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Creating safe hospitals for women experiencing violence

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> Presenter: Helena Maher Authors: Helena Maher & Elizabeth McLindon

The Royal Women's Hospital, Victoria, Australia

Overview of this presentation

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- 1. The Royal Women's Hospital's whole-ofhospital response to violence against women (VAW).
- Common challenges experienced by metropolitan hospitals in Victoria building capacity to recognise and respond to VAW.
- 3. Reflections on necessary components for building capacity in hospitals.

About the Women's

- Australia's largest specialist women's hospital;
- 2,300 staff, 28,000 inpatient services, 150,000 outpatient episodes of care and 6,500 babies;
- A diverse community; from 175 countries, 60 languages, 40 faiths;
- Four service streams: maternity, neonatal services, gynaecology inc cancers, women's health;
- Social model of health includes commitment to gender equity, innovation and advocacy.

Context in Victoria



- 2001 research found 27% pregnant women at the Women's experiencing violence in current relationship;
- 2004 Burden of Disease study found intimate partner violence was major cause of preventable death and disease in women aged 15 to 44;
- State and federal VAW plans have focused on integrating and improving community, police and justice responses.

Women's VAW Strategy



- Women's approach unique amongst hospitals;
- Multiple interventions for a comprehensive, whole-of-hospital approach;
- Primary Prevention Sexual Assault
 Prevention Program In Secondary Schools;
- Early Interventions Clinical Practice Guideline and training for staff in principles of violence sensitive practice;
- Recovery and response services CASA House and Women's Social Support Service.







Early Results at the Women's

• Increased **support** for women;

• Evidence-based **clinical practice guideline** for inquiry, management and referral;

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- Improved skills and confidence in trained staff;
- Award winning violence prevention program in 31 schools around Australia, recognised as leading practice;
- Piloting a co-located family violence legal clinic.

Building Capacity in the Sector



- 2010 workshop with government and hospitals to discuss the need for consistent, evidencebased approach in hospitals;
- Working group building capacity in five metropolitan hospitals, chaired by the Women's;
- Social work led, identifying training needs, reviewing policies and procedures, arrangements with community services to provide family violence clinics.

Challenges in Victoria



- No policy mandate from government
- Questions about the evidence supporting a role for hospitals;
- Concerns about implications for demand management;
- Limited resources for service development and training;
- Challenges of engage health professionals when competency not part of registration requirements.

Necessary Components

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- Evidence local to funding system, workforce and organisation of health care;
- Champions and leadership in clinical and executive areas;
- Resources to develop workforce expertise beyond risk assessment;
- Social model of health in clinical practice, service development and strategy;
- Feminist understanding of violence against women.

Reasons for Optimism



- 1. Social work departments building capacity for hospital-wide responses;
- 2. Role for health in prevention, early intervention and service responses in State Government's consultation framework for new Action Plan.
- 3. Learning from the US and international models.

Conclusion

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In summary:

- Research shows that violence is a women's health issue;
- Model for whole of hospital strategy;
- Significant challenges for hospitals to build capacity;
- Components for advancing health care in hospitals for women experiencing violence.

References

- the women's
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- Council of Australian Governments 2010 National Plan to Reduce Violence against Women and their Children 2010-2022 Department of Families, Housing, Community Services and Indigenous Affairs, Canberra
- Victorian Government 2012 Action Plan Consultation Framework
 Addressing Violence against Women and their Children, Department of Human Services, Melbourne

Contact us



CPG:

http://www.thewomens.org.au/ViolenceAgain stWomenManagementandReferralOptions Email:

Elizabeth.McLindon@thewomens.org.au

Helena.Maher@thewomens.org.au

Tel: 61 (3) 8345 2027

Web: www.thewomens.org.au