



RESEARCH REPORT | JULY 2022

Family violence against Australian nurses, midwives and carers.

“You can’t swim well if there is a weight dragging you down.”

— Elizabeth McLindon ^{i,ii}

— Kelsey Hegarty ^{i,ii}

— Kristin Diemer ⁱ



Australian Nursing & Midwifery Federation
VICTORIAN BRANCH



Background:

→ Family violence (FV) is a devastating health and social problem in Australia and globally. Nurses, midwives and carers are frontline responders to patients who have experienced FV, and they may be at increased risk of FV in their own lives.ⁱⁱⁱ This study aims to fill the evidence gap and is the largest FV study of health professionals in the world.

Project aim:

To investigate the prevalence of FV, associated health and employment impacts, service use and support needs of nurse, midwife and carer members of the Australian Nursing and Midwifery Federation (ANMF Vic Branch).

Method:

An online survey of 10,629 women and 772 men who were ANMF (Vic Branch) members (response rate of 14.9% of all those who were sent a project email and 37.6% of members who opened the email).

KEY FINDING 1

Adult 12-month & lifetime family violence was common among women & men respondents.

- In the last 12-months, around 1 in 5 women and men^{iv} had experienced violence by an intimate partner, with more women (7.3%) than men (5.5%) having felt afraid of their partner.
- Across the adult lifetime, 45.1% of women and 35.0% of men had been in a relationship with violence.
- The experience of childhood physical/sexual abuse or exposure to violence against a parent was reported by 50.8% of men and 44.0% of women.
- Since the age of sixteen, 11.7% of men and 1.7% of women had behaved in a way that had made a partner or ex-partner feel afraid of them.

See full report: McLindon, E., Hegarty, K., & Diemer, K. (2022) 'You can't swim if there is a weight dragging you down.' Report into family violence against Australian nurses, midwives and carers. Melbourne: The University of Melbourne & ANMF (Vic Branch).

KEY FINDING 2

Survivor respondents' reported worse health & more visits to a health professional than their colleagues without IPV.

- The odds of suffering poor physical or psychological health, engaging in hazardous drinking, experiencing financial stress and/or reduced social connection were 2-3 times greater for IPV survivor women & men compared to those without a history of IPV.
- Survivor women and men respondents were two times more likely to have attended a health professional at least once during the last 12-months compared to their colleagues without a history of IPV.

KEY FINDING 3

IPV had impacts for survivor respondents at work.

- 1 in 4 survivor respondents said their partner had attended work to harass them during the last 12-months.
- Survivors had rarely spoken about IPV at work: Only 1 in 3 women and 1 in 4 men had ever disclosed IPV to someone in their workplace.
- During the last year, 31.6% of 12-month survivor women and 30.3% of men had taken leave from work due to their partner's behaviour. Rarely was Family Violence Leave accessed; only 2.1% of survivor women and no survivor men had taken FV Leave.








KEY FINDING 4

Survivor respondents thought that the ANMF had a role in strengthening FV advocacy & support.

Survivor member respondents wanted the ANMF (Vic Branch) to:

- Raise awareness that FV happens to nurses, midwives and carers (not just their healthcare patients);
- Act to reduce FV stigma in healthcare workplaces and the broader community;
- Ensure safer and more flexible healthcare workplaces, where FV survivors feel comfortable to access leave
- Deliver quick information about accessible and affordable counselling, advocacy, resources and FV support for nurse survivors.

Key recommendations for ANMF (Vic branch) & healthcare workplaces

-  Raise awareness that FV affects women and men in nursing, midwifery and caring roles with an information campaign that includes survivor stories.
-  Adopt a trauma and violence-informed approach to guide leadership, education and advocacy on the topic of FV against nurses, midwives and carers, harnessing specialist FV and health professional expertise.
-  Develop an online portal with easily accessible FV information for survivors and perpetrators (administered by the ANMF [Vic Branch]).
-  Collaborate with experienced others to establish an education campaign about responding to FV disclosures by colleagues and ensure that relevant ANMF (Vic Branch) staff receive training in first-line FV support.
-  Promote first-line training among managers, senior nurses and others where ANMF (Vic Branch) members are employed and advocate that all University nursing and midwifery courses include FV education.
-  Advocate to change a culture in healthcare workplaces of inflexibility where people fear negative repercussions if they take leave to which they are entitled as survivors.
-  Understand that workplace safety is an extra issue for FV survivor staff; occupational abuse and aggression can both compound and trigger FV trauma.

ⁱ University of Melbourne | ⁱⁱ The Royal Women's Hospital. | ⁱⁱⁱ See full report for references. | ^{iv} The prevalence of IPV reported by men respondents was disproportionately high compared with national Australian community prevalence rates, although consistent with two previous 12-month studies of male nurses. Several factors may have contributed to this finding, including a higher proportion of men than women in a same sex relationship and more men than women reporting a history of child abuse, which was associated with higher odds of reporting adult IPV. The male IPV prevalence data had relative standard errors of up to 12%, so these results require a greater degree of interpretive caution.