



AASW
Australian Association
of Social Workers

29 October 2015

The Honourable Will Hodgman MP
Premier of Tasmania
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Dear Premier,

Family Violence Screening in Emergency Departments

The Australian Association of Social Workers (AASW) applauds your government's recent policy announcements concerning the social and health issue of family violence. A fundamental cause of violence against women is ongoing and entrenched gender inequality, which is reflected across all aspects of a woman's life. Women experience a range of disadvantages and poor health and wellbeing outcomes across the lifespan as a consequence of not only violence but structural discrimination based on gender.

It is clear that attempts to reduce the incidence of family violence need to be multi-faceted and involve many sectors of the human services and health system. One of the key first steps in addressing this issue is identification, followed by subsequent support of women and children who are affected by violence in their homes.

We believe that conversations about family violence in a health setting send a message that such behaviours are unacceptable. Routine screening allows these conversations to happen regardless of the outcome, and ensures that women are appropriately educated about the issue and are aware of supports available. However, we need a whole of government response to this issue which requires more resources for agencies who support women living in or leaving abusive relationships.

Routine screening for family violence in Emergency Departments is carried out in many countries including New Zealand, Canada, Sweden, the United Kingdom and North America and also in some hospitals within Australia.

There has been extensive research about the effectiveness of routine family violence screening tools. Several hospitals within other states of Australia are now routinely utilising effective screening tools and are reporting an increased awareness and subsequent disclosure of family violence. According to Power, Bahnisch and McCarthy (2011), in a 3 month trial in South Australia (Flinders Medical Centre), there was a 213% increase in disclosure and referrals to social work as a result of routine family violence screening.

Screening in the health care setting is the “systematic involvement of healthcare workers in the detection of intimate partner violence among clients who may or may not present with direct signs of victimisation/abuse “. (Lawokoo, Sanz & Castren 2011:2) We already know that validation from a health professional in the detection of domestic violence can empower a woman, and may lead to the beginning of the end of the abuse.

Components of successful program implementation include:

- Support of the Tasmanian Health Service administration
- A steering committee, with outside participation from key stakeholders
- Universality of the program
- An appropriate physical environment (screening in private)
- Initial and ongoing training of staff
- Collaboration with community agencies (including clear understanding of referral pathways)
- Appropriate funding
- Proven screening tools

Where these factors are in place, detection, conversations and referrals for intervention increase dramatically as does the likelihood of the violence ceasing. Such outcomes minimise the long term effects of violence on women and children and the relentless intergenerational cycle of abuse with which we are so familiar.

We know that women will have difficulty in disclosing family violence, but we know they are more likely to disclose to a health care professional after close family and friends (Laing 2003; ABS 1996). We also know that a significant proportion of family violence occurs after hours and on public holidays (Braaf & Gilbert 2007). For many women, their only financial option available when seeking treatment for the impacts of family violence, will be the public health system. Women who are victims of family violence are more likely to attend Emergency Departments (ED) than women who are not living in or dealing with violent relationships (Feder et al 2006). These considerations make the ED a significant primary site for early detection of and intervention in family violence.

Studies have shown that family violence has a greater impact on the health of women under the age of 45 than any other health factor (Vic Health). As indicated, many victims of family violence report to EDs where misdiagnosis is common with 76% of family violence victims presenting for reasons other than physical injuries including, drug and alcohol abuse, homelessness etc. (Roberts 2006: Little 2005). Identifying abuse at the earliest stage can be vital in supporting women to leave abusive relationships. It can save a life or save her and /or children from further abuse.

Universal screening of women in EDs capitalises on the key turning points that have been identified in the literature including the realisation that women are unable to stop the violence or manage the abuse; concern about their children witnessing the violence or being abused/involved directly; understanding that the offender is responsible for the violence; realising that the violence is not going to stop and realising that violence is not normal and/or acceptable (Patten, 2003). Hospital social workers are ideally placed to deliver these messages along with access to services. Screening in the ED for all women ensures that presentations that overlay family violence are appropriately managed and the chances of repeated assaults are minimised. It is also the case that injuries resulting from family violence, but described as resulting from other actions, are appropriately identified and managed in a health context.

The overall burden on the individual and family contributed by this form of violence is greater than that for many other risk factors such as obesity, high cholesterol, high blood pressure and illicit drug use (Vic Health Report 2007:25) and yet we screen for these conditions routinely.

Given the federal government has recently announced a package to support victims of family violence, we consider it timely to raise our concerns for families in Tasmania and suggest this straightforward and effective initiative be considered by the Tasmanian Government.

The AASW represents and regulates the profession of social work in Australia and has over 8500 professional social work members nationally with over 300 in Tasmania.

If you would like to discuss this proposal further, AASW representatives would be pleased to meet with you.

We look forward to your considered response.

Yours sincerely

A handwritten signature in black ink that reads "Ally Smith". The signature is written in a cursive, flowing style.

Ally Smith

Tasmanian Branch President
Australian Association of Social Workers

CC: The Honourable Michael Ferguson MP Minister for Health, Minister for Information, Technology and Innovation
The Honourable Jacqui Petrusma MP Minister for Human Services and Minister for Women