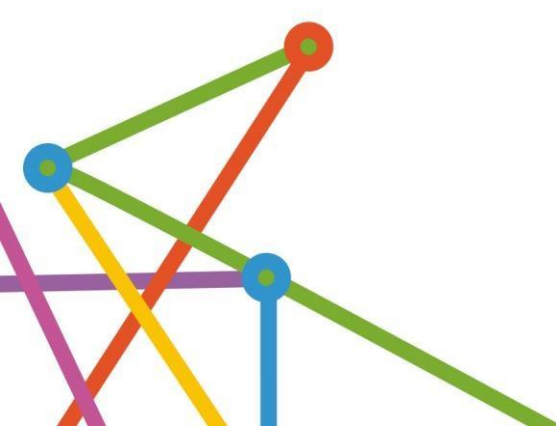




# Family Domestic Sexual Violence (FDSV)

## WAPHA Position Paper

August 2024



## Key messages

- WAPHA, representing the three WA PHNs, plays a key role in supporting and enhancing the capability of primary care<sup>1</sup> to respond appropriately to FDSV.
- General Practice and GPs are integral in the appropriate identification and response to FDSV and timely referral to specialist support services for those who experience FDSV.
- WAPHA is commissioning dedicated FDSV services, in scope with the four-year PHN Pilot Programs - Supporting Primary Care (Perth South PHN) and Supporting Recovery Model (Country WA PHN).

## Background

Those who are victim-survivors of family and domestic violence, or are at risk, are overwhelmingly women and children. Family, domestic and sexual violence is not always fatal or life threatening, but for those exposed to abuse and violence, the consequences can be intergenerational<sup>2</sup>.

Family violence covers a range of abuse including child abuse and neglect, intimate partner violence and elder abuse. Structured and legal reporting mechanisms, some of which are mandatory, are in place to support responses to a number of these forms of abuse. Each form of abuse has a significant negative impact on health and wellbeing and people may present to general practice or other community support services with varying physical and psychological issues<sup>3</sup>.

The Australian Institute of Health and Welfare provides the following definitions:

**Family violence** is a term used for violence that occurs within family relationships, such as between parents and children, siblings, intimate partners, or kinship relationships. Family relationships can include carers, foster carers and co-residents (for example in group homes or boarding residences).

**Domestic violence** is a type of family violence that occurs between current or former intimate partners (sometimes referred to as intimate partner violence).

The [Australian Government National Plan to End Violence](#)<sup>4</sup> defines sexual violence as sexual activity that happens where consent is not freely given or obtained, is withdrawn or the person is unable to consent due to their age or other factors. Sexual violence occurs any time a person is forced, coerced or manipulated into any sexual activity. Such activity can be sexualised touching, sexual abuse, sexual assault, rape, sexual harassment and intimidation, and forced or coerced watching or engaging in pornography. Sexual violence can be non-physical and include unwanted sexualised comments, intrusive sexualised questions, harassment of a sexual nature, or reproductive coercion. Forms of modern slavery, such as forced marriage, servitude or trafficking in persons may involve sexual violence (DSS 2022).

The incidence and consequences of FDSV in Australia have been described as a national emergency. In 2022, one in two recorded assaults and one in three recorded murders were related to family and domestic violence. The number of sexual assault victims recorded by police has increased each year<sup>5</sup>. FDSV is widespread across all cultures, ages and socio-economic groups. Findings from the Victorian Royal Commission into Family Violence (2016) highlighted that attitudes towards family and domestic violence must be changed through education,

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<sup>1</sup> The terms primary care and primary health care are both used in this document. Primary care provides front-line personal health services to individuals and is the first point of contact with health care provided in the community, most commonly with a general practitioner (source WAPHA Lexicon). [Primary Health Care is a broader term which derives from core principles articulated by the World Health Organization, and which describes an approach to health policy and service provision that includes both services delivered to individuals \(Primary Care services\) and population-level "public health-type" functions.](#)

<sup>2</sup> <https://www.aihw.gov.au/family-domestic-and-sexual-violence/resources/fdsv-summary>

<sup>3</sup> [RACGP - First-line response to intimate partner abuse and violence: Safety and risk assessment](#)

<sup>4</sup> [Australian Government National Plan to End Violence](#)

<sup>5</sup> <https://www.aihw.gov.au/family-domestic-and-sexual-violence/resources/fdsv-summary>

awareness, intervention and models of care that help victim-survivors and perpetrators<sup>6</sup>. The report also identified the importance of fostering collaboration and improving coordination across government and non-government agencies to address FDSV.

Alcohol and other drug use is a known risk factor for family and domestic violence. When alcohol and drug use is combined with behavioral issues, the levels of aggression by perpetrators can be increased. However, it is important to recognise that alcohol and other drug use does not cause intimate partner abuse, sexual assault, child abuse or elder abuse, nor is it an excuse for these behaviours<sup>7</sup>.

The psychological consequences of family and domestic violence can be as serious as the physical effects. Research tells us that victims of family and domestic violence receive more mental health treatment and have an increased ideation and incidence of attempted suicide<sup>8</sup>.

## Policy Context

The Australian Government is responsible for the overarching national policies, designed to reduce FDSV, with a commitment to investing \$925.2 million over 5 years from 2023-2024 to support victim- survivors<sup>9</sup>.

The latest [Australian Government National Plan to End Violence](#) against Women and their Children 2022-2032 and associated action plans have been developed with the focus on:

- advancing gender equality and addressing other forms of discrimination that create the social context in which violence against women and children occurs.
- the critical role of changing attitudes to stop violence from happening before it starts through national prevention efforts.
- embedding effective early intervention approaches across the whole of society
- building the frontline sector workforce and ensuring women and children can access support no matter where they live.
- making sure tailored and culturally safe support is available and accessible to all women and children experiencing violence, and
- the need for person-centred services and better coordination and integration across systems.

State and territory governments have primary responsibility for providing services to those seeking assistance and to law enforcement in relation to policing and prosecuting instances of domestic violence. Programs and services are funded and administered by the respective State and Territory health, community and human services departments alongside law enforcement and other agencies.

The WA Government also published [Western Australia's Path to Safety Strategy to Reduce Family and Domestic Violence](#) 2020-2023 and action plans with four focus areas:

- work with Aboriginal people to strengthen Aboriginal family safety.
- act immediately to keep people safe and hold perpetrators to account.
- grow primary prevention to stop family and domestic violence, and
- reform systems to prioritise safety, accountability, and collaboration.

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<sup>6</sup> [About the Royal Commission into Family Violence | vic.gov.au \(www.vic.gov.au\)](#)

<sup>7</sup> [CRARMF-Fact-Sheet-5-Key-risk-factors.pdf \(www.wa.gov.au\)](#)

<sup>8</sup> [Violence against women and mental health - ANROWS - Australia's National Research Organisation for Women's Safety](#)

<sup>9</sup> <https://ministers.pmc.gov.au/gallagher/2024/working-keep-women-safe>

The Strategy provides a guide to a whole-of community approach to prevention and earlier intervention, victim safety and perpetrator accountability. The WA Department of Justice and the Department of Communities are currently developing a [Sexual Violence Prevention and Response Strategy](#).

The [WAPHA PHNs Needs Assessments \(2022-2024\)](#) highlighted that one in six Australian women and one in sixteen men (since the age of fifteen) have been subjected to physical and/or sexual violence by a current or previous cohabiting partner. Those identified as being most at risk are:

- Children
- Young women
- Older people
- People with a disability
- People from culturally and linguistically diverse backgrounds
- LGBTIQ+ people
- People in rural and remote Australia
- People from socioeconomically disadvantaged areas
- Aboriginal people

### **The role of primary care**

The World Health Organization has identified the crucial role of an effective health system in prevention of FDSV. All primary health care providers can assist in the early detection of victims of Family, Domestic and Sexual Violence. General practitioners are well-placed to identify and respond to FDSV, since they are regularly accessed for a range of health issues and may work with several members of the same family<sup>10</sup>. In fact, after family and friends, it is GPs and other primary care providers who FDSV victim-survivors turn to for support. The quality of the response from the GP/health provider can have a significant impact on victims, influencing whether they seek help and support in the future.

Any form of abuse and violence has implications for the health of patients, both physically and emotionally. Recent research shows that children who live in abusive families experience negative effects on their health, wellbeing and ongoing relationships. Trauma in the early years' shapes brain and psychological development, sets up vulnerability to stress and to a range of mental health problems. It is important for GPs and health providers to understand the nature of violence and abuse to assist in breaking intergenerational cycles of abuse<sup>11</sup>.

Primary health care professionals also have an important role in community-wide efforts to advocate and strengthen resources for victims and perpetrators, and to encourage preventive programs through schools, the media and community organisations.

### **What is WAPHA required to do?**

- WAPHA has a role in supporting and enhancing the capability of primary health care services to respond to victims-survivors of FDSV including General Practice, GPs, Aboriginal Community Controlled Health Organisations (ACCHOs) and other relevant providers.
- Commission services to support primary care workers in providing appropriate care to patients / clients experiencing FDSV; this includes training opportunities.
- Provide evidence based clinical pathways and direction to appropriate resources. This also includes supporting primary care with local links to services, training and resources to initiate conversations with patients who they

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<sup>10</sup> <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

<sup>11</sup> <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/abuse-and-violence/domestic-or-intimate-partner-abuse-violence/intimate-partner-abuse>

believe may be at risk.

- Develop and maintain positive working relationships with other organisations responsible for the commissioning of services to address FDSV. This includes State and Commonwealth agencies and funded organisations.

### What are WAPHA's priorities?

- WAPHA has been successful in securing four years (2022-2026 financial years) FDSV funding to implement a supporting primary care program (post a trial of the three-year Recognise, Respond and Refer (RRR) program in five PHNs) in Perth South PHN and the implementation of a FDSV supporting recovery model (two-year therapeutic program) in a Country WA PHN location.
- The accepted model for providing support in the primary care setting is the RRR program developed for use in PHNs across Australia. WAPHA will address all six influencing activities as part of the PHN Pilot Program as below:
  1. Local navigation of supporting FDSV through a local link.
  2. Building workforce capacity including whole of practice education and training.
  3. Supporting the role of primary care in appropriate recognition, response and referral to meet the needs of the FDSV victim-survivor.
  4. Working towards local integration of primary health care/public health FDSV services/agencies in nominated locations.
  5. Influencing system integration of services and agencies including identifying gaps and unmet needs.
  6. Participating in monitoring, evaluation and the iterative development of models of care to meet local needs of victim-survivors and primary care providers. This includes providing information to inform the national evaluation of the PHN FDSV Pilot Program across Australia.
- Further information on six influencing factors of the RRR program are referred to [here](#).
- The Country WA PHN model for supporting recovery will be developed with stakeholders in the region selected for the pilot program. The service will provide trauma informed care to victims-survivors of FDSV over a two-year period. An outline of the proposed model for implementation is available [here](#).
- WAPHA will also monitor and have input to the development of relevant State and Commonwealth strategies and frameworks as they relate to identification, management and referral in the primary care setting for people impacted by FDSV. This includes increasing awareness of the key role primary care providers play in recognizing and responding to FDSV disclosure and referral to appropriate support services.

### How will WAPHA do it?

- Commission the PHN Pilot Programs FDSV services within scope, and manage performance, informed by WAPHA's Commissioning Framework.
- Support relevant continuing professional development and education of GPs and other health professionals to help build the capacity of the primary care workforce to respond to FDSV. This includes a whole of practice/service approach.
- Support any other initiatives undertaken by Federal and State Governments which recognise and address issues relating to FDSV within the community by working collaboratively at the local level and supporting development of appropriate local referral pathways.
- Promote the use of appropriate primary care tools and resources when dealing with FDSV, with close collaboration and as part of a coordinated approach with other government and non- government agencies and community services.

- Identification of safe data sharing mechanisms, including promotion of My Health Record as appropriate, at pilot sites.
- Continue to highlight priority populations at most risk of experiencing FDSV in the PHN Needs Assessments and make this available to assist with service planning by key stakeholders.
- Provide input to relevant State and National FDSV strategies and frameworks, from a primary care perspective, where considered appropriate.
- Ensure the WAPHA FDSV clinical referral pathways are kept up to date with relevant information and current links to services and resources.
- Ensure Practice Assist supports GPs and other health professionals to find relevant resources and information to support patients experiencing FDSV.
- Update WAPHA staff on relevant initiatives and strategies via internal communication mechanisms including WAFFLE and the WAPHA intranet.

#### **What is out of scope?**

- Commissioning of dedicated FDSV services such as refuges, housing support and frontline response teams.
- Programs for perpetrators are currently out of scope for WAPHA under existing funding streams.

## **Help and advice**

### **Crisis Care**

Crisis Care provides Western Australia's after-hours response to reported concerns for a child's safety and wellbeing. Additionally, they provide information and referrals for people experiencing crisis and can be contacted for advice around homelessness services. Those experiencing Family, Domestic and Sexual Violence may also contact Crisis Care to discuss accommodation assistance and support services. If you are assisting someone who does not speak English, first call the Translating and Interpreting Service (TIS) on 13 14 50. They can connect you with the service of your choice and interpret for you.

Crisis Care is funded by the Department of Communities.

#### **Crisis Care: Free call 1800 199 008**

**1800 RESPECT** is the national 24 hours sexual assault, domestic and family violence counselling helpline.  
<https://www.1800respect.org.au>

#### **Family and Domestic Violence services and resources**

<https://www.wa.gov.au/organisation/department-of-communities/family-and-domestic-violence-services-and-resources>

#### **Sexual Violence Support Services WA**

<https://csws.org.au/sexual-violence-services-in-wa/>

#### **Zonta House**

<https://zontahouse.org.au/>

#### **RUAH Community Services**

<https://ruah.org.au/>

## **Useful resources**

WAPHA website: [Family and sexual violence - WAPHA](#)

**White Ribbon Australia:**

<https://www.whiteribbon.org.au>

**The White Book, 5th edition**

The manual offers health practitioners evidence-based guidance on appropriate identification and response in clinical practice to patients experiencing abuse and violence.

<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/abuse-and-violence/about-this-guideline>

**RACGP:** Visit the [RACGP website](#) to access online training modules.

**1800RESPECT:** has several [free webinars](#) and resources for professionals who support people impacted by sexual assault, domestic and family violence. Topics ranging from improving cultural understanding in Aboriginal and Torres Strait Islander communities, to violence against women and their children, and understanding LGBTQIA + domestic and family violence.

<https://www.1800respect.org.au/professionals/>