

MEDIA RELEASE

Issues papers address family violence in Gippsland

25 January 2022

Gippsland experiences high rates of family violence incidents with rates in Latrobe, East Gippsland and Wellington some of the highest in Victoria.

This was revealed in two papers co-produced by Gippsland Primary Health Network (Gippsland PHN), Gippsland Women's Health (GWH) and Gippsland Family Violence Alliance (the Alliance) to highlight the issues, crime reporting and associated impacts of family violence and violence against women and children in Gippsland.

Gippsland PHN Acting Chief Executive Officer, Angela Jacob, welcomed the opportunity to work collaboratively with GWH and the Alliance on addressing the important issue of family violence in the community.

"This work involves identifying where services are needed most and ensuring the healthcare sector is well placed to support those in need of help," Mrs Jacob said. "We provide evidence-based mental health services and wellbeing support programs.

"We must also ensure there is access to evidenced-based education and training for general practitioners, allied health and other professionals who are dealing with these issues every day. As part of this we are developing a localised family violence pathway and associated referral pages for health professionals."

Gippsland services are reporting increased trauma in children who have experienced family violence with children experiencing family violence at rates 1.8 higher in regional and remote areas than in major cities.

Reports also indicate increased family violence related homelessness, mental health distress and substance use.

The two papers revealed emerging trends across Gippsland. Regional family violence practitioners are seeing an increased diagnosis of ADHD and/or ADD in children who have a history of experiencing family violence. Practitioners are concerned that children's trauma history is going unexplored throughout the diagnostic process.

Family violence victims are presenting with increasing complexity - mental health distress, substance abuse, home insecurity, welfare concerns and women with intellectual disability are presenting with increasingly complex cases.

Increasingly there is more than one perpetrator involved with family violence reporting.

Gippsland Women's Health Chief Executive Officer, Kate Graham, applauded the collaboration between Gippsland PHN, the Alliance and GWH in taking further steps toward educating the community on eliminating violence against women and family violence in Gippsland.



“Adequate and timely service responses are critical, but equally important is the prevention of violence,” Ms Graham said. “The focus on prevention is highlighted in the Victorian Government’s Free From Violence 2nd Action Plan 2022-2025 – prevent violence before it starts.”

Ms Graham also acknowledged the extended consultation timeframe for feedback on the Morrison Governments draft National Plan to end violence against women and girls (2022 – 2032).

“I welcome the government’s commitment to addressing violence against women and hope to see a much greater investment in primary prevention funding and a collaborative approach between state and federal governments in ending violence against women.”

Principal Strategic Advisor with the Alliance, Kim Adams, said the two issues papers, along with continuing family violence education and training, would strengthen the relationship between health professionals and family violence practitioners.

“It is important to ensure we are supporting those people experiencing violence in the most supportive and holistic manner possible,” Ms Adams said. “It’s also important that we have a consistent understanding of managing family violence risk, along with the supporting the trauma needs of our clients.”

As highlighted in *Early Engagement with families in the health sector to address domestic and family violence: Policy Directions Oct 2020*, it is critical the health sector is supported in identifying and addressing family violence. The papers identified the need for additional training and support within the health sector.

Data show that healthcare professionals receive more disclosures than the police while the role of the general practitioner is critical in identifying, supporting and referring appropriately. Providers, specifically general practitioners, nurses, psychologists and therapists, receive 53% of current family violence disclosures and 43.7% of disclosures of past family violence.

Healthcare workers are more likely to only have between 2-4 hours of total training on the subject throughout their careers and there is no mandatory requirement to update knowledge on a regular basis.

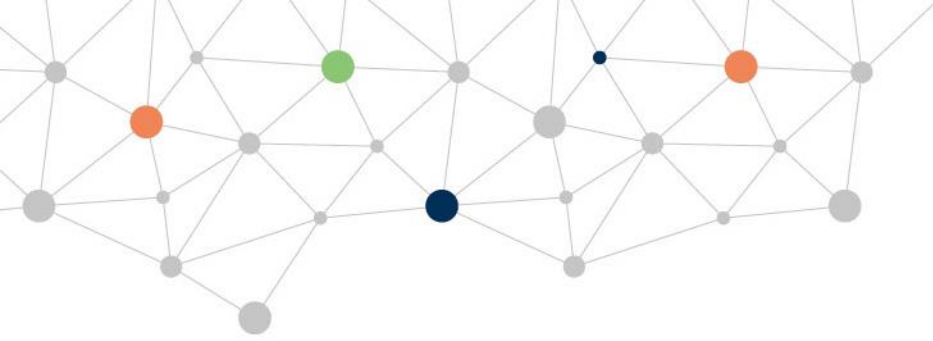
The papers noted ways of improving the system including working together to increase awareness of the types of domestic violence and impact on health; knowledge among GPs and other primary health professionals to identify and respond to family violence; and access to appropriate support for all who experience family violence regardless of gender.

The papers detail 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>



To read the two issues papers in detail, go to <https://gphn.org.au/what-we-do/health-planning/population-health/resources-ph/>

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