Outcomes of lived experience sharing in domestic and family violence training, Queensland Health Strategic Policy and Metro North Hospital and Health Service

NEW SPEAKER: Hello. I'm Brendon Horn, on the board of Health Consumers Queensland. And it's my job to introduce Natasha from the Metro North Hospital and health service and she's going to give us an outcomes on domestic violence and family violence training and Natasha is a skilled consumer advising health advocate. And she suggested that she'll be open to questions when she's finished her talk.

NATASHA MALMSTROM: I don't know how to work the clicker so we'll see how I go, forwards forward, backwards, backwards. Good morning. Thank you for this opportunity to share my perceptions of the outcome of the family and violence training. I acknowledge the traditional owners of this country and their relationship to land and water and community. I pay my respect to them, their cultures and elders past, present and emerging. Power and Passion. When I think firstly about those words and what they mean to me in my life and experience, particularly with domestic violence and family violence my power had been taken from me. Everything I thought I knew about myself, relationships, society and culture, had all been transformed into one where I must do, say and be whatever it was. Not to the perpetrator. I can't see. I became a victim and I wasn't aware of this. I wasn't aware until I realised I wasn't me anymore and I didn't know who me was. This is where my passion kicked in. This presentation is focussed on my personal commitment and actions towards changing culture

through consumer collaboration and involvement in design and delivery and the evaluation of the domestic and family violence recommendations from the Not Now, Not Ever report putting an end to domestic and family violence in Queensland. Just as a side note when I was watching nine up in Townsville, May is domestic and family violence prevention month. Seeing that ad was really quite profound for me to be speaking in this month as well. My involvement in the delivery of the recommendations was grounded in the experience of the victim and survivor, not only during their service engagement but behind the scenes perspective on how we process domestic violence in our lives and what we would have liked the service to have done in response and to support us during this time. Highlights a person's care approach, citing connection, validation and respect is really important for me. When the opportunity to submit an expression of interest for the domestic and family violence group was presented to me I had my youngest daughter, it's been her running around. She was 8 weeks old at the time and I was in the middle of completing Lifeline's training which was recognising and responding appropriately to domestic violence. It had seemed that I had an opportunity to turn my experience into one of hope, growth and change. One that shows all for of my children that no matter what happens in your life, you can find our own purpose. I've chosen to stand tall, much like this flower, and share my experience and advocate for change, support others and strengthen community - thank you - my children have their own experience of domestic and family violence now as well. I hope that they never have to experience anything like that again and I hope that my youngest daughter never has to experience that and she lives in a world where she can be authentic and safe. I am a survivor and a survivor is defined as someone who lives in circumstances where others have died. It's important for me to highlight that domestic and family violence services are here, are available for everyone to access but there are more supports available as well and the local knowledge is so important if we're to offary wrap around care and walk with someone supporting them, connecting them with the appropriate service for that person. You guys read that or not really? Too small? The national plan - sorry it's a built of the bureaucratic thing first - the national plan to reduce violence against women and their children 2020 indicates that victim of

domestic and family violence are more likely to disclose that experience to a health professional. The way in which that health employee responding to this disclosure is critical to the victims' safety and support. I won't read the other stuff. The academic side of the training resource development was looked after by both the Queensland health strategic policy unit, the domestic and family expert advisory groups which had lots of community stakeholders, we have the CEO of - we have a PHNs there, it was quite, my little voice in there as well, and it was during that consultation I was recommended the literature and information that acknowledged and educated the diversity of participants. It's really important for the CALD community, the LGBTI, I certainly don't have that knowledge but it was really important for me to say, "I don't know but which need to include this so you guys need to include it." I suppose that's too small too! Responding to disclosure, can you hear me when I turn and do that? Where's that other mike? Thank you. This is out of the tool kit of resources so if you jump newsroom and do the training through Queensland Health and work please - this is one of the slides that will come up and a couple will pop up. Whenever you see this layout it's from those tool kits. Responding to disclosure, a supportive and professional response from health care providers can reinforce to a victim or survivor that they're entitled to a healthy relationship and to live a life free from violence. Focussing on the needs of the individual can be achieved through displaying empathy and non-judgmental attitude and offering privacy and confidentiality. It is important that health professionals respond in ways that support patient needs particularly in terms of safety. Seeing things like this after I was saying we need these things and it's not about the literature, this is about connection, it's about the way that you're connecting and doing this with our victims and survivors. When I was preparing this speech I went back through all of those slides and I was really trying to remember my contributions in those mediums and really trying to find them within the tool kits of resources. 71775 incidents are reported in Queensland but 90% aren't. So I've got that at about 650,000 people that aren't reporting violence, if my maths is right, on the don't need to steal the joke from last night with the math stuff. I tried to work out out the perspectives and I thought I had better not do that because it might look a bit bogus. When I was playing with my

calculator, it was how many people have to live with fear in their lives, in a year. This is just a year. Physical abuse, sexual abuse, emotional abuse, psychological, economical, threats, coercion, and I can't read the last bit but they're all very profound domestic and family violence comes in many forms and through doing training, through learning myself, sometimes you just think that that was a normal behaviour, you've grown up thinking it is a normal behaviour, when really if I'm not feeling safe - if I'm not able to make the choices in my life that I want to make then clearly that's not good. Attitudes - and just touching on what I mentioned before. It highlights how deep conditioning of domestic violence could be. It's about conditioning, it's about what the family members, the community, is saying and when you grow up when violence is, is predominant, when coercion and threats pull people into line, you think that's the norm and when someone starts to challenge you, that's a big personal inquest, got to dig deep and sit there and think that the is what I know but someone else is telling me something different. That's a huge internal conflict to work through within yourself. That's something, why it's so important to really connect and everyone's involvement, everyone - the more people that tell you that it's not OK, the more you start to believe that maybe it's not OK and what I've been told is wrong. This one discusses the gender roles and behaviours, learnt and reinforced in the earlier years. A particular one for me when I was first seeking help and was looking at the patriarchs in my family, there was a victim landing coming from my inside circle. Victim blaming is common and shifts the focus from perpetrator accountability. Natasha was just expecting too much from them. That's what blokes are like. That's not good. So there were challenges within my own family circle and it was really a community attitude and me reaching out that started to build that strength for me. Within the tool kit we have some myths and facts. I wish you guys were able to read this. It is a myth that women can always leave an abusive relationship if they wanted to. Anyone can leave an abusive relationship if they wanted to. I won't go into the politics of the gender stuff with that, but it is a myth. And this one - was really important, highlights the different diverse groups that specific population groups are more vulnerable, so it was really important to be able to

have that light lighted to clinicians and people responding to domestic and family violence to know that in the high school system where we want everything to fit in the one box there's not a one size fits all answer to domestic violence and it has to be person-centred and you need to understand that context and what's going on in a person's life, to really... It's about that connection. There were times when - the first couple of times that I had health professionals sit there and tell me, I dismissed it. To be quite honest I don't think you would have caught me in the first couple of guys. The statistics are that it takes eight times on average to leave a domestic violence relationship. He's just grumpy all the time. That's what I said to justify the behaviour.

NEW SPEAKER: Could you please clarify the first... You you give Australia couple of reasons as to why it's not easy as just leaving a relationship? Help us better understand so that when we're in these situations, we don't judge the conclusion that it's easy to leave?

NATASHA MALMSTROM: Can potentially touch on that more later but to answer you know, I still do some key work now with some women experiencing violence, because sometimes it's pride, sometimes it's financially I don't know if I can survive and have the same lifestyle as I used to go from having one is I have a FIFO husband, I'm used to 3 grand a week, I can't live on $500 single parent pension so that's a huge - there's that financial barrier, it's my understanding that culturally sometimes it's hard to leave and maybe shaming your family. Fear of being hurt, fear of being stalked, sometimes it's better the devil you know, that's not necessarily true in this case but I think there's a lot of people - it's a change can be scary and doing that alone and being alone if you don't have those supports in place, it's scary. I spent some time in a shelter and looking at - I felt fairly well off when I put my analytical hat on and looked at the other people there. It was obviously just like - it was said this morning I can't speak to what those - the same way those people can, and what their fears are, but sometimes it comes down to I just really want to be loved and he loves me sometimes and it's that wanting to be loved and you stay with someone even if they're abusive because they love you. So there's that. It's breaking that down as well and that's I find with the people that I support that it's quite common that they just want to be loved and they want their

family to be together and they don't want to be separated and that's another barrier. But I guess it's listening to the underlying themes where people come through. Ask questions about... Gosh... I don't envy the health professionals for having to do that. I struggle at times to connect with people, sometimes that can be - it's quite tricky as well. I think barriers to someone leaving is as diverse as the people in the room. Every-one's going to have their own separate reason and it's about building that connection and being able to help someone work through those barriers when they're ready. Hope that sort of cleared it up a bit for now. The bottom two slides are an example of Dr We have the people with disabilities and the LGBTI community and then we have a couple of little tips over here that I cannot read whatsoever. This was just highlighting the ATSI one and it would sort of flow down from there. Don't have one on, nearly fell over. I can potentially make this available if people want to be able to read those bet-ter. I should have put the slides down but it was just a couple of little type tips for peo-ple responding to domestic violence, being non-judgmental and just giving them the wording to use because I think sometimes it's very difficult to say the right thing, you don't want to say something to trigger someone. The domestic violence train the trainer program has occurred at 29 States, State-wide, that's community, HHSs, I think there was some PHNs that ran some, private hospital sector, as well. And the sessions were well received by participants and the evaluations to date show a high level of sat-isfaction with the tool kit of resources. Those things came from an email from the chair of the expert advisory group and one thing that I thought was really profound and that I hope that I contributed to was she said that she would like to acknowledge how vital the involvement of partner agencies has been in achieving the outcomes and the will endeavour to maintain those important relationships through the establishment of a domestic and family violence network in the future. It was really important to sit there and see that you can't respond here and send one out, you need the community in-volved, you need to wrap around that care. I'm hoping at that strategic level that mes-sage came through strongly. She says it does. Fingers crossed. That's horrible. It looked fine on my computer. Lucky they're not the super-important ones. There were some - consumer engagement. Sorry, I started in the strategic policy unit working on the tool

kit and I made recommendations that one with lived experience should be delivering this training with the HSS staff. Unfortunately in the evaluation they didn't ask specifically about my involvement but there was a couple in the additional feedback section which were complementary to me. Because we can't read those. I also got an email from one of the participants and one of the facilitators, I'll read those now. This is from one of the participants. "For me what I found helpful was Natasha's reflections about the information, time and support provided to her by a number of health and other professionals along her journey actually made a difference. I feel like one of the immense challenges of this type of work particularly in the acute setting is that as clinicians we rarely get to see the long-term impact of our interventions, we so often talk about planting the seeds of change but sometimes it's hard not to chalk that up to an old wife's tale that never actually happens. It encouraged her to think differently and potentially more importantly encouraged her to feel differently. What she was experiencing was not normal and that she was worthy of dignity and respect." When I got that email I was like "yes!" That's one person but there's another couple of comments, got to start the ball rolling somewhere. One of the facilitators was within the same email, she got me some into, she said, "Generally from verbal feedback provided from participants who attended the training, the outcome of your presence and presentation at the training made clinicians away of the need to be patient-centred to ensure that they cannot allow their own beliefs to influence responses to people presenting with domestic and family violence. Further more you highlighted the fact if that if someone chooses not the end the relationship it does not mean the end of a therapeutic relationship. The goal is not to make a person leave the relationship but to ensure that the person has an experience of being validated, cared for, so that if the time comes when they're ready to leave or seek further support they can identify a safe place to do this. You also reminded participants to understand the impacts of violence on behaviour and self-esteem. Reinforcing the feed to be mindful of trauma responses when providing clinical responses."

NEW SPEAKER: I had a question because I haven't experienced domestic violence but for me when I hear about it in the news and they say family violence, domestic violence, I feel and then you hear a woman's been walking down the street, been violently assaulted but the outcome is the same for both women presenting at A & E as far as injuries go and so I feel as women who hasn't experienced as a feminist and wanting women to be loved and OK in the world that use of the word domestic diminishes the level of violence and that violence is violence. I wanted you to talk to what's your feeling on - wording is one thing and the consequences of wording but just sunshine is there a difference between a woman who is attacked by a stranger? Obviously attacked by your husband, but if the outcome is the same what are your views on the use of the word domestic violence does it still mean...

NATASHA MALMSTROM: The characterisation should remain differentiated. I think that the law needs to catch up. You shouldn't get a warning if you are violent full stop. The person on the street doesn't necessarily get that warning, it's not a civil matter and then goes to a criminal matter. I think that the law needs to catch up with a little bit. We're doing the same with one punch, coward punch, whatever that terminology, any violence should fall under the same time of laws to be quite honest. Will I see that in my time? I hope so.

NEW SPEAKER: Do you think that would affect for woman to leave violent situations if the assaults are taken as seriously as the stranger assault with law, do you think that will affect how long they stay in relationships?

NATASHA MALMSTROM: That's a really subjective question Josie. Because of all of those other factors that I mentioned earlier, but perhaps if we gave it the same time of it's not OK, the law is sitting there going you can do it once and then you get a breach and then this happens, that doesn't happen if you're out assaulting people and you go and assault someone else you'll end up in jail a lot faster than if it's your husband and that's like BS.

NEW SPEAKER: I just had two questions/comments. One is regarding when a person who is a victim of violence family or domestic violence gets to a stage where they're

brave enough to show the injury, it might be a child in a school who one day decides to wear trousers and what will happen is someone will go to the perpetrator to say, "Did you do that?" Instead of going to the victim and saying" do you want help?" As soon as they go home I'll give you marks to show them and they get a damned sight bigger hiding. When we talk about family and domestic violence there's so much guilt attached to it by the maternal person. Whether it's the mother who didn't leave the relationship because the children were being abused and the children for generations will blame the mother. In that relationship, because they entered a loving relationship and they believe they've failed in achieving that. We all know the psychology behind that isn't strong but it's the psychology that the victim holds. I think as clinicians in the health sector if we understand those dynamics then we do understand why domestic violence is so different to sexual assault in the street because it has all of these huge layers that we have to peel away and support the victim as they progress through those layers to a place where they're strong enough to say, "Hold my hand I want to get out."

NATASHA MALMSTROM: I don't have anything to add to that, thank you. Absolutely spot on and I'm clearly not a clinician and I bring my expertise but I think the collaboration of the two is where that strength is and where we can make that change. This is my conflicting feedback. This was from the same sight. I didn't say which slide it was. I just want everyone in the room to reflect on this a little bit. Having a consumer talking 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 versus I feel that having Natasha present throughout the day was detrimental since I felt I could not speak freely. I really ruminated on that point, when there was some 20 people in that room, did this person think five of my colleagues are probably experiencing that? Is my mouth right then? Hello. We're gone. But that was really profound for me. That bottom part was so profound and I was quite explicit in my disclose you're, quite open and transparent. I'm here as a tool for you to utilise, ask me those question, ask me the hard questions. I just thought maybe I can... Yes.

NEW SPEAKER: With the fact that mental health is now coming into the domestic violence Act, I guess I look at it as it can be an asset and it can also be negative. What are your thoughts on that?

NATASHA MALMSTROM: On DV coming into the mental health space as well?

NEW SPEAKER: You can be charged as well if you have a mental health condition to be putting domestic violence on to your family, so a man to a woman or vice versa?

NATASHA MALMSTROM: I'm actually honest, I'm in on a committee looking at violence in general with mental health patient consumers. It is a cycle that I raise obviously. We talked about those just before but I think it's quite - it's personal one for me too. I think it needs to happen. I don't want to stigmatise. Not everyone with mental health conditions are violent towards their partners. There is a need for change. We're looking at mental illness violence being contributing factors to that family dynamic. That's another one of those barriers spoken about before you feel like you need to be there to help them. You're putting yourself at risk. It's really about those two concepts of merging together and figuring out the safest strategy for the family if you're choosing to support someone that may be violent, that probably brings in other agencies as well, that could potentially support that. I think it's a good...

NEW SPEAKER: First thing you need to know, my mum was really sick and I was a product of domestic violence, emotional and physical abuse for about eight or nine year, my mum eventually got sorted out. But I am so proud of you.

NATASHA MALMSTROM: Don't, you'll make me cry.

NEW SPEAKER: You're a daughter of Queensland and of Australia and as a male, as a dad, as a husband, I want to say sorry to you that you ever suffered this, OK? It is not good enough and dads in this country have not actually stood up and actually set the example that they should have done to grow their sons so that this does not happen. From the bottom of my heart, I can see a courageous young woman, you're special, you're worthy, you're full of dignity, sorry.

APPLAUSE

NATASHA MALMSTROM: You're not supposed to turn it around on me like that! We're back. Excellent. How do I segue now? Thank you. I feel like I'm lost for words now but I should try and find some. Can we read these ones. Are they big enough. I sent out - I did a little survey monkey thing and I sent it out to all the facilitators and I sort of wanted to know the answers to these questions from a clinical point of view. What do you believe the value is to domestic and family violence survivors sharing their lived experience during training? Do I need to read these or can everyone read them if I read the titles? Are we cool with that?