



MEETING COMMUNIQUÉ

Monday, 24 October 2016
Brisbane

On Monday, 24 October 2016, the Domestic and Family Violence Implementation Council (Council) held its eighth meeting, at the **Royal Brisbane and Women's Hospital**. The meeting focused on the **health sector's** contribution to changing **culture and attitudes** to domestic and family violence, one of three key themes of the *Not Now, Not Ever* report.

The Director-General of the Department of Health delivered a presentation to Council on the implementation of *Not Now, Not Ever* report recommendations, noting work undertaken to date includes:

- developing a directive and **providing leave and support services** for affected employees
- establishing a **Domestic and Family Violence Expert Advisory Group** with representation from key stakeholder to guide implementation
- developing a **toolkit of resources**, a statewide **train the trainer program** and supporting guidelines (recommendation 52)
- working with DVConnect to develop a **referral model** to support clinicians referring clients to specialist services (recommendation 59)
- commissioning an independent evaluation of **antenatal screening** for domestic and family violence (recommendation 54).

The Queensland Ambulance Service advised of work being undertaken **to train paramedics in attending domestic and family violence incidents** as first responders, and improving understanding of the reality of these incidents. A video produced for these purposes was presented to Council.

Council member, Dr Kathleen Baird, provided a presentation to Council about **health system responses** to domestic and family violence. Dr Baird's presentation emphasised the **unique position of health care providers to provide assistance** due to their professional relationships with victims and the trust in which health professionals are generally held. Dr Baird also outlined research findings about the particular **risks of domestic and family violence during pregnancy** and the opportunities for **routine enquiry, screening and assessment** to identify and assist those suffering from domestic and family violence.

Following presentations, Council engaged in a round table discussion with health sector representatives regarding initiatives to address domestic and family violence.

The **Royal Australian College of General Practitioners** outlined work to promote use of the '**White Book**', a clinical practice guideline on abuse and violence (recommendations 50 to 52). It was noted that GPs receive limited specialist domestic and family violence training within the context of their broader education, presenting challenges in ensuring GPs regard this issue as a core part of their responsibilities.

The **Brisbane North Primary Health Network** noted that excerpts of the White Book were included in the widely utilised '**Red Book**', a more general guideline for preventative activities in general practice. It was also noted that a tool providing clear information and advice on **appropriate referral pathways** for victims would be of benefit to GPs.

CheckUP advised it is working to provide training and education to **primary health care providers**, which often represent front line responses to domestic and family violence. This includes addressing additional challenges with providing **outreach health services** in rural and remote communities.

The **Private Hospitals Association of Queensland** noted challenges with screening for domestic and family violence as part of **maternity admission procedures** in private hospitals due to the private medical care model. However, **antenatal screening** was being promoted among obstetricians, and work is being undertaken to **develop networks and champions** of domestic and family violence responses within the private health system.

DV Connect advised that it had been engaged in work through the Department of Health's advisory group to develop of a **model of access to specialist domestic and family violence services in hospitals** (recommendation 59).

The **Australian College of Midwives** reported on development of **training and tools to support midwives** to undertake antenatal screening (recommendations 55 and 57). It was noted that development of training resources for midwives was dependent on finalisation of **training materials for other health professionals** to ensure they complement and do not duplicate those materials. The College is also exploring opportunities to produce a **training video** to instruct midwives on asking questions about and responding to disclosures of domestic and family violence.

The **Royal Australian and New College of Obstetricians and Gynaecologists** advised that there is a good level of awareness of domestic and family violence issues within the professional community of obstetricians and gynaecologists. It was noted there were **opportunities to explore partnerships** with organisations like the Australian College of Midwives to share information and resources and facilitate training for these professions.

The Chair of the **Metro North Hospital and Health Service Board** advised the Service is committed to implementation of reforms, and is working with its corresponding primary health network to improve responses. It was noted that medical responses to domestic violence take place within a broader phenomenon of violence within the community.

Council noted the progress being made and the **importance of training and champions** for reform in **embedding long-term changes** within the health sector. Council also noted the importance of **appropriate health responses within Aboriginal and Torres Strait Islander communities**, and of providing appropriate support to **victims navigating the health system**.