



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










Project summary

Project findings in brief

- Family violence (FV), including child abuse and intimate partner violence (IPV), was common among both women and men survey respondents.ⁱⁱⁱ Half of women IPV survivors had been poly-victimised, having also experienced adult sexual assault or child abuse.
- On every measure of health and wellbeing, women and men respondents who had experienced IPV reported worse health and at least twice the number of health professional visits compared to their colleagues without a history of IPV.
- IPV had impacts for survivor respondents at work, including by intruding into the workplace.
- Respondents who had experienced FV thought that the ANMF had a role in strengthening FV advocacy and support.

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.

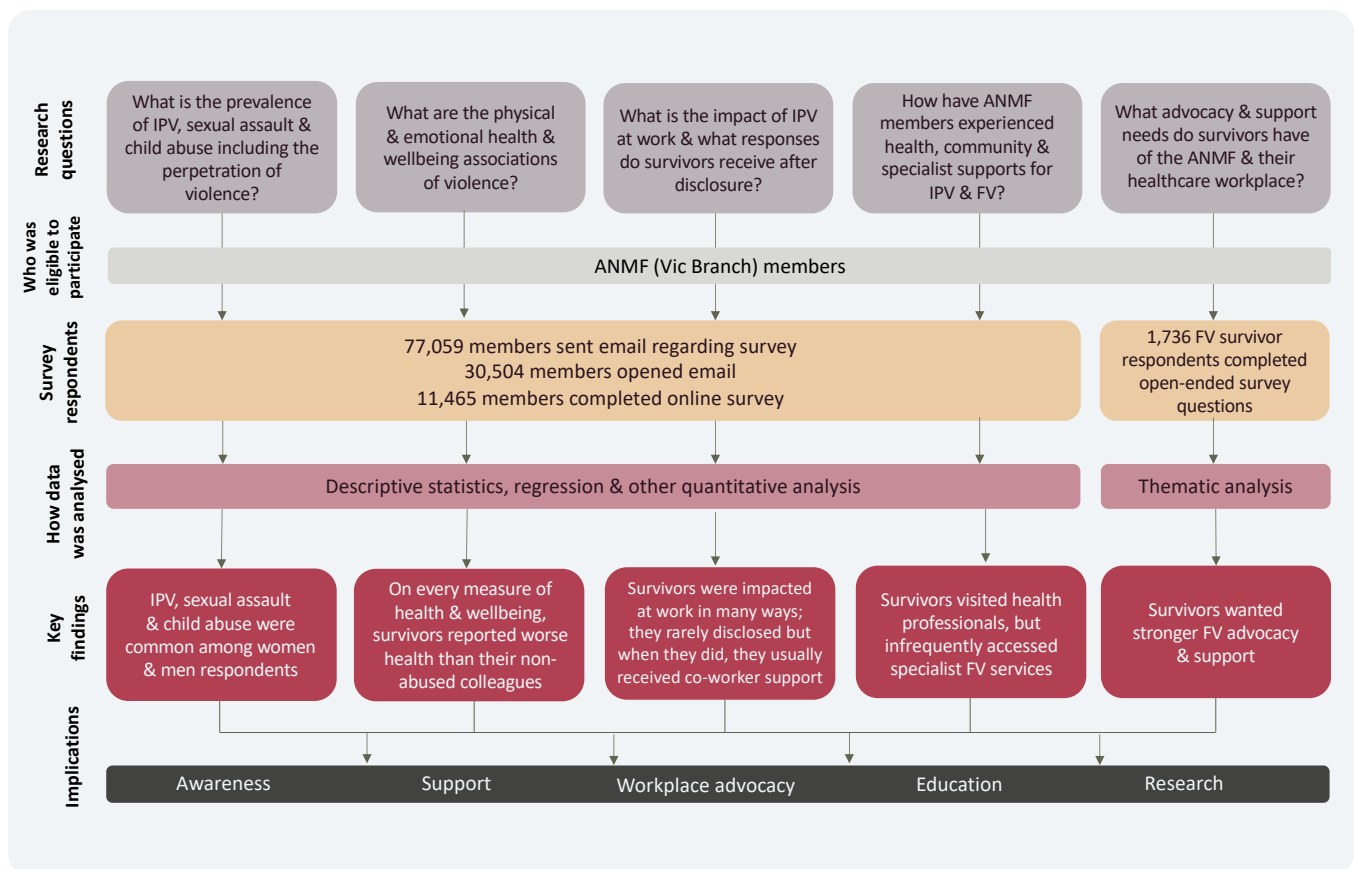
Project background: Family violence against nurses, midwives & carers

Family violence (FV) is a devastating health and social problem in Australia and internationally. It is linked with health issues as varied as depression, anxiety, pregnancy complications and substance use.^{1,2} Survivors of FV access health services more frequently than other people, and nurses, midwives and carers are frontline responders to patient survivors presenting for healthcare.³ Recent Australian research suggests that health professionals may be at increased risk of FV in their personal lives compared to the broader community, however, more evidence is needed.⁴ This study fills the research gap and is the largest FV survey of health professionals in the world.

Project aim

To investigate the prevalence of different forms of FV among nurse, midwife and carer members of the ANMF (Vic Branch), associated health and workplace impacts, service use and support needs (Figure 1).

Figure 1. Health, Wellbeing & Relationships Project overview



Method

An online survey was completed by 10,629 women and 772 men who were ANMF (Vic Branch) members, representing a response rate of 14.9% of everyone sent a project email and 37.6% of those who opened the email. The survey covered six topics (Figure 2), with the largest being violence and abuse. All participants were given information about FV support.

¹ University of Melbourne | ² The Royal Women's Hospital. | ³ 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. | ⁴ AIHW, 2018; | ⁵ WHO, 2013; | ⁶ Garcia-Moreno, Zimmerman & Morris-Gehring, 2015; | ⁷ McLindon, Humphreys & Hegarty, 2018 - 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).

Figure 2. Survey topics



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 menⁱⁱⁱ 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.
- Non-partner adult sexual assault had been perpetrated against 18.6% of women and 7.1% of men.
- During childhood, sexual abuse was more widespread against women as girls (14.1%) compared to men as boys (11.4%), while more men as boys (39.2%) had experienced physical abuse compared to women as girls (28.7%).
- The experience of childhood physical/sexual abuse or exposure to IPV as a child was reported by 50.8% of men and 44.0% of women.
- Half of IPV survivor women had been poly-victimised by also having experienced non-partner sexual assault or child abuse.
- 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. In the last 12-months, 8.0% of men and 6.0% of women told us they had used controlling, threatening or physically/sexually violent behaviour against their partner.

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“Family violence is often something we are very ashamed of... I did not want [my colleagues] to see me as different or vulnerable in the work place... Maybe publishing the stories of members who have survived abuse... may assist others to leave. You can't swim well, if there is a weight dragging you down.”

63 year-old survivor woman working in private acute care

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 and men respondents compared to respondents without a history of IPV.
- Survivor women and men respondents were twice 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.
- Only one in four survivor women had accessed a specialist FV support service during the last 12-months.

“

Some days I'm a mess, and I don't feel like facing the world, other days my workplace is my only haven.”

—
49-year-old survivor woman working in private acute care

KEY FINDING 3

IPV had impacts for survivor respondents at work.

- 1 in 4 survivor respondents (women and men) said their partner had attended work to harass them during the last 12-months.
- 1 in 3 women and 1 in 4 men had ever spoken about IPV to someone at work.
- For a quarter of survivor women, their privacy had not been protected and 1 in 10 had received a negative response from their manager.
- 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. Personal/sick leave, unpaid leave and annual leave were used instead.

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“Once I let them in, my colleagues were very supportive. I work with and care for women, and I think I have a wealth of experience to share.”

—
56-year-old survivor woman working in public acute care

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 ANMF (Vic Branch) members (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.

“

“What I have learnt about family violence is...Resources are stretched to the limit...I needed ... someone who understands the system and can guide and direct. It's a nasty maze out there and people like me navigate it blindly.”

—
54 year-old survivor woman working in public acute care

Implications

This research indicates the need for greater awareness about the prevalence and impact of FV against nurses, midwives and carers as a specific group of individuals at the frontline of responding to the health and safety of survivor patients presenting for healthcare. Project findings have implications for FV survivors, health professional practitioners, the ANMF (Vic Branch), healthcare workplaces, educators and researchers.

Listening to the voices of FV survivor respondents, this report recommends action to break the silence about survivor nurses, targeted support, workplace advocacy, education and research to strengthen FV-specific safety and recovery-focused resources for survivor nurses, midwives and carers.