



**Australian Nursing
& Midwifery Federation**
(SA Branch)

With you at work and in practice

ED/SM/JW/LWS/MAF

27 September 2024

Royal Commission

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Sent via Royal Commission Online Portal

Dear Sir/Madam

Re: ANMF (SA Branch) Feedback | Royal Commission into Domestic, Family and Sexual Violence

The Australian Nursing and Midwifery Federation (SA Branch) (ANMF (SA Branch)) thanks you for the opportunity to provide feedback on the Royal Commission into Domestic, Family and Sexual Violence.

The ANMF (SA Branch) is a professional and industrial organisation representing more than 24,000 nurses, midwives and assistants in nursing/personal care across South Australia. Our members are employed in a wide range of health, aged care and community services, from metropolitan tertiary, public and private secondary hospitals to country hospitals in rural and remote areas.

Please find attached the ANMF (SA Branch) Submission to the Royal Commission on Domestic, Family and Sexual Violence.

We note in particular our long held view that prevention is always better than cure. As such, our submission emphasises the urgent need to resource and support strategies that serve to give effect to this principle. Further, we seek to emphasis the valuable role of nurses and midwives that can and should be better harnessed to achieve real and lasting change with the objective of not only addressing but eliminating this tragic health emergency.

Further to this submission we express our availability to present our submission to you directly and to take any questions from The Royal Commission should that be considered useful.

Should you have any questions related to the attached, please contact ANMF (SA Branch) Adj Associate Professor Jackie Wood, Director of Nursing & Midwifery – Professional Practice on [REDACTED] or via email at [REDACTED]

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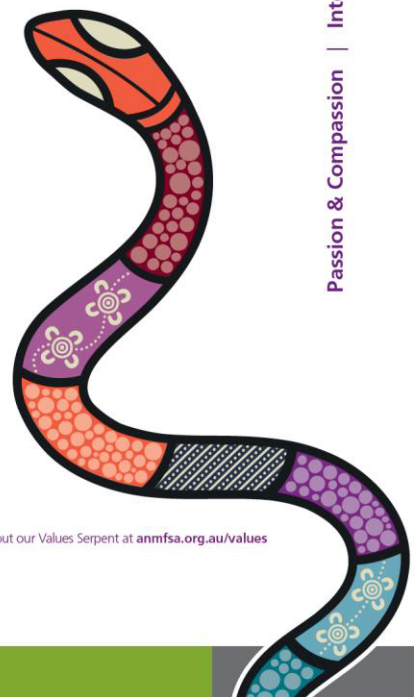
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Authorised by Adj. Assoc. Professor Elizabeth Dabars AM, CEO/Secretary, ANMF (SA Branch), Ridleyton SA 5008

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Australian Nursing
& Midwifery Federation
(SA Branch)

Please address all return correspondence to Adj Associate Professor
Elizabeth Dabars AM via email [REDACTED]

Yours sincerely

Adj Associate Professor Elizabeth Dabars AM
CEO / Secretary

Submission to the Royal Commission on Domestic, Family and Sexual Violence

September 2024

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ANMF (SA Branch) Submission to the Royal Commission on Domestic, Family and Sexual Violence

The Australian Nursing and Midwifery Federation South Australian Branch (ANMF (SA Branch)) is a key professional and industrial organisation representing over 24,000 nurses, midwives, and nursing assistants across South Australia. Our members work in diverse settings, including metropolitan tertiary hospitals, public and private secondary facilities, and rural and remote health services.

As part of a national network with other state and territory branches, the ANMF is Australia's largest union and professional body for nursing and midwifery. We advocate for the professional, industrial, and political interests of more than 320,000 nurses, midwives, and personal care workers nationwide, with approximately 89% of our members being women.

The ANMF (SA Branch) strongly supports the Royal Commission into Domestic and Family Violence, recognising its impact on our members and the health of South Australians. We advocate for urgent action in the key areas outlined in the terms of reference: prevention, early intervention, response, recovery, and healing.

To effectively address these needs, it is critical that all initiatives are informed and coordinated, involving collaboration between government and private sectors. Additionally, substantial investment in our health system is essential to ensure comprehensive care across the entire spectrum of services.

Domestic, family, and sexual violence (DFSV) profoundly affects both individuals experiencing it, the broader community, including healthcare professionals. This violence impacts patients directly and, considering that nurses, midwives, and personal care workers are predominantly female, it disproportionately affects our colleagues and workforce. The physical and psychological harm resulting from DFSV can impair the ability of affected nurses, midwives, and carers to perform their critical roles effectively.

DFSV is a public health emergency of significant concern to ANMF (SA Branch) and our members. The consequences of DFSV extend beyond the home and deeply impact the workplace. For healthcare professionals, DFSV can:

- Damage physical and psychological health, wellbeing, and future opportunities for those exposed.
- Pose a workplace hazard, affecting the environment in which nurses, midwives, and assistants in nursing operate.
- Directly affect healthcare workers themselves, as many may experience DFSV.¹

¹ Australian Nursing and Midwifery Federation. ANMF Domestic and family violence position statement. Available at <https://www.anmf.org.au/media/ismjmej3/anmf-position-statement-domestic-and-family-violence.pdf>

There is hesitation among many healthcare professionals to disclose their experiences of domestic violence due to fears of judgment or questioning of their professional competence can prevent them from seeking necessary support and resources.²

A) PREVENTION

ANMF (SA Branch) stands by the principle that prevention is better than cure and are strong advocates for preventative measures. As such, we ask the commission to have regard to strategies that would serve to avoid and guard against DFSV. These approaches could include education frameworks in early education and schooling that address:

- Expectation setting - What constitutes a respectful relationship.
- Tools and resources - Positive strategies to manage and address strong emotions of both self and others.

By focusing on education and early intervention the aim should be to establish clear expectations for respectful behaviour both in the workplace and at home. With a goal to equip individuals with effective strategies to foster healthy relationships, ultimately reducing the prevalence of domestic and family violence in our communities. Through these efforts, we aspire to create a supportive environment that prioritises respect and safety for everyone.

Recognising that women are at a higher risk of experiencing DFSV during pregnancy and the postpartum period, it is crucial to address the pressures that come with the arrival of a new baby³. The changes in home dynamics, sleep patterns, responsibilities, and financial strains can create significant stress for families. Therefore, we recommend making positive parenting programs widely available to all new parents. These programs can provide essential support, resources, and strategies to help families navigate this challenging transition, ultimately promoting healthier relationships and reducing the risk of DFSV.

We consistently hear from members that their role in providing support and assistance to new parents is severely compromised by:

- Reduced length of stay for birthing mothers which has been reduced to 24 hours for normal deliveries.
- Budget controls that severely limit community home visits to support mother and baby in the first few months of life.

Increased investment should be prioritised to enhance pre-parenting programs and both pre- and post-birth services. By providing comprehensive support and resources to families, we can equip parents with the tools they need to foster a positive family environment from the very start. This proactive approach will help ensure that babies and their families receive the necessary guidance and support, setting the foundation for healthy relationships and development as they begin their family journey.

² McLindon, E; Humphreys, C; Hegarty, K. 2018. 'It happens to clinicians too': an Australian prevalence study of intimate partner and family violence against health professionals. BMC Women's Health, 18:113. Available at <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-018-0588-y>.

³ Australian Institute of Health and Welfare. Available at <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/pregnant-people>

Nurses and midwives have a long history of responding to public health emergencies and can drive change in all healthcare settings. Health promotion and prevention are central to nursing and midwifery care. Effective prevention of DFSV requires.

- Clear policy planning and implementation.
- A generational response involving national, state, and organisational policy development.

Recommendation 1

- 1.1) A robust education framework and strategy is produced to ensure early education and schooling addresses what constitutes healthy respectful relationships.
- 1.2) Positive parenting programs be made available to all new parents, with refresher programs available as required.
- 1.3) Length of stay for birthing mothers should be determined assessing both clinical and social needs with resources and appropriate supports accessible to commence immediately at discharge.
- 1.4) Improved resourcing and supports for midwife led community home visits to support mother, baby and families in the first few months of life.
- 1.5) Nurses and midwives must be actively involved in shaping policies related to DFSV. This includes developing and implementing organisational protocols for screening, identifying, and supporting individuals exposed to DFSV ⁴. They should utilise their skills, knowledge, and patient relationships to initiate discussions about healthy relationships and connect individuals with appropriate support services.

B) INTERVENTION

Nurses and midwives are uniquely positioned to identify and support individuals and families at risk or experiencing DFSV. Their roles facilitate impactful engagement with patients, providing opportunities to:

- **Build Trusting Relationships:** The ongoing relationship and the trust nurses and midwives build with patients is crucial for patients hesitant to disclose abuse. This trust can make it easier for patients to open up about their experiences.
- **Apply Advanced Assessment Skills:** Expert assessment skills help uncover signs of abuse, recognising both physical and psychological indicators. Their training in recognising physical and psychological indicators of DFSV is fundamental in identifying those at risk.
- **Create a Safe Environment:** Ensuring patients feel safe and respected during care, while maintaining confidentiality and providing a non-judgmental, private setting.

⁴ Australian Nursing and Midwifery Federation. ANMF Domestic and family violence position statement. Available at <https://www.anmf.org.au/media/ismjmej3/anmf-position-statement-domestic-and-family-violence.pdf>

Nurses and Midwives have the professional responsibility to protect privacy and confidentiality, people have a right to expect that nurses and midwives will hold information about them in confidence ⁵.

- **Facilitate Disclosure:** With proper training, nurses and midwives can ask sensitive questions supportively, guiding patients to share their experiences. They can use established protocols to guide these conversations, making it easier for patients to share their experiences.
- **Provide Access to Support Networks:** After abuse is disclosed, nurses and midwives can refer patients to counselling, social work, community support, and emergency housing.

Recommendation 2

2.1) To equip nurses and midwives to effectively identify and support individuals at risk or experiencing DFSV, regular and comprehensive training should be provided throughout their careers. This training must be culturally safe and trauma-informed, covering:

- Understanding the scale of the problem in Australia.
- Identification and dynamics of DFSV.
- The progression and escalation of violence.
- Recognising those at risk and perpetrators.
- Unique considerations for diverse backgrounds, including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups, LGBTQIA+ individuals, people with disabilities, children, and elder abuse.
- Consequences of disclosure.
- Local support services.
- Privacy, confidentiality, and legal implications.
- Safety and risk assessments for patients, the community and themselves.⁶

C) ELDER ABUSE

Elder abuse is another facet of DFSV that needs ongoing awareness in the community and all health care settings. It has been defined by the World Health Organization (WHO) as 'a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person'.⁷

Elder abuse, much like DFSV, can manifest in many ways, including financial, physical, psychological, emotional, and sexual abuse, as well as neglect. No older individual should ever experience any form of abuse. It is crucial for all nurses, especially those working in aged

⁵ Nursing and Midwifery Board --- Code --- Advance copy --- Code of conduct for nurses --- Effective 1-March-2018%20(1).PDF

⁶ Registered Nurses' Association of Ontario. 2012. Best practice guideline: Woman abuse: Screening, identification and initial response. Available at <https://rnao.ca/bpg/guidelines/woman-abuse-screening-identification-and-initial-response>.

⁷ World Health Organization. Available at <https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people>

care, to receive comprehensive education and training to confidently recognise the early and ongoing signs of elder abuse.

By incorporating evidence-based practices related to DFSV into their work, nurses, midwives, and personal care workers can significantly support patients who are experiencing or at risk of domestic and family violence. This approach not only enhances outcomes for these individuals but also fosters a safer community.

Recommendation 3

3.1) To effectively address elder abuse in aged care settings, it is necessary to implement a comprehensive training program for all nursing and care staff. This program should focus on the various forms of elder abuse—financial, physical, psychological, emotional, sexual, and neglect—and equip staff with the skills to recognise early signs and intervene appropriately.

Key Components of the Training Program:

- **Understanding Elder Abuse:** Provide in-depth education on the definitions, types, and prevalence of elder abuse, including its intersection with domestic and family violence (DFSV).
- **Recognising Signs and Symptoms:** Teach staff to identify both physical and behavioural indicators of abuse, ensuring they understand the subtlety of psychological and emotional abuse.
- **Evidence-Based Practices:** Incorporate strategies from existing DFSV frameworks that are effective in identifying and supporting at-risk individuals.
- **Communication Skills:** Train staff in empathetic communication techniques to engage with older adults, making them feel safe to disclose any abuse.
- **Reporting and Intervention Protocols:** Clearly outline the procedures for reporting suspected abuse, ensuring staff are aware of legal obligations and support resources.
- **Support Systems:** Establish a network of support services for victims of elder abuse, enabling staff to refer patients to appropriate agencies or professionals.

By prioritising this training, healthcare providers can create a safer environment for older adults, promote their wellbeing, and ultimately foster a community that actively works against all forms of abuse.

D) RESPONSE

Individuals experiencing domestic and family violence require immediate access to health care. The ANMF (SA Branch) continues to advocate for enhanced capacity in our public hospitals, primary health care system, and mental health services, ensuring that every South Australian receives timely, appropriate, and safe care when they need it.

With proper training and education, nurses can enhance their skills in responding to disclosures of domestic and family violence. It is essential for nurses and midwives to be aware of the support services available to their high-risk patients. A fundamental aspect of nursing involves referring patients to the appropriate resources, but for this to be effective,

those supports must be accessible. Patients facing domestic and family violence require immediate access to assistance, as any delays could lead to further harm. Significant investment is needed in safe emergency housing, security, family services, and mental health care to address the rising number of families affected by domestic and family violence.

Violence and aggression towards nurses, midwives, and care workers is indeed a growing concern in healthcare settings. This issue not only affects the safety and wellbeing of healthcare professionals but also compromises patient care and the overall health environment.

Factors contributing to this violence include the high-stress nature of health care, long wait times, and emotional distress experienced by patients and their families. Moreover, nurses, midwives and care workers often find themselves in challenging situations when caring for individuals affected by domestic and family violence, exposing them to potential aggression from perpetrators.

Recommendation 4

Addressing this issue requires a multifaceted approach:

4.1) **Training and Education:** Providing staff with training on de-escalation techniques and recognising signs of domestic violence can empower them to handle potentially dangerous situations more effectively.

4.2) **Support Systems:** Establishing clear protocols for reporting incidents and ensuring access to mental health support for affected staff can help mitigate the impact of violence.

4.3) **Policy and Advocacy:** Implementing stricter policies against violence in healthcare settings and advocating for legislative changes to protect healthcare workers are crucial steps.

4.4) **Creating a Safe Environment:** Enhancing security measures, such as increasing the presence of security personnel and improving facility design, can help create a safer working environment.

4.5) **Community Awareness:** Engaging with the community to raise awareness about the challenges faced by healthcare workers can foster a culture of respect and support.

By prioritising the safety and wellbeing of healthcare professionals, we can ensure that they continue to provide the compassionate care that patients need, free from fear of violence and aggression.

Nurses, midwives, and care workers deserve to work in safe environments. All instances of threatening behaviour should be reported to the police, and healthcare organisations must implement effective security strategies. Health services should establish safe pathways to care that protect both their employed professionals and the patients they serve⁸.

⁸ McLindon, E; Humphreys, C; Hegarty, K. 2018. 'It happens to clinicians too': an Australian prevalence study of intimate partner and family violence against health professionals. BMC Women's Health, 18:113. Available at <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-018-0588-y>.

Recommendation 5

5.1) As noted earlier, nurses, midwives, and care workers can also be victims of domestic and family violence (DFSV). This issue affects the workplace, and in response, health and aged care facilities, along with other organisations employing these professionals, must:

- Create a supportive and non-judgmental environment where employees feel safe discussing any domestic and family violence issues they may be facing.
- Develop clear guidelines and protocols outlining the steps to take when an employee reports experiencing domestic and family violence.
- Educate and train all staff on these guidelines and protocols.
- Provide comprehensive training for managers and human resources advisors on implementing these protocols while ensuring confidentiality is maintained.

Recommendation 6

6.1) To ensure the safety of all nurses, midwives, and care workers, workplaces should, where possible, approve any reasonable requests from employees exposed to domestic and family violence (DFSV) to:

- Adjust their work hours, shift patterns, or duties.
- Relocate to other suitable positions within the organisation.
- Change their phone number or email address and restrict access to their contact details.
- Utilise any other relevant measures, including those offered under existing family-friendly and flexible work arrangements.
- Implement additional, proportionate security measures to prevent harassment or intrusion in the workplace⁹.

It is well established that victims of domestic and family violence often withdraw from societal participation and face significant challenges in maintaining employment, which is crucial for their financial independence.

Recommendation 7

7.1) The ANMF (SA Branch) supports the Fair Work Act's provision of 10 days of paid domestic and family violence leave but believes this is insufficient. We advocate for an increase in this leave to 20 days or more, or even an unlimited amount. Additionally, access to paid domestic and family violence leave should be extended to workers who are supporting individuals affected by DFSV. No one should have their financial stability compromised due to their experience with DFSV.

⁹ Australian Nursing and Midwifery Federation. ANMF Domestic and family violence position statement. Available at <https://www.anmf.org.au/media/ismjmej3/anmf-position-statement-domestic-and-family-violence.pdf>

E) RECOVERY AND HEALING

Nurses and midwives play a crucial role in providing ongoing care within primary health settings, especially for individuals who have experienced Domestic and Family Violence. Their unique position allows them to offer support, compassion, and essential resources to those affected.

According to the World Health Organisation, DFSV can have severe and far-reaching impacts on mental health. Survivors may face a range of challenges, including depression, post-traumatic stress disorder (PTSD), and anxiety disorders. Additionally, they may experience sleep disturbances, eating disorders, and even contemplate suicide. Substance abuse is another common coping mechanism that can emerge in response to the trauma of DFSV.

In primary health care, nurses and midwives can provide a safe and confidential environment for individuals to share their experiences. They are often the first point of contact in the health system and can facilitate access to necessary mental health services, counselling, and support groups. By fostering trust and understanding, they can empower survivors to seek help and begin their journey toward recovery.

Moreover, these health professionals can play an educational role, raising awareness about the signs of DFSV and its effects on overall health. They can also advocate for better resources and policies to support survivors, ensuring that comprehensive care is accessible to all. Through their commitment and expertise, nurses and midwives can make a significant difference in the lives of those affected by DFSV, promoting healing and resilience within the community.

Recommendation 8

8.1) There needs to be significant investment in funding for bulk-billed care and support services specifically targeting vulnerable populations. Investing in training programs for nurses and midwives can enhance their ability to deliver comprehensive, high-quality care.

Additionally, establishing collaborative care models that leverage the expertise of these professionals will ensure that individuals receive holistic support. By doing so, we can improve health outcomes and reduce barriers to accessing essential services.

CONCLUSION

Domestic, family, and sexual violence is a widespread issue that deeply affects both individuals and healthcare professionals. To create a safer and more supportive environment, we must adopt evidence-based practices, effective prevention strategies, advocate for thorough training, and provide support for both patients and healthcare workers. Investing in training programs for nurses and midwives will empower them to deliver high-quality, comprehensive care. Additionally, developing collaborative care models that utilise the expertise of these professionals will ensure individuals receive well-rounded support. This approach can enhance health outcomes and reduce barriers to accessing essential services.