

# Family Violence: Services and projects



This paper is one of two co-produced by Gippsland PHN, Gippsland Women's Health and Gippsland Family Violence Alliance to highlight the issues, crime reporting and associated impacts of family violence and violence against women and children in Gippsland.

## Summary of the key issues:

Gippsland experiences higher rates of family violence incidents, including some of the State's highest rates in Latrobe, East Gippsland and Wellington.

Family violence is recognised as an important factor affecting health with reports of service gaps.

Gippsland services are reporting increased trauma in children who have experienced family violence.

Gippsland services are reporting increased family violence related homelessness, mental health distress and substance use.

## The family violence service system

There are a range of services available within the family violence response service system including:

Intake services – helping to manage risk and creating a safety plan.

Case Management – helping to create a longer term plan.

Family Violence Counselling – assisting through recovery.

Men's Services – Services to assist men to change their behaviour, manage risk and provide parenting support.

Aboriginal led intake, case management, counselling, therapeutic supports and men's services.

Recovery and Therapeutic support – assisting children, adolescents and adults to work through trauma and challenges.

An overview and contact details for specific services in each local government area in Gippsland can be found through the "Find Help" function on the Gippsland Family Violence Alliance website at <https://gippslandfamilyviolencealliance.com.au>

## Gippsland Women's Health

Gippsland Women's Health (GWH) is funded to lead work in Gippsland on the prevention of violence against women through the Women's Health Services Workforce Capacity Building Program funded via the Office for Prevention of Family Violence and Coordination and through our health promotion funding with the Department of Families, Fairness and Housing and Health.

GWH also auspice and Chair the Gippsland Family Violence Alliance, a partnership of 31 funded family violence response organisations across Gippsland.

## Gippsland Family Violence Alliance

The Gippsland Family Violence Alliance was established to improve integration across the family violence service system.

It has 84 members from agencies including specialist family violence, homelessness, mental health, alcohol and other drugs, health and government.

The Alliance published the Strategic Plan 2020-23 during 2021. <https://gippslandfamilyviolencealliance.com.au/>

"I can call someone and go somewhere when it is unsafe to stay at home."

"I feel supported to make choices that help me, and my family feel safe."

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"I prioritise family violence as it's coming across our tables daily and the impact to the age range 0-25 and housing and family connections."

### Gippsland PHN

Access to evidence based mental health services and wellbeing support programs.

<https://gphn.org.au/what-we-do/programs/mental-health-care-and-suicide-prevention/>

Access to quality, evidence based education and training for general practitioners (GP), allied health and other professionals.

Gippsland HealthPathways is developing a localised family violence pathway and associated referral pages

<https://gippsland.healthpathways.org.au/>

### How to improve system

We need to work together to increase:

Awareness of the types of domestic violence and impact on health.

Knowledge among GPs and other primary health professionals to identify and respond to family violence.

Access to appropriate support for all who experience family violence regardless of gender.

### The health setting and general practitioners

As highlighted in *Early Engagement with families in the health sector to address domestic and family violence: Policy Directions Oct 2020* it is critical that the health sector is supported in identifying and addressing family violence.

The following key points support the need for additional training and support within the health sector:

Healthcare providers, specifically GPs, nurses, psychologists, and therapists receive 53% of current family violence disclosures and 43.7% of disclosures of past family violence.

Healthcare professionals receive more disclosures than the police.

Healthcare workers are more likely to only have between 2-4 hours of total training on the subject throughout their careers and they do not have any expectation or requirement to update knowledge on a regular basis.

"I can get help to understand the harm that I have caused and support to change, so I can be a better father to my kids."

GPs are more likely to view physical harm as a high risk factor and ignore threats to harm or coercive control when undertaking risk assessments.

The role of the GP is critical in identifying, supporting and referring appropriately.

GPs need to be constantly on the lookout for signs of family violence with the knowledge that:

There is often no distinguishing characteristic of a man who will be violent towards his partner.

Men tend to minimise responsibility for their violence, blame the victim or other external factors, and greatly under-report their use of violence.

Perpetrators will generally have developed ways of convincing themselves and others that they are not responsible for their violence, and can invite GPs to collude with their attitudes and beliefs.

Mental health issues or substance abuse problems can also be linked to domestic violence, although many perpetrators do not experience these problems.

At the same time, it is also important not to over pathologise men who use violence. If a GP sees a man they suspect may be using violence, then the use of funnelling questions from a broad subject to more specific is recommended.

**"More mistakes are made by not looking than not knowing"**

*Thomas McCrae, Jefferson Medical College*