Submission by the Australian Nursing and Midwifery Federation

Evidence to action: Informing direction for the Second Action Plan

Consultation Paper in support of the National Plan to End Violence against Women and Children 2022-2032

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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 356,000 nurses, midwives and care-workers across the country.

2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

5. The ANMF thanks the Department of Social Services for the opportunity to provide feedback on the Consultation Paper in support of the National Plan to End Violence against Women and Children 2022-2032 in relation to the direction for the Second Action Plan.

Overview

6. The ANMF acknowledges the work done since the commencement of the first plan to End Violence against Women and Children 2022-2032 and welcomes the opportunity to respond to the consultation on the Second Action Plan. The ANMF agrees with the observation that we are not yet where we need to be on violence against women and children and other forms of gender-based violence, but we have come along way.

7. The ANMF represents nurses, midwives and care workers across all parts of the health and aged care system. Our members are engaged in the specialist workforce, prevention workforce and non-specialist workforce.[1] Our members are most commonly engaged in the non-specialist workforce, such as emergency departments, medical clinics, mental health services and community health centres. They will often be the health practitioner who first identifies women and children experiencing violence. This position is an opportunity to create a trusted relationship and to refer women and children experiencing violence to specialist and prevention services.

8. The ANMF's membership is predominantly female, and reflects the composition of the nursing profession, being 88% women. In midwifery 98% are women. Our members experience family and domestic violence, with research showing that health care workers are over-represented as victims of violence.

9. Our members also experience unacceptably high levels of violence and abuse in the workplace.

10. The ANMF supports the priority areas identified in the consultation paper. Each priority is important and interconnected. This submission will focus on Priority Area 5- System integration and workforce. The issue of gender-based violence and occupational violence and aggression is also discussed, as it cannot be separated from the society wide scourge of violence against women and children.

Progress since the First Plan

11. he ANMF provided a submission to the Draft National Plan to End Violence against Women and Children 2022-2023 consultation in 2022. Much of that submission can be reiterated here.2[2] It is worth noting, that a number of measures called for by the ACTU and ANMF, in 2022 have now been implemented. For example, since 2022 there have been significant beneficial reforms and wage related outcomes as follows:

    - Paid family and domestic violence level in the NES[3]
    - Paid Parental Leave increased to 26 weeks and greater flexibility in how the leave can be used[4]
    - All 55 of the recommendations in the Respect@Work report[5] have been actioned, notably the legal obligation for employers to adopt a positive duty to prevent workplace sexual harassment
    - Superannuation reform – removal of the $450 minimum income threshold for compulsory superannuation, superannuation paid on PPL, pay day superannuation and increase to the Low Income Superannuation Tax Offset
    - Industrial legislative reform aimed at strengthening access to enterprise bargaining, delegates rights, and measures to promote secure, ongoing employment [6]
    - Increases to minimum aware rates as a result of the aged care work value case [7], and Gender undervaluation priority cases [8] at FWC – addressing gender-based undervaluation.

12. All of the above are examples of reform and variations to female-dominated industry awards contribute to settings that enhance working conditions and economic security for working women. These measures give women greater capacity to live independently and the benefit of financial security, important factors in enabling women and children to remove themselves from violent relationships. They are significant factors in reducing the gender pay gap and enhancing retirement income for women.

13. While improvements to minimum standards of FDV leave are a significant reform, uptake has been low and more research needs to be done to ascertain why the leave is not used. FDV leave is designed to assist victim/survivors deal with the impact of family and domestic violence, but does not address the cause of violence.

14. he ANMF supports the measures outlined in the consultation paper that identify where more work needs to be done to prevent violence against women and children (Priorities 1,2,3 and 4).

15. The focus on recognising children and young people as victim survivors in their own right is an important additional measure in the consultation paper. Expanding services dedicated to supporting children and young people, both as experiencing family violence directly but also acknowledging the impact of exposure to family violence on them will be a necessary part of breaking cycles of violence. The ANMF supports this direction and the work to be done in the Second Plan.

16. Prevention of violence is core to changing outcomes. The ANMF agrees that early education, intervention and responding to violent behaviour are necessary to all aspects of the Second Plan. Consistent and ongoing education to model healthy masculinity, is needed to counter online and social influence that advocates misogyny. Programs to support men seeking help to change their behaviour are also key, but must be made more available, better promoted and de-stigmatised.

17. The ANMF supports the direction of further work to be done in all of the above Priority Areas.

Priority Area 5 : System Integration and Workforce

18. The consultation paper highlights the importance of workforce capability, culturally safe practice, consistent training, and stronger pathways for collaboration across sectors and jurisdictions.[9] The need for multi-disciplinary workforces across a wide range of sectors and settings is also recognised.

19. The ANMF submits the health sector must be central to a strengthened integrated system. Nurses, midwives and care-workers have an important role in identifying people who are victims of domestic, family and sexual violence and facilitating their access to assistance and support. This can occur incidentally to delivery of primary health care, emergency care, mental health care and pre and post- natal care. For example, midwives may receive disclosures of domestic violence in the course of providing ante-natal or post-natal care. They may also identify at risk children, including children who have been exposed to domestic violence. Similarly, nurses in emergency departments, delivering childhood immunisation or working in mental health services will receive disclosures, or identify where specialist intervention is needed. There are multiple avenues where victims of violence may seek to come forward and access services that are not direct approaches to specialised services.

20. It is vital that the intervention points available through incidental disclosure across health and aged care services is not lost. A workforce that is trained to identify the indicators of violence and to ask the right questions in culturally sensitive and trauma informed ways will help to open pathways to support for victim/survivors of violence. The ANMF agrees that this training must include understanding of different forms of violence, including coercive control, sexual violence and technology-facilitated abuse.

21. The consultation paper highlights that support for Aboriginal and Torres Strait Islander women experiencing violence is vastly inadequate and unmet need remains high. Training that is specifically targeted at equipping nurses, midwives and carers to provide culturally safe support, care and referral services for Aboriginal and Torres Strait Islander women will assist in opening more pathways to access support that is currently missing.

22. In addition, nurses, midwives and care-workers must also be aware of what services are available and how to access and refer to them, in order to connect victim/survivors to appropriate services. Linking of separate systems, for example specialist health services, legal services and community support will improve access to services. A 'one door' approach will both Nurses, midwives and carers must also be supported in their roles to manage the vicarious trauma of supporting victim/survivors across all work settings. minimise repeat trauma and ensure streamlined services.

23. Nurses, midwives and carers must also be supported in their roles to manage the vicarious trauma of supporting victim/survivors across all work settings.

Occupational Violence and Aggression

24. ANMF members are reporting workplace violence and aggression at alarming and increasing rates. Our members tell us that they are experiencing unprecedented levels of violence directed towards them from patients and residents in their care.[10] [11] Family members express their frustration through aggressive and inappropriate interactions with the nursing staff caring for their loved ones.

25. Our members experience of increasing incidents of violence is confirmed by recent data published by the AIHW, which shows hospitalisations for injuries caused by workplace violence has doubled in the period from 2015-16 to 2024-25. Assaults are now the second most common cause of hospitalization among health care workers, compared with seventh for the general population. This is the tip of the iceberg, many injuries do not require hospitalisation and the harm caused by verbal abuse is not reflected in this statistic.

26. The ANMF considers violence and aggression directed towards nurses, midwives and carers can often be characterised as gender-based violence. In circumstances where the perpetrator of violence and aggression is a patient or resident who may have impaired cognitive or neurological function, be experiencing mental illness, or affected by drugs and alcohol, there is a tendency to accept violent or aggressive behaviour as being 'part of the job'. As such, it is expected to be tolerated.[12] This acceptance means violence and

aggression is often not reported due to a sense that it is not worth reporting. Complaints are dismissed, not taken seriously and often not acted upon.[13] The nurse or midwife experiencing violence is left with personal responsibility for the aggressive behaviour and the expectation to 'harden up' in order to cope with the aftermath.

27. This approach fails to recognise the structural problems that give rise to violence and aggression in the workplace. These include inadequate staffing levels, lack of training on how to manage complaints, and poor building and workflow design. All of these must be addressed in order to provide safe workplaces for nurses, midwives and carers who interact with consumers, patients and residents on a daily basis.

28. In addition, the escalation of violence in the health and aged care sectors, particularly when it comes from family members and visitors to services, is part of the systemic problem, and symptomatic of the view that violence against women, is acceptable. We must undertake all measures directed at changing this view.

Nurses, midwives and carers as survivors of violence

29. Nurses, midwives and carers are also victims and survivors of violence and aggression. A study published in 2018, found health professionals experienced higher levels of family and domestic violence than average prevalence across the Australian community.[14]

30. A second study (the McLindon study), published in 2024, involved a cross-sectional survey of women nurses, midwives and carer members of the ANMF (Victoria Branch).[15] Of the women nurses who responded to the survey, over half had experienced interpersonal violence.[16] Of those nurse survivors, approximately half had experienced one form of violence, across DFV, intimate partner violence, abuse in childhood or non-partner adult sexual violence.[17] One in ten had experienced three types of violence (polyvictimisation).[18] The study finds that participants reporting health issues increased as types of abuse they experienced increased.[19]

31. The McLindon study draws attention to the overlap between the personal and professional experiences of FDV among nurses, midwives and carers. It notes firstly:
'DFV survivors are overrepresented among those presenting for healthcare, and healthcare professionals, the majority of whom are women, are ideally positioned to identify and respond to the health sequel of violence'.[20]

32. As outlined above, the nurses, midwives and carers who are caring for FDV survivors, are also more likely than the average to be FDV survivors themselves. The study finds:
'that polyvictimisation and health challenges are a heavy burden on the shoulders of nurses, midwives and carers who work at the frontline of identifying and responding to DFV in our community.' [21]

33. That burden includes reminders of their own trauma, leading to increased risk of accumulated vicarious trauma, burnout or compassion fatigue and associated negative health impacts, such as depression, anxiety and post-traumatic stress.[22]

34. The ANMF supports the findings of the McLindon study that there is a 'strong rationale for supporting health professionals as they care for the community through targeted interventions that both delay the onset of trauma responses and treat their emergence'.[23]

35. Target interventions must include:

- Professional and organised support for nurse survivors that is safe and confidential. Disclosure of personal information relating to the health impacts of experiencing violence must be handled with sensitivity and place the person disclosing at the centre of the discussions to minimise any risk to employment
- Leadership that is trauma and violence informed across all levels of health and aged care management and services
- Responsibility for system wide support is viewed as organisational, rather than the burden of individuals

Conclusion

36. No one measure will resolve the issues identified in the consultation paper. All Priority Areas are interconnected and must be tackled holistically. The ANMF supports the direction of the consultation paper and endorses the concept of moving from analysis of evidence to action.

37. The ANMF urges action for nurses, midwives and carers in all areas of health and aged care that both contribute to ending violence against women and children, but also support our members as they experience violence and care for survivors:

    - Training and education in trauma informed care that equips nurses, midwives and carers to deliver care to women and children experiencing violence
    - Support for health care workers to minimise the risk of vicarious trauma, particularly those who have experienced interpersonal violence
    - Service wide and systemic understanding of how to integrate trauma informed care across health and aged care services
    - Adequate staffing levels to ensure safe and quality care can be provided, thereby reducing the risk of workplace violence and enhancing care for patients and residents
    - A hierarchy of control approach to minimising the risks of violence in workplaces, such as appropriate building design, rostering patterns and proactive management practices and policies.

The ANMF considers building workforce capability and support is one of the most important measures referred to in the consultation paper. Our members are too often survivors and key workers who identify and care for women and children experiencing violence. They must be supported to do their work while also healing from their own experiences. Ending gendered-based workplace violence must be a high priority to ensure nurses, midwives and carers can deliver care in environments that are safe from all forms of violence.

[1] Department of Social Services ANROWS to action : informing direction for the Second Action Plan, May 2026, P17

[2] anmf_submission_draft_national_plan_to_end_violence_against_women_children_25_february_2022.pdf

[3] Family and domestic violence leave - Fair Work Ombudsman

[4] Parental Leave Pay - Services Australia

[5] Australian Human Rights Commission 2020, *Respect@Work : National Inquiry into Sexual Harassment in Australian Workplaces 2020.*

[6] Fair Work Legislation Amendment (Secure Jobs, Better Pay) Act 2022,Fair Work Legislation Amendment (Closing Loopholes)Act 2023, Fair Work Legislation Amendment (Closing Loopholes No.2) Act 2024

[7] Work value case- Aged Care Industry AM2020/99, AM2021/63 and AM2021/65

[8] AM2024/22, AM2024/23, AM20224/20, AM2024/19, AM2024/21, AM2024/25 and AM2024/27

[9] ANROWS, op. cit., p.50

[10] Queensland Nurses and Midwives' Union survey finds 'crisis level' workplace violence - ABC News

[11] NSW Nurses and Midwives' Association Australian Nursing and Midwifery Federation NSW Branch March 2026 *Occupational Violence: has no place in my workplace Report into the experiences of nurses and midwives in NSW* Occupational-Violence-Report-2026.pdf

[12] NSWNMA ibid p.34-36

[13] NSWNMA ibid p.30-31

[14] McLindon, E., Humphreys, C. & Hegarty,K. "It happens to clinicians too": an Australian prevalence study of intimate partner and family violence against health professionals. *BMC Women's Health* **18,** 113 (2018).

[15] McLindon, E., Spiteri-Staines, A., Hegarty, K. Domestic, family and sexual violence polyvictimisation and health experiences of Australian nurses, midwives and carers: a cross sectional study. BMC Public Health 24,2290 (2024) https://doi.org/10.1186/s12889-024-19680-7

[16] Ibid p3

[17] Ibid 3

[18] Ibid 3 - 5

[19] Ibid 5

[20] Ibid p2

[21] Ibid 6

[22] Ibid p6

[23] Ibid 6