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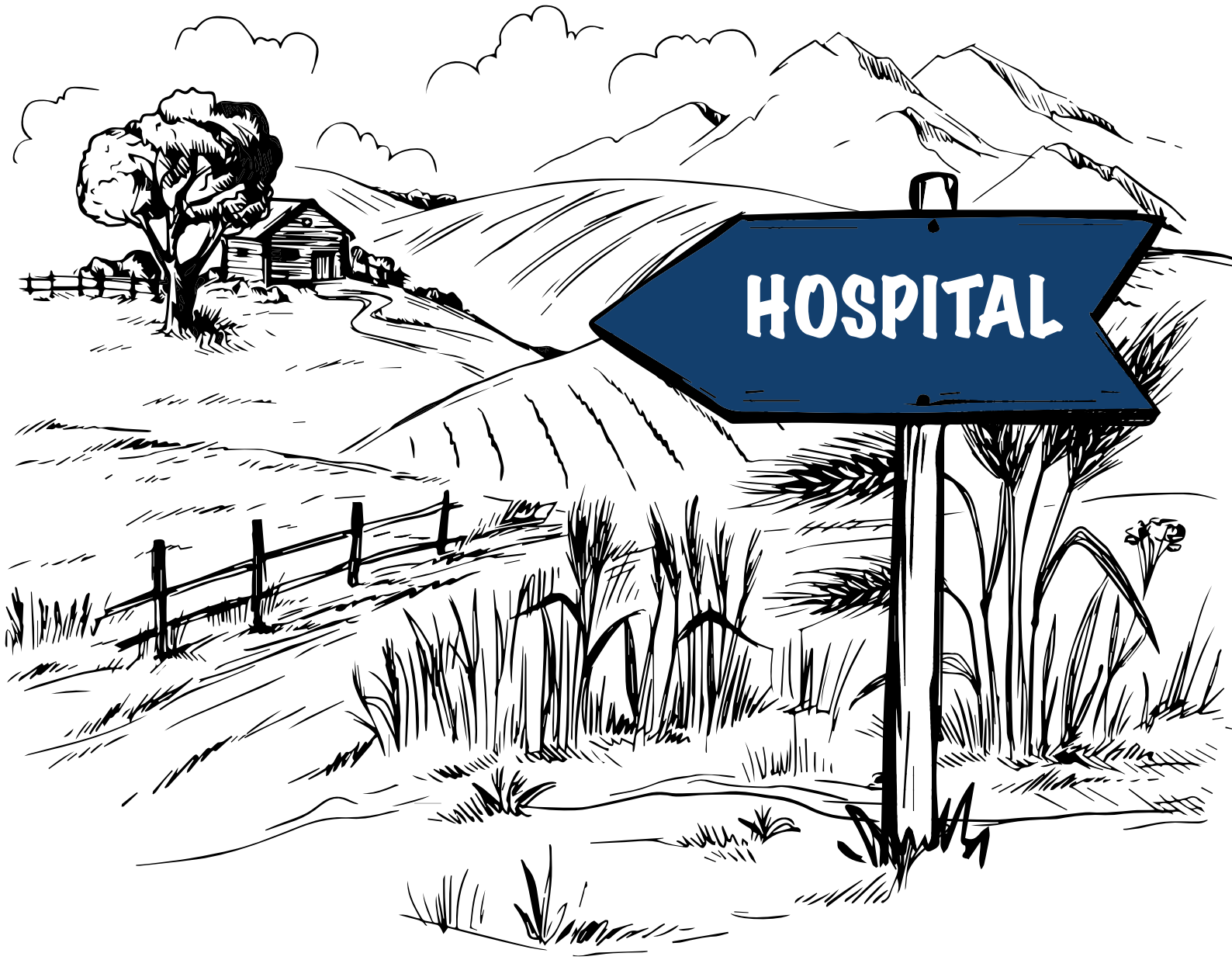

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Royal Australasian College of Surgeons

Role of surgeons in addressing family violence

In November surgeons and other medical professionals discussed the role of health providers in addressing family violence at the RACS/ANZCA/ACEM Joint Symposium: Family Violence–Health System Response.

Family violence, or domestic abuse, is the umbrella term that refers to intimate partner abuse, child abuse or neglect and elder abuse.

It can be difficult to pin down accurate numbers reflecting the impact of family violence, but the most reliable figures available suggest one in three women in Aotearoa New Zealand encounters family violence in their lifetime, and one in four women in Australia will face violence by an intimate partner.

The symposium addressed the responsibility of health professionals to identify and respond to family violence affecting their patients and colleagues.

Family Violence Prevention Chair at The University of Melbourne and Royal Women's Hospital, Professor Kelsey Hegarty, spoke at the symposium.

As co-director of the Safer Families Centre, she conducts research and drives collaborations to improve health sector responses to family violence.

Professor Hegarty said family violence is a health issue that needs to be better understood and addressed within the medical community.

"Part of this work is helping clinicians to understand that this is a health issue; it's not just a justice issue and we can't leave it to social workers and lawyers to do it all."

In 2019, the World Health Organization (WHO) released a 'violence against women' competency-based training curriculum that aims to guide health service and clinicians.

Professor Hegarty said that along with ensuring clinicians are trained to identify and support family violence victims, it is essential that health systems support clinicians.

Professor Kelsey Hegarty

"Is there enough time for clinicians to do this? Is there a private place where these conversations can happen? Do hospital managers support them? Are there protocols to follow and do I have connections with referral services?

"To move forward we need health practitioners to understand that domestic and family violence could be the underlying cause of clinical presentations; we want them to be trained in how to ask about their patient's safety and to provide a WHO recommended frontline response.

"We want them to be supported by a team, both within the health setting and connecting them to specialist services. And we need an organisational culture of trauma and violence-informed care."

On an individual level, New South Wales Ministry of Health Sexual Assault and Medical and Forensic team manager, Dr Mayet Costello, says there is a range of ways medical professionals and members of the wider community can help address family violence.

"What we like to call bystander interventions can be really important, and that's about people holding perpetrators of domestic violence to account.

"When it comes to the victim, often there has been a sustained campaign by the perpetrator to undermine their confidence and being told that they won't be believed.

"It is fundamental that we demonstrate belief and respect, that's incredibly important to the person who is disclosing.

"For people who have experienced violence, it has been an experience of disempowerment, so their choices and their control of their body have been taken from them.

Dr Mayet Costello

"It's important not to replicate that dynamic and to try to empower someone who has experienced violence. Don't tell them what to do but give them options and support their decisions without being judgemental."

Dr Costello describes victims of family violence as 'experts' in their own situations, with the best understanding of the complex risks they face that inform their decision-making.

She said it is crucial for healthcare providers to be trustworthy—without making promises they can't keep—such as to keep disclosures secret if there is a risk of significant harm to the victim or their children, and to take a trauma-informed approach to patient care.

"We can't say, 'I'm a surgeon who only operates on feet, so I'm not going to deal with anything else'. That's not good practice and it's also not holistic medical care.

"We don't expect surgeons to have all the knowledge or understanding of domestic violence, but they can work collaboratively with people within the health system who may be able to bring in greater levels of knowledge or expertise.

"It's not just about referring people on but working together in a collaborative way."

NSW Health has identified the issue of family violence as a key social determinant of health and is working to improve integrated responses.

This includes partnering with Primary Health Networks in New South Wales to develop a statewide pathway to address family violence, abuse and neglect, and facilitate collaboration between medical professionals and the wider network of support services.

University of Auckland Social and Community Health, Associate Professor Janet Fanslow, says family violence is a significant problem in Aotearoa New

Associate Professor Jane Fanslow

Zealand, with higher estimated rates than in Australia.

She believes that along with improved education and support across the healthcare sector, international evidence-based initiatives can also help tackle family violence.

"The number of people affected doesn't surprise me, but that doesn't stop me from being horrified.

"As a population health scientist, I can say it is one of the issues that many women are going to come across in their lifetime, and it has a whole array of physical, mental health and reproductive health consequences, as well as economic and social consequences," Associate Professor Fanslow said.

"The fact that we are only now really starting to talk about it—although there have been several attempts to put it on the table through the centuries—is a problem."

Associate Professor Fanslow said the range of individual and societal factors that contribute to family violence make it difficult to find one solution.

However, she points to a desire for power as being at the heart of much of family violence. Initiatives that shift attitudes to power within relationships and communities have been successful in various countries, including Uganda.

"There are some really good international programs, which have shown substantial reductions in perpetration of intimate partner violence, coming from a more difficult context than Australia and Aotearoa New Zealand.

"They've managed to get a 50 per cent reduction in perpetration of intimate partner violence in four years by doing a lot of work around understanding community norms and how power plays out in relationships between men and women, and that deep understanding of power."

Associate Professor Fanslow would like to see similar evidence-based programs introduced in Australia and Aotearoa New Zealand.

"Health providers need to see family violence as a priority and addressing it as a benefit to the work they're trying to do.

"If they're really trying to improve the health of the person in front of them, they need to find out about the social circumstances they are dealing with, otherwise they can't treat them appropriately."

Along with the many inspirational women who spoke at the symposium, the event also featured excellent male presenters. Among them was Dr John Sammut, emergency physician and Chair of the New South Wales Medical Council.

In his presentation, Dr Sammut provided an overview of the medical regulator's role in preventing family violence. In particular, he discussed how the regulator responds in cases where medical practitioners have either engaged in family violence or have not responded in a professional manner after being made aware of family violence.

"Unfortunately, it's a reality in the Medical Council that over the very recent years, we've seen a significant and increasing number of notifications related to medical practitioners who have either failed to respond appropriately to requests for assistance by survivors of family violence, or who have unfortunately themselves been perpetrators of family violence.

"The Medical Council of New South Wales takes these notifications very seriously and believes in the importance of ensuring perpetrator accountability—most importantly for the protection of the health and safety of the public, but also to maintain the standards of and trust in the profession," he said.

The symposium also benefited from the insights and contributions of co-convenor Dr Ken Harrison, both an ANZCA Fellow and member of the RACS Trauma Committee.

As well as hosting the symposium, Dr Harrison co-facilitated an excellent working group discussion on the role of men as champions of change. The open conversation among the working group included an analysis of what role men have in challenging the violence of other men, including the importance of continually striving for more equitable and respectful relationships across society.

Associate Professor Payal Mukherjee

Symposium convenor Associate Professor Payal Mukherjee said RACS can play an important role in educating and training the surgeons of today and the future to better identify and respond to family violence.

"Both WHO and the Victorian Royal Commission demonstrated a huge lack of education among healthcare professionals," she said.

"As health care professionals, we repeatedly fail to inquire about a history of violence, assess risk factors, detect red flags in our examination, and are often unaware of what to do to prevent future trauma or engage with referral networks for support.

"We do not understand the implication of laws and rules that protect or prevent victims, whether it is our patients or colleagues."

The adult and paediatric ENT surgeon said the diversity of surgical specialties, meant that it was necessary for RACS—as an umbrella organisation—to educate surgeons to improve their response to family violence.

"This needs to be led by the College to work with its subspecialties to drive a centralised education platform," she said.

"RACS upholds the importance of professionalism and standards. The joint college symposium was being held in New South Wales Parliament house on the same day as a landmark bill on coercive control was being heard within the very walls.

"It was an important reminder that the College must be actively involved in understanding its responsibilities in this space around the changing laws in different jurisdictions."

Family Violence – Health Systems Response Reading List
bit.ly/3gtgmCK

Family violence is a medical issue, symposium hears

Family violence was the focus as medical professionals from around Australia and Aotearoa New Zealand gathered at New South Wales Parliament House for a joint symposium on 10 November 2022.

The symposium was hosted by the Royal Australasian College of Surgeons (RACS) and was part of the annual RACS trauma week program. The symposium was also co-hosted by the Australian and New Zealand College of Anaesthetists (ANZCA) and the Australasian College for Emergency Medicine (ACEM).

The key focus for the day was to take a critical look at the health system's response to family violence. A range of speakers from across the medical profession, including politicians and public policy experts provided insights.

The symposium heard that one in six women have experienced physical and or sexual violence by a current or previous partner since age 15 (according to the Australian Institute of Health and Welfare). There are approximately 6500 admissions a year in Australia due to domestic and family violence and every couple of weeks women are killed by a current or former partner. In fact, domestic and family violence is the greatest health risk factor for women aged 25 to 44 years.

Despite the shockingly high incidence of domestic and family violence, it often goes unnoticed by those in critical positions, prompting many experts to describe it as a hidden epidemic.

Those speaking at the symposium urged for greater education and awareness among medical professionals. This included the co-convenor of the symposium Associate Professor Payal Mukherjee.

"The perception among surgeons in general is that domestic and family violence is a social issue not a medical issue, but as clinicians we are trained to not just treat the trauma but to set in place ways to mitigate future harm of trauma. Trauma prevention needs to be a focus rather than just trauma treatment."

RACS President Dr Sally Langley also attended and spoke at the event, and said she hoped the constructive discussions at the symposium would result in longer term change.

"I am impressed by the commitment right from the top from numerous arms of the profession in making this event possible. It is important that we make sure that these discussions filter through to our workforce and we are accountable for the outcomes that we set.

"I am hopeful in the long term that through initiatives such as the symposium and other similar collaborations, we are able to make addressing family violence the core of what we do."

The National Critical Care and Trauma Response Centre generously supported the symposium and RACS Trauma Week. Thank you to Len Notaras, Michelle Foster, and all at the NCCTRC for the continuing support and commitment they have provided over many years for trauma prevention and trauma care.

Royal Australasian College of Surgeons

Family Violence – Health Systems Response
Reading List – Thursday 10th November 2022

Websites

AMA/Law Council of Australia. AMA Manual Supporting Patients Experiencing Family Violence. Available from: https://ama.com.au/sites/default/files/documents/AMA%20Supporting%20Patients%20Experiencing%20Family%20Violence%20Resource%20Corrected%2025Feb16.pdf [Accessed 19 August 2022].

RACS Position Paper. Domestic Violence position paper Available from: https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/position-papers/2019-09-10_pos_rel-gov-036-domestic-violence.pdf [Accessed 19 August 2022].

Australian Institute of Health and Welfare. Family, domestic and sexual violence. Available from: https://www.aihw.gov.au/reports-data/behaviours-risk-factors/domestic-violence/overview [Accessed 19 August 2022].

E-Books

Bailey RK. Intimate Partner Violence: An Evidence-Based Approach. Cham: Springer International Publishing AG; 2020.

Bradbury-Jones C, Isham L. Understanding Gender-Based Violence: An Essential Textbook for Nurses, Healthcare Professionals and Social Workers. Cham: Springer International Publishing AG; 2021.

Journal articles

Della Rocca GJ, Sprague S, Dosanjh S, Schemitsch EH, Bhandari M. Orthopaedic Surgeons' Knowledge and Misconceptions in the Identification of Intimate Partner Violence Against Women. Clin Orthop 2013;471(4):1074-1080.

Downie S, Kanya I, Madden K, Bhandari M, Jariwala AC. Intimate partner violence (IPV) in male and female orthopaedic trauma patients: a multicentre, cross-sectional prevalence study. BMJ open 2021;11(8):e046164.

Downie S, Madden K, Bhandari M, Jariwala A. A prospective questionnaire-based study on staff awareness of intimate partner violence (IPV) in orthopaedic trauma patients. The surgeon (Edinburgh) 2019;17(4):207-214.

Fanslow JL, Malihi Z, Hashemi L, Gulliver P, McIntosh T. Prevalence of interpersonal violence against women and men in New Zealand: results of a cross-sectional study. Aust N Z J Public Health 2022;46(2):117-126.

Forsdike K, Humphreys C, Diemer K, Ross S, Gyorki L, Maher H, et al. An Australian hospital's training program and referral pathway within a multi-disciplinary health–justice partnership addressing family violence. Aust N Z J Public Health 2018;42(3):284-290.

García-Moreno C, Dr, Hegarty K, Prof, d'Oliveira AFL, PhD, Koziol-McLain J, PhD, Colombini M, PhD, Feder G, Prof. The health-systems response to violence against women. The Lancet (British edition) 2015;385(9977):1567-1579.

Hegarty KL, Andrews S, Tarzia L. Transforming health settings to address gender-based violence in Australia. Med J Aust 2022;217(3):159-166.

Hegarty K. Can fracture clinics respond to domestic violence? The Lancet (British edition) 2013;382(9895):838-839.

Hegarty K, McKibbin G, Hameed M, Koziol-McLain J, Feder G, Tarzia L, et al. Health practitioners' readiness to address domestic violence and abuse: A qualitative meta-synthesis. PloS one 2020;15(6):e0234067.

Hudspeth N, Cameron J, Baloch S, Tarzia L, Hegarty K. Health practitioners' perceptions of structural barriers to the identification of intimate partner abuse: a qualitative meta-synthesis. BMC health services research 2022;22(1):96.

Leopold SS. Editorial: Protecting Patients from Intimate-partner Violence—What the Orthopaedic Surgeon Can Do. Clin Orthop 2016;474(9):1895-1896.

O'Doherty L, Hegarty K, Ramsay J, Davidson LL, Feder G, Taft A, et al. Screening women for intimate partner violence in healthcare settings. Cochrane database of systematic reviews 2015;2015(8):CD007007.

Phares TM, Sherin K, Harrison SL, Mitchell C, Freeman R, Lichtenberg K. Intimate Partner Violence Screening and Intervention: The American College of Preventive Medicine Position Statement. Am J Prev Med 2019;57(6):862-872.

Sprague S, Slobogean GP, Spurr H, McKay P, Scott T, Arseneau E, et al. A Scoping Review of Intimate Partner Violence Screening Programs for Health Care Professionals. PloS one 2016;11(12):e0168502.

Tarzia L, Bohren MA, Cameron J, Garcia-Moreno C, O'Doherty L, Fiolet R, et al. Women's experiences and expectations after disclosure of intimate partner abuse to a healthcare provider: A qualitative meta-synthesis. BMJ open 2020;10(11):e041339.

Tarzia L, Wellington M, Marino J, Hegarty K. How do health practitioners in a large Australian public hospital identify and respond to reproductive abuse? A qualitative study. Aust N Z J Public Health 2019;43(5):457-463.

EXTRA REFERENCES FOR FAMILY VIOLENCE [November 2022]

Violence Abuse and Neglect (VAN) Redesign Program (including *The Case for Change*):

Integrated Violence, Abuse and Neglect Statistics and Research Project:

Safer Families - Readiness program

Abuse and Violence: Working with our patients in general Practice 5th edition – RACGP The White Book