

RACS Trauma Symposium

Thursday 10 November 2022

## Family Violence: Health System Response

### Introduction

The Symposium on family violence presented information on the prevalence of family violence in Australian society and the role of healthcare professionals to identify both the victims and perpetrators of violence. Speakers presented information on the victim's experience, an education and the healthcare system approach, the public health response, New South Wales government health initiatives and the health regulatory and legal perspective.

Family violence is a complex socioeconomic cultural issue that may manifest in different ways, but essentially it is the long lasting consequences for the victim, especially children, which affects families and the community. The cost of family violence to Australia is estimated to be \$22 Billion annually, it involves government agencies, the healthcare sector, and the legal profession. There also is a substantial emotional cost to the community that involves family members, healthcare professionals and allied professionals such as teachers involved in identifying and managing the long term impact of family violence. Intimate family violence significantly impacts on rural and remote communities.

Statistics on the prevalence of family or sexual violence indicates that 1 in 6 women experience some form of violence and 1 in 16 men experience violence. Family violence may manifest as: physical violence, intimate domestic and sexual violence, coercive control, psychological violence and financial violence. Violence in the community may manifest as physical violence, sexual violence, stalking, and victimising on social media etc.

### Discussion

The symposium focused on the role of healthcare professionals to not only be aware of physical injuries that result from family violence, but information presented stimulated discussion how healthcare professionals may unwittingly perpetuate family violence by:

1. Not establishing respectful relationships with patients and/or families that encourages patients to feel safe and to speak up
2. Responding to the physical injury and not the emotional impact of violence
3. Not exercising a role in health advocacy to improve healthcare services and systems
4. Not being aware they maybe manipulated by the perpetrator to participate in some form of family violence or coercive control
5. Being perpetrators of some form of violence

Talie Star, a victim of sexual violence, presented on the experience of being a victim and on victims as survivors. She identified that recovery can depend on the response from healthcare professionals to help victims by building *trust* with patients through *respect*, a *mutually* beneficial relationship with patients and taking *action*, with the patient's consent, to follow up on the violence experience by the patient.

### Recommendations from the symposium

During the symposium one of the speakers proposed a collaborate approach to address family violence in healthcare and to provide educational information and support for healthcare professionals. Some suggestions were for: Colleges come up with 2-3 clear statements on family

violence and solutions to identify and manage family violence for healthcare professionals, develop educational content such as the RACS 'Lets Operate with Respect' eLearning modules and course.

### Consider RACS involvement

RACS could take the initiative by seeking STP funding for a joint project with ACEM, ANZCA and other medical colleges e.g., GPs and ACRRM to develop an educational resource(s).

### Note

There were technical issues attending the symposium online, the video was sporadic, and the sound quality was poor, either dropped out or had an echo.

Recordings of the presentations and discussions at the symposium will be made available.