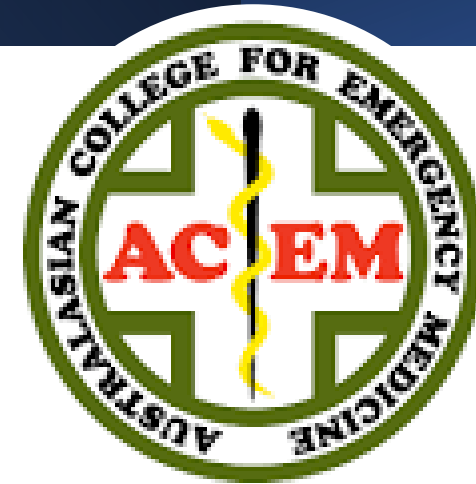


# Domestic violence from a health system approach

*We can do better*



**Dr Lai Heng Foong**

**Emergency physician and DV advocate**

**2022 RACS Trauma Symposium**

# DOMESTIC VIOLENCE

The Problem

The Myths

Acute Care: Trauma and  
Trauma informed care

The special case: NFS

The solutions:  
Multidisciplinary, Social  
determinants of health,  
Changing culture





# What do we know about family, domestic and sexual violence in Australia in 2018?

**1 in 6 women**



have experienced  
physical and/or sexual  
violence by a current  
or previous partner  
since age 15.

**1 in 16 men**



**1 in 5 women**



have experienced  
sexual violence  
since age 15.

**1 in 20 men**



**1 woman  
per week**

is **killed**  
by a current or  
previous partner.

**1 man  
per month**





## Family, domestic and sexual violence has serious impacts

Domestic violence is the **greatest health risk factor** for women aged 25–44.



It is a greater health risk than **smoking, alcohol or physical inactivity.**

Domestic violence can have lasting effects.

Children who were abused before age 15 are **3 times as likely** to be victims of domestic violence in adulthood.



Violence against women and their children cost Australia an estimated \$22 billion in 2015–16.



**\$22 billion**



**72,000 women**



**34,000 children**



**9,000 men**

sought help for **homelessness** due to family violence in 2016–17.

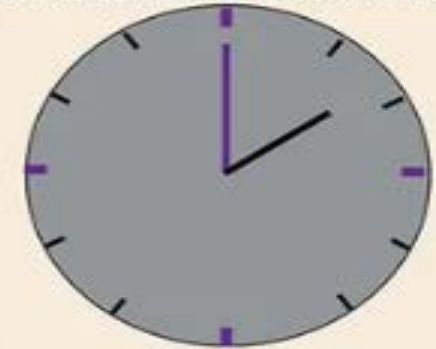
# 20

## is the age

**1/3** of women become victims of dating violence.



HOW OFTEN DOES THIS HAPPEN?



Every **9** seconds in the US a woman is assaulted or beaten

End The Silence on  
**WAKE UP!** DOMESTIC VIOLENCE

ADULTS ARE NOT THE ONLY VICTIMS

# 15 MILLION +

Children are witnesses to domestic violence each year.

### WHAT IS DOMESTIC VIOLENCE?

Domestic Violence is violence or physical, mental and/or emotional abuse that is directed towards one's spouse, domestic partner, or child.

HOW MANY WILL BE ASSULTED?



Women survive a sexual assault per year

HOW MANY WILL SURVIVE?



American women will be assaulted by partners over their lifetime

The cost of intimate partner violence exceeds

# 5.8 Billion

 per year

# 1/2

Physical assaults are not reported



# 3/4

Rapes are not reported



# 4/5

Stalkings are not reported



# 97%

of women that are killed by a family member turns out to be their husbands.

# 92%

of women surveyed listed reducing domestic violence and sexual assault as their top concern.







# DOMESTIC VIOLENCE

The hidden trauma epidemic





# Violence against women

is tragically common across all Australian communities.

The term 'intersectionality' was originally coined by Kimberlé Crenshaw using the metaphor of an traffic intersection. She explained:

"Consider an analogy to traffic in an intersection, coming and going in all four directions. Discrimination, like traffic through an intersection, may flow in one direction, and it may flow in another. If an accident happens in an intersection, it can be caused by cars traveling from any number of directions and, sometimes, from all of them. Similarly, if a Black woman is harmed because she is in the intersection, her injury could result from sex discrimination or race discrimination."

Source: From the article in *Feminist Theory and Anti-Racist Politics* (1989).

Workplace sexual harassment was higher among those identifying with

**diverse**

sexual orientation (52%).

Aboriginal and Torres Strait Islander women are

**11** times more likely

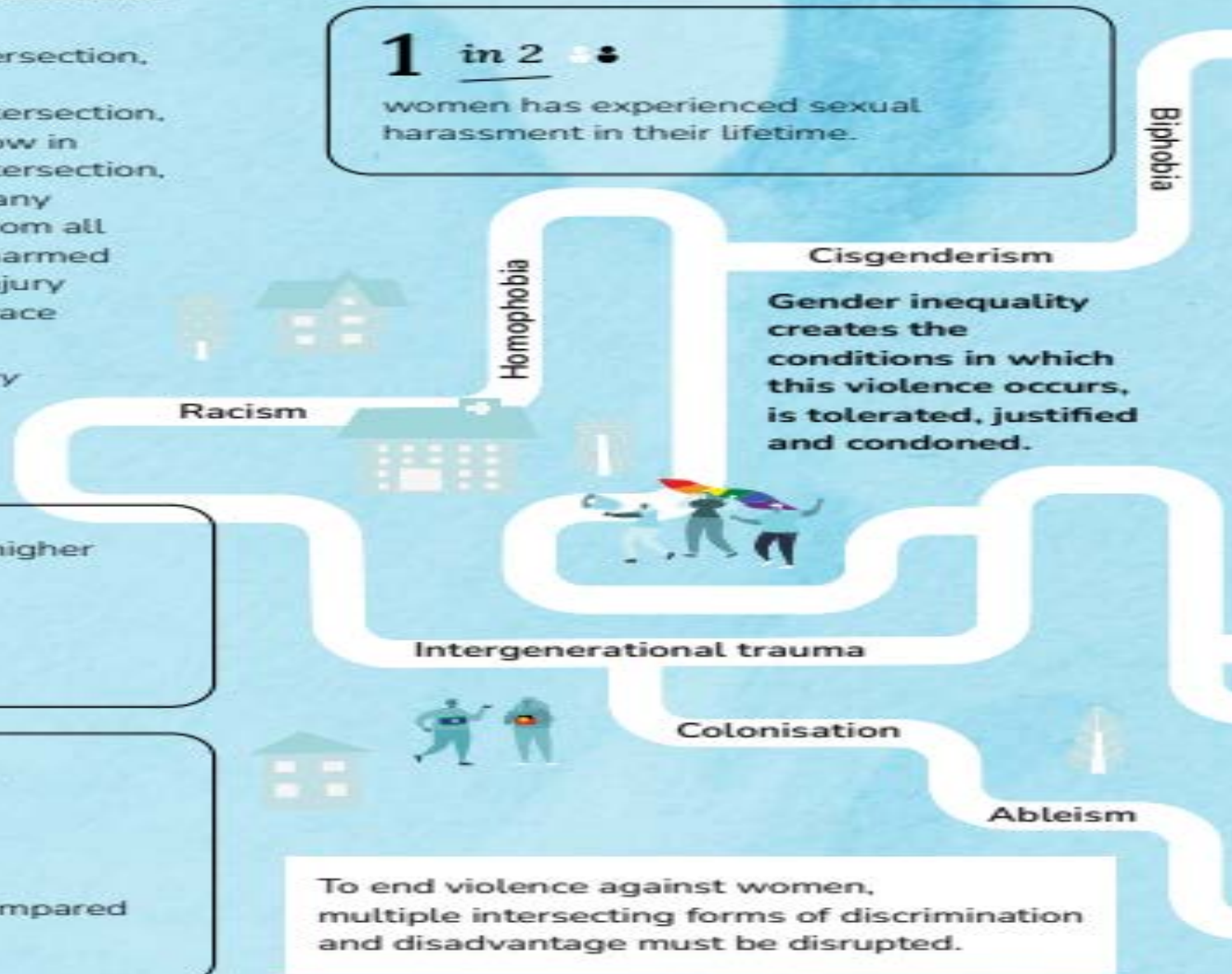
to be killed due to family violence compared with non-Indigenous women.

**1 in 3** women

has experienced physical and/or sexual violence perpetrated by a man they know.

**1 in 2** women

has experienced sexual harassment in their lifetime.





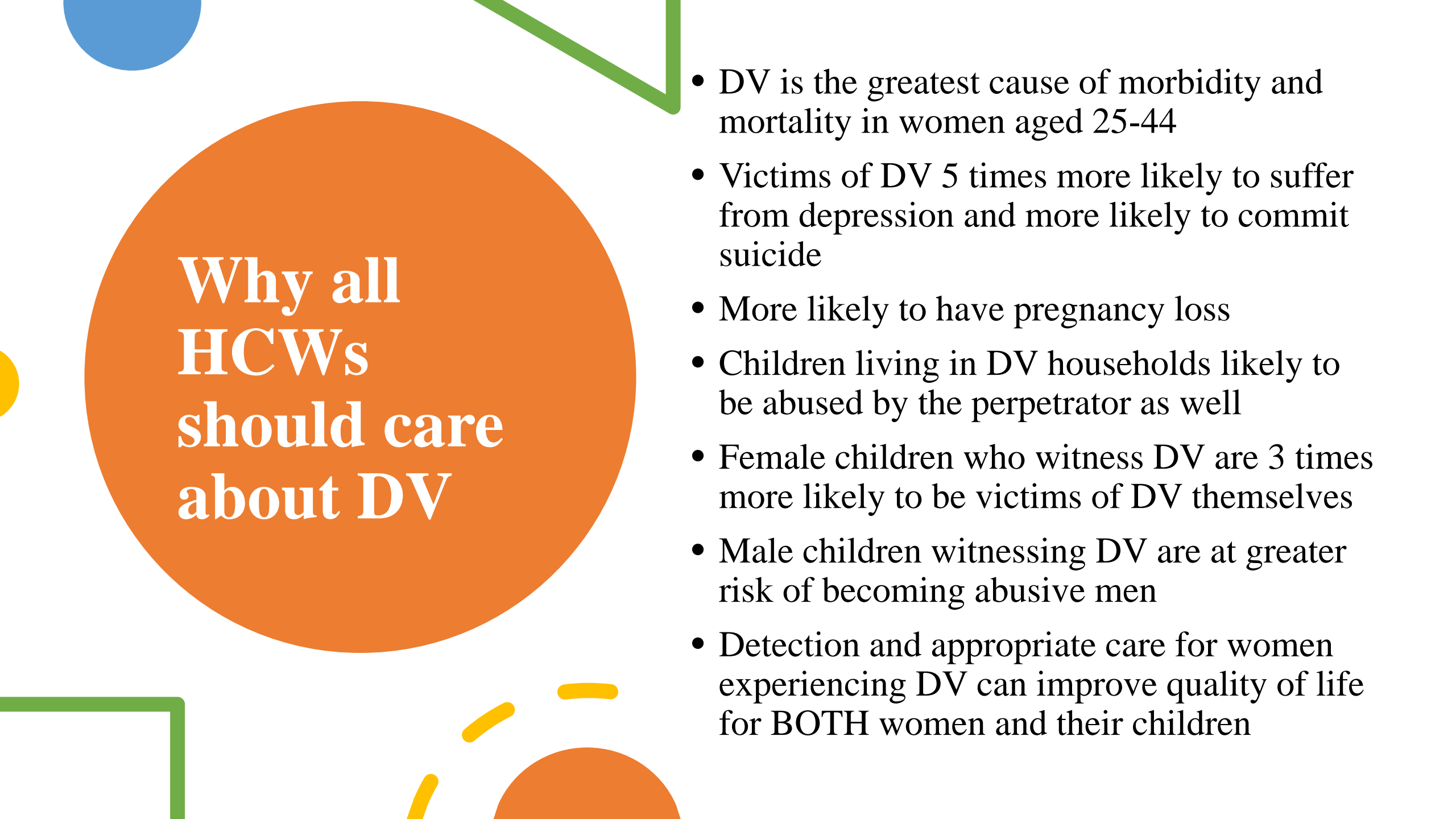
# 10 myths of Domestic Violence

1. It is solely a criminal/police matter
2. It is a personal matter between intimate partners
3. It doesn't happen to "good" people
4. "Why can't she just leave?"
5. If only she would just stop challenging him...
6. Only physical injuries count as DV vs Coercive control
7. If there were physical injuries, they should be observable
8. It is not a problem for a health care worker to solve
9. Strangulation is only serious if you can see physical signs
10. DV only happens in couples from lower socio-economic class

*“categorizing domestic violence as ‘private violence’ minimizes the role governments and patriarchal societal norms play in keeping women and girls oppressed and unsafe in their homes. As a public health crisis affecting 1 in 3 women worldwide, domestic violence is the opposite of a private matter.”*

*Rachna Khare, executive director of Daya Inc*

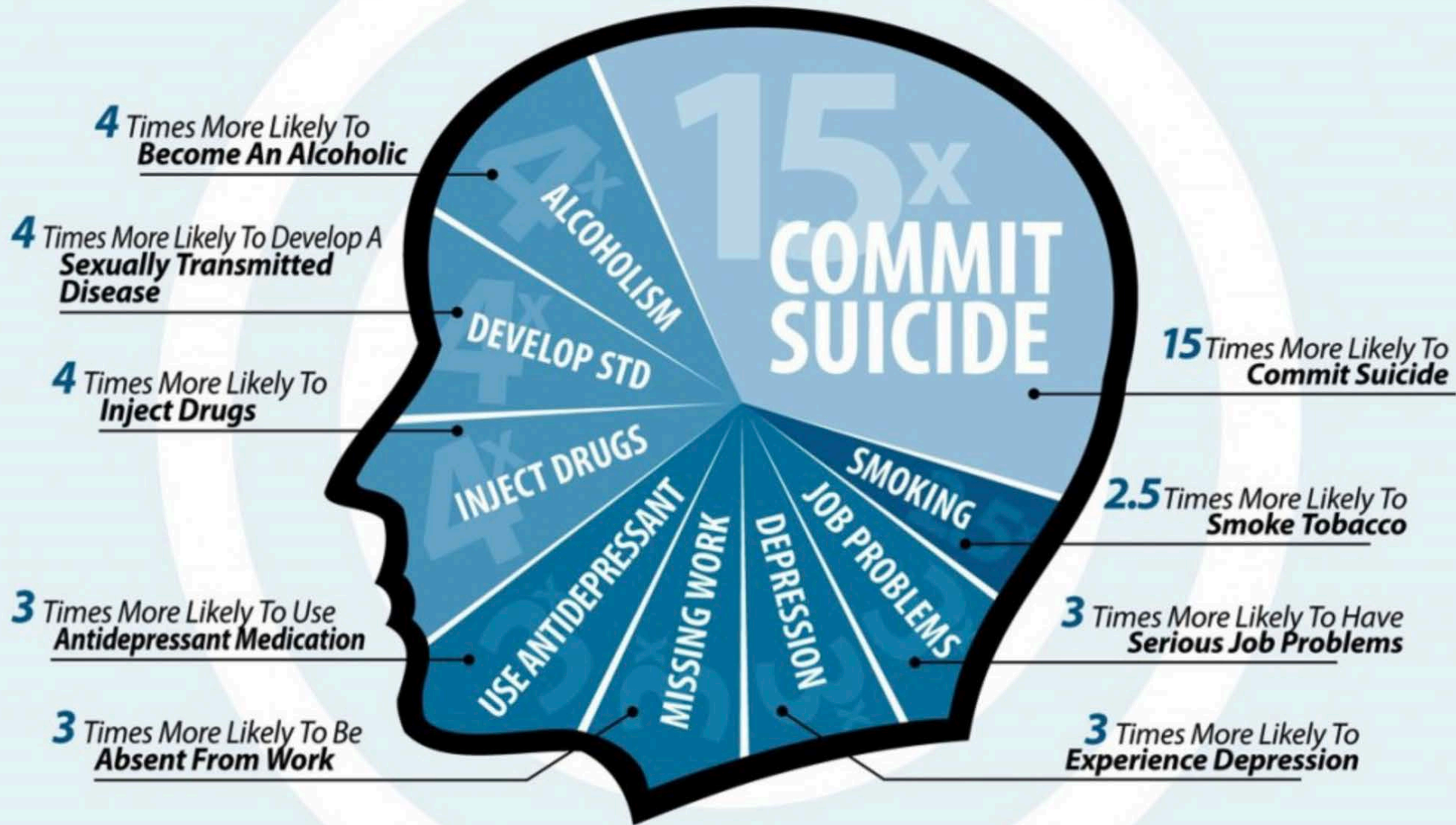




## Why all HCWs should care about DV

- DV is the greatest cause of morbidity and mortality in women aged 25-44
- Victims of DV 5 times more likely to suffer from depression and more likely to commit suicide
- More likely to have pregnancy loss
- Children living in DV households likely to be abused by the perpetrator as well
- Female children who witness DV are 3 times more likely to be victims of DV themselves
- Male children witnessing DV are at greater risk of becoming abusive men
- Detection and appropriate care for women experiencing DV can improve quality of life for BOTH women and their children

# PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:







## How are we doing in identifying DV

- Studies in ED in Australia, USA and Great Britain have shown that 31-54% female patients have experienced DV
- My study in the ED in NT showed a point prevalence of 30%.
- ED staff identify less than 5-10% of women experiencing DV that require management
- Very few women seeking care for DV are being appropriately assessed and receiving care that they need!



## How can we improve?

- Think INTERSECTIONALITY
- Education of HCWs on triggers to screen
- Having a multiagency approach to DV
- Support services: build them, fund them.
- Dispel the prevalent myths about DV



Women living in regional and remote areas experience

## **higher rates**

of intimate partner violence compared with women in capital cities (21% compared to 15% since age 15).

Domestic violence is a

## **leading cause**

of homelessness in Australia.

**80%** of incarcerated women reported prior experience of family, domestic and sexual violence.

In 2017–18, more than **10,900 calls** were made to elder abuse helplines across Australia.

In 2017, young women **aged 15–34** accounted for more than half of all police-recorded female sexual assault victims.

**2 in 5** women with disability have experienced physical violence after the age of 15.

### Geographic disadvantage

### Systemic discrimination

This results in higher rates of violence being perpetrated against particular women and gender diverse people, often in complex ways, with severe impacts. This can also make it more difficult for these women to access support.

### Housing insecurity

### Ageism

Immigration law and uncertain visa status result in unique patterns of abuse among **migrant and refugee women.**

# Screening



SCREENING FOR  
DV IS ONE TOOL  
HEALTH  
PROVIDERS CAN  
ACT EARLY IN  
IDENTIFYING DV



WHICH SCREENING  
TOOL SHOULD WE  
USE?



SCREEN HIGH RISK  
AREAS



MAKE SURE IF  
SOMEONE SCREENS  
POSITIVE YOU HAVE  
A REFERRAL  
PATHWAY ALREADY  
SET UP



# Screening Tool

- WAST (Women Abuse Screening Tool)
- Partner Violence Screen

## Partner Violence Screen<sup>1</sup>

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1. Have you ever been hit, kicked, punched, or otherwise hurt by someone within the past year? (Yes = 1, No = 0)
2. Do you feel safe in your current relationship? (No = 1, Yes = 0)
3. Is there a partner from a previous relationship who is making you feel unsafe now? (Yes = 1, No = 0)

## short-Woman Abuse Screening Tool<sup>2</sup>

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1. In general, would you describe your relationship as having:
    - a) No Tension (score = 0)
    - b) Some Tension (score = 1)
    - c) A Lot of Tension (score = 2)
  2. Do you and your partner work out arguments with:
    - a) No Difficulty (score = 0)
    - b) Some Difficulty (score = 1)
    - c) A Lot of Difficulty (score = 2)
-

## ④ **Woman Abuse Screening Tool (WAST)**

- ④ In general how would you describe your relationship?
- ④ Do you and your partner work out arguments with:
- ④ Do arguments ever result in you feeling put down or bad about yourself?
- ④ Do arguments ever result in hitting, kicking, or pushing?
- ④ Do you ever feel frightened by what your partner says or does?
- ④ Has your partner ever abused you physically?
- ④ Has your partner ever abused you emotionally?
- ④ Has your partner ever abused you sexually?

# Social determinants of health

- Homelessness: poor women are more likely to experience DV
- Perpetrators often hurt more than one woman
- Children exposed to DV are more likely to grow up and perpetuate the cycle
- Education
- Financial independence
- Workplace
- Business sector





# DV presenting to ED



Studies in ED have shown that between 30 to more than 50% of patients surveyed reported a recent or remote history of DV

44% of women domestic homicide victims had presented to an ED within 2 years of their death (93% with injury related complaints)

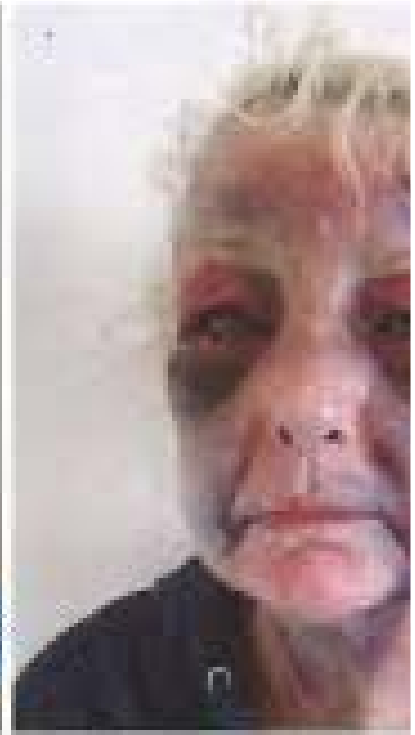
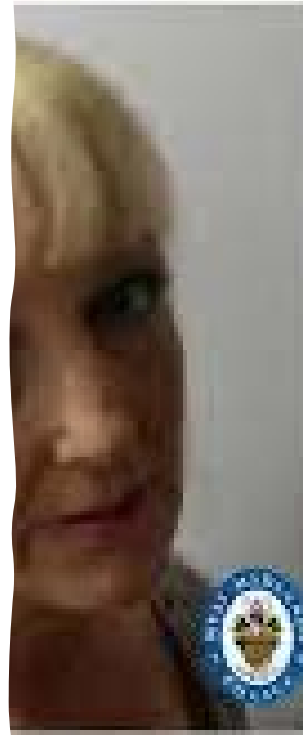
Punching, kicking, biting or assault with a weapon in 50% of case in one study

EDs were the third most used resource after family and friends and police

Physical evidence: lacerations on head of face, hair loss, fractured anterior teeth, fractured or dislocated jaws, bite marks and black eyes

**What do these two women have in common?**









# Trauma in DV

In ED settings, IPV against women can be differentiated from other types of injury based on the presenting injury pattern

Unwitnessed head, neck, or facial injuries are significant markers for intimate partner violence

Thoracic, abdominal, or pelvic injuries are not specific to IPV. Extremity injuries, in and of themselves, are suggestive of mechanisms of injury other than intimate partner violence

Multiple injuries/injuries at different times are suggestive of intimate partner violence

# DV and the trauma surgeon



US study: 50% of all acute injuries and 21% of all injuries in women requiring urgent surgery are the result of partner abuse

**Common:** Lacerations, especially on face and head, fractured or dislocated jaws

Rib fractures, liver lacerations or other intraabdominal injuries

Neurosurgery: extra dural and subdural haematoma

Orthopaedics: upper limb fractures e.g. midshaft ulna/radius fractures

**DV study in patients presenting to an Emergency Department in the Top End of the Northern Territory**  
**Dr Lai Heng Foong**

30.7% (almost 1 in 3) of incident cases were admitted (4/13) due to injuries sustained during an episode of DV, while 69% (9/13) were discharged.

Only 1 out of 13 cases had injuries that had an Injury Severity Score (ISS) > 15.

All admitted cases were of Aboriginal descent. The most common areas of injuries were face, head and neck, then chest, followed by extremities. (See table below)

\* Some men/women had more than one injury

**TABLE: Types and locations of injuries to patients presenting with domestic violence\***

Anatomical site	Abrasions/lacerations	Contusions/bruising	Sprain/Fracture	Blunt trauma	Penetrating trauma	Bleeding
Head and neck	3	5				
Face	6	5				
Chest	1	2		1	1	1
Abdomen					1	
Extremity	2	1	2			



# Non-fatal strangulation

Legal definition of strangulation “knowing and intentionally impeding normal breathing or circulation of the blood by applying pressure on the throat or neck or by blocking the nose or mouth of another person, with the intent to cause that person harm”

Not all NFS have obvious injuries

Screen for invisible symptoms when NFS is divulged: confusion, memory loss, lured speech, involuntary urination, voice changes, agitation due to hypoxia

Investigate during acute presentation, and refer to support services, and for follow up post acute presentation

# Non-fatal strangulation (NFS)

- Seminal study in 2001 by San Diego District attorneys : 89% of strangulation victims had a history of DV, and that 50% of victims had no visible injuries related to NFS
- Glass et al. 2008 found a prior history of NFS was a serious risk factor of DV-related femicide: risk of homicide was 7.48 times higher for women who experienced NFS
- **Screening tool for NFS: piloted in SLHD**
- High index of suspicion
- Implications: easily missed, neuropsychological sequelae, homicide

# Policy directions

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National Plan to End Violence against Women and Children  
2022-2032: a joint Australian, State and Territory Initiative

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Changes in definition of what constitutes “Domestic  
violence”- not just physical but also coercive control

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So many policy documents have been written but the  
problem remains

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Challenge the condoning of violence against women and  
focus on prevention

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Advance gender equality and promote women’s  
independence

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Incorporate Aboriginal and Torres Strait Islander voices.



## Existing national strategies

### **National Agreement on Closing the Gap**

- Target 13: at least 50% reduction in violence and abuse, towards zero
- Target 12: 45% reduction in children in out-of-home care

### **National Action Plan to Combat Modern Slavery 2020–25**

- Intersections between FDSV and modern slavery, such as forced marriage

### **National Aboriginal and Torres Strait Islander Health Plan 2013–2023**

- Family violence as a social determinant of health outcomes

### **National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030**

- Women and children are disproportionately victims and secondary victims of child sexual abuse

### **National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023**

- Violence against older women

### **National Women's Health Strategy 2020–2030**

- Health impacts on violence

### **Australia's Disability Strategy 2021–2031**

- Safety of women with disability

### **Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031**

- FDSV experienced by children and intersections with the child protection system

### **National Aboriginal and Torres Strait Islander Early Childhood Strategy**

- Supporting children to grow up in safe homes supported by strong families

### **National Preventive Health Strategy 2021–2030**

- Violence and abuse as a social determinant of health outcomes

### **Work Plan to Strengthen Criminal Justice Responses to Sexual Assault 2022–2027**

### **National Drug Strategy 2017–2026**

### **National Alcohol Strategy 2019–2028**

# Domestic Violence

- Is about **power** and **control**
- Is here to stay unless we change the way we view DV which will in turn change how we manage DV
- The Hidden trauma epidemic: We need to screen for it, and be better at identifying it
- Believe her
- We need better training for frontline staff
- We need to support victims of DV better: all of health response, collaborative, trauma informed care`1

END



# Trauma and healing: tips for survivors

**Empower  
yourself**

**Validate  
yourself**

**Connect yourself:  
decide how much  
to share and with  
whom**

**Appreciate  
yourself**

**Forgive your  
brain**

**Seek healing  
through  
silence**

**Writing: keep  
journal**

**Music  
relaxation**

**Yoga**

**Progressive  
muscle  
relaxation**

**Breathing  
deeply and  
slowly**

**Exercise**

# Data highlights for DV

- Most prevalence rates relate to physical aspect of DV
- Many other forms: sexual abuse social isolation financial restriction, intimidation, threats, verbal and psychological abuse
- **Risk factors:** female gender, age between 15 to 45 years, personal history of child abuse, unemployment, pregnancy, NESB or migrant background, lower SES (Women's DV Crisis service of Victoria), Indigenous background
- DV results in more ill health and premature deaths in Victorian women under the age of 45 than any other risk factors
- Victims of DV more likely to suffer from depression and mental health problems (5X), commit suicide (5X), more likely to take more meds and abuse illicit drugs and ETOH

# Overcoming barriers to eradicating DV

- Shift community attitudes and social norms that justify, excuse, trivialise, normalise or downplay violence against women and children
- Create a health system that is culturally safe for victims of DV
- Social determinants of health are part of the “health system response”
- Cultivate a focus on perpetrator accountability
- Focus on integrated and coordinated prevention activities across multiple levels and settings.





# Trauma informed care for DV

- **Awareness:** of effects of trauma on survivors
- **Safety:** for survivors on a physical and emotional level
- **Trustworthiness:** in processes and relationships
- **Empowerment:** in decision-making processes
- **Inclusiveness for all:** especially marginalized groups

# Police

Domestic violence unit

Homicide researchers found risk of homicide was 7.48 times higher for women who had experienced non-fatal strangulation (NFS) (Glass et al. 2008)

Specific case of NFS

Still a bias against absence of physical injury

Recent passage of law in NSW to make “coercive control” for DV offence

## All governments: shared delivery

Support and deliver national organisations such as ANROWS and Our Watch

Support behaviour change campaigns and interventions

National strategies such as the National Housing and Homelessness Agreement and Closing the Gap



## Australian Government

Support and deliver national services and organisations such as 1800RESPECT and DV-alert

Make improvements to the justice system, including family law, to improve legal responses to better protect victim-survivors and prevent re-traumatisation, and support family violence legal services

Support the prevention of gender-based violence which includes through the delivery of campaigns as well as early intervention

Advance gender equality through leading the development a National Gender Equality Strategy

## State and territory governments

Support in the delivery of frontline domestic, family and sexual violence services that support response, recovery and healing

Deliver housing services

Deliver court systems and correctional centres

Support improvements to the justice system and legal representations

Improve police responses to gender-based violence

Invest in prevention and early intervention projects, including through education, and building community awareness through campaigns

Deliver of perpetrator interventions and programs

## Domestic, Family and Sexual Violence Commission

Work with governments and community organisations to promote coordinated and consistent monitoring and evaluation frameworks

Provide a national approach to victim-survivor engagement, ensuring the diverse lived experiences of victim-survivors are informing policies and solutions

## Family, domestic and sexual violence sector

Deliver expert care and support that is trauma-informed, culturally safe, integrated and coordinated

Advocate for victim-survivors of gender-based violence  
Provide perpetrator interventions and services for men using violence, holding them to account and supporting them to change their harmful behaviour

## Businesses and workplaces

Prevent gender-based violence through fostering gender equality in the workplace

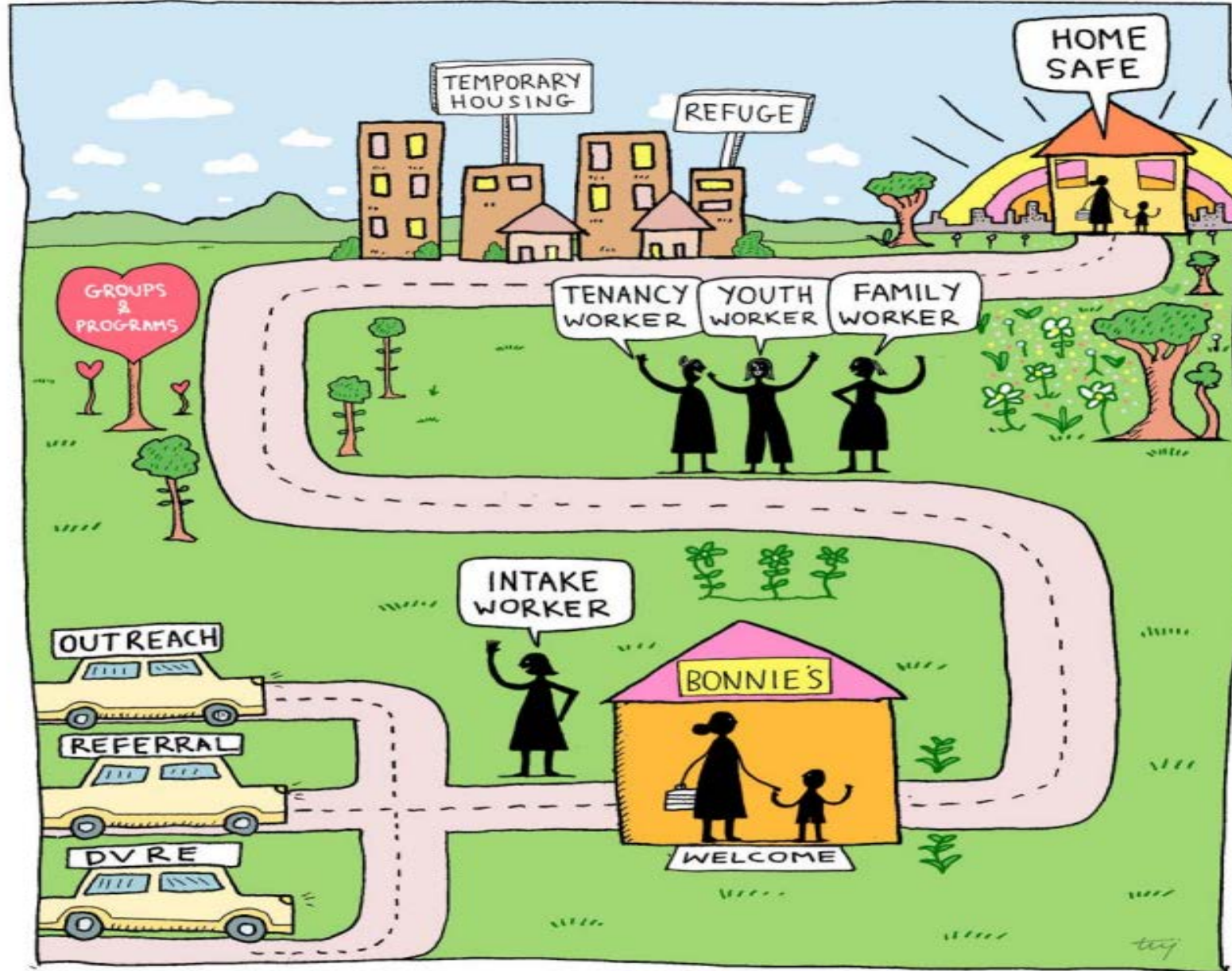
Design products and services that are safe and prevent misuse, while also focusing on perpetrator accountability

Provide leave entitlements for victim-survivors, such as paid family and domestic violence leave and paid parental leave





# The Bonnie's Road to Safety





# Children – the forgotten ones

- “Family violence” : children are witness to the abuse
- They go through trauma themselves and need support
- They internalize what they see
- Battered women

# Law

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Prosecuting perpetrators of DV

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Family Law

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Protecting vulnerable groups: Aboriginal, lower SES, substance abuse

# Barriers to conviction for DV

Lack of detection- Screening

Lack of standardized definitions of injuries - Education

Lack of visible injuries (up to 50% of cases in one US study):law reform, advocacy