OUTCOMES OF LIVED EXPERIENCE SHARING IN DOMESTIC AND FAMILY VIOLENCE TRAINING

PRESENTER:

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POWER AND PASSION

Culture change through consumer engagement and partnerships

BACKGROUND: NOT NOW NOT EVER

The Strategic Policy Unit, Queensland Health is working on developing training resources on Domestic Family Violence (DFV) for Health Professionals based on recommendations of Bryce's report. DFV Expert Advisory Group (EAG) has been established to provide advocacy and support during the development phase. We have a monthly meeting with all members to provide direction on progress of developing training resources.

I AM
A SURVIVOR

A survivor is someone who LIVES
in circumstances where others have DIED!

UNDERSTANDING DOMESTIC AND FAMILY VIOLENCE

employee assistance

AUSTRALIA'S CHALLENGE CEO
workplace partners against domestic violence
RECOGNISE • RESPOND • REFER
DOMESTIC VIOLENCE AND THE WORKPLACE Program

1800RESPECT
NATIONAL SEXUAL ASSAULT, DOMESTIC FAMILY VIOLENCE COUNSELLING SERVICE

DV CONNECT
Crisis Support Queensland
Be Heard. Be Safe.

WHY HEALTH PROFESSIONALS?

WHY HEALTH PROFESSIONALS?

TOOLKIT


71,775
incidents
of domestic and family violence were reported to Queensland police in 2014-15
$2.7–$3.2
billion
is the estimated annual cost of domestic and family violence to the Queensland economy
90%
of domestic and family violence incidents are not reported
Continue


What is Domestic and Family Violence?
Select the factors below that you think are types of DFV.
Physical abuse
Sexual abuse
Emotional abuse
Psychological abuse
Economical abuse
Threats
Coercion
Control or domination causing another person to fear for their own or others safety or wellbeing
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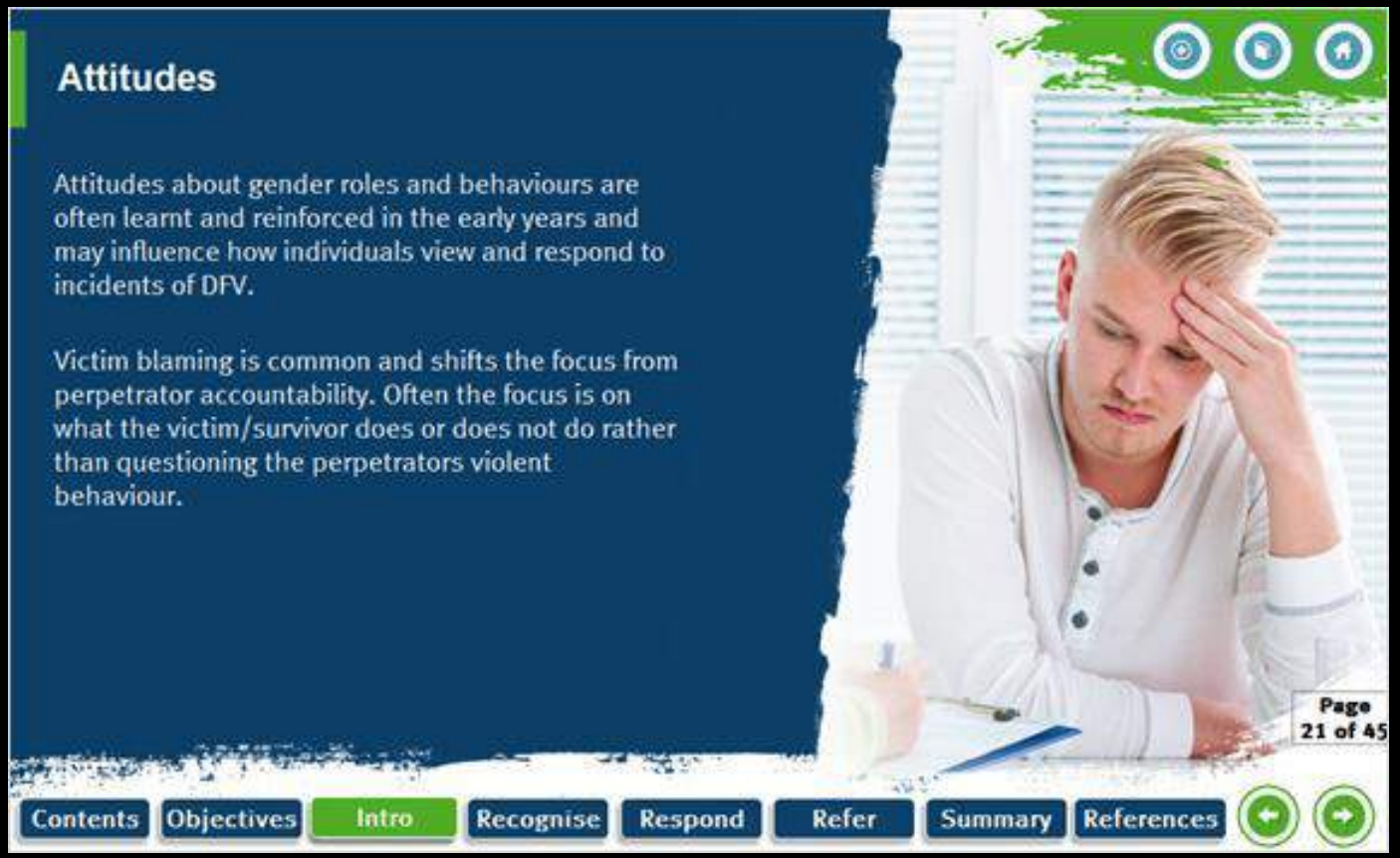
TOOLKIT


Attitudes
Attitudes about gender roles and behaviours are often learnt and reinforced in the early years and may influence how individuals view and respond to incidents of DFV.
Victim blaming is common and shifts the focus from perpetrator accountability. Often the focus is on what the victim/survivor does or does not do rather than questioning the perpetrators violent behaviour.
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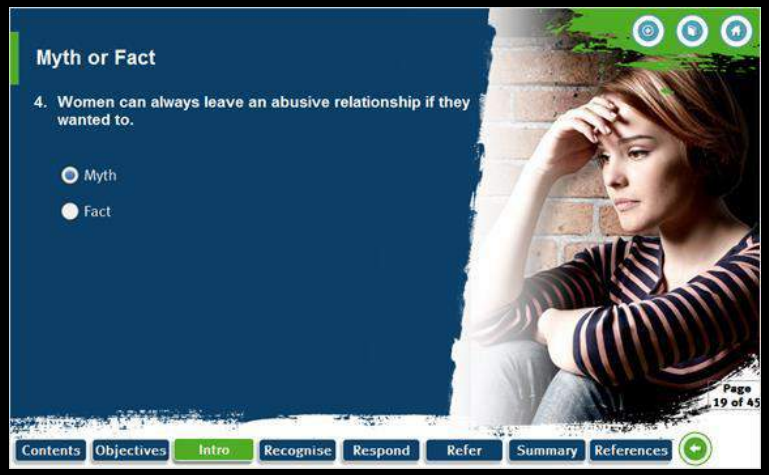
TOOLKIT


Myth or Fact
4. Women can always leave an abusive relationship if they wanted to.
Myth
Fact
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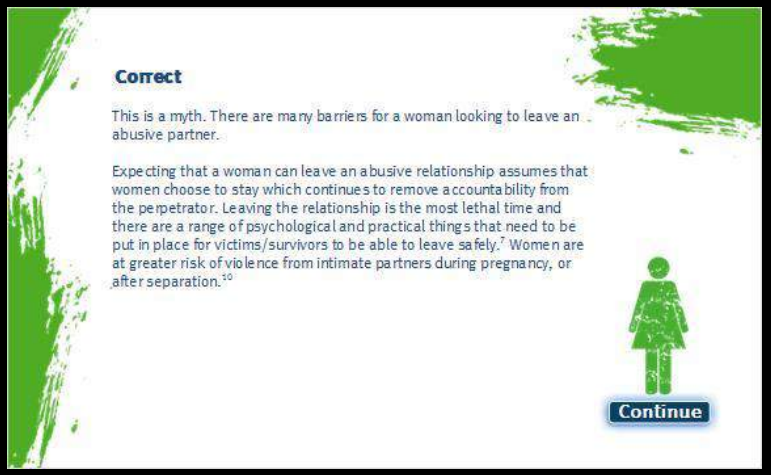
Correct
This is a myth. There are many barriers for a woman looking to leave an abusive partner.
Expecting that a woman can leave an abusive relationship assumes that women choose to stay which continues to remove accountability from the perpetrator. Leaving the relationship is the most lethal time and there are a range of psychological and practical things that need to be put in place for victims/survivors to be able to leave safely.[7] Women are at greater risk of violence from intimate partners during pregnancy, or after separation.[10]
Continue


Myth or Fact
5. Some specific population groups are more at risk of experiencing abuse and violence than others.
Myth
Fact
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Correct
This is a fact.
Some specific population groups are more at risk than others. Groups at more risk include Aboriginal and Torres Strait Islander people, Culturally and Linguistically Diverse People (CALD), older people, people with disability, and Lesbian, gay, bisexual, transgender, intersex (LGBTI).
Continue

TOOLKIT


Tips for Responding to Disclosure
Affirm that violence is unacceptable behaviour
"Violence is unacceptable; you don't deserve to be treated this way"
Show support toward the victim
by taking time to listen and provide information about who can further assist
Make an initial assessment of safety
by checking with the victim if it is safe to return home
Respond to any concern about safety
Offer referral to specialist support e.g. social work, DV connect (1800 811 811)
Continue


Tips for Responding to Disclosure
Be non-judgemental and listen carefully
This can be empowering for a person who has been abused
Communicate belief
"That must have been frightening for you"
Validate the experience of abuse
"It must have been difficult for you to talk about this"
Continue


Support for specific population groups
Click on the boxes below for some things to consider when supporting specific population groups.
Aboriginal and Torres Strait Islander people
Culturally and Linguistically Diverse People (CALD)
Older people
People with disabilities
Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ)
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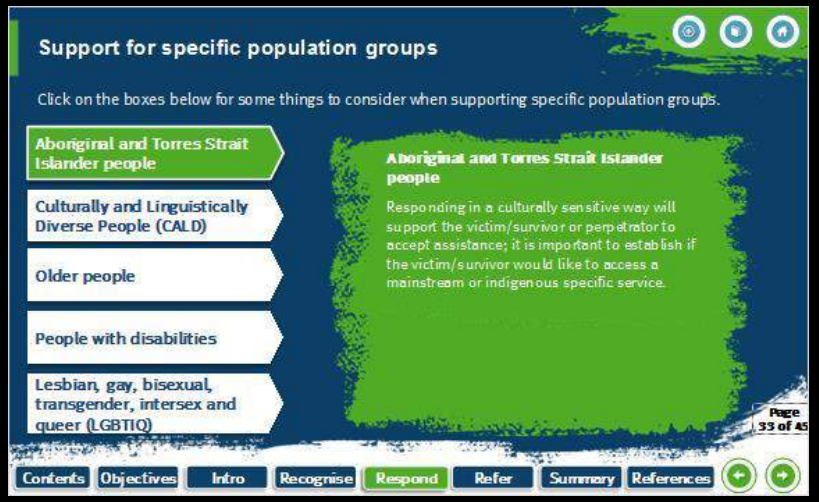
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Older people
People with disabilities
Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ)
Aboriginal and Torres Strait Islander people
Responding in a culturally sensitive way will support the victim/survivor or perpetrator to accept assistance; it is important to establish if the victim/survivor would like to access a mainstream or indigenous specific service.
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Feedback:
Participation of a consumer representative in DFV train-the-trainer sessions

The following comments were taken from participant evaluation surveys from train-the-trainer sessions held at:

•Caboolture Hospital on 6 December 2016;
•the Prince Charles Hospital on 29 November 2016;
•Redcliffe Hospital on 22 November 2016; and
•the Royal Brisbane and Women's Hospital on 8 November 2016.

A total of 65 participant evaluation surveys were received for the four training sites.
Of the 65 surveys, four participants provided comments in relation to the attendance/participation of a consumer representative when asked "Do you have any additional feedback that you would like to share with us?"

•***"…Consumer talk was very beneficial."***

•***"Thank you so much for the entire day and especially arranging Natasha - please forward my appreciation to her for such a frank disclosure and real world contact. You had a lovely cheerful technique and I got a lot from today. I was apprehensive about today and the subject matter but both of you have packaged it into a manner I now feel confident to show contents to our staff."***

•***"Thank you to Natasha for sharing her experiences and perspectives. Invaluable to have her participation."***

•***"…found the consumer advice very beneficial around themes of felling connected, validated and authenticity of the health professional."***

CONFLICTING FEEDBACK

"Having a consumer talk about their lived experience was excellent - I think we all learn so much more when you understand why and who is going to benefit from this training."

"I feel that having Natasha [consumer representative] present throughout the day was detrimental since I felt I could not speak freely."

WHAT DO YOU BELIEVE THE VALUE IS TO DFV SURVIVORS SHARING THEIR LIVED EXPERIENCE DURING TRAINING?

Puts a human face to the statistics, can give valid feedback as to their experience with the health care system - allows participants to see that their role is valuable and important.

Clinicians benefited from your reflections on your personal experiences in terms of your life story context and then translating that into your acute presentation at the health facility

DID SURVIVOR STORIES COMPLEMENT THE ACADEMIC PROCESS OF TRAINING? WHY?

In a way yes as she spoke to the group about how intervention would be better, but this was not our aim in having her there.

This particular story did. The presenter was articulate, kept to time and pitched the presentation to the audience

HAS THE DELIVERY DFV TRAINING (SPECIFICALLY SURVIVOR STORIES) IMPACTED THE WAY YOUR SERVICE WILL ENGAGE WITH (POTENTIAL) VICTIMS/SURVIVORS? HOW?

I think everyone felt it was important to hear the survivor's voice, but it hasn't changed perceptions significantly - instead in doing this training we all see that changing the hospital response is important - I don't necessarily feel that hearing from a consumer has heavily impacted this - however it assisted to highlight the issue at hand.

The story is part of a broader process involving many parts including leadership, funding, training and staff engagement.-

Co-Design Co-Delivery Co-Evaluation

Guideline – Invite a person with lived experience to present at the training

CEO – ALL staff must complete online DFV Training

A number of HHSs had a 'real-time' lived experience sharing

A number of HHSs had local DFV Service Providers deliver 'real-time' community experiences

Consumer involvement with 'Lived Experience Sharing' is becoming more accessible through connections made with DFV Services

Approximately 400 Staff Statewide have completed DFV Train-the-Trainer

Invite and encourage partner agencies to complete training eg. QAS PHNs Australian College of Midwives, CheckUP, Private Hospitals, RANZCOG, Royal Flying Doctors

Co-Design Co-Delivery Co-Evaluation

Lived Experience Sharing:

Maternity/Antenatal- Be mindful of the way in which connecting with expectant mothers when asking them to fill out the DFV screening tool.

HHs Emergency Department – ALL Nursing staff highly recommend and encouraged to complete training

HHS- Inspired participants to look at service improvement strategies in this area

Liaise with private facilitators re lived experience story

Facilitators referencing my (de-identified) DFV experience when I'm not in attendance adds local value to the International/National Lived Experience Videos used/available within the Toolkit of Resources.

THANK-YOU