6 months) and more focus on managing the changes involved in introducing a new initiative.”²

² Page iii, ARTD Consultants (2011), 'Evaluation of the Trial of the CARAM-DFV Framework'.

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The evaluation of the impact of training was mixed. While the impact of the training on the specialist assessors was successful, training for initial assessors required further review.

The pilot was evaluated as being largely effective in terms of the implementation of specialist assessments. The initial assessments generated 100 specialist assessments, 57 at Sutherland and 43 at Wagga Wagga. Almost all specialist assessments were with women and at Wagga Wagga three clients (7 per cent) were recorded as Aboriginal.

- Clients responded positively to the service; however, it was not possible to compare client satisfaction levels with former approaches.
- Integration was shown to have improved as a result of the implementation of the pilot and the Interagency Working Groups.
- The evidence suggests that a shared understanding or acceptance of the evidence-based risk factors was not achieved, and there were different views about need assessment or risk assessment.

A copy of the report is included as an attachment.

NSW Government's response

Following the conclusion of the pilot, and ARTD's Evaluation, partner agencies agreed that effective integrated risk assessment and management of Domestic and Family Violence is central to improving safety for victims and children. Agencies did not support the Cross Agency Risk Assessment Model in its current form.

NSW Health presented an Options Paper to the Justice and Human Services Chief Executive Officer Meeting of 10 May 2012, proposing next steps for the NSW Government. The forum resolved to commence further work on integrated domestic and family violence risk assessment and management concurrently with, and informed by, the development of the NSW Domestic and Family Violence Framework.

NSW Health has concluded its role as lead agency. The Department of Family and Community Services will lead the next stages of work.

NSW Health Review of Counselling Services 2011 (including the mapping of domestic and family violence services)

5. The Review of NSW Health Counselling Services report (page xii) observes the need to review equity of access to publicly funded domestic violence counselling, especially in areas of high need, in rural locations, and for Aboriginal and CALD communities. What inequities were observed by the mapping exercise?

ANSWER:

The *Review of NSW Health Counselling Services (2011)*, conducted by ARTD Consultants on behalf of the former NSW Department of Health, reviewed specialist counselling services for sexual assault and child abuse and neglect, developed key performance indicators and mapped NSW Health funded and delivered domestic and family violence counselling responses.

The mapping exercise identified where domestic violence counselling responses were available in public health services and health funded NGOs specifically Women's Health Centres. The review found that there are a small number of designated domestic violence counselling services, and that the majority of counselling support was provided by generalist hospital and community health social workers. Some counselling responses to Domestic Violence are also provided in other NSW

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Health services such as Child Protection Counselling Services, Alcohol and Other Drugs where domestic violence was also identified. The majority of services were identified as being based in the metropolitan area.

The NSW Ministry of Health is currently considering a range of strategies to address the Review's recommendations.

6. The review also noted that the main counselling response provided by area health services is crisis intervention via social workers when people present at emergency departments, and that very little follow up is provided. In addition, counselling services are provided by NGOs such as women's health services (page ix).

(a) What do we know about the adequacy of these services?

(b) Betty Green of the NSW Domestic Violence Committee Coalition (Evidence, 17 October 2011, p 22) highlighted to the Committee the need for more counselling, both for women and children affected by domestic violence. What are your comments here?

ANSWER:

Frontline social workers within public hospitals provide tertiary therapeutic responses to victims of domestic violence who present to Emergency Departments. Providing a response at the time of crisis proves an effective intervention to improve safety in both the women's and children's lives. A crisis response can only be provided by these workers as they are also responsible for responding to high levels of child protection, bereavement and other trauma admissions.

Referrals can also be made to appropriate local non government organisations (NGOs), such as Women's Health Centres.

NSW Women's Health Centres are NGOs funded by the Ministry of Health. Women's Health Centres aim to improve the health status of women by providing a unique, holistic, woman-centred approach to primary health care. Responding to domestic violence is a key priority for these centres as identified in the *NSW Women's Health Plan 2009-2011 (active until 2013)*. Domestic and family violence counselling services is offered by most of the 22 Women's Health Centres located across NSW.

Aboriginal programs

7. Please tell us about any programs you run which are focused on domestic violence in indigenous communities.

ANSWER:

NSW Health is committed to reducing the incidence and impact of family violence by working in partnership with Aboriginal people and their communities.

The term 'family violence' is preferred by many Aboriginal and Torres Strait Islander communities as it encapsulates the extended nature of Indigenous families and also the context of a range of forms of violence occurring frequently between kinspeople in Indigenous communities. Family violence includes domestic (intimate partner) violence, sexual assault and child abuse and abuse of older people.

The NSW Health Aboriginal Family Health Strategy: Responding to family violence in Aboriginal communities (2011-2016) guides NSW Health's activity in responding to family violence in Aboriginal communities.

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The Aboriginal Family Health Strategy is unique among family violence prevention and intervention strategies in its focus on the Aboriginal family and culture, and its healing approach. The Strategy sets out a model of care that will guide the implementation of specific actions by LHDs, Aboriginal Community Controlled Health Services (ACCHSs) and other NGOs from 2011 to 2016. This model of care is informed by evidence based best practice, and built on the foundation of a healing approach. Its implementation will continue to be informed by building research and evaluation into program activity. \$1.8 million per annum has been allocated to fund Strategy initiatives and programs.

The Strategy builds on a range of new and existing initiatives focussed on reducing the incidence and impact of family violence in Aboriginal communities in NSW. In particular, it builds on the successful work of Aboriginal Family Health Workers (AFHWs) and the Education Centre Against Violence. There are 25 Aboriginal Family Health Workers who are predominantly located in Aboriginal Community Controlled Health Services in regional and rural areas of NSW. Their role includes participating in and managing prevention initiatives, and education and awareness raising activities at a local level to change attitudes towards family violence.

The prevention and early intervention work of Aboriginal Family Health Workers may include informal women's groups or "camps", often focussed on art and craft or computer literacy education and self care. It also includes work with school age youth on issues such as respectful relationships. These gatherings provide a safe environment in which to discuss and address family violence and child protection issues. Such groups also provide a means of building the self esteem and resilience of women and providing them with the strength and support needed to break the cycle of family violence.

The role of the Aboriginal Family Health Workers in referral and advocacy with other support services (e.g. Housing, Health) for women at risk not only assists women and children at crisis point but also prevents the escalation of issues to more serious situations of family violence.

In addition, Aboriginal Family Health Coordinator positions are being trialled in four LHDs: Hunter New England, Northern NSW, Mid North Coast and Illawarra Shoalhaven. It is envisaged that the Coordinator will provide linkages between the NSW Health system, both universal and Aboriginal specific programs, NGOs, and whole of Government, including Commonwealth Government, and implement initiatives to reduce and prevent family violence in Aboriginal communities. The role is intended to be strategic, with an emphasis on building formally recognised and active partnerships within a LHD and regional context, and to thereby facilitate better access for Aboriginal people to a range of services supporting a holistic response. Funding for this trial has been allocated through the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

Prevention and early intervention

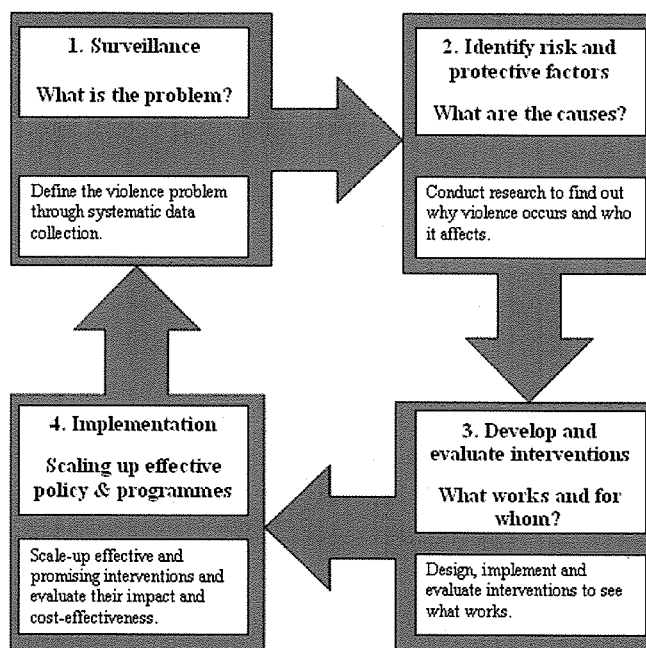
8. The Committee has heard that the Victorian Government has taken a 'public health approach' to domestic violence that focuses on primary prevention. What would you see as the potential impact of such an approach in NSW?

ANSWER:

The public health approach to violence prevention, as defined by the World Health Organisation, is "to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence".³ In other words, applying a public health approach to violence means to take an empirical and scientific approach to investigating the causes of consequences of violence before developing the policy response, including the primary prevention response.

³ The World Health Organisation (2012), 'The public health approach: Violence Prevention Alliance', available at http://www.who.int/violenceprevention/approach/public_health/en/index.html.

The steps of the public health approach



World Health Organization, 2012

NSW Health applies a public health approach to preventing and responding to domestic and family violence. NSW Health aims to help reduce the incidence of domestic violence through the provision of primary and secondary prevention health care services, and to minimise the trauma that people living with domestic violence experience, through tertiary prevention approaches including ongoing treatment and follow-up counselling.

9. The Committee has heard about the success of VicHealth in promoting the prevention of violence against women. VicHealth is an independent, statutory body but is funded through the State Government's annual Health Budget. In the absence of an equivalent organisation in NSW, who else could potentially lead the prevention of domestic violence in NSW?

ANSWER:

Under the *National Plan to Reduce Violence against Women and their Children*, adopted by the Council of Australian Governments in February 2011, the NSW Government agreed to increase primary prevention activities.⁴ Two of the six goals of the National Plan are to create communities safe and free from violence, and to create respectful relationships by changing and shaping attitudes and behaviours of young people. The National Plan emphasises the importance of developing primary prevention initiatives that build positive attitudes and beliefs, social norms and strategies for organisations to confront controlling, macho, aggressive and ultimately violent behaviour.

Primary prevention initiatives are currently undertaken by a range of NSW Government agencies and will be further enhanced as a part of the Domestic, Family and Sexual Violence Framework currently being developed by the Office of Women, Department of Family and Community Services.

⁴ <http://www.fahcsia.gov.au/sa/women/progserv/violence/nationalplan/pages/default.aspx>.

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Other

10. When they appeared before the Committee, representatives of the One in Three Campaign argued the need for publicly funded services specifically for male victims of intimate partner violence, including counselling services, accommodation, crisis support and legal support.
- (a) To what extent can male victims of violence currently access health services for domestic violence?
- (b) What is your view of the One in Three Campaign's recommendation here?

ANSWER:

- (a) The NSW Health *Policy and Procedures for Identifying and Responding to Domestic Violence* (2003) (The Domestic Violence Policy)⁵ applies to all victims of domestic violence and Health provides a response to all victims of violence. The Policy recognises that both women and men may experience abuse and violence in relationships and the seriousness of violent behaviour by any person should never be minimised. Male victims of domestic violence are able to access support from front line social workers located in Accident and Emergency Departments of NSW hospitals.

The majority of domestic and family violence victims are women. According to the Personal Safety Survey (2005) conducted by the Australian Bureau of Statistics 40 per cent of women in Australia had experienced violence since the age of 15.⁶ Just under one third of women (29 per cent) had experienced physical assault and nearly one in six women (16 per cent) had experienced violence by a current or previous partner in their lifetime. While it is true that some men experience domestic violence, evidence from the Personal Safety Survey shows that men are more likely to be physically assaulted by a stranger than a current or former partner.

In Routine Screening for Domestic Violence Program, women attending antenatal and early childhood health services, and women aged 16 years and over who attend mental health and alcohol and other drugs services are screened as part of routine assessment. The prevalence of domestic violence and associated risks are high for female patients and clients in these clinical groups.

ACON, NSW's and Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation, derives most of its funding from NSW Health, provides counselling services to males affected by same sex domestic violence.

- (b) As described above, all victims of domestic and family violence are eligible to receive support from NSW Health services as outlined in the NSW Health *Policy and Procedures for Identifying and Responding to Domestic Violence* (2003).

Men are not questioned as part of the Routine Screening for Domestic Violence Program as this initiative only screens patients and clients reporting the highest prevalence of domestic violence.

⁵ http://internal.health.nsw.gov.au/pubs/p/pdf/procedures_dom_violence.pdf.

⁶ Australian Bureau of Statistics (2005), *Personal Safety Survey*, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0/>.

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11. Please explain the ambit of the review of the NSW Domestic Violence Policy, and what the Ministry is hoping to achieve from the review.

ANSWER:

The NSW Ministry of Health is conducting a review of the *Policy and Procedures for Identifying and Responding to Domestic Violence (2003)* to reflect policy and practice changes since 2003. All NSW Health policy directives, guidelines and policy and procedure manuals are regularly reviewed to ensure policies reflect current legislation, policy and practice research. An internal NSW Health consultation will be undertaken on the revised *Policy and Procedures for Identifying and Responding to Domestic Violence (2003)* prior to finalisation.

The Review objectives and intended outcomes are as follows:

Project objectives

- To review the extent to which LHDs have implemented the current Domestic Violence Policy.
- To identify the achievements of LHDs and NSW Health.
- To review and update the NSW Health Domestic Violence policy and procedures.
- To develop an Aboriginal Health Impact Statement.

Intended outcomes

- Report achievements of LHDs and Ministry of Health in implementing the Domestic Violence policy.
- Discussion paper establishing current context, canvassing options, new proposals, to inform revised policy.
- Aboriginal Impact Statement.
- At completion of the project, there will be Revised Domestic Violence Policy and Procedures.