

Intimate Partner Violence
- a global, wicked problem that
impacts practice to the core.

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Part of the Hunter Regional Working Womens Group Inc. (Est: 1975)

Jenyfer Locke



Hunter Womens Centre acknowledges the
Aboriginal and Torres Strait Islanders as the
first inhabitants of this nation and the
traditional custodians of the lands where we
live love work and play
It is in their footsteps that we travel these
lands and waters.

I also acknowledge the Awabakal people and
Elders past, present and future.

A bit about me

- I am the Manager of Hunter Womens Centre based in the suburb Mayfield in Newcastle
- I have over 40 years experience in the health sector namely in Primary Health Care settings in metropolitan, rural & remote environments.
- I have also been employed as a lecturer for over 28 years namely in the Schools of Public Health, Medicine, Nursing, Education and Health Sciences.
- My working life has been established on the foundations of the WHO Healthy and Safe Cities Programs, Social Determinants of Health, Ottawa Charter for Health Promotion – all of which led my interest on alleviating the causes of the causes for disease and illness in communities

Hunter Womens Centre – HWC

- Has been providing services for women in the Greater Hunter Region for over 45 years
- Small outfit these days – 4.6 FTE of which 2.6 FTE are counsellors and double as educators
- Major funding source – NSW Ministry of Health via HNEH NGO Program
- Our model of service delivery is based on the strong foundations of providing a safe place that provides Trauma Informed Care (TIC) , using strengths based approach and empowers women to take control back
- ❑ Specialist TIC counselling services – only free public service in Newcastle
- ❑ Therapeutic education including e.g. DV courses, Discoveries – CSA; Art Therapy; Managing Anxiety; Joy and Empowerment; Building Healthy Relationships; and Self–Esteem workshops.

HWC ...cont.

- Majority of clients are referred from other agencies including Police, psychologists/GP's, lawyers, Legal Aid, Womens Refuges and self-referral, Community and Justice
- 60%+ of clients present with complex trauma (CPTS) and with multifaceted health issues and other support needs = impacts greatly on the number of sessions required.
- Outreach service provision at Raymond Tce and Woodbury
- Consistent requests for service provision across the region and beyond - restricted by funding


Setting the scene:

- Across the globe, at least 137 women EVERYDAY are killed by their partner. For many women the most dangerous place for them and their children is their home.
- Across Australia the incidences of reported Domestic and Family Violence (DFV) rose by 6% in 2019. In the Greater Hunter there was an increase of 14% which equates to roughly 1:3-4 women who have experienced or have been witnessed to Domestic Family Violence
- In Australia one women a week and one man a month is murdered by partner or ex partner, one child per fortnight is killed by parents
- In NSW in 2019, DV murders have doubled over the last year to 38 of which 7 were children; 11 of those happened in the Nthn Police jurisdiction, which includes the Greater Hunter.
- DFV costs the Australian economy an estimated at \$22 billion annually (2015-16KPMG)
- COVID-19 has had a significant impact on the rates of DFV & Child abuse across the Hunter


2014-15 on average 8 women and 2 men were hospitalised each day after being assaulted by their spouse or partner (AIHW 2017b)

One women a week and one man a month were killed as a result violence from a current or previous partner


Compared with non-Indigenous Australians, Indigenous Australians experience:




2x the rate of partner homicides



up to 32x the rate of hospitalisations



7x the rate of child abuse/neglect



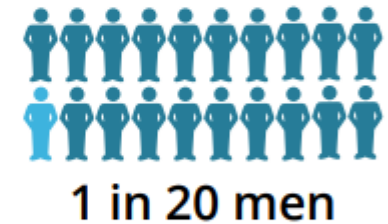
have experienced physical or sexual violence by a current or previous partner since the age of 15



have experienced emotional abuse by a current or previous partner since the age of 15



have experienced sexual violence since the age of 15



were killed by a current or previous partner between 2012-13 and 2013-14



Most family, domestic and sexual violence is against women, by men

(AIHW: Family domestic and sexual violence in Australia Report, 2018)

Priority populations



Women and girls



Aboriginal and
Torres Strait
Islander
people



Children and
young people



People with
disability



Lesbian,
gay,
bisexual,
transgender,
queer and
intersex
people



Culturally and
linguistically
diverse people,
migrants and
refugees



Women in
pregnancy
and early
motherhood



People with
mental illness



People living in
rural and remote
areas



Older women



Incarcerated
women



High-risk factors for domestic and family violence



Many factors contribute to risk and no one factor is singularly causal. However, the presence of certain evidence-based risk factors can indicate **severe or lethal violence** by men against their female intimate partners:



Intimate partner sexual violence



History of violence



Non-lethal strangulation (or choking)



Separation



Stalking



Escalation (frequency and/or severity)



Coercive control



Threats to kill



Misuse of drugs or alcohol



Pregnancy and early motherhood



Court orders and parenting proceedings



Victim's self-perception of risk



Perpetrator's access to or use of weapons



Suicide threats and attempts (perpetrator)



Abuse of pets and other animals



Isolation and barriers to help-seeking

Data sources and references: Australian and international domestic violence death reviews and lethality studies, Coroners' Courts reports, empirical research and practice-based literature.



Defining Intimate Partner Violence (IPV)

- No uniform definition – also known as Domestic Violence, Family Violence, Relationship Violence
- Intimate partner violence is domestic violence by a current intimate or former spouse or partner against the other spouse or partner. IPV can take a number of forms, including physical, verbal, emotional, psychological, economic and sexual abuse.

A physical sexual or psychological harm to a person by a current or former partner or spouse (MMWR, 2005)



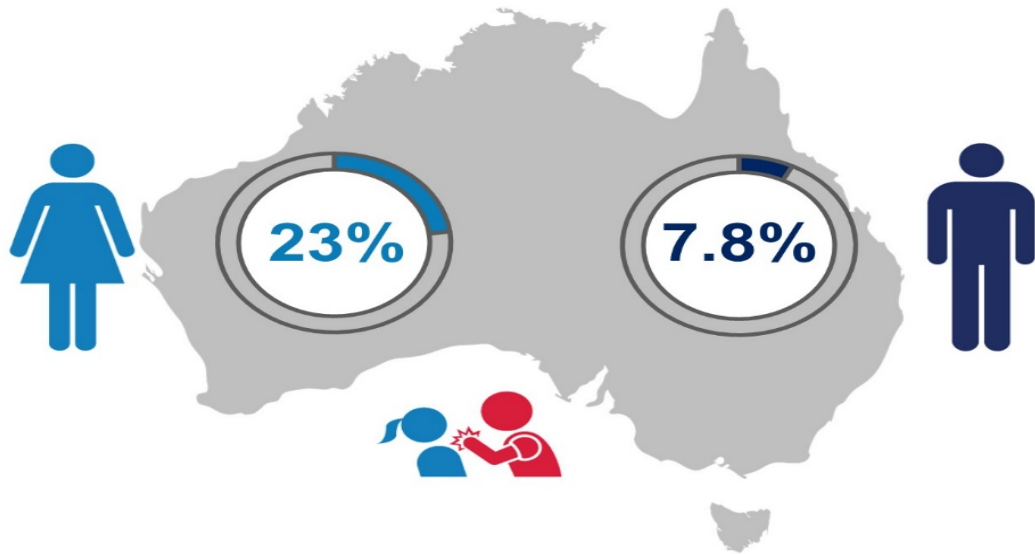
Definition of domestic and family violence

- ▶ The term “domestic violence” usually refers to violence against an intimate partner or ex-partner, while “family violence” may include violence perpetrated against children, older people, against parents by children, and other kin or family members. Many Aboriginal and Torres Strait Islander communities prefer the use of the term “family violence” to reflect broader family and kin relationships involved in violence.
- ▶ While there is no single definition, the central element of domestic and family violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal and non-criminal (COAG, 2011).





Violence by an intimate partner



1 in 4 WOMEN (23% or 2.2 million)
1 in 13 MEN (7.8% or 703,000)
experienced **violence**¹
by an **intimate partner**²



Intimate Partner Violence is defined by the WHO as any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship.

Family Violence – between family members as well as current or former intimate partners.

Domestic Violence is a subset of family violence and refers to violent behaviour between current or former intimate partners

Abuse includes physical and sexual violence, emotional abuse, economic restrictions, gaslighting and financial abuse and many other controlling and coercive behaviours.

What does abuse and violence look like:-

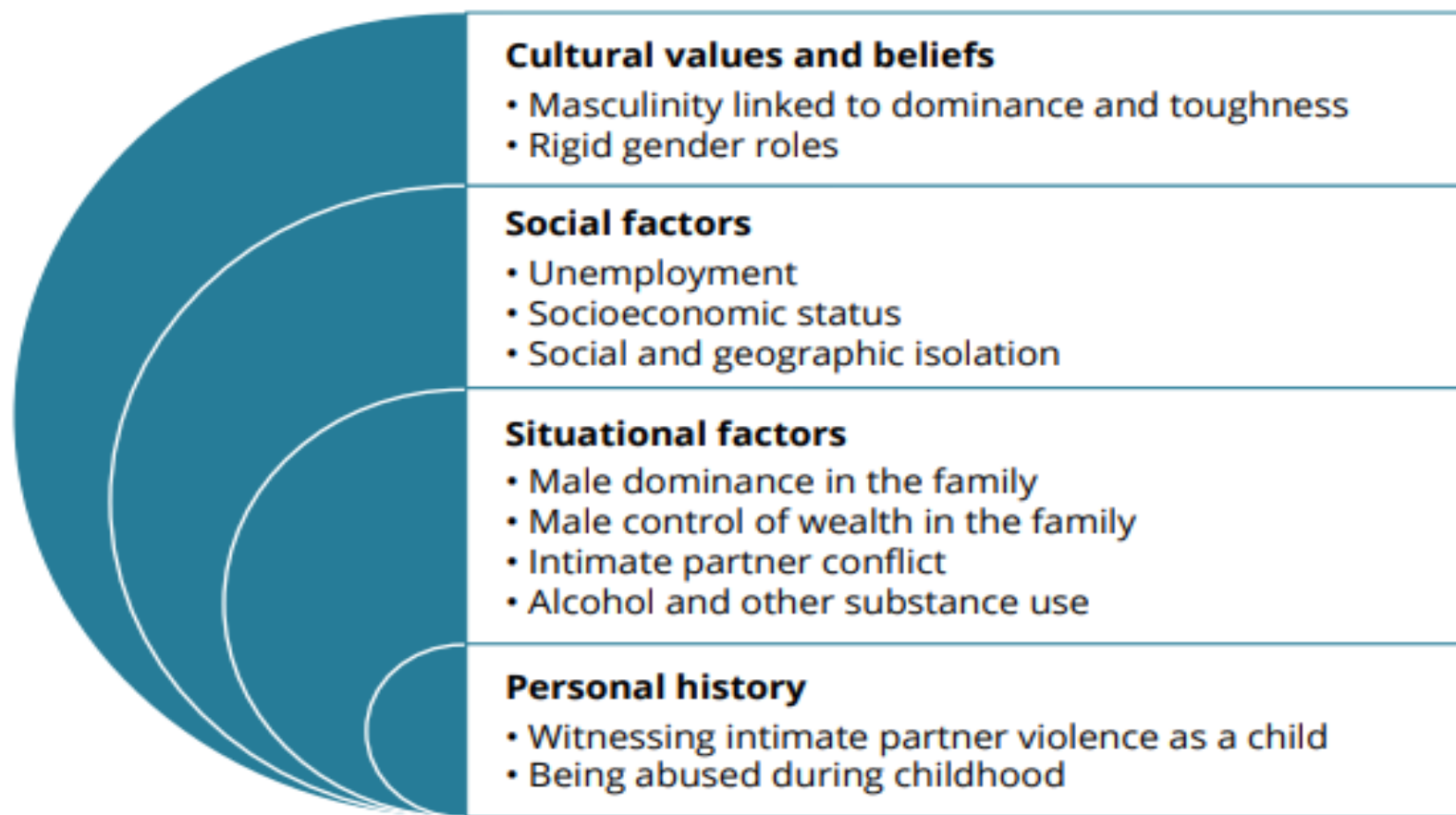
- Physical violence includes slapping, hitting, punching, being pushed across a room or down stairs, bites, choking/strangulation and burns and can include the use of knives, firearms and other weapons. Includes attempt or threat of violence.
- Sexual violence can include rape, sexual abuse, unwanted sexual advances or harassment and intimidation at home work or in the community. Also includes being forced to watch or engage in pornography, sexual coercion, having sexual intercourse out of fear of what a partner might do, forced prostitution and human trafficking.
- Psychological and emotional abuse: can include intimidation, belittling, humiliation and the effects of financial, social and non-physical forms of abuse
- Coercive control: can include isolating victims from family & friends, controlling access to finances, monitoring their movements, restricting access to information and assistance, and forever increasing the control over time
- Gaslighting

Gaslighting: The narcissist's favorite tool

OVER TIME GASLIGHTING CREATES
THE EFFECTS OF
**CONFUSION, BRAIN FOG, SELF-
DOUBT, DISORIENTATION,
PARANOIA, FEAR, TERROR,
FEELING LIKE YOU'RE LOSING
YOUR MIND, DIFFICULTY
MAKING JUDGMENTS OR
DECISIONS, SECOND-GUESSING
YOUR MEMORY, FEELING LIKE
YOU AREN'T GOOD ENOUGH,**
AND IT CAN EVEN CAUSE NERVOUS
BREAKDOWNS.



Box 2.1: Contextual factors that influence family, domestic and sexual violence



Source: Modified from Heise 1998.

Questions or queries???

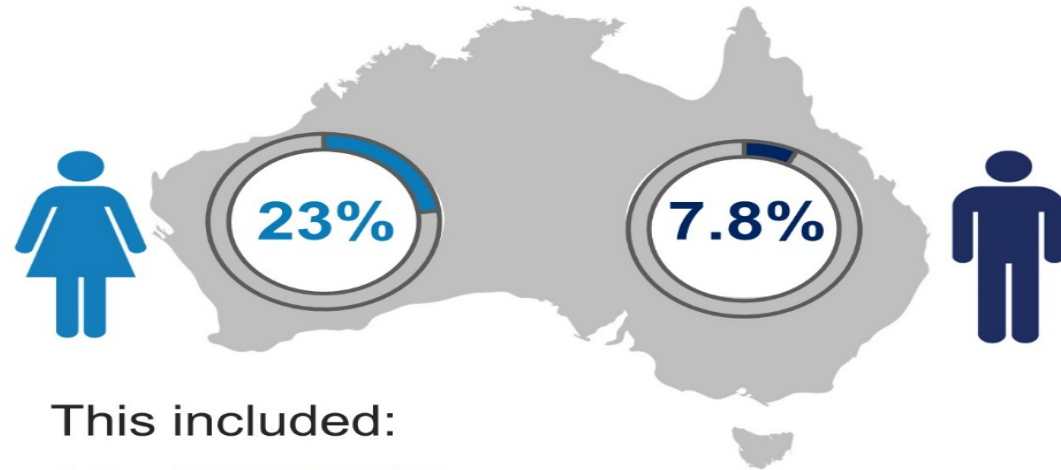
Violence by an intimate partner in Australia



Violence by an intimate partner



1 in 6 people (16% or 2.9 million) experienced **violence**¹ by an **intimate partner**²



This included:

1 in 4 WOMEN (23% or 2.2 million) and
1 in 13 MEN (7.8% or 703,000)

1. Physical and/or sexual violence since the age of 15. 2. Current and/or previous partner, girlfriend, boyfriend or date.
Infographic: Costello & Backhouse, 2019a (adapted from [ABS, 2017](#)).
Data source: *Personal Safety Survey 2016* ([ABS, 2017, Table 3](#)).



Since age 15:



1 in 6 women

1 in 16 men

have experienced physical and/or sexual violence by a current or previous partner



1 in 4 women

1 in 6 men

have experienced emotional abuse by a current or previous partner



1 in 5 women

1 in 20 men

have been sexually assaulted and/or threatened

Family and domestic violence is a leading cause of homelessness:



72,000 women

34,000 children

9,000 men

sought homelessness services due to family violence in 2016-17

Intimate partner violence is the greatest health risk factor for women



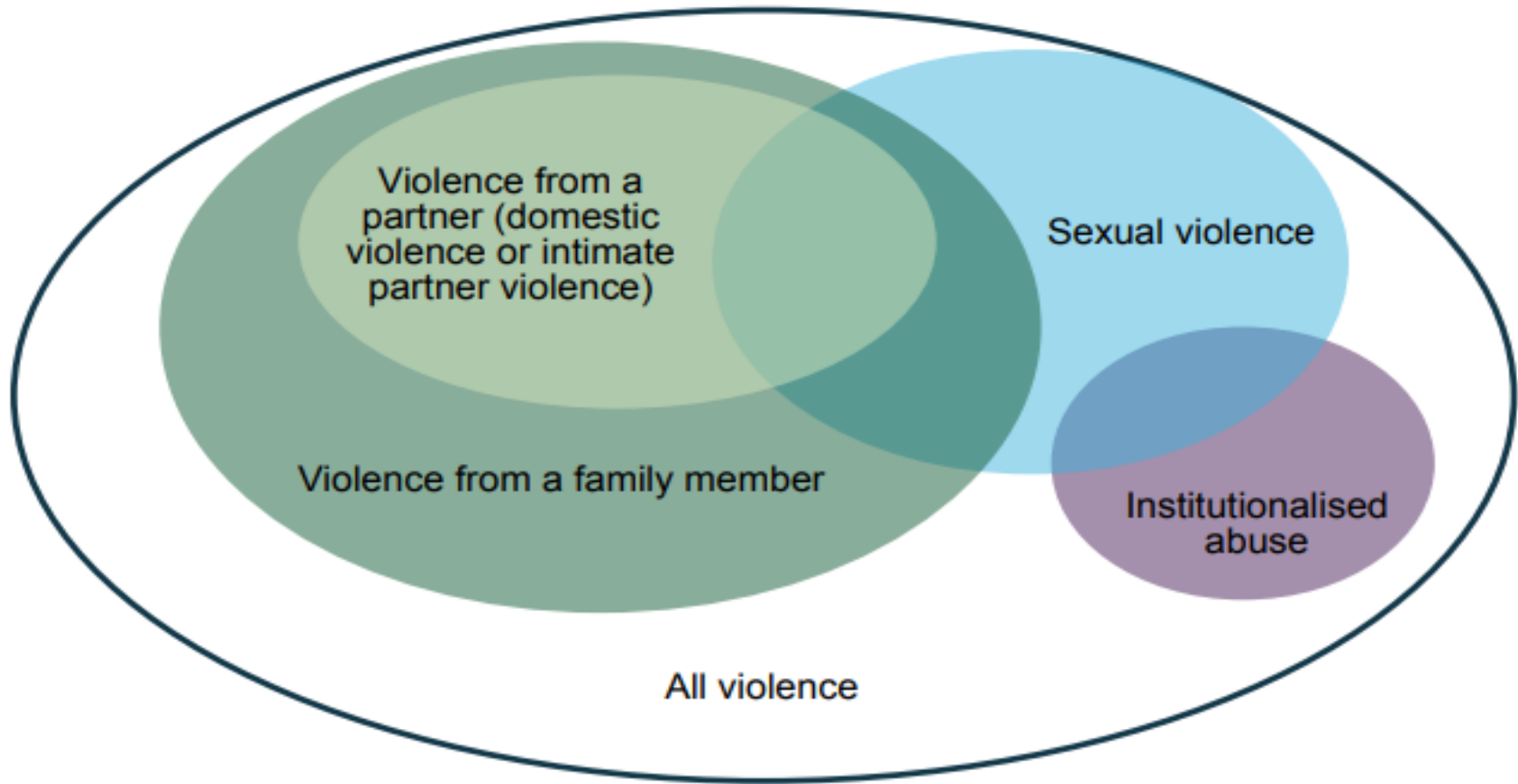
aged 25-44



\$22 billion

was the estimated cost of violence against women and children in Australia in 2015-16

Figure 1.1: Family, domestic and sexual violence



Myths

- Domestic and family violence isn't a big issue in Australia
- Women who have used violence cannot be victims of violence
- Men are the only abusers or perpetrators
- Domestic violence/abuse including IPV only occurs to poor uneducated women
- Children aren't affected by domestic and family violence
- If she didn't like it why doesn't she leave
- Women and men are equally violent in relationships (gender symmetry)
- Men are not victims of sexual assault (1 in 20 males report sexual assault)
- Men are less likely to disclose experiences of violence than women
- Sexual symmetry thesis is flawed by the characteristic dominance on the use of violence in all social contexts

Activity

Context for family domestic and sexual violence (includes IPV)

- One in 20 Australians believe violence against women may be justified.
- Non-physical behaviours are less likely to be recognised as violence against women
- Young people are more likely to have attitudes that support violence against women
- About 1 in 2 women and 1 in 4 men have experienced sexual harassment

Violence Abuse and Neglect

- **Violence, abuse and neglect is alarmingly prevalent in the Australian community.**
- Violence, abuse and neglect (or VAN) is an umbrella term NSW Health uses for domestic and family violence, all forms of child abuse and neglect, and sexual assault as well as children and young people with problematic or harmful sexual behaviours
- **Violence and abuse is 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 and these forms of violence also often overlap within families** (e.g. a father may perpetrate both violence against his partner and child abuse against his kids & pets).

Characteristics of violence by partner



Women's experiences of **violence by a partner** are more like **domestic and family (DFV) violence** than men's:

ANXIETY AND FEAR



Women were **much more likely** than men to have experienced **anxiety and fear** due to **violence by a partner**.

SEXUAL VIOLENCE



Women were **8x** more likely than men to experience **sexual violence by a partner**.

EMPLOYMENT



Women who experienced **violence by a partner** were **more likely than men** to have **taken time off work** as a result.

HOMELESSNESS



DFV is the **leading reason** for seeking assistance from **specialist homelessness services** (40% of clients; of which 92% were women with children).

POLICE



Their **partner** was **charged** for approximately **half of women** compared to a **quarter of men** who reported the **violence** to the **Police**.

RESTRAINING ORDERS



Women who have experienced previous **violence by a partner** were **more than twice** as likely than men to have a **restraining order** issued.

HOSPITAL



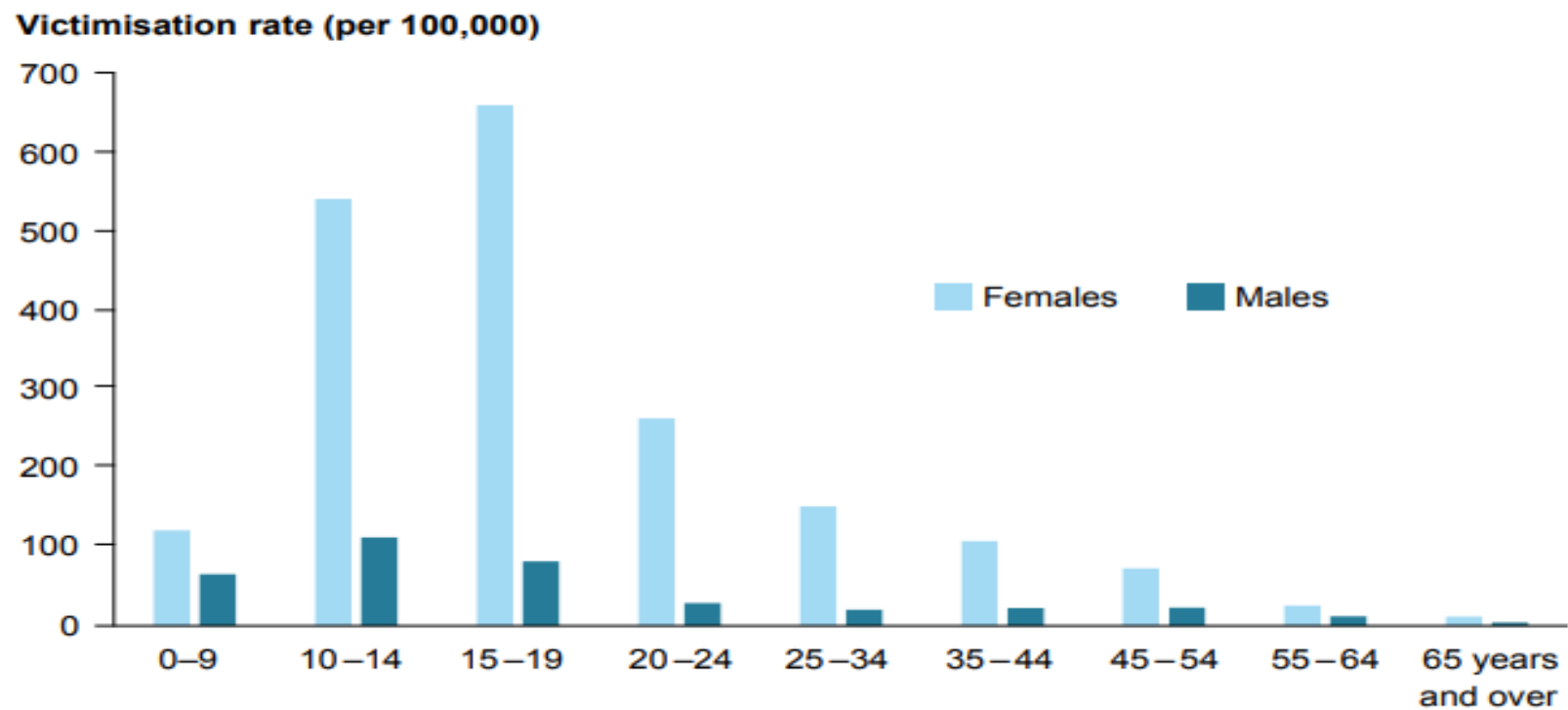
In **4 in 20** hospitalisations for **female assault victims** (45% or 2,800), compared to **1 in 20** for **males** (4.4% or 563), **a spouse or domestic partner** was the **perpetrator**.

DEATH



3 in 4 (75% or 488) victims of **intimate partner homicide** were **female** compared to **1 in 4** (25% or 166) who were **male**.

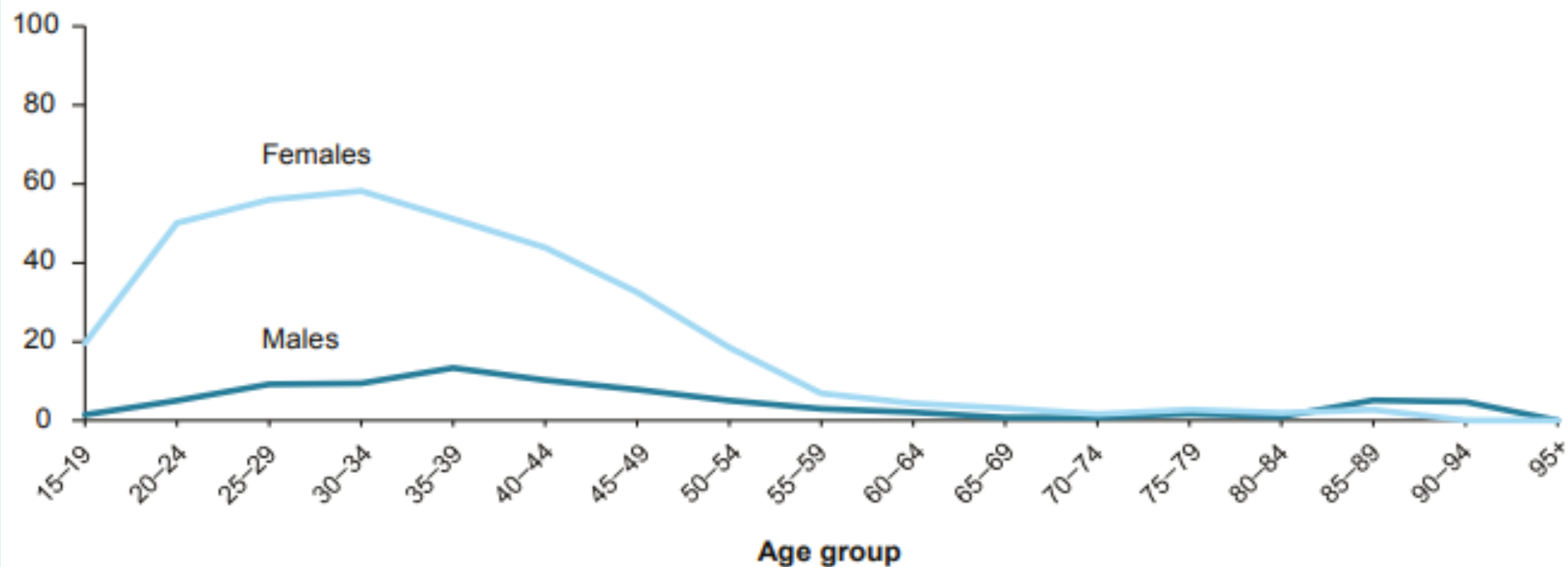
Figure 5.5: Sexual assault victimisation rate for female and male victims, by age group and sex, 2016



Source: ABS 2017d.

Figure 5.7: Rate of assault hospitalisations where perpetrator was domestic partner or spouse, by age group and sex, 2014-15

Hospitalisations per 100,000 population

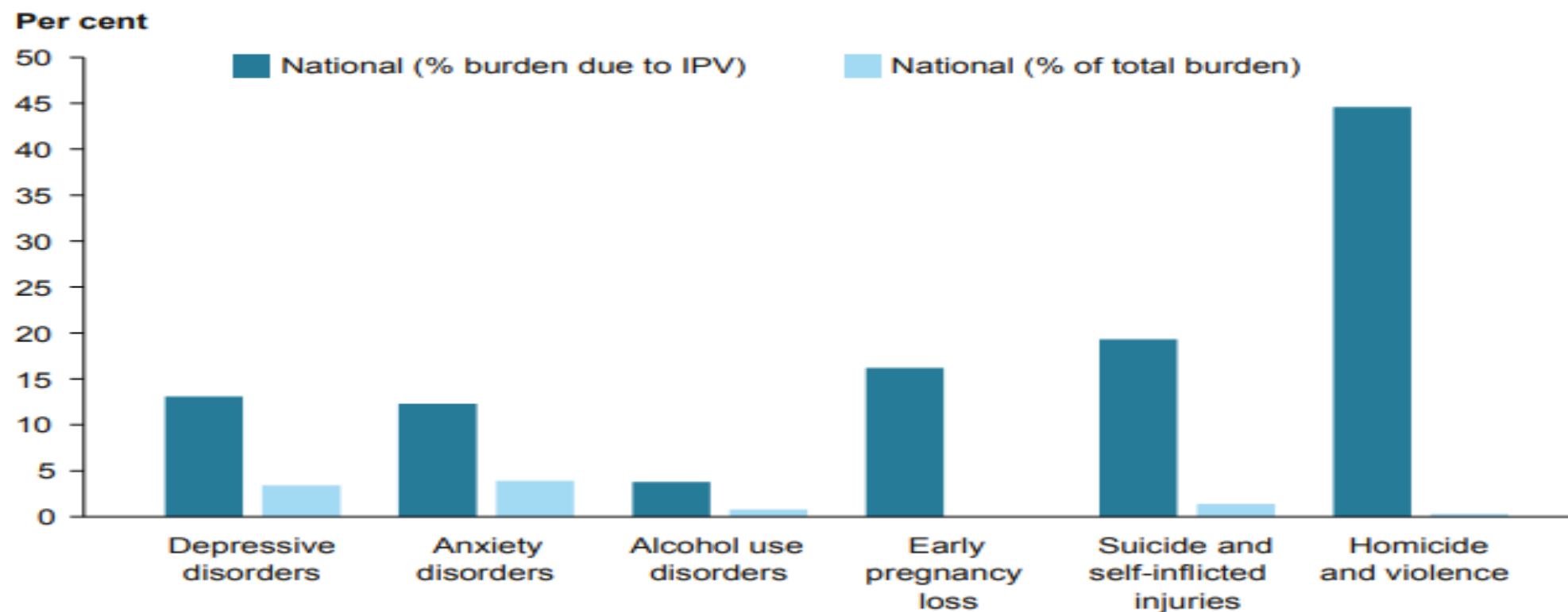


Source: AIHW analysis of the National Hospital Morbidity Database.

Implications of IPV - big picture

- Time off work – of those women who experienced violence from a current partner 1 in 11 women & 1 in 25 men
- Women who experience IPV or domestic violence have poorer health status
- 14% of the total burden of disease in women is due to IPV
- 1 in 4 women & 9 in 10 men will be more likely to have a restraining order issued against their previous partner (ABS 2017b)
- Partner homicides comprise the majority of domestic homicide incidents. 2 in 5 of all homicides related to domestic IPV
- 80% of domestic homicides occur in a home
- In Indigenous communities they experience twice the rate of homicides as non-Indigenous populations

Figure 6.6: Contribution of intimate partner violence to the burden of each disease compared with the percentage the disease makes to the total disease burden, women aged 18 and over, 2011

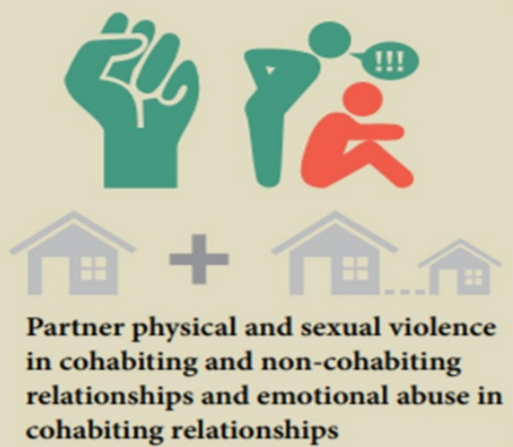


IPV = intimate partner violence.

Source: Ayre et al. 2016.

Burden of disease - Violence against women by a partner

Estimating the overall disease burden among Australian women



It contributes an estimated **5.1%** of the burden in women aged 18-44 years.⁵

This is more than any other risk factor.



Among all women it contributes an estimated 2.2% to the burden and is the seventh largest risk factor.

Top 8 risk factors contributing to disease burden in Australian women aged 18-44 years⁴ (% estimate)⁵

- 1 INTIMATE PARTNER VIOLENCE** 5.1%
- 2 ALCOHOL USE** 4.1%
- 3 TOBACCO USE** 2.3%
- 4 WORKPLACE HAZARDS** 2.2%
- 5 OVERWEIGHT/OBESITY** 1.8%
- 6 ILLICIT DRUG USE** 1.8%
- 7 PHYSICAL INACTIVITY** 1.8%
- 8 CHILDHOOD SEXUAL ABUSE** 1.2%

⁴ As there are interactions between risk factors, it is not correct to add them together.

⁵ Ayre, J., Lum On, M., Webster, K., Gourley, M., & Moon, L. (2016). Examination of the burden of disease of intimate partner violence against women: Final report (ANROWS Horizons, no. 06/2016). Sydney: ANROWS.

What was it like for the years leading up to Hannah Clarke's murder and that of her three children ?



Hannah Clarke and her three children were killed on February 19 by her ex-partner. Image: Facebook.

Figure 5.2: Women who experienced partner violence and sought advice or support, by sources of advice and support, 2016



Note: Partner violence refers to any incident of sexual assault, sexual threat, physical assault or physical threat by a current and/or previous partner since the age of 15. Proportions are only representative of women who sought advice or support, not all women who have experienced violence. Proportions will not add to 100% as multiple sources of advice or support can be selected. Other sources of advice and support that are not shown here include legal service, financial service, Government Housing and Community Services, and priest/minister/rabbi/other spiritual advisor.

Source: ABS 2017b.

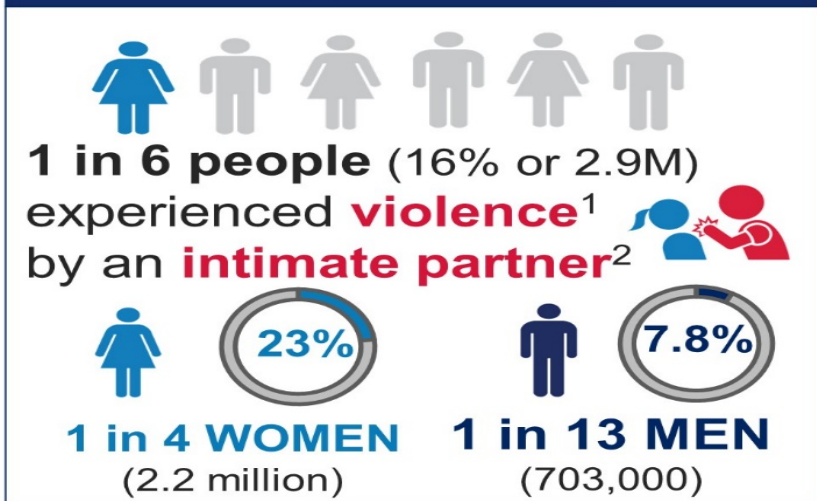
Combination of factors and their cumulative impact

- Australian born women in her 30's married with children who has access to social supports and was not in financial stress or insecurity, had no disability or health condition or previous experience of partner violence – the probability of her experiencing IPV in previous 2 years was 6.2%
- If the woman had otherwise the same characteristics but instead was a single parent, not in a registered marriage her risk would be 26%. Adding childhood abuse, inability to make timely payments on rent or mortgage and emotional abuse by a partner would increase her risk to 97% (= Stavrou et al. 2016)

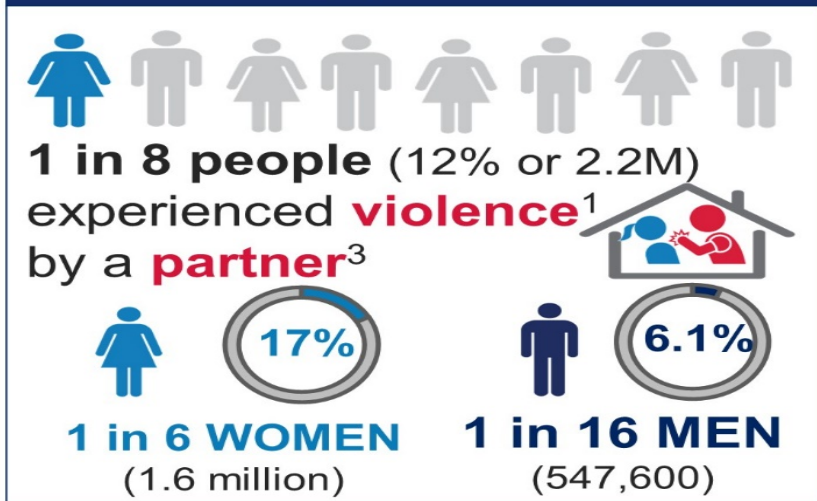


Violence by an partner in Australia - summary

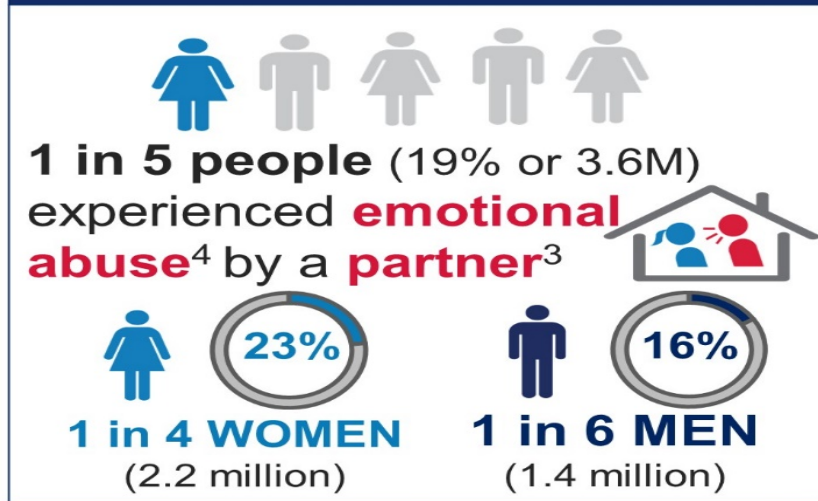
Violence by intimate partner



Violence by partner



Emotional abuse by partner



Women were **3x** more likely to experience **physical violence** by a **partner** and **8x** more likely to experience **sexual violence** by a **partner** than men.

1. Physical and/or sexual violence since the age of 15. 2. Current and/or previous partner, girlfriend, boyfriend or date. 3. Current and/or previous partner (lived with). 4. Since the age of 15.

Infographics: Costello & Backhouse, 2019a. Data source: *Personal Safety Survey 2016* ([ABS, 2017](#) & [ABS, 2017, Table 3.1](#)).



Any questions?

Adverse Childhood Experiences (ACEs)

- ▶ Adversity such as violence, abuse and neglect is well-recognised as a social determinant of poor health outcomes. As paediatrician Dr Nadine Burke Harris (2018) wrote about childhood adversity:

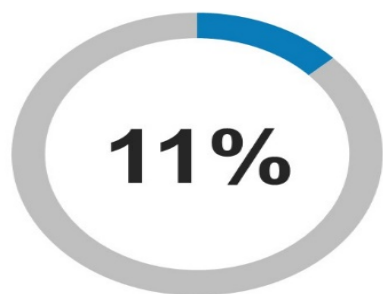
“Twenty years of medical research has shown that childhood adversity [especially traumas such as violence, abuse and neglect] literally gets under our skin, changing people in ways that can endure in their bodies for decades. It can tip a child’s developmental trajectory and affect physiology. It can trigger chronic inflammation and hormonal changes that can last a lifetime. It can alter the way DNA is read and how cells replicate, and it can dramatically increase the risk for heart disease, stroke, cancer, diabetes – even Alzheimer’s”.



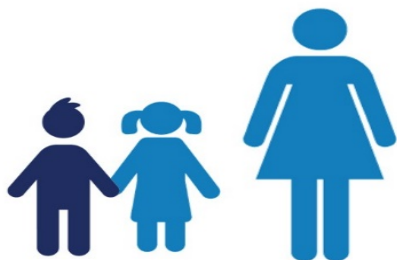


Witnessing violence towards a parent

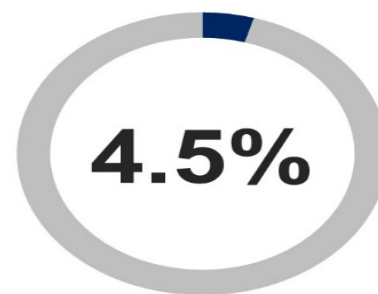
Australians were almost **2.5x** more likely to have **witnessed violence**¹ towards their **mother by a partner** than towards their **father by a partner**. This violence witnessed towards a **mother by a partner** was **more frequent** than towards a **father**:



1 in 9
AUSTRALIANS
(11% or 2 million)



witnessed **violence**¹ towards **their mother** **by a partner**



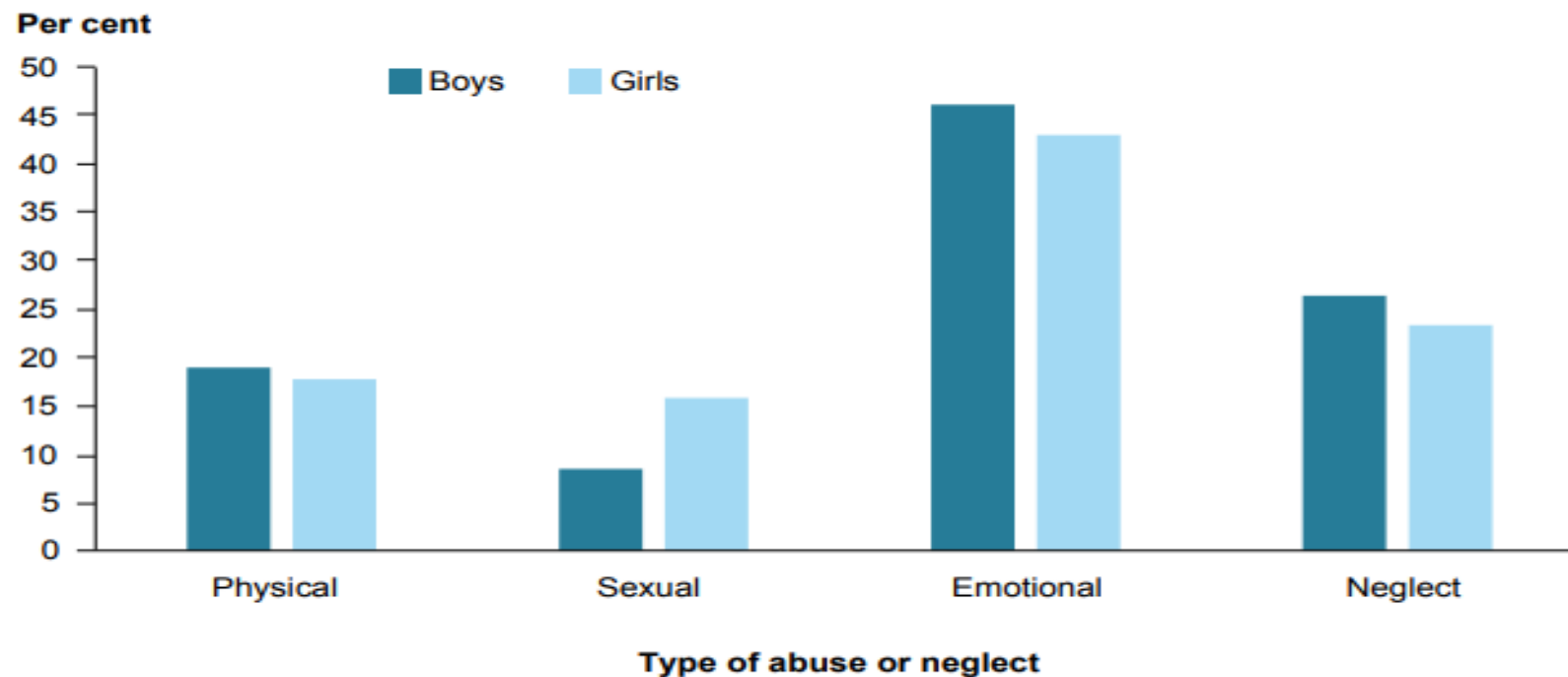
1 in 22
AUSTRALIANS
(4.5% or 819,000)



witnessed **violence**¹ towards **their father** **by a partner**



Figure 5.12: Children who were the subjects of substantiations of notifications, by primary abuse or neglect type and sex, 2015–16



Note: Only the abuse type that is most likely to place the child at risk or be most severe in the short term is reported for the first substantiation in the year.

Source: AIHW 2017a.

Aboriginal and Torres Strait Islander people's experiences of violence, abuse and neglect



Data on Indigenous people's experiences of family violence is limited, and **must be understood with recognition of the impacts of colonisation, systemic disadvantage, forced removal of children, land dispossession, racism and discrimination, and the intergenerational trauma** that these factors have significantly contributed to.



Indigenous women are **32x more likely** than non-Indigenous women to be **hospitalised due to family violence injuries**¹



Up to **90%** of Aboriginal and Torres Strait Islander women in prisons are **survivors of domestic, family, and/or sexual violence**³

1 in 5

WOMEN killed by a **male partner*** identified as **Aboriginal** (22.3% or 27)



* of 121 female victims of intimate partner homicide in Australia between 2010-2014²

Indigenous children were

7-times

more likely than non-Indigenous children to have **child protection reports substantiated** in 2016-17⁴



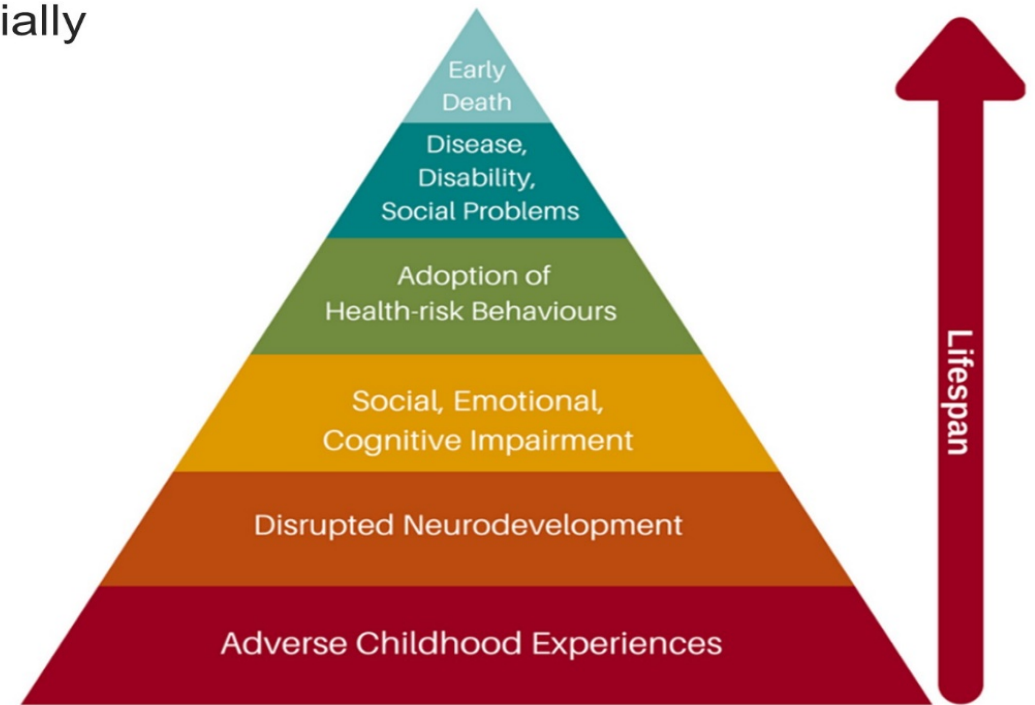
Health

Data sources: 1. [Productivity Commission, 2016](#); 2. National Minimum Dataset ([Australian Domestic and Family Violence Death Review Network, 2018](#)); 3. *Pathways to Justice* ([Australian Law Reform Commission, 2018](#)); 4. [AIHW, 2018](#)

Adverse Childhood Experiences (ACEs)

- ▶ **Adverse Childhood Experiences (ACEs)**, especially traumas such as violence, abuse and neglect, **significantly increases the risk** of developing:

- ▶ autoimmune diseases
- ▶ cancer
- ▶ chronic obstructive pulmonary disease
- ▶ diabetes
- ▶ heart disease
- ▶ liver disease
- ▶ mental health issues including suicide
- ▶ sexual and reproductive ill-health



- ▶ Only approximately **50% of this increased risk** is from increased **risk-related behaviours** (e.g. smoking, alcohol & drug use, and obesity)

50%



Infographics: Costello & Backhouse, 2019a & 70/30 Campaign ([WAVE Trust, 2018](#)) (pyramid).
Data sources: Anda et al., 2002; Anda et al., 2006; Anda et al., 2008; Brown et al., 2010; Brown et al., 2013; Burke Harris, 2018; Chapman et al., 2004; Cunningham et al., 2014; Dong et al., 2003; Dube et al. 2001; Dube et al, 2009; Edwards et al, 2003; Hillis et al., 2000; Hillis et al. 2004; Moore et al., 2017)

Early Life experiences impact neurobiological development

Negative experience = adverse influence

Positive experience = beneficial influence

Impact is pervasive

Psychology: thoughts, emotions, motivations, behaviours and sentience

Social: perceptions, responses to others and events, ability to assess/interpret risk, communicate

Biology: CNS, PNS, immune, endocrine, digestive, vascular, musculoskeletal, urology, reproductive

(Dr Grant Sinnamon PhD 2019: REPAIR Model)

What's this could look like in your practice?

‘A GP in full time practice is likely to see up to five women per week who have experienced abuse in the past year’ (AFP Vol.40 Nov 2011)

- Prevalence of trauma: 1 in 4 women; 1 in 4 children and many men have experienced traumatic experiences particularly as children.
- Often just trying to physically get to a doctor is difficult for some
- Medical examinations can feel invasive and can be painful and so are avoided = delayed treatment. This includes physical examinations but also having to answer the amount of questions
- is a common problem that confronts medical practice with 1 in 5 women making their first disclosure to their GP
- is the leading contributor to morbidity and mortality for women of child bearing age.

Some Clinical Indicators of partner abuse

- Non-compliance attendance – no shows or cancel at the last minute
- Treatment non-compliance e.g. access to medications are sometimes used as punishment
- Inconsistent explanations of injuries
- Multiple presentations
- Accompanying partner who is over-attentive and insists in being part of the consultation
- Insomnia, depression, chronic pain, chronic headaches, anxiety disorders, substance abuse, PTSD, eating disorders, somatoform disorders, lethargy
- Low birth weight and lack of prenatal care
- Children who witness violence may present with developmental, behavioural, learning and/or psychological issues

Impacts of trauma 'When assessing your patient ... remember that most presentations of family violence are probably hidden and not the obvious black eye'

Evidence tells us that there is definitely an increase risk for people who have experienced trauma regardless of type or form but including violence and abuse in:

- Brain injuries
- Diabetes
- Cardio-vascular disease
- Asthma
- IBS
- High BP Chronic pain

- Migraines/headaches
- Others that we have already mentioned before depressive disorders, eating disorders, anxiety alcohol and other substance misuse etc.
- In children = many negative impacts on developmental and neurological development have direct correlation with trauma experience.

Think! Intergenerational Trauma in Indigenous communities and the health impacts they inherit and live with.

What can we change to make it better for these patients?

Trauma Informed Care

Dr L. Elizabeth Lincoln is a primary care physician in US who has trained medical professionals and students about approaching patient care with an understanding of trauma.

She explains:

“Trauma-informed care is defined as practices that promote a culture of safety, empowerment, and healing.

A medical office or hospital can be a terrifying experience for someone who has experienced trauma, particularly for childhood sexual abuse survivors.













The perceived power differential, being asked to remove clothing, and having invasive testing can remind someone of prior episodes of abuse. This can lead to anxiety about medical visits, flashbacks during the visit, or avoidance of medical care.”



Retraumatization



WHAT HURTS?

SYSTEM (POLICIES, PROCEDURES, "THE WAY THINGS ARE DONE")	RELATIONSHIP (POWER, CONTROL, SUBVERSIVENESS)
 HAVING TO CONTINUALLY RETELL THEIR STORY	 NOT BEING SEEN / HEARD
 BEING TREATED AS A NUMBER	 VIOLATING TRUST
 PROCEDURES THAT REQUIRED DISROBING	 FAILURE TO ENSURE EMOTIONAL SAFETY
 BEING SEEN AS THEIR LABEL (I.E. ADDICT, SCHIZOPHRENIC)	 NONCOLLABORATIVE
 NO CHOICE IN SERVICE OR TREATMENT	 DOES THINGS FOR RATHER THAN WITH
 NO OPPORTUNITY TO GIVE FEEDBACK ABOUT THEIR EXPERIENCE WITH THE SERVICE DELIVERY	 USE OF PUNITIVE TREATMENT, COERCIVE PRACTICES AND OPPRESSIVE LANGUAGE



Retraumatization Infographic Transcript (80 KB)

Chart by the Institute on Trauma and Trauma-Informed Care (2015)

Trauma-informed and trauma-specific care for NSW Health

TRAUMA-INFORMED CARE



Holistic, multi-agency,
non-stigmatising,
information sharing
among all
professionals

A trauma-specific service recognises there are many potential pathways to recovery and to building resilience in clients

Trauma-Informed Care (TIC)

It's about asking what's happened to a person, not what's wrong with them.

TIC is a strengths-based framework, which recognises the complex nature and effects of trauma and promotes resilience and healing.

6 KEY PRINCIPLES:

SAFETY

Creating areas that promote a sense of safety.

TRUST

Providing clear and consistent information.

CHOICE

Providing options for treatment and care.

COLLABORATION

Maximising collaboration between health care staff, patients and their families.

EMPOWERMENT

Building upon a patient's strengths and experiences.

CULTURE

Providing culturally safe responses.

THE FOUR R'S OF TIC

REALISE

All people at all levels have a basic **realisation** about trauma, and how it can affect individuals, families, and communities

RESIST RE-TRAUMATISATION

Organisational practices may **compound trauma** unintentionally; trauma-informed organisations avoid this.

RECOGNISE

People within organisations are able to **recognise** the signs and symptoms of trauma

RESPOND

Programmes, organisations and communities **respond** by practising a trauma-informed approach

“ Trying to implement trauma-specific clinical practices without first implementing trauma-informed organisational culture change is like throwing seeds on dry land.”

Sandra Bloom, Creator of the Sanctuary Model

www.70-30.org.uk
@7030Campaign



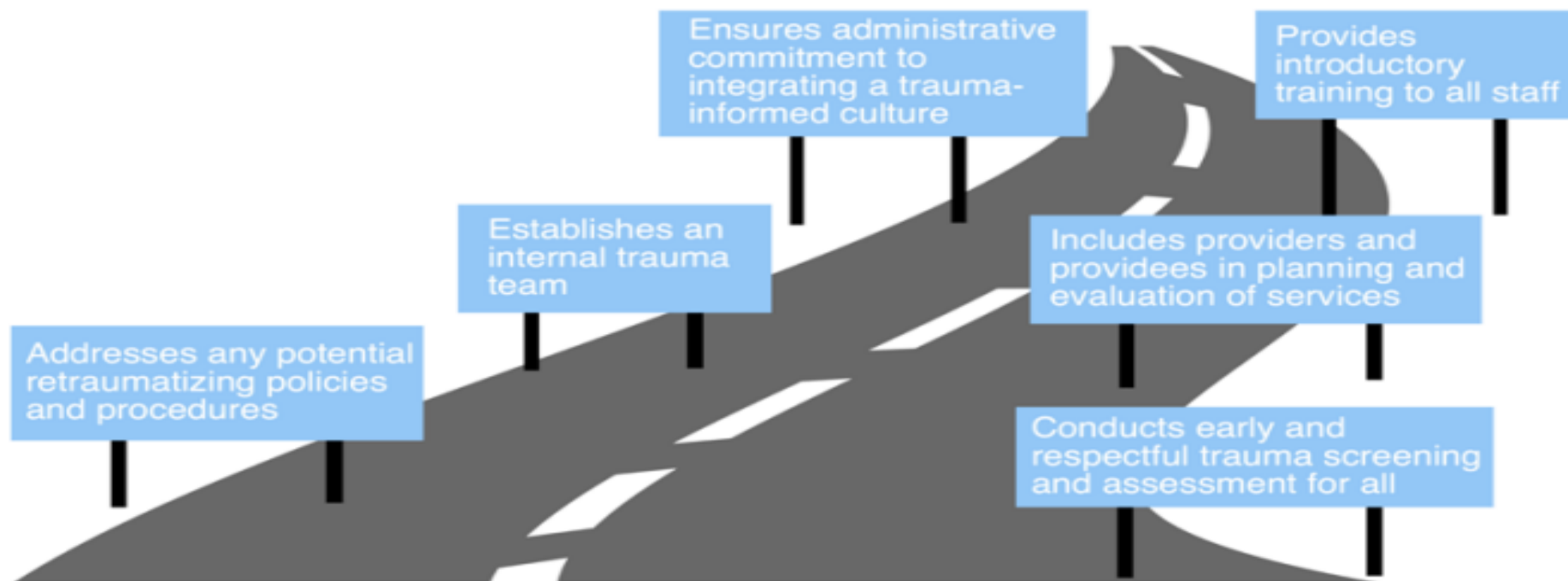
Your immediate response and attitude when your patient discloses domestic abuse and/or violence can make a real difference

- Women who disclose need to feel they are listened to, they are validated, they need to know you care for their safety and the safety of their children
- Safety Assessment
- Need to emphasise the importance of disclosing & that violence /abuse is not acceptable and they do not deserve to be treated this way
- Need to emphasise the unacceptability of any abuse and/or violence of any description
- Do not focus on detail but
- If you suspect then you need to ask direct questions –
Are there times when you feel your safety is a concern for you?
Has your partner physically threatened or hurt you?
If you feel anxious at home is everything alright for you at home?
When I see injuries like this or hear stories like this I wonder if someone is hurting you?


The Road to Trauma-Informed Care (TIC)

Trauma-Informed Care calls for a change in organizational culture, where an emphasis is placed on understanding, respecting and appropriately responding to the effects trauma at all levels.

(Bloom, 2010)

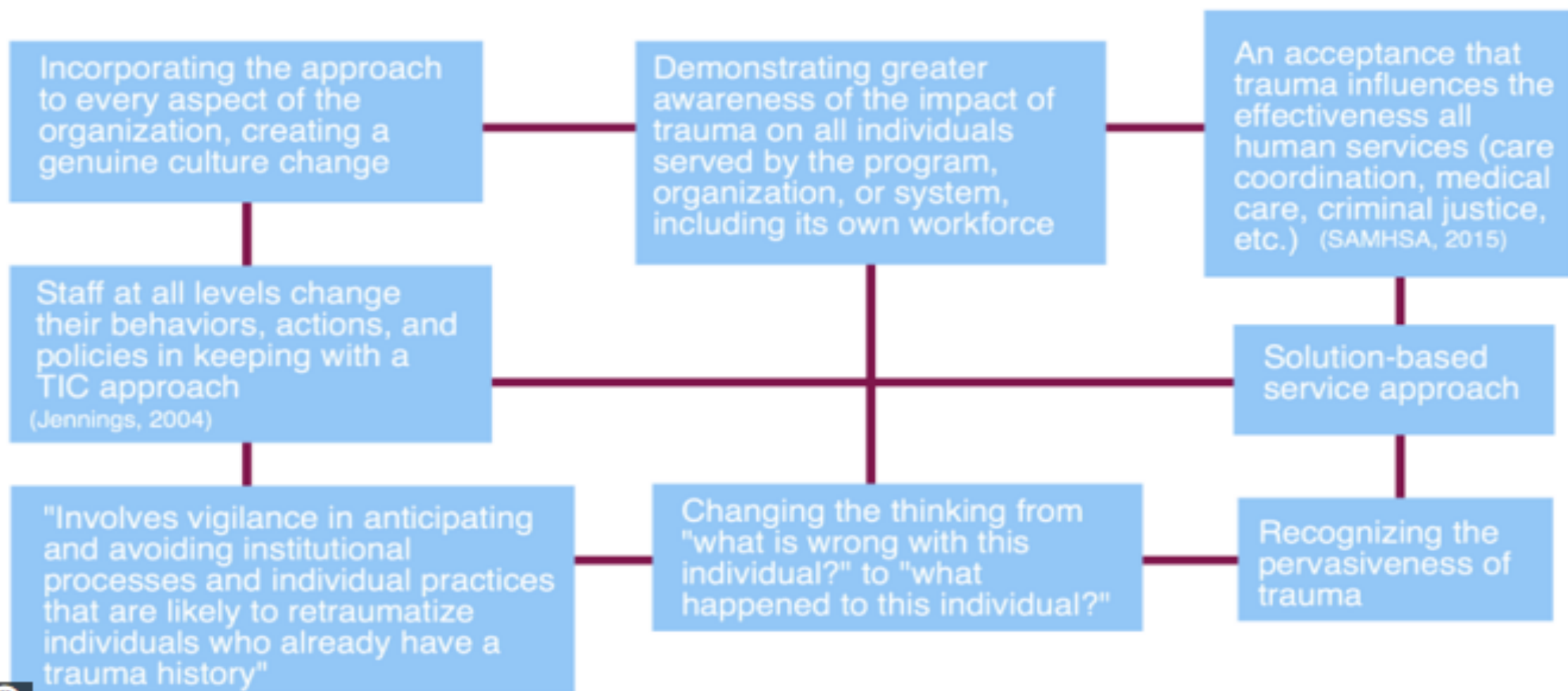


(Fallot & Harris, 2001)

 [The Road to Trauma-Informed Care Infographic Transcript \(71 KB\)](#)

Graphic by the Institute on Trauma and Trauma-Informed Care (2015)

Key Components of TIC



Key Components of TIC Infographic Transcript (79 KB)

Chart by the Institute on Trauma and Trauma-Informed Care (2015)

Reflection...

- Need really good listening skills
 - Initial reaction – Non judgemental
 - Ensure the women and children are safe.- Is there a safety plan?
 - What are next steps?- who is a trusted service?
 - How do you deal with the womens other family members namely if partner is also a patient?
 - Any reasons for mandatory reporting/ Legal obligations and duty of care?
 - AVO - Apprehended Violence Order is their one on the person or their partner?
 - Recognise red flags
 - What are the local services that I might need to refer to?
- Helplines and agencies e.g. Domestic Violence Line, Rape and Domestic Services 1800 Lifeline, and 1800 Respect
 - refer flip card
 - Recording information – think legal purposes and subpoenas.
Factual and detailed information; detailed description & photos of injuries; use of quotation marks”; proper identification of client;
 - Non English speaking patients – interpreters service required
 - Continuing care

When your patient is the perpetrator?

- If a woman discloses DFV to you (her and/or children) then you need to stick with her
- If perpetrator is also patient – he/she needs to be referred to another GP in the practice
- Safety protocols need to be established and implemented
- Confidentiality processes need checking and re –checking

Narcissistic Personality Disorder

- Think of Donald Trump and Jair Bolsonaros or King Henry VIII
- Narcissism is characterised by a dissociation between an unconscious sense of inadequacy and a conscious feeling of superiority
- Individuals with these disorders have a strong propensity to exploit others, due to having low levels of emotional empathy, an inability to feel remorse, and the pathological ability and desire to deceive and manipulate. Envy, jealous, arrogant pre-occupation with success, exploitative, power brilliance etc.
- More males than females and estimated to occur in 6% population



Charmed & Dangerous

A Woman's Guide to Reclaiming a Healthy Relationship

The book cover features a vibrant, multi-colored illustration. In the center, a hand holds a lit candle. To the left, another hand holds a key. Below the key is a small house with a keyhole. The background is filled with various symbols like a bird, a sun, and a spiral. The cover is decorated with floral patterns in the corners and a vertical rainbow-colored bar on the right side.

SEE WHAT YOU MADE ME DO

Power, Control and Domestic Abuse

LESS HILL

HARRY HARTON
STAFF PICK

'A shattering book: clear-headed and meticulous, driving always at the truth'
HELEN GARNER

The book cover has a dark, moody background with purple flowers and hands. The title is written in large, bold, orange letters. A green circular badge in the top right corner says 'HARRY HARTON STAFF PICK'. A quote from Helen Garner is on the right side. The author's name 'LESS HILL' is at the bottom.

Programs for perpetrators – are thin on the ground despite great need

- Samaritans:

- Recovery Point Program**

- especially if there are charges, AVO and/or court in process.

- ‘TAME’ program**

- Anger Management Program

- Baptist Care

- ‘Not in my house’ Program**

- ‘Face Up’ program**

- Relationships Australia:

- **Men’s Behaviour Program**

- **Maintaining Change**

- **Relationship Courses**

- **Taking Responsibility**

- Mens Help Line: 1800

- Samaritans:

- **AOD programs**

- **Private Counselling/practitioners**



When she talks to you about the violence

A toolkit for GPs in NSW

Over 1 in 5 women make their first disclosure of domestic violence to their GP.¹

You may be the only person she will tell.

Your skills and sensitivity are essential.

This resource has been developed to assist you in identifying and responding to your patients and their children who have been victims (also known as survivors) affected by domestic violence (also known as 'family violence' or 'intimate partner violence').

Estimates are that every week, a general practitioner (GP) sees up to five women who have been abused by their partners, of which the GP may not be aware. One in 10 women attending general practice have been afraid of their partners in the previous 12 months, and one in three women have experienced fear of a partner over their lifetime.²

The toolkit contains guidelines for patient care, from a range of sources, as well as some legal information relevant to your role as a GP.


The Medical Profession has key roles to play in early detection, intervention and provision of specialised treatment of those who suffer the consequences of domestic violence, whether it be physical, sexual or emotional.³

Responding effectively to domestic violence requires knowledge of the physical and emotional consequences of the violence, an understanding of how to respond appropriately, and having networks which assist you to refer for ongoing specialised support.

After family and friends, health professionals are the most common first-line response for women, accounting for approximately one-quarter of women seeking help in relation to the abuse...⁴

What's missing?

- Physical abuse and violence toward another person is illegal.
- The majority of the abusive deplorable coercive behaviours and control that were mentioned in the activity, in particular psychological, economic and emotional abuse, are not criminal offences in Australia.
- Tasmania is the only jurisdiction that has made coercive behaviours a criminal offence. This is an ideological shift
- Coercive control is a warning sign of intimate partner homicide
- Violence towards animals is a warning sign
- England and Wales made coercive behaviours a crime in 2015 with Scotland and Ireland following suit in 2019.
- Data collection around this matter is hit miss or just uncoordinated and not joined up – how many more are out there not reporting?
- What has to change to reduce the incidences of this wicked problem



Stand up with
me and say NO
to domestic and
family violence.

National Domestic Violence Remembrance Day
Wednesday 6 May 2020

#ENDDFV

Thank You and maybe questions