

Safe and Healthy: Domestic, Family and Sexual Violence Framework

MAY 2024



Hunter New England and Central Coast (HNECC) PHN acknowledges the traditional custodians of the lands we walk, reside and work upon. We pay our respects to First Nations people and value the continued connection to culture, country, waterways and contributions made to the life of our vast region.



**FIRST NATIONS
HEALTH**

ACKNOWLEDGEMENT OF LIVED EXPERIENCE

Hunter New England and Central Coast (HNECC) PHN acknowledges the strength and resilience of victim-survivors of Domestic, Family and Sexual Violence including Child Sexual Abuse.

We recognise and value your wisdom and knowledge. We pay our respects to those who have died due to violence and acknowledge the recovery journey of victim-survivors.



MESSAGE FROM EMMA MCBRIDE MP



The Australian Government is committed to supporting, protecting and promoting the health and well-being of all Australians, including keeping Australians safe.

In October 2022, alongside the state and territory governments we released the National Plan to End Violence against Women and Children 2022-2032.

This month, National Cabinet met to redouble our efforts across governments and communities

to end the scourge of gender-based violence in a generation.

In 2022-23, 34 women were killed by an intimate partner an increase of 28 per cent on the previous year.¹

As a pharmacist and former mental health worker I know just how critical the primary care sector is to providing prevention, earlier intervention and trauma-informed treatment and whole-of-person support and care.

This framework identifies the challenges our communities face and the PHN lead response to build capacity to create real sustained change.

Emma McBride
Federal Member for Dobell
Assistant Minister for Mental Health and Suicide Prevention
Assistant Minister for Rural and Regional Health

A handwritten signature in black ink that reads "Emma McBride".

MESSAGE FROM THE HNECC PHN CEO

At Hunter New England and Central Coast PHN (the PHN) we are committed to increasing the awareness of the varied and intersectional health and wellbeing impacts resulting from DFSV and developing the capacity of the primary care sector to respond to this public health issue.

Our vision as we implement this framework is that all children, young people, adults, and their families are supported by the primary health system to live safe and healthy lives, free of violence and its adverse impacts.

This framework will guide PHN activities over the next three years to ensure DFSV initiatives are place-based, locally designed, improve equity of access to primary care, improve integration between the primary care and specialist DFSV sector and deliver improved health outcomes for victim-survivors.



Richard Nankervis HNECC PHN CEO

A handwritten signature in black ink.

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INTRODUCTION

The *Safe and Healthy: Domestic, Family and Sexual Violence Framework* is a strategic document that will guide the Hunter New England and Central Coast's Primary Health Network (PHN) activities over the next three years.

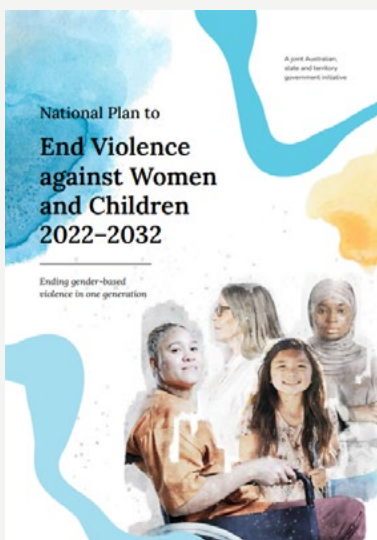
The Framework sets out three overarching and interconnected objectives to help achieve the National Plan's vision to end violence against women and children.

The Framework's aim is to increase primary care patients' access to specialist services whilst creating a shared understanding and supporting the primary healthcare system, including its workforce, to recognise and respond to people who have experienced domestic, family and sexual violence (DFSV), including child sexual abuse.

The framework explores the prevalence and adverse health impacts of DFSV on the individual, family, and community, and the implications for the primary healthcare sector.

There is a growing understanding of the intersectionality of the experiences of violence and abuse with physical, mental health and social outcomes, especially among vulnerable populations.

The PHN has a unique position of working with primary care professionals and commissioning support services. This DFSV Framework demonstrates that all areas of the PHN have a role to play in addressing this public health issue.

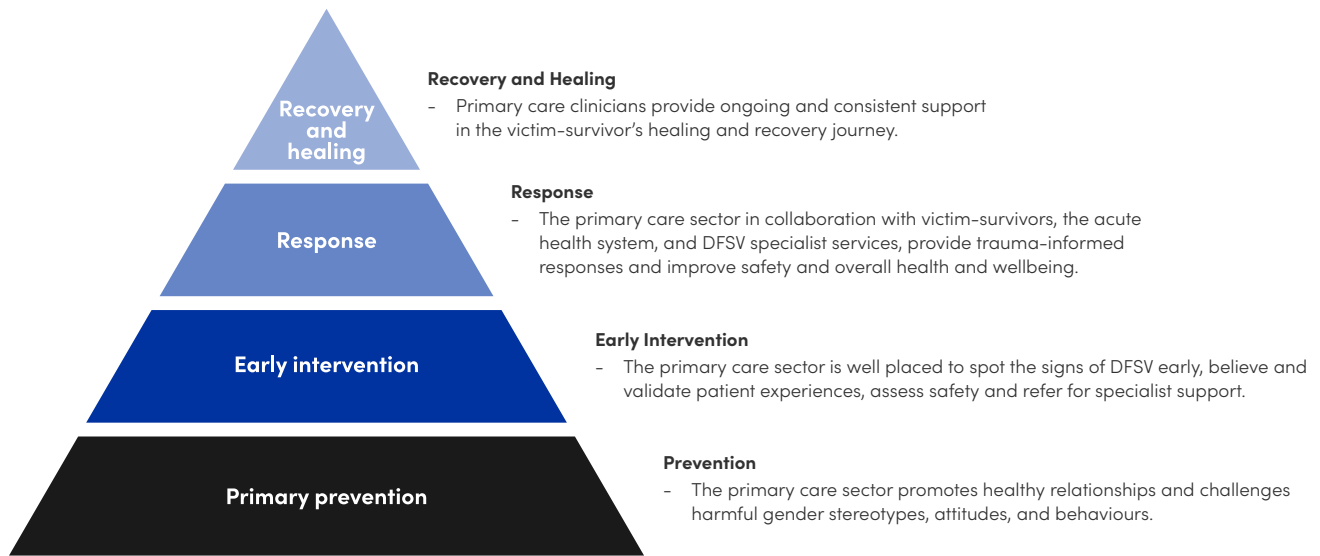


The National Plan to End Violence against Women and Children 2022-2032 identifies four key domains: Prevention, Early Intervention, Response and Recovery and Healing and identifies the need for a whole-of-society effort to address DFSV including the Health sector².

This Safe and Healthy DFSV Framework outlines the role of primary care professionals and the PHN in contributing to the overall community response to DFSV.

As can be seen in Figure 1, the primary care workforce can make positive, immediate, and lasting impacts to the health and wellbeing of DFSV survivors.

THE ROLE OF PRIMARY CARE - A SNAPSHOT



Public health approach

Figure 1: Primary care role in Public health approach³

If the primary health care system can intervene early and effectively treat conditions linked to DFSV, significant health outcomes for victim-survivors (including children and young people) can be achieved. There is significant national and international evidence for

the ability of health service interventions to reduce the extent of harm caused by DFSV. **This includes a key role for the primary care workforce to identify and respond to domestic, family and sexual violence for individuals who often do not access other services⁴.**



HOW TO NAVIGATE THIS FRAMEWORK



This document has been organised to step you logically through the background, rationale, purpose and intended actions that the framework will support.

Alignment With The PHN Strategic Plan 2023-2028 (p.9) outlines how the Safe and Healthy Framework aligns with the strategy, vision and purpose of the PHN.

Safe And Healthy Framework At A Glance (p.11) gives you a snapshot of the framework on one page.

Domestic, Family And Sexual Violence (DFSV) - A Significant Public Health Issue (p.12) explores the evidence about how DFSV significantly impacts people's physical and mental health in multiple ways.

The Role Of The PHN And Primary Care In Addressing Domestic, Family And Sexual Violence (p.15) describes how the primary health care sector and practitioners

can make a huge difference for people experiencing adverse health outcomes as a result of DFSV.

Framework Objectives (p.20) describes what we want to achieve and how we are going to achieve it.

Prevalence And Health Outcomes Of Domestic, Family And Sexual Violence In Australia (p.27) provides further detail and information about the magnitude of the problem and its health impacts.

A Holistic Approach – Aligning The Framework With Government Strategies And Emerging Evidence (p.30) discusses how this Framework is informed by a range of relevant state and national plans.

Implementation (p.31) describes how we will implement and monitor this Framework.



PURPOSE

Increase equity of access to primary care services



- Safe and Healthy initiatives will increase the awareness of DFSV as a significant public health issue.
- Deliver DFSV-informed training and support so that primary care practitioners identify DFSV early, provide appropriate responses and help victim-survivors with recovery and healing.

Enhance the primary care workforce and incorporate digitally assisted services:

- Deliver DFSV tailored training and support to increase workforce capability, confidence, resilience, retention, and sustainability in responding to victim-survivors.
- Commission specific DFSV services which support primary care professionals in responding to victim-survivors.
- Explore the provision of digitally assisted DFSV services in regional areas to augment local resources, especially in the area of supporting recovery approaches.



Demonstrate exceptional commissioning through leadership and performance:

- Involve people with lived expertise, frontline workers and best practice guides to inform service design, commissioning process and evaluation to ensure services are fit for purpose and tailored to meet the needs of communities.
- Develop and implement a set of guiding principles to bring a DFSV lens to all PHN commissioned services.
- Continue to develop and pilot innovative models of care which will inform long term implementation and sustainability of services.
- Lead and actively participate in strategic forums involving PHN and government stakeholders.



PARTNERSHIPS TO STRENGTHEN PRIMARY CARE

- **Develop partnerships with acute care (LHDs), primary care providers and DFSV service organisations to ensure an integrated approach and improved outcomes and experience of the health system.**

FOCUS ON EQUITY (including First Nations people)

- Explore a tailored response for First Nations communities within the DFSV and Supporting Recovery Pilots.
- Provide training opportunities to develop capabilities in improving support to vulnerable populations e.g. LGBTIQ+, CALD and Older Australians.

VISION AND PURPOSE

The PHN's vision is 'Healthy People, Healthy Communities' with our purpose being to increase equity of access to primary care services.

The Safe and Healthy Program encompasses all the Domestic Family and Sexual Violence initiatives undertaken by the PHN.

The Safe and Healthy Program identifies that DFSV is a public health issue.

By implementing the actions identified within this Framework, victim-survivors will have improved access to health and wellbeing supports to achieve improved health, both individually and as part of the wider community.

Through increasing equity of access to DFSV programs we will be able to realise the Safe and Healthy Program vision: that all children, young people, adults, and their families are supported by the primary health system to live safe and healthy lives, free of violence and its adverse impacts.

This framework has also been developed in line with the PHN's values.



VISION + VALUES

Healthy People & Healthy Communities



PURPOSE

Increase equity of access to primary care services

OUR VALUES

Respect

We listen to and value the perspectives of others and use them to inform and strengthen everything we do.

Integrity

We employ the highest ethical standards demonstrating honesty, transparency, open communication and fairness.

Innovation

We invest in new and better ways to improve the health system so people stay well and out of hospital.

Cooperation

We work with others towards common goals, encouraging collaboration, support and compassion.

Accountability

We keep our promises and take ownership to get things done. We interact constructively.

Recognition

We acknowledge and share individual and team achievements and successes.

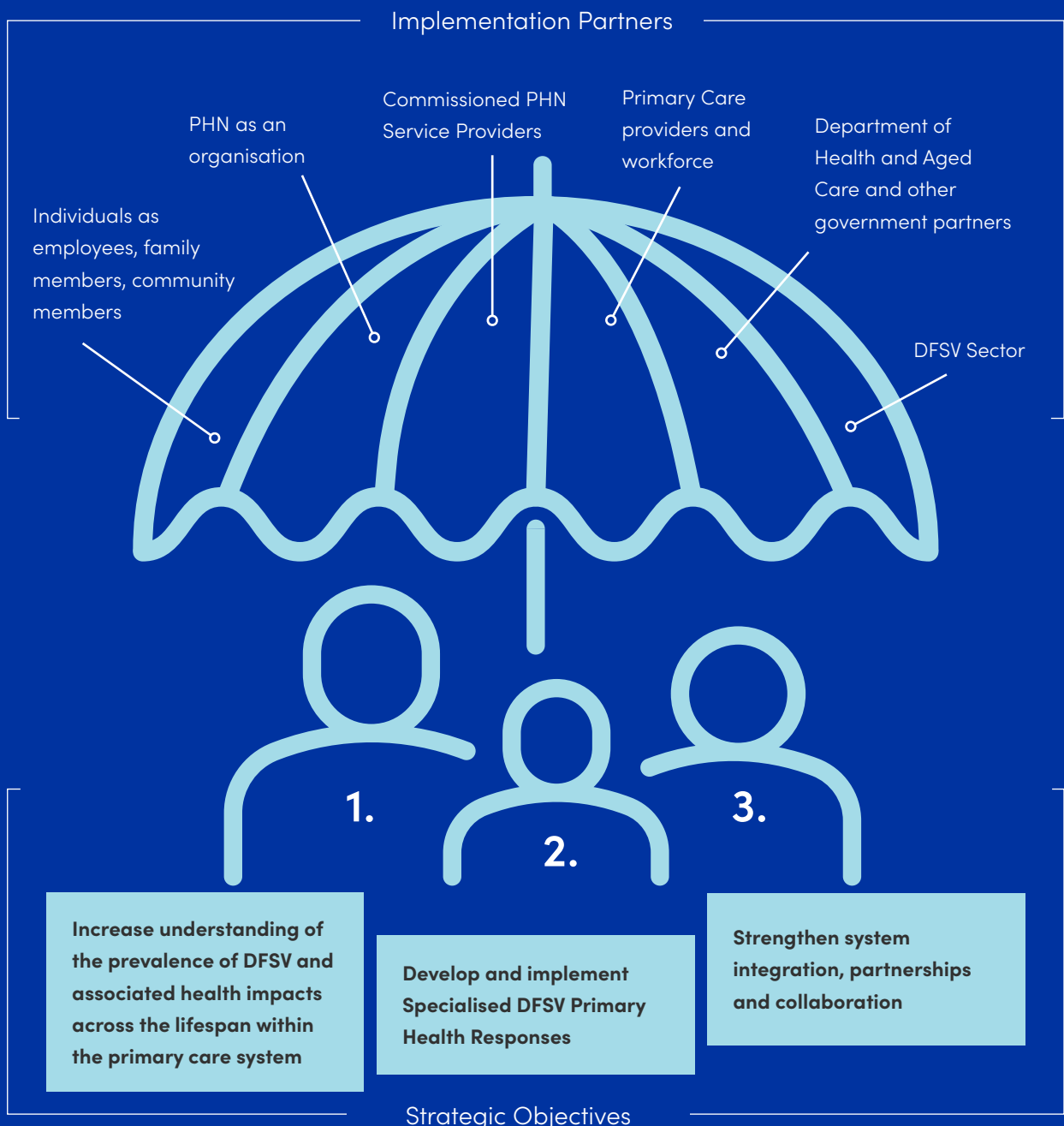


SAFE AND HEALTHY FRAMEWORK AT A GLANCE

The framework outlines the PHN's action, effort and partnerships across sectors and levels of government to achieve our vision of improving health outcomes for people who experience DFSV.

This includes building capacity in the primary care workforce, growing the evidence base, and strengthening data collection systems, whilst delivering innovative, holistic, coordinated, and integrated person-centred responses.

Safe and Healthy: A Framework to Achieve a Shared Vision with Shared Responsibility



DOMESTIC, FAMILY AND SEXUAL VIOLENCE - A SIGNIFICANT PUBLIC HEALTH ISSUE

The Hunter New England and Central Coast PHN has one of the highest rates of Domestic, Family and Sexual Violence (DFSV) in NSW⁵. These disproportionately high rates have a direct impact on the health outcomes of our community.

DFSV occurs across all socioeconomic and demographic groups. While all experiences of violence and abuse are unique, evidence clearly shows most perpetrators of gender-based violence are men, and most victims and survivors are women, children, and LGBTIQ+ people⁶.

While men can also be victim-survivors of family, domestic, and sexual violence, men's violence against women, including intimate partner violence, is more prevalent, more often used repeatedly, and more likely to lead to serious injury, disability, or death⁷.

Traditionally, DFSV has been regarded as a social or justice issue. However, overwhelmingly domestic, and international evidence has proven that DFSV is a major cause of significant health issues regularly treated by the primary healthcare system and has lasting impacts at an

individual, family, community and economic level (see whole of system impacts in Figure 3 on the next page.)

The Primary Care sector therefore has a significant role to play as part of a broader human rights, social justice and whole of community approach.

It is important to note that anyone can be a victim-survivor of family, domestic and sexual violence, including men. All people experiencing violence should have the opportunity to access support and services.⁸

“If child abuse and neglect did not exist, more than 1.8m cases of depression, anxiety and substance use disorders in Australia – almost a quarter of the total number – could be prevented.”^{8.1}



Domestic and Family Violence, Sexual Violence and Child Sexual Abuse are rarely experienced in isolation.

Many people experience multiple forms of violence and abuse, either co-occurring or at different stages across their life.

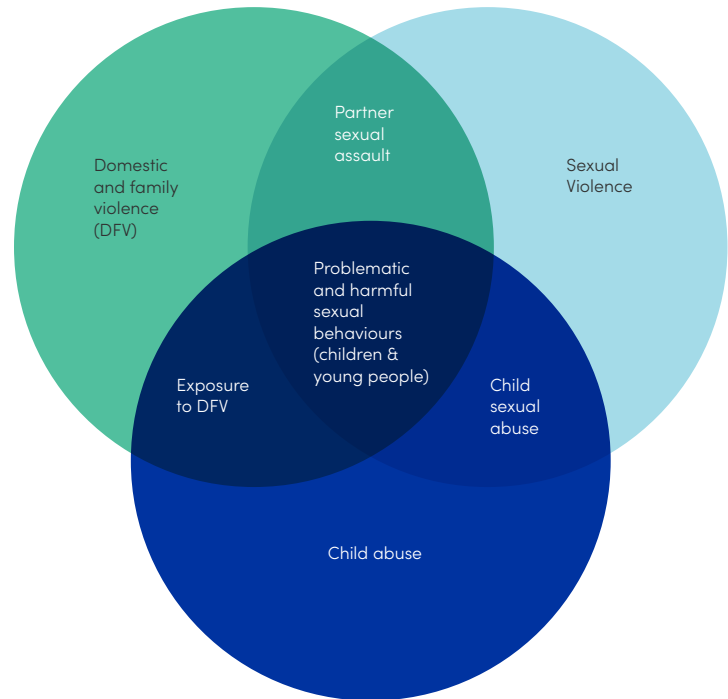


Figure 2: Variety and overlapping forms of DFSV⁹

- The cost of violence against women and their children is estimated at **\$26 billion** a year
- Domestic and family violence is a **leading driver of homelessness** for women
- **Intimate partner homicide** is the most prevalent homicide type in Australia
- Among women 18 to 44 years, violence against women is the **single biggest risk factor** contributing to disease burden; more than smoking, drinking or obesity
- Women who experience partner **violence during pregnancy** are **three times** as likely to experience **depression**
- Children exposed to domestic and family violence may experience trauma symptoms. **There may also be long-lasting effects on development, behaviour and well-being**

Figure 3: Whole of System Impacts of Violence Against Women and Children. Adapted from the National Plan to End Violence against Women and Children 2022-2032¹⁰

There is a growing understanding of the ongoing and overlapping impacts of violence and abuse on physical health, mental health and social outcomes, especially among vulnerable populations.



Figure 4: Interconnected impacts of DFSV¹¹



THE ROLE OF THE PHN AND PRIMARY CARE IN ADDRESSING DOMESTIC, FAMILY AND SEXUAL VIOLENCE

The PHN is in a unique position of having reach, influence, and access to our local communities.

The PHN impacts the provision of primary healthcare via planning, service design, workforce and practice support, commissioning tailored services, and monitoring outcomes, as well as promoting key messages that influence both the primary care and the general community.

The Department of Health and Aged Care (DoHAC) states that PHNs are 'change champions' and should

drive collaboration, partnerships, and innovation to achieve better health outcomes for their communities.¹³

As an organisation that aims to improve the efficiency and effectiveness of the primary health care system, the PHN has a pivotal role in partnering with and supporting the primary care sector to improve our understanding and response to this public health issue, whilst providing appropriate and trauma-informed support to victim-survivors.



A conversation can save a life.

START THE CONVERSATION USING THESE 4 STEPS:

1. Ask the question

- "How are things at home?"
- "What happens when your partner gets angry?"
- "Sometimes partners use physical force. Is this happening to you?"

2. Listen without judgement

- "I hear you. I believe you. I care and I am here for you"

3. Validate their feelings

- "I'm so sorry this has happened to you."
- "Everybody deserves to be SAFE AND HEALTHY."

4. Encourage action

- "Can I ask you some more questions to help keep you safe?"
- "Can we develop a safety plan to help keep you SAFE AND HEALTHY?" "I would like to LINK you to a specialist support service. Is that okay?"
- Link for support [thephn.com.au/local-link](https://www.thephn.com.au/local-link)

How are things at home?



Can I ask you some more questions to help keep you safe?



Figure 5: 'Conversation Starters' given to primary care clinicians.

THE 2022 AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH STATES:

"Given the high prevalence of domestic, family, and sexual violence, primary healthcare practitioners are likely seeing women who have experienced violence regularly and are therefore, well placed to be the gateway to an intersectoral approach".

"Long-term physical and mental health impacts, and adverse health behaviours underscore the need for nuanced primary healthcare services and appropriate intersectoral referral networks that can address the needs of women who have experienced DFSV."¹⁴

Research has found that although victim-survivors are in frequent contact with the primary healthcare sector, they are rarely asked about their experiences of DFSV and how this may be impacting their health.¹⁵

Primary care professionals need to be aware of the signs of DFSV and be ready to respond to a disclosure in a trauma-informed way, because:



Studies show that women are twice as likely to disclose Domestic, Family and Sexual Violence if asked by their GP or nurse in general practice. Is your practice prepared if a patient discloses DFSV?

Delivered by a GP and DFSV Specialist, the Safe and Healthy training will increase the confidence and capacity of your team to identify and support victim-survivors.

The RACGP accredited, whole of practice training is free and can be delivered in your practice, or online.

Express your interest in Primary Care Domestic Family Violence Training thephn.com.au/dfv

Figure 6. Be Prepared. Do The Training. Primary Care DFSV Training Flyer.

THE NEED TO RECOGNISE CHILDREN IN THEIR OWN RIGHT

This Framework recognises children and young people in their own right.

Children's experiences and impacts of violence are unique from those of the adults in their lives; and require a dedicated and specialist response.

The evidence base highlights that early experiences of DFSV can result in long-term poor mental and physical outcomes, poor relationships and housing outcomes, developmental challenges, and barriers to effective participation in education and employment¹⁷.

Recent longitudinal data showed that any exposure to DFSV from infancy to 10 years was associated with poorer health outcomes. Specifically, the study found that these children were twice as likely to have a psychiatric diagnosis, emotional and behavioural difficulties, and impaired language skills at age 10.¹⁸

Primary Care has the skills and infrastructure to support the delivery of early intervention for children. It supports interdisciplinary and integrated approaches and enables ease of access within the community for children and their families.

By putting the child and family at the centre of PHN Safe and Healthy DFSV responses, children will have greater opportunities for improved health and long-term outcomes.



DOMESTIC, FAMILY AND SEXUAL VIOLENCE LENS



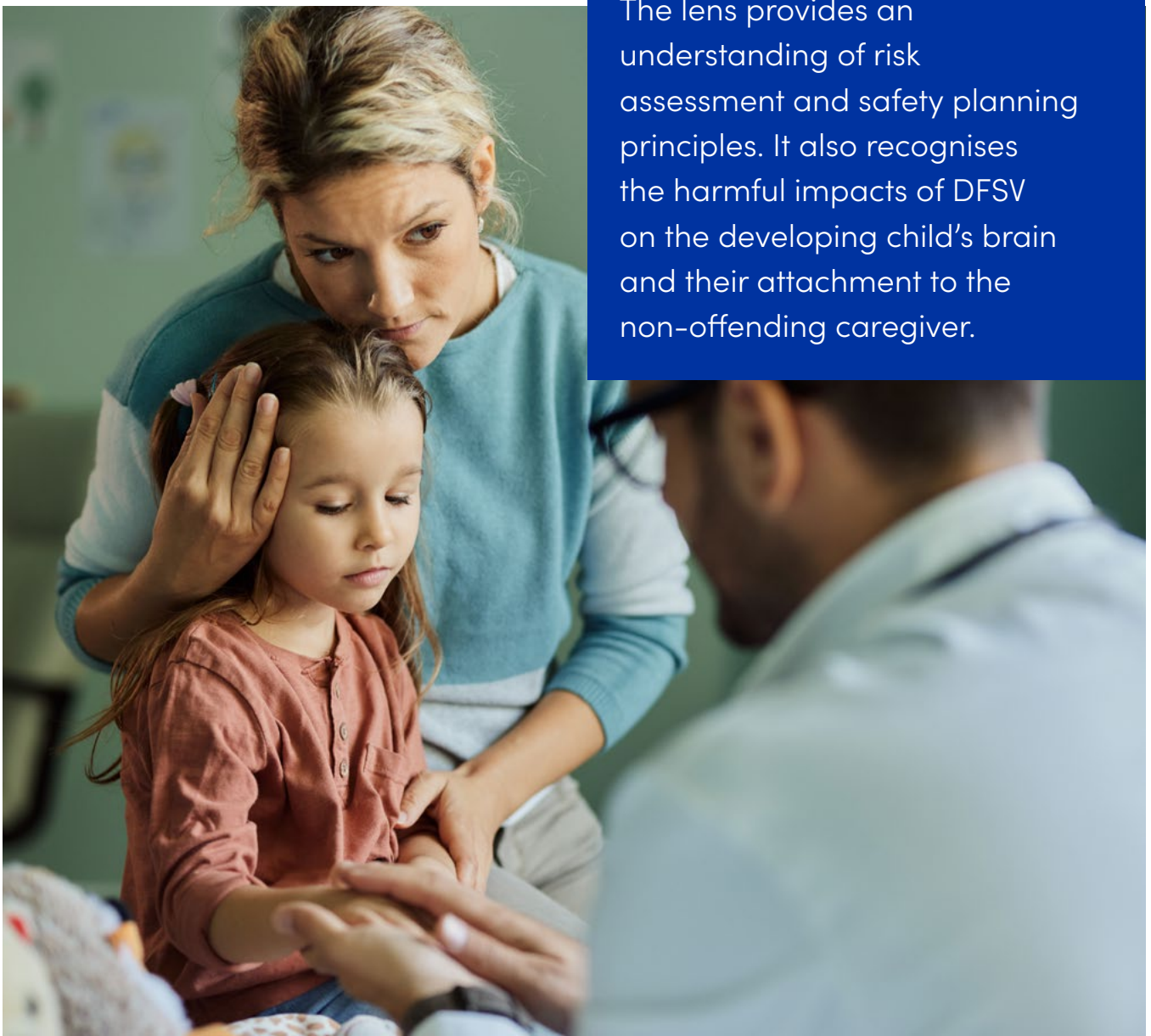
Given the prevalence of DFSV across the community, it is extremely likely that people supported through PHN-commissioned services (e.g. Mental Health, Alcohol and Other Drugs and Older Persons supports) have experiences of DFSV. These trauma experiences may be contributing to their ill health.

To best equip service providers to recognise and respond, this framework will support general practice and commissioned service providers to develop a DFSV lens. With the utilisation of this lens, it is the PHN's intent that victim-survivors will feel safer to disclose and confident that their needs will be met, whether they are

accessing care associated with physical health needs, mental health support, drug and alcohol, older person's services, suicide prevention and/or navigation support.

A DFSV lens demonstrates knowledge of the connection between power and control dynamics (including grooming), complex trauma, and significant health impacts.

The lens provides an understanding of risk assessment and safety planning principles. It also recognises the harmful impacts of DFSV on the developing child's brain and their attachment to the non-offending caregiver.



NO WRONG DOOR APPROACH

This Framework recognises that all staff in the primary healthcare system will encounter people experiencing, or who have experienced DFSV, including child sexual abuse in the course of their work and aims to develop a DFSV lens to support an intersectoral "No Wrong Door" approach.

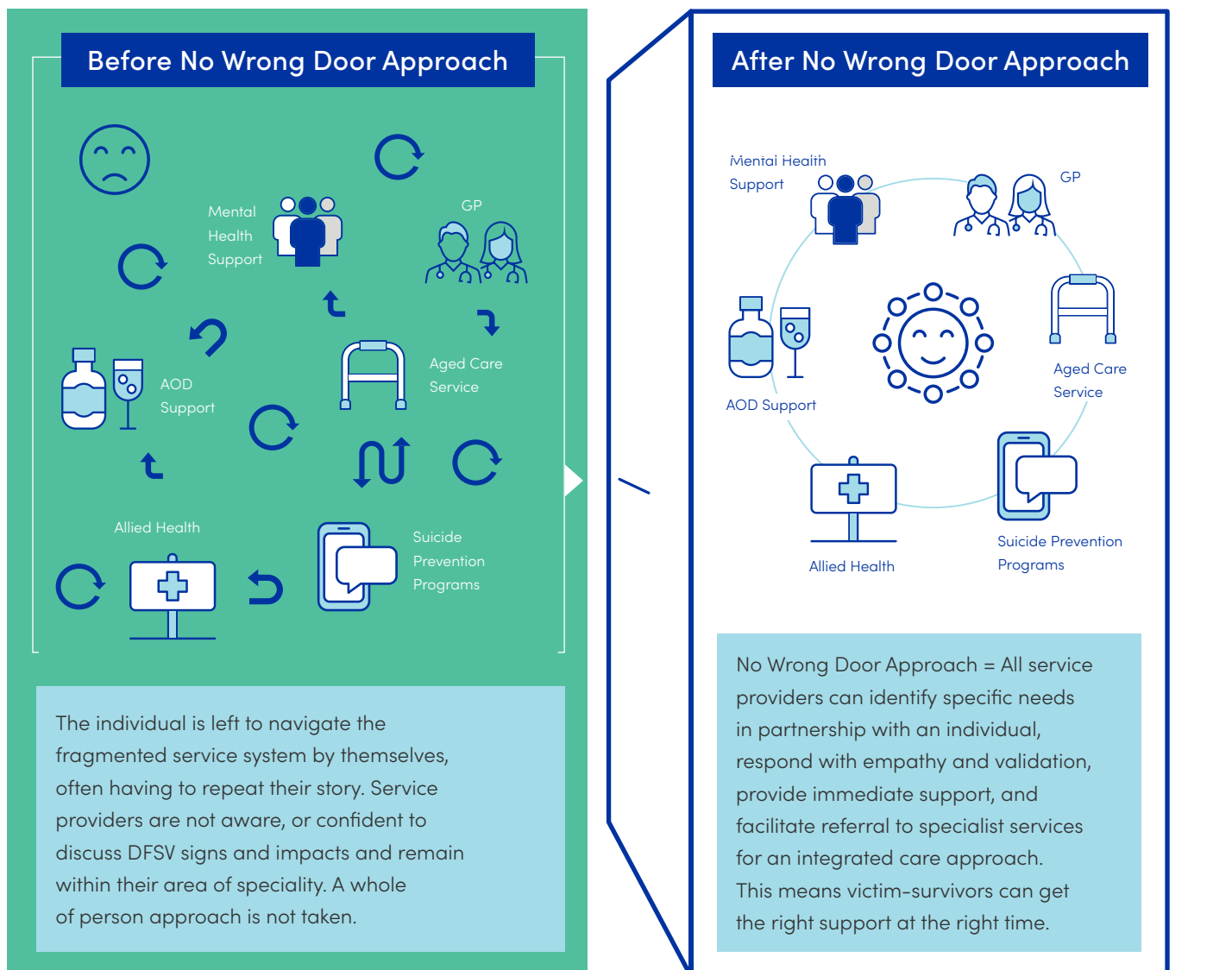


Figure 7. No Wrong Door Approach

FRAMEWORK OBJECTIVES

The framework has three objective areas.

These objectives provide an 'umbrella' for policies, guidelines, and programs that will play a role in promoting the importance of understanding the prevalence, health impacts, and trauma-violence-informed responses.



1.

Increase the understanding of the prevalence of DFSV and the associated health impacts across the life span within the primary care system.

2.

Develop and implement Specialised DFSV Primary Health Responses.

3.

Strengthen system integration, partnerships, and collaboration.

1.

OBJECTIVE 1

Increase the understanding of the prevalence of DFSV and the associated health impacts across the life span within the primary care system.

Primary Health Networks and primary healthcare practitioners are key to raising awareness of DFSV as a public health issue and champion the actions, programs and responses that can be taken to improve health outcomes, whilst improving equity of access to care.

To do this, people first need to understand the drivers, prevalence, adverse health outcomes and impact on the overall health system, and what works to prevent and better respond to people who have experienced DFSV.

Through a shared understanding, Primary Care Practitioners, Primary Health Networks, and their Commissioned Services will be better equipped to make trauma-informed decisions at both a macro and micro level that will positively impact the lives of people experiencing or who have experienced DFSV, ultimately improving health outcomes.

To ensure this Framework is having a positive impact, the PHN has developed success criteria as a benchmark for each action. This will help us measure our progress.

No.	Actions	Success Criteria
1.1	<p>Develop and deliver a range of targeted primary care training and professional development activities delivered online and in-practice. Topics including:</p> <ul style="list-style-type: none"> - Domestic and family violence - Sexual violence - Child sexual abuse - Healing and recovery - Trauma-aware practice 	<ul style="list-style-type: none"> - A trauma aware lens is developed with healthcare practitioners across general practice, allied health, and commissioned services. - The primary care health sector understands the specific impact DFSV has on children and the long-term health impacts. - Increased awareness of the health impacts of DFSV and intersectionality across the primary health care sector. - Primary care providers feel confident to spot the signs of DFSV, start a conversation with their patient or client, and link them with broader supports. - An online DFSV toolkit is developed for General Practice. - HealthPathways are up to date, relevant and reaffirm key messages delivered in workforce education opportunities. - Primary Care providers can identify how the impacts of DFSV intersect with their personal, work, and social environments.
1.2	<p>Develop a DFSV stakeholder engagement and communications strategy.</p>	<ul style="list-style-type: none"> - Primary care practitioners and service providers understand DFSV as a public health issue. - Primary care practitioners understand their role in preventing long-term health impacts. - Primary care practitioners feel empowered and are supported to address DFSV within their scope of practice. Clinicians start to 'ask the question' to patients and earlier intervention is provided, so people get the right support, at the right time. - Community members feel safe and empowered to disclose DFSV to their primary healthcare provider. - Key messages for General Practice are developed regarding their roles and responsibilities in responding to child sexual abuse and sexual violence.

No.	Actions	Success Criteria
1.3	Support General Practice to develop DFSV practice-specific policies and procedures.	<ul style="list-style-type: none"> - General Practice is well equipped and confident to support patients and staff who are both experiencing and using violence.
1.4	PHN DFSV workplace training / policy and procedure development.	<ul style="list-style-type: none"> - Managers feel confident to support staff who are experiencing DFSV within the scope of their role. - Staff are knowledgeable about their avenues for support and leave entitlements and feel confident to speak up. - People are connected to specialist services earlier.
1.5	Develop primary prevention tools and conversation starters for the Primary Care Sector.	<ul style="list-style-type: none"> - Practitioners feel confident to have conversations about healthy relationships because strong relationships = strong health.
1.6	Explore opportunities for collaboration and partnership with higher education to expand DFSV in curriculum content.	<ul style="list-style-type: none"> - DFSV training is embedded in undergraduate curriculum for medical and allied health degrees.



2.

OBJECTIVE 2

Develop and implement specialised DFSV primary health responses.

Primary health care encompasses a vast range of services, sectors, experiences, and care givers including GPs and Practice Nurses, Allied Health professionals, Urgent Care Clinics, Residential Aged Care Facilities, Mental Health services, wellbeing supports and navigation services. The PHN supports all of these settings and the workforce they contain.

The Safe and Healthy program has a variety of directly funded initiatives which aim to improve the capacity and capability of the primary care workforce to respond to DFSV and improve the experience of victim-survivors being supported by the primary care sector.

These initiatives are trialling new and innovative models of

care to ensure trauma-informed support, whole of family responses, collaboration with state-based services and delivering support from disclosure to long-term recovery.

Given the prevalence of DFSV and the trauma responses it evokes, there is an intersectionality between the Safe and Healthy objectives and the priority populations supported by all services supported by the PHN.

This Framework will identify the actions and activities all Portfolios of the organisation can enact to support staff and the community to respond to DFSV and improve the capacity of our commissioned services to identify and support victim-survivors.

No.	Actions	Success Criteria
2.1	<p>Develop and implement a suite of innovative models of care that improve prevention, early intervention, response and healing and recovery:</p> <ul style="list-style-type: none"> - Domestic Family Violence Local Link - Sexual Violence Local Link - Child Sexual Abuse Local Link - Domestic and Family Violence Primary Care Outreach Team - Supporting Recovery (DFSV informed mental health services and care coordination) 	<ul style="list-style-type: none"> - People experiencing DFSV can access free and high-quality primary health care services suitable for an individual at any stage of their DFSV journey e.g. prevention, early intervention, response, and healing and recovery. - Increased referrals from primary care to specialist DFSV support services supporting early intervention. Improved experience for DFSV victim-survivors navigating the system. - Commissioned services feel confident in delivering DFSV-informed services and employ a "No Wrong Door" approach. - Children have access to specialist and dedicated trauma-aware mental health services. - Support systems and resources in place for workers to facilitate self-care.
2.2	<p>Ensure models of care, services and training modules are informed by victim-survivors of DFSV.</p>	<ul style="list-style-type: none"> - Victim-survivors, frontline workers and DFSV subject matter experts are consulted and involved in the design and review of service development and training material. - Wherever possible and safe to do so, services and training include the voice of lived experience in the review, evaluation and refinement of services.
2.3	<p>Explore specific First Nations approaches to program design ensure DFSV programs are tailored and appropriate for local communities.</p>	<ul style="list-style-type: none"> - DFSV specific services are culturally safe and tailored to meet the needs of First Nations communities. - Any First Nation specific DFSV services have been developed in consultation with local communities.

No.	Actions	Success Criteria
2.4	<p>Contribute to the growing evidence base for Healing and Recovery services by:</p> <ul style="list-style-type: none"> - Commissioning a Healing and Recovery Discussion Paper. - Co-Design DFSV-informed mental health services that focus on healing and recovery. - Facilitate and document Action Learning and Communities of Practice sessions for healing and recovery commissioned services. - Participate in the national evaluation of the Supporting Recovery pilot program. 	<ul style="list-style-type: none"> - Commission and integrate specialist Healing and Recovery services. - Victim-survivors are supported in their healing and recovery journey by having access to free and high-quality DFSV-informed mental health services and care coordination. - Capacity has been built in the primary care workforce to deliver DFSV-informed mental health services.
2.5	<p>Support existing PHN-commissioned services to become DFSV-informed.</p>	<ul style="list-style-type: none"> - Primary care providers are empowered to provide a “No Wrong Door” approach to ensure that regardless of which door a person enters the system, they are supported to access an appropriate DFSV service to meet their needs. Primary health care providers feel confident to enhance their models of care to ensure DFSV-aware and trauma-informed care is provided. - Develop a commissioned services guide to delivering DFSV-aware primary healthcare.
2.6	<p>Support Primary Care workforce during DFSV capacity building activities.</p>	<ul style="list-style-type: none"> - Mechanisms are established to support the Primary Care Workforce as they respond to and support victim-survivors of DFSV.
2.7	<p>Safe and Healthy Primary Care Initiatives are evidence-based, evaluated, and continuously improving.</p>	<ul style="list-style-type: none"> - DFSV primary care response needs are better understood across the PHN region. - DFSV Commissioned Services are continuously improved based on experience and outcomes. - Evidence-informed future funding proposals are developed resulting in the expansion of the DFSV Primary Care Outreach Team. - “Feasibility study” of the DFSV Primary Care Outreach Team is completed and the data is utilised to advocate for additional funding to expand the service. - Successful national evaluation of the <i>Supporting Primary Care’s Response to Domestic, Family and Sexual Violence pilot program</i>. - Successful national evaluation of the <i>“Supporting Recovery pilot program”</i>.
2.8	<p>Continue work with the PHN National Strategic Group on improving data collection at a Primary Care level.</p>	<ul style="list-style-type: none"> - Improved prevalence data at a General Practice level. - Commence discussions with the Australian Institute of Health and Welfare re partnering opportunities to resolve identified data gaps.

3.

OBJECTIVE 3

Strengthen system integration, partnerships, and collaboration.

To reach the National Plan’s aim to end violence against women and children in one generation, multiple sectors need to work together in areas of prevention, early intervention, response and recovery and healing.

Utilising a systems approach, the framework will detail how the PHN intends to engage and integrate with the broader service system, building bridges in and out of the primary care sector, so individuals receive the right support, at the right time.

Collaborators for Change include:

- Department of Health and Aged Care (DoHAC)
- NSW Ministry of Health
- Central Coast Local Health District
- Hunter New England Local Health District
- NSW Department of Communities and Justice
- NSW Integrated Domestic and Family Violence Services (IDFVS) Program.
- DFSV services providers
- Place-based initiatives – e.g. Newcastle Acquired Brain Injury round table.
- Integration at a portfolio level within HNECC PHN
- NSW Safer Pathways Initiative
- Hunter DFV Consortium
- The University of Newcastle & The University of New England – The Joint Medical Program
- Centre of Excellence for Equity in Higher Education (CEEHE), University of Newcastle.
- Just Reinvest Moree

No.	Actions	Success Criteria
3.1	Identify opportunities for collaboration and information sharing between primary care services and DFSV service providers and the Local Health Districts to improve the patient journey of care.	<ul style="list-style-type: none"> - Increase the number of partnerships and collaborations across both sectors. - Encourage and support commissioned services to employ a No Wrong Door approach.
3.2	Strengthen relationships between Commonwealth Department of Health and Aged Care, NSW Health and the Department of Communities of Justice (DCJ) to ensure successful program integration, ensuring a coordinated patient journey.	<ul style="list-style-type: none"> - Commonwealth and State funded DFSV programs are well integrated and avoid service duplication.
3.3	Collaborate with the Hunter DFSV Consortium and Hunter New England Local Health District on the Acquired Brain Injury (ABI) project.	<ul style="list-style-type: none"> - Screening for ABIs/head and neck trauma is increased for adults and children who experience DFSV and are accessing primary care services. - Primary care professionals feel confident in screening for DFSV-related ABIs and know where to refer for specialist care and support.
3.4	Collaborate with the PHN’s Mental Health and Suicide Prevention Strategies & Partnerships Team to explore opportunities to address the intersectionality between DFSV and youth suicide.	<ul style="list-style-type: none"> - Potential funding sources and models of care explored, with an approach developed if viable.

No.	Actions	Success Criteria
3.5	Develop referral pathways and multi-sector service delivery protocols between the DFSV sector, primary care, and the Hunter New England Local Health District (HNELHD)	- The Local Link pilot program is utilised to support patients who require an acute response and vice versa, supporting the patient to navigate through the acute, primary, and community-based sectors.
3.6	Support and develop coordinated collaborative networks at the local level.	- Collaborative networks have been identified or developed to improve access and health outcomes.
3.7	Collaborate with the DFSV sector to explore strategies and potential services to break the cycle of violence including engaging with men who have their own trauma and violence experience.	- Services and potential programs are identified which can support a whole of family approach including people using violence.



PREVALENCE AND HEALTH OUTCOMES OF DOMESTIC, FAMILY AND SEXUAL VIOLENCE IN AUSTRALIA


DOMESTIC AND FAMILY VIOLENCE

Domestic, family and sexual violence, including child sexual abuse is significantly underreported.¹⁹ Despite this, the available data outlines the significant prevalence across all of Australian society and within all communities.

Please note, the statistics below aim to demonstrate the scale of this public health issue. They don't however outline the whole picture and we wish to acknowledge the individual trauma which sits behind these numbers as well as those trauma experiences which these statistics have not captured.




IN 2024 A WOMAN IS KILLED BY AN INTIMATE PARTNER ON AVERAGE EVERY **4 Days**²⁰



WOMEN ARE MORE LIKELY TO EXPERIENCE VIOLENCE AT PARTICULAR LIFE STAGES SUCH AS WHILE **pregnant or separating** FROM A RELATIONSHIP²¹



40% OF AUSTRALIAN CHILDREN HAVE BEEN EXPOSED TO DOMESTIC FAMILY VIOLENCE²²



FIRST NATIONS WOMEN ARE **11 times** MORE LIKELY TO BE KILLED DUE TO FAMILY VIOLENCE THAN NON INDIGENOUS WOMEN²³

Violence against First Nation's women is not a 'First Nations problem'. Nor should First Nation's peoples bear sole responsibility for addressing it. This violence is an Australian problem, and it is perpetrated by men of all cultural backgrounds.²⁴

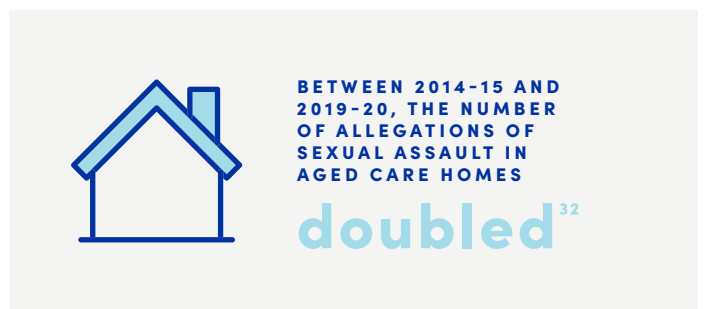


1 in 3 MIGRANT AND REFUGEE WOMEN HAVE EXPERIENCED SOME FORM OF DOMESTIC AND FAMILY VIOLENCE, WITH TEMPORARY VISA HOLDERS REPORTING RELATIVELY HIGHER LEVELS OF VIOLENCE²⁵

PEOPLE IN REMOTE AND VERY REMOTE AUSTRALIA ARE MORE THAN **24 times** AS LIKELY TO BE HOSPITALISED FOR DOMESTIC VIOLENCE AS ARE PEOPLE IN MAJOR CITIES²⁶



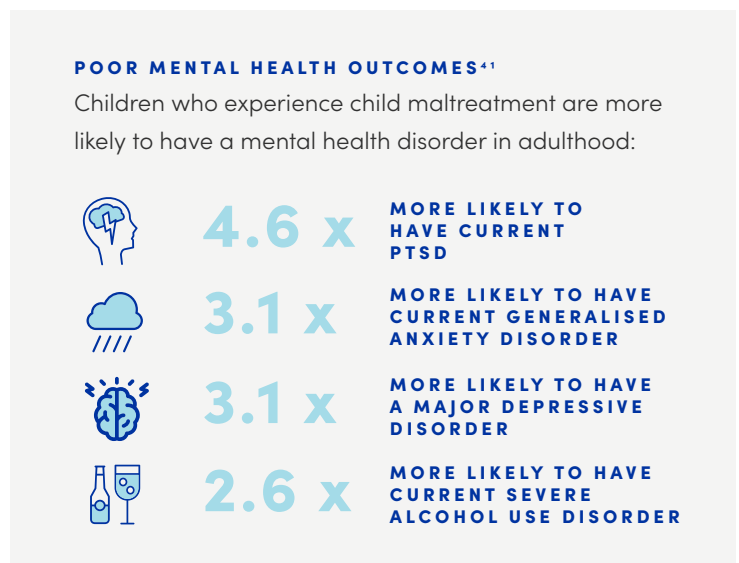
SEXUAL VIOLENCE



CHILD SEXUAL ABUSE



HEALTH OUTCOMES AND RISK BEHAVIOURS



The above statistics have significant implications for PHNs as they are responsible for supporting primary care and commissioning a substantial proportion of community based mental health services, alcohol and other drugs and suicide prevention services.

A HOLISTIC APPROACH - ALIGNING THE FRAMEWORK WITH GOVERNMENT STRATEGIES AND EMERGING EVIDENCE

The Framework takes a holistic and multisectoral approach with the objectives spanning the continuum of prevention, early intervention, response and recovery and healing, as detailed in the *National Plan to End Violence Against Women and Children 2022-32*.

The Framework objectives are interconnected, with each action reinforcing the effectiveness of others. For example, funding DFSV informed recovery and healing programs contributes to long-term prevention⁴³.

In response to the high rates of DFSV, there has been a significant increase in the number of studies, policy documents, literature articles, and media reports which are shining a light on the significance of this issue and shaping the government and commissioning response.

The following documents have informed the development of the PHN's position and response to DFSV.

- [National Plan to End Violence Against Women and Children 2022-32](#)
- [NSW Women's Safety Commissioner Strategic Plan 2024-2027](#) [NSW Domestic and Family Violence Plan 2022-2027](#)
- [Aboriginal and Torres Strait Islander Action Plan 2023-2025](#) – developed under the 4 Priority Reforms and Target 13 of Closing the Gap
- [Australian Child Maltreatment Study 2023](#)

- [National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030](#)
- [The National Children's Mental Health and Wellbeing Strategy](#)
- [The First 2000 days Framework – NSW Health](#)
- [Integrated Prevention and Response to Violence, Abuse and Neglect Framework – Prevention and Response to Violence Abuse and Neglect \(nsw.gov.au\)](#)
- [NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026 – Domestic and family violence](#)

Achieving the primary care-focused objectives identified within this Framework will contribute to meeting the whole of society's response as outlined in The National Plan, essential to ending gender-based violence in one generation as well as contribute to the other above mentioned state based strategies and Frameworks.



IMPLEMENTATION

To ensure this Framework is having a positive impact, the PHN has developed success criteria as a benchmark for each action. This will help us measure our progress.

In addition, the PHN will develop a detailed implementation plan that will outline specific

processes and activities that will be undertaken to achieve the actions and their success criteria.

Each year, the PHN will review our progress against the actions in the Safe and Healthy Framework and report to the PHN Board.

CONCLUSION

We are committed to improving the health outcomes for people who experience domestic, family and sexual violence (including child sexual abuse) in our community.

We understand we must walk side by side with

victim-survivors and acknowledge their strength and resilience. We recognise those with a lived experience who continue to recover from violence and manage the life-long impacts of their experiences.

It is everyone's responsibility to end the perpetration of domestic, family and sexual violence and we believe that by working together, we can achieve this Framework's vision, whereby a future is built in that all children, young people, adults, and their families are supported by the primary health system to live safe and healthy lives, free of violence and its adverse impacts.



DEFINITIONS

Term	Definition
Domestic, Family and Sexual Violence	Both family violence and domestic violence include a range of behaviour types such as: physical violence (for example, hitting, choking, or burning) sexual violence (for example, rape, penetration by objects, unwanted touching) emotional abuse, also known as psychological abuse (for example, intimidating, humiliating) and coercive control, a pattern of controlling behaviour used to establish and maintain control over another person.
Child Maltreatment	The abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, exposure to domestic violence, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power.
DFSV Lens	A DFSV lens demonstrates knowledge of the connection between power and control dynamics (including grooming), complex trauma, and significant health impacts. The lens provides an understanding of risk assessment and safety planning principles and recognises the harmful impacts of DFSV on the developing child's brain and their attachment to the non-offending caregiver.
Early Intervention	A response (also known as secondary prevention) that aims to identify and support individuals and families experiencing, or at risk of, violence to stop the violence from escalating, protect victim-survivors from harm and prevent violence from reoccurring.
Evidence-based	Describes models, approaches or practices found to be effective through evaluation or peer reviewed research. Evidence is usually published and may be found in full or summarised in academic research documents, organisational reports, program evaluations, policy papers and submissions. There is a strong evidence base for strategies to prevent gender-based violence. As our understanding of what drives violence against women and children in different population groups and settings increases, the evidence base will continue to evolve.
Family	The use of the term 'family' acknowledges the variety of relationships and structures that can make up family units and kinship networks. It can include current or former partners, children (including adolescent or adult children), siblings, parents, grandparents, extended family and kinship networks and carers.
Gender	Refers to the economic, social, political, and cultural attributes and opportunities associated with being women and men. The social definitions of what it means to be a woman, or a man vary among cultures and change over time. Gender is a sociocultural expression of particular characteristics and roles that are associated with certain groups of people with reference to their sex and sexuality. Rigid gender roles leave no space for acknowledgement or celebration of gender diversity.
Gender equality	Involves equality of opportunity and equality of results. It includes both the redistribution of resources and responsibilities between men and women and the transformation of the underlying causes and structures of gender inequality to achieve substantive equality.

Term	Definition
Gender inequality	A social condition characterised by unequal value afforded to men and women and an unequal distribution of power, resources, and opportunity between them. It is the direct result of patriarchal systems that privilege the needs, interests, and behaviours of men over women, and that permeate many aspects of Australian society and institutions.
Gender-based violence	Gender-based violence is violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately.
Intersectional approach	In the context of addressing violence against women and children, an intersectional approach recognises that the way women experience gender and inequality can be different based on a range of other cultural, individual, historical, environmental, or structural factors including (but not limited to) race, age, geographic location, sexual orientation, ability, or class. This approach also recognises that the drivers, dynamics and impacts of violence women experience can be compounded and magnified by their experience of other forms of oppression and inequality, resulting in some groups of women experiencing higher rates and/or more severe forms of violence, or facing barriers to support and safety that other women do not experience.
Intersectorial Collaboration	Intersectorial collaboration refers to the collective actions involving more than one specialised agency, performing different roles for a common purpose.
LGBTIQA+	An acronym used to describe members of the lesbian, gay, bisexual, trans, intersex, queer and asexual community. Other acronyms used to describe this community include LGBTIQ, or LGBTIQ+.
No Wrong Door Approach	A No Wrong Door approach ensures that regardless of which door a person uses to access the system, they are supported to access an appropriate service to meet their needs.
Primary Health Care	The entry level to the health system that is usually a person's first encounter with the health system. It includes a broad range of activities and services that are delivered outside the hospital setting – from health promotion and prevention to treatment and management of acute and chronic conditions. The primary health care workforce is large and diverse and includes general practitioners, nurses, and a range of allied health professionals such as chiropractors, optometrists, pharmacists, and physiotherapists.
Recovery	The ongoing process that aims to assist victim-survivors. Recovery services support victim-survivors to be safe, healthy, and resilient, to have economic security, and to experience post-traumatic growth. This support helps victim-survivors to recover from the financial, social, psychological, and physical impacts of violence.
Response	Actions (also known as 'tertiary prevention') taken to address existing family, domestic and sexual violence. This can include informal support (such as disclosure to a friend or family) and formal support (such as police and legal services, health professionals or housing assistance). These efforts aim to prevent the reoccurrence of violence by supporting victim-survivors and holding perpetrators to account. Responses by services are sometimes referred to as 'service responses'.
Safer Pathway	Safer Pathway is a NSW Government program that supports victim-survivors of domestic and family violence across NSW. Safer Pathway is available to any person who has experienced domestic and family violence in NSW. Within Safer Pathway, relevant government and non-government agencies work together to identify people experiencing domestic and family violence, and to offer them support to increase their safety.
Sexual Violence	Behaviours of a sexual nature carried out against a person's will using physical force and/or coercion (or any threat or attempt to do so). Can include sexual abuse, sexual assault and sexual harassment.

Term	Definition
Sexual Abuse	Behaviours of a sexual nature by one person upon another, typically used within specific contexts or for a certain age group, such as elder abuse or child abuse. Sexual abuse of a child refers to any act that exposes a child to, or involves the child in, sexual activities that: the child does not understand, the child does not or cannot consent to, are not accepted by the community, or are unlawful. It includes, but is not limited to, sexual assault. Other behaviours include forcing a child to watch or hear sexual acts, taking sexualised photos of a child, and sexually explicit talk.
Trauma-informed	Trauma-informed care and practice recognises the prevalence of trauma and its impacts on the emotional, psychological and social well-being of people and communities. Trauma-informed practice means integrating an understanding of past and current experiences of violence and trauma in all aspects of service delivery. The goal of trauma-informed systems is to avoid re-traumatising individuals and support safety, choice and control to promote healing.
Victim-survivors	People who have experienced family and domestic violence or gender-based violence. This term is understood to acknowledge the strength and resilience shown by people who have experienced or are currently living with violence. People who have experienced violence have different preferences about how they would like to be identified and may choose to use 'victim' or 'survivor' separately, or another term altogether. Some people prefer to use 'people who experience, or are at risk of experiencing violence'.
Whole of Family Approach	The Whole Family Approach breaks down silos in existing social services. It places equal priority on the needs of adults and children and enables seamless collaboration among multiple organisations to support a family's plans.

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**PRIMARY
HEALTH
NETWORK**

Safe and 
Healthy
DOMESTIC FAMILY AND SEXUAL
VIOLENCE PRIMARY CARE INITIATIVES