Integrated Responses, Separate Systems:
Improving Capacity to respond to family
and domestic violence in mental
health and AOD settings



Acknowledgement of Country

QNADA acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this country and its waters. QNADA wish to pay their respects to Elders past and present and emerging leaders.

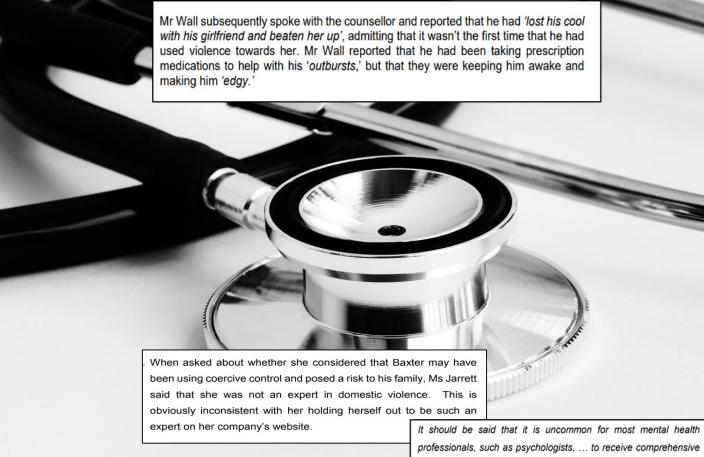


A note on language...

The World Health Organisation has identified illicit drug dependence as one of the most heavily stigmatised health conditions.

Language used by the legal system to describe family and domestic violence can also be challenging for our workforce.





training in the assessment of violence risk in complex relationship breakdown situations.

February

 DM told hospital staff that she was separated from B because he was destructive at an antenatal appointment, requesting a referral for alcohol and drug treatment services for her alcohol use.

 Toowoomba Hospital received an Unborn Child High Risk Alert because of risk concerns related to the couple's substance abuse, B's violent perpetration and the couple's failure to engage with Child Safety Services.

March

 After a few days of heavy alcohol and amphetamine misuse, DM and B were simultaneously admitted to Toowoomba hospital after a domestic violence incident, in which he had cut his arm. She alleged that she had hit herself in the head with a beer bottle.

Responding to perpetrators in health settings (Coroner and death review findings)

- Health services, including mental health, alcohol and other drugs treatment, are a key setting for intervention (including private and public).
- Domestic and family violence perpetration can be a presenting or underlying issue (including for suicide)
- Perpetrators may also present with partners/children when they seek assistance (i.e. antenatal, mental health or emergency department settings)
- > This can be indicative of coercive control/systems abuse/socially isolating tactics





Domestic and Family Violence Death Review and Advisory Board

Understanding complexity

Agencies are equipped to understand domestic and family violence and the underlying patterns of risk and harm.

A system that is person-centered and able to respond to complexity (substance use, mental health and suicidal ideation/intent).

COGNISE

Understanding our roles and responsibilities

Agencies understand how their role connects

to a broader framework of safety for victims and their children; and are equipped to swiftly respond to dangerousness and systems abuse.

A system that is accountable, prioritises safety, seeks to reduce unintended consequences and invests in continuous improvement.

AF.

Developing our systems

Alternative pathways are developed outside of the criminal justice system and immediate crisis responses to disrupt underlying patterns of violence and abuse.

A system that recognises the long term impacts of trauma and invests in ongoing support for victims, their children and perpetrators.

EBUILD

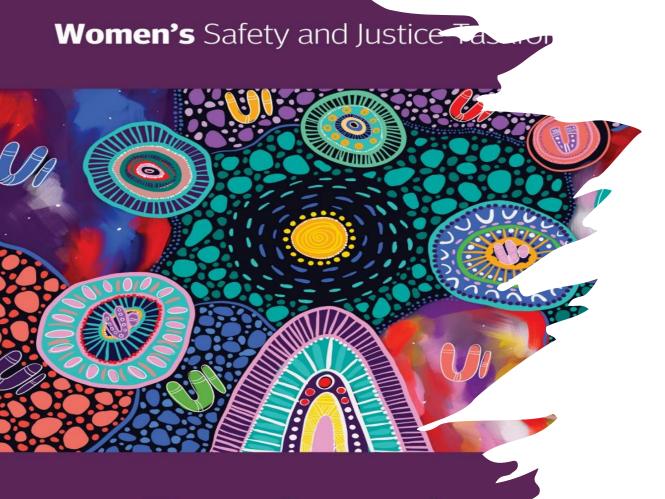
Strengthening our pathways

Sector development activities build partnerships within and across agencies at a local and strategic level, to develop a shared understanding and collaborative esponses.

A system that connects people to appropriate and acceptable supports, facilitates access and works to address barriers through proactive follow-up and engagement.







Hear her voice

Report one

Addressing coercive control and dor family violence in Queen

- 'Drug and alcohol and mental health services will better recognise and respond to domestic and family violence as a pattern of behaviour over time in the context of a relationship as a whole.
- Drug and alcohol and mental health services will meet the needs of an individual patient or client as a member of a family and as a parent.
- Services and professionals will be confident to refer and support clients and patients to specialist domestic and family violence services and supports and perpetrator programs.'

Hear her Voice Report 1 (2021) Women's Safety and Justice Taskforce





Project objectives

- 1. Establish a baseline assessment of capability through the development and trial of a capability assessment tool for Queensland.
- 2. Use the results of this trial to inform service improvement and workforce development strategies in collaboration with participating services.
- 3. Enhance collaboration and coordination between state funded mental health and alcohol and other drug services and specialist domestic and family services as part of a broader integrated service response.



Domains/criteria

CLIENT

- •Clients experience family inclusive and child aware service delivery that safely responds to domestic and family violence.
- •Clients experience consent and information processes that prioritise choice and safety.

WORKER

- Workers have access to regular and relevant professional development.
- Workers are provided with opportunities to engage in reflective practice.

SERVICE/
ORGANISATION

- •Policies and procedures are family inclusive and child aware and support effective responses to domestic and family violence.
- •Internal quality assurance and review processes are in place to support continuous improvement.

SYSTEM

- •Services are connected to a localised multi-agency response to domestic and family violence.
- Cross-agency governance and review processes support organisational and sector improvements.
- $\bullet \text{Funding and contract agreements consider responses to} \ \ \text{domestic and family violence}.$

Categories

Core services

Services and programs are focused on the delivery of core services, with minimal consideration given to domestic and family violence organisationally.

DFV Aware

Services and programs are focused on the delivery of core services with some consideration given to domestic and family violence organisationally.

DFV Informed

Services and programs are capable of coordinating care that includes consideration of domestic and family violence with some capacity for focused case management. There is regular staff training and established partnerships exist with specialist domestic and family violence services.

DFV Responsive

Services and programs include a recognition of domestic and family violence as part of core business, with clear expectations for workers, strong leadership and embedded organisational practices (including as part of a broader localised, multiagency response to domestic and family violence).



Supported Assessment: Phase 1

- Initial findings suggest:
 - safety planning and other responses to people experiencing violence are well understood, however working with people who choose to use violence is less well understood and implemented.
 - there are opportunities to develop early intervention responses for young people who have experienced violence and are simultaneously displaying emerging problematic behaviours in their relationships before these escalate to entrenched patterns of behaviour.

Roundtables

- Current practices
- Early intervention opportunities
- Workforce development considerations
- Opportunities for system improvement



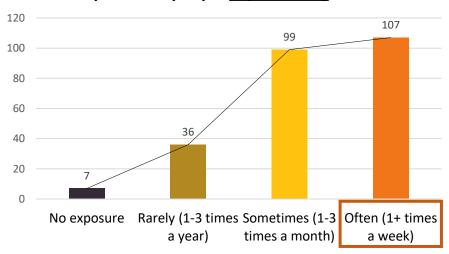
Phase 2: July 2024 – June 2025

- Expanding capability assessment Queensland wide
- Engaging with workforce capability building partners
- Engaging with system reform bodies

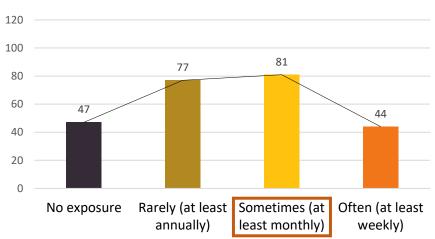


Prevalence of FDV: Professional

Exposure to people experiencing FDV



Exposure to people using FDV

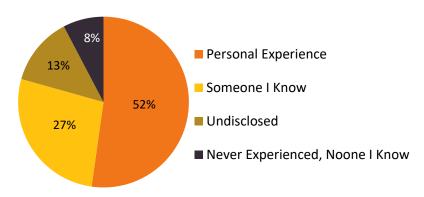




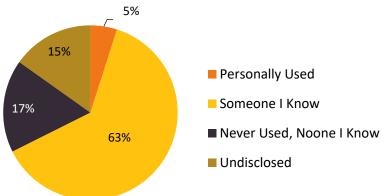


Prevalence of FDV: Personal

Personal history of <u>experiencing</u> FDV

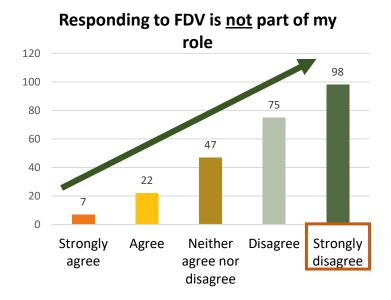


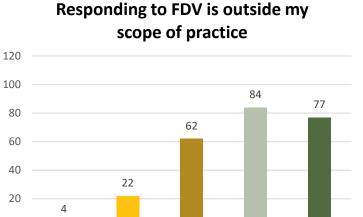
Personal experience with <u>use</u> of FDV





Beliefs about FDV in Role





Neither

agree nor

disagree

Strongly

agree

Agree

Disagree

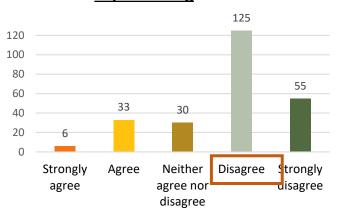
Strongly

disagree



Staff Capacity

I am unclear of what is expected of me if a client discloses experiencing FDV



I am unclear of what is expected of me if a client discloses using

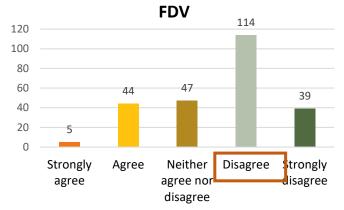
120

100

Strongly

agree

Agree





Responidng to FDV is outside of my skillset

Neither

agree nor

disagree

95

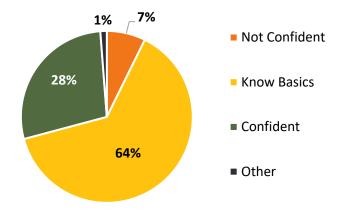
Disagree

Strongly

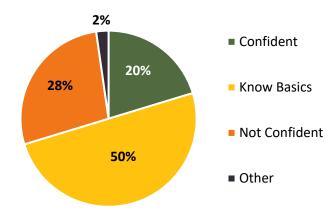
disagree

Staff Capacity

Confidence in capacity to support someone experiencing FDV



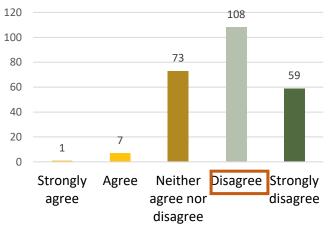
Confidence in capacity to support someone using FDV



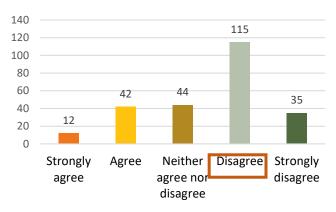


Staff Capacity

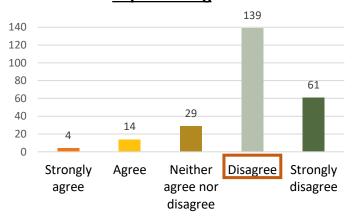
FDV practice frameworks do not align with my practice framework



I do not know who to refer to if I am working with a client using **FDV**



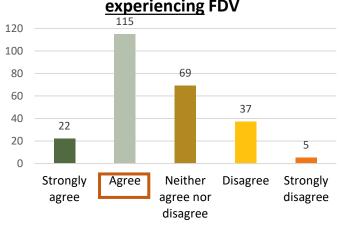
I do not know who to refer to if I am working with a client expeirencing FDV



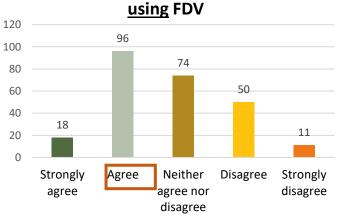


Service Capacity & Support

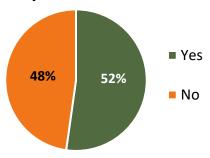




The service provides the support I need to respond to a person



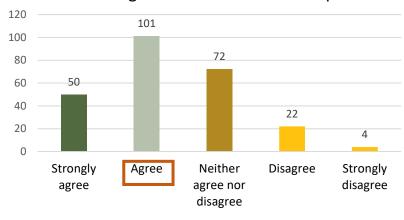
Have you attended training in responding to FDV in your current role?



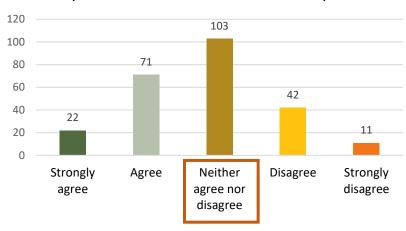


Referral Pathways

I have referred clients <u>experiencing</u> FDV to specialist services or specialist staff in my own organiation and found it helpful



I have referred clients <u>using</u> FDV to specialist services and found it helpful





Questions?

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