Submission by the Australian Nursing and Midwifery Federation

Draft National Plan to End Violence against Women and Children 2022-2032

February 2022

Australian Nursing & Midwifery Federation

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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 310,000 nurses, midwives and care-workers across the country. Approximately 89% of the ANMF's membership are women.

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 Attorney-General's Department for the opportunity to provide feedback on the Draft National Plan to End Violence against Women and Children 2022-2023 (NAP).

6. The ANMF asks that our submission be read in conjunction with that of our peak body, the Australian Council of Trade Unions (ACTU). The ANMF supports the submission of the ACTU and the recommendations set out in the submission.

Overview

7. The NAP identifies a lack of gender equality as an underlying determinant of violence against women and children, and that we must have a shared understanding of the problem in order to achieve the goal of ending violence against women and children[1]. The ANMF agrees with the analysis provided in the NAP, in relation to identifying the problem. What the NAP lacks is concrete, measurable actions to address the problem.

8. The ANMF considers it is vital that every possible measure be taken to eliminate the risks of sexual and gendered violence in all settings including the workplace. To achieve elimination of sexual and gendered violence there must be systemic change to societal and cultural norms that perpetuate gender inequality and cultural attitudes that condone unacceptable behaviour. These changes must be encouraged and supported by legislative, regulatory and policy reform.

9. The ANMF asks that the NAP be rewritten to include the following key actions, that go directly to addressing gender inequality as the underlying cause of violence against women and children:

    - Paid family and domestic violence leave
    - Integration of health and other services that ensures privacy, safety and seamless access to services
    - Flexible and supportive work practices and arrangements
    - Implementation of all 55 of the recommendations of the Respect@Work report
    - Superannuation reform
    - Measures to address insecure and low paid work

[1] Draft National Plan to End Violence against Women and Children 2022-2032, 10.

10. The ANMF supports the ACTU call for a stand-alone National Plan to end violence against ATSI people. An action plan located as a subset of the NAP does not go far enough to address the complexity of generational trauma caused by colonisation and decades of discriminatory policies and practices in Australia.

11. The ANMF supports the ACTU call for the Government to ratify the ILO Convention on Violence and Harassment at Work 2019. This places the commitment to end violence against women and children in a global context and strengthens the framework for instigating measures at all levels of Australian government.

12. In addition, the ANMF considers the role of nurses, midwives and care-workers must be recognised more clearly in the NAP. Of particular concern is the absence of any direct acknowledgement of the extent of sexual violence experienced by older people in residential aged care. All nurses, midwives and care-workers should receive ongoing training to have the skills and knowledge to identify, respond to and support people experiencing violence.

Impact of sexual and gendered violence on ANMF members

13. The ANMF's membership is predominantly female. Overall workforce data shows that 89% of registered nurses, enrolled nurses, nurse practitioners and midwives are women, and this is indicative of the composition of ANMF's membership. ABS Census data for Nursing support and Personal Care Worker and Aged or Disabled Carer (2016)[2] also indicate a predominately female workforce (85% and 80% respectively) working part-time hours.

14. Our members are impacted by violence in multiple and sometimes intersecting ways. This can be in their personal lives, or professionally, either as a result of experiencing violence at work, or as professionals responding to disclosures, reports or presentations of violence from the people they care for across a range of settings.

[2] Department of Education, Skills and Employment, Labour Market Information Portal 3 2016

Front-line workers- engaged directly in responding to violence

15. ANMF members work in a range of settings in which they are engaged to support people who have experienced domestic violence. This includes dedicated community health services, emergency departments and mental health services.

16. These services must be integrated and have secure systems of communication to ensure information can be shared safely. The ANMF agrees that it is important that services have secure means of information sharing which minimize the need for recipients of services to have to repeat their stories.

17. Services must be accessible and cater for the needs of diverse communities and locations. Services must be equipped to provide safe care for both recipients of care and staff.

18. For nurses, midwives and care-workers working at services, education and training must be provided and incorporated into the cost of funding services.

19. It is also important to recognize the impact of providing services on staff, there must be adequate time and funding for staff to access mentoring, debriefing and where needed, role variation or rotation to mitigate against stress, burnout and loss of experience in the sector.

Nurses, midwives and care-workers across all health and aged care settings

20. 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 the primary health care role being performed. For example, midwives may receive disclosures of domestic violence in the course of providing ante-natal or post-natal care. This is an important pathway for people experiencing family and domestic violence, or other forms of violence, as it may be an avenue more readily available for victims of violence to come forward and access services, than direct presentation.

21. For this reason, there must be clear pathways of referral and as noted above secure and safe means of information and record sharing.

22. All nurses, midwives and carer's need to be adequately trained to have the skills and knowledge to respond to disclosures, or identification of violence, that is presented incidentally. The NAP refers to capacity building in mainstream frontline services, including health services,[3] but lacks any detail as to what this entails.

Aged care

23. The NAP notes that women over the age of 65 can experience gendered violence,[4] but does not address how violence impacts frail older people, particularly those in residential care. For older women in residential care, who may have multiple co-morbidities, including dementia, it is not feasible to report incidents of violence, or to access outside supports and services. This vulnerable population is highly dependent on the care provided in the residential facility.

24. The incidence of sexual violence in residential aged care must not be overlooked. The Royal Commission into Aged Care Quality and Safety estimated there were 50 sexual assaults per week in residential aged care. This figure may well be an underestimate due to lack of knowledge and training about how to identify and understand non-consensual sexual activity perpetrated by and or against people with dementia or other cognitive impairment.[5]

25. Specialist training in relation to understanding, responding to and reporting sexual violence in aged care is required at all levels of industry. Prevention of violence in residential aged care should be prioritized through the work of the Aged Care Quality and Safety Commission.

[3] NAP 34.
[4] NAP 13.
[5] A Grossi, D Smith, M Wright and J Ibrahim, 'Sexual violence in aged care' (Journal of Dementia Care, posted 21 January 2022) <Sexual violence in aged care - Australian Journal of Dementia Care>.

26. The provision of adequate staffing levels and skills mix in residential aged care, is also a foundational requirement to ensure the safety and human rights of residents.

Nurses, midwives and care-workers experiencing violence

27. A study published in 2018,[6] found health professionals experienced higher levels of family and domestic violence than average prevalence across the Australian community.[7] The study surveyed health professionals, 67.5% of whom were nurses and midwives, and found that 'intimate partner and family violence, including sexual assault, are frequent traumas in the lives of participating women health professionals.'[8] It found over one in 10 women health professionals had felt fear of their partner, or experienced physical, emotional and/or sexual violence from them during the previous 12 months.[9]

28. Nurses, midwives and care-workers spend a large amount of their time in the workplace. Their role usually cannot be performed anywhere else. The ANMF believes that employers have an important role to play in helping to assist workers who are suffering from domestic, family and sexual violence. These include:

    a. Employers develop supportive and non-judgemental environments in which workers feel safe to discuss any domestic and family violence issues they may be facing.

    b. Employers should develop guidelines and protocols which detail the appropriate action to be taken in the event that an employee reports domestic and family violence.

[6] 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). https://doi.org/10.1186/s12905-018-0588-y
[7] Ibid 5.
[8] Ibid 5.
[9] Ibid 5

c. Employers should educate, train and instruct staff on the guidelines and protocols which detail the appropriate action to be taken in the event that an employee domestic and family violence.

d. Employers and responsible line management must maintain confidentiality at all times in relation to any report of domestic and family violence by an employee. Confidentiality is the key to those experiencing domestic and family violence having the confidence to seek support in the workplace.

e. Comprehensive training should be provided to all managers and human resource advisers on how to implement the protocols/guidelines and maintain confidentiality at all times.

f. Employees should be provided with up to 20 days of paid family and domestic violence leave per year in addition to all other leave.

g. A worker who supports a person experiencing domestic and family violence should be entitled to access paid domestic and family violence leave in order to accompany the person to legal appointments, to court, to receive health care, to assist with relocation or other safety arrangements, or to assist with childcare.

h. In order to provide support to a worker experiencing domestic and family violence, and to provide a safe work environment to all employees, employers should approve any reasonable request from an employee experiencing domestic and family violence for:

    i. changes to their span of hours and/or shift patterns;

    ii. job redesign or changes to duties;

    iii. relocation to suitable employment within the workplace;

    iv. a change to their telephone number or email address to avoid harassing contact;

v. any other appropriate measure including those available under existing provisions for family friendly and flexible work arrangements;

vi. provision of appropriate security measures to prevent harassment or intrusion into the health and aged care facility;

vii. A nurse, midwife or carer who is experiencing family or domestic violence must be supported at work as outlined above. The provision of 20 days paid family and domestic violence leave as a legislated or award based minimum requirement is the highest priority.

29. In addition, employers and regulators must recognize that health professionals who are providing support to victims of violence in their clinical practice or as part of their role may also be experiencing violence themselves.

Violence at work

30. The National Plan does not deal adequately with violence and sexual harassment that occurs in the workplace. Violence against nurses, midwives and care-workers, in the workplace, perpetrated by patients and visitors to workplaces is a significant problem.

31. In 2018, the NSW Nurses and Midwives' Association collaborated with Dr Jacqui Pich of University of Technology Sydney to conduct an extensive survey of nurses and midwives in NSW looking at their exposure to patient related violence and aggression.[10] The survey asked about all forms of violence, including sexual harassment as experienced by nurses and midwives from patients, relatives and visitors to health services. It did not look at violence between colleagues at work.

[10] Jacqui Pich, Christopher Oldmeadow and Matthew Clapham 'Violence in Nursing and Midwifery in NSW: Study Report'

32. The survey attracted responses from 3,416 participants, working in nursing and midwifery including areas of medical, surgical, mental health and aged care across the public sector (78%), private sector (16%) and not for profits (7%). Reflective of gender representation in the industry, 87% of respondents were women. Of the total number of participants surveyed, 47% reported experiencing an episode of violence in the previous week and 80% in the 6 months prior to completing the survey. The report looked at the type of violence experienced in the previous 6 months. Verbal or nonphysical violence was the most common type of violence reported, with 76% of participants experiencing an episode. Of those participants who had experienced verbal or non-physical violence, 25% had experienced sexually inappropriate behaviour. Nearly 25% of participants reported physical abuse/violence in the previous 6 months. Of those participants 13% experienced inappropriate sexual conduct and 2% - or 35 individuals - had experienced sexual assault.

Impact of violence

33. The Pich report examines the consequences of episodes of violence. 28% of participants reported they had suffered a physical or psychological injury as a result of an episode of violence.

34. Nearly a third of those sought medical attention and over a third took time off work ranging from the remainder of a shift to over a year. Some participants elaborated by saying they ended up resigning, were forced into retirement or took random days off when too distressed to work. The impact of violence can be highly detrimental to the working lives of nurses and midwives in terms of time away from work. Absence from work also impacts on colleagues, management of services and care of patients and health care recipients.

35. The Pich report also identifies the emotional consequences of experiencing violence at work. These can range from long term psychological harm to feelings of unhappiness, powerlessness, fear, anxiety, shame and guilt.

36. Participants reported a range of ongoing emotional responses following an episode of violence, some of which indicated negative coping strategies, for example “increase in use of alcohol or other substances/medications”. A number of the responses were long-term in nature, including those linked to Post Traumatic Stress Disorder (PTSD), for example “weight loss/gain”, “nightmares and flashbacks” and “altered sleep patterns”. PTSD itself was selected as a response by 8% of participants. In addition, some responses impacted the nursing practice of participants, for example “withdrawal from people/situations” and “fear/anxiety re future episodes.”

37. The report identifies that in addition to the impact on the individual there is a clinically adverse outcome for health care recipients as well. Participants reported a withdrawal not only from an offending individual but were more likely to experience a lack of empathy for patients generally. A loss of ability to empathise and interact with patients is detrimental to the overall ability to provide care. With reference to other studies, Dr Pich concludes that nurse ‘burn out’ leads to a lack of joy in providing care and spending less time with patients whom they perceive as abusive. ‘Thus the negative effects of patient related violence extend to the workplace and can lead to difficulties with the recruitment and retention of nurses, decreased productivity and efficiency, increased absenteeism and fewer resources for nurses'.

38. There is a cost flow on to the recruitment and retention of nurses and workers compensation claims.

39. The National Plan must address workplace violence. In a health setting, this is a significant workplace health and safety issue, and is too often normalised as being a part of the job. This is unacceptable. Implementation of all of the recommendations of the Respect@work report must be undertaken without delay.

40. Adequate staffing levels, including mandated staffing levels in aged care are not only necessary for delivering safe and quality care, they also protect staff from the risk of experiencing violence at work. Standards to improve workplace design and implementing psychosocial regulation and standards are also important and pressing steps to improve safety at work.

41. The National Plan should address these issues and set measurable indicators for implementing safety at work actions.

Superannuation and housing

42. Secure retirement income, is essential to provide women with secure housing and sufficient income to live comfortably in retirement. This security is part of ensuring that women have the capacity to leave violent relationships. To increase the ability of women to enter retirement with secure income, the ANMF considers the NAP should include as actions a range of measures that ensure women have adequate superannuation on retirement. These include:

    - Super on paid and unpaid parental leave to reduce the financial impact of child rearing years on women and reduce the risk of poverty later in life;
    - Universality of super - payable on every dollar earned;
    - Increase the superannuation guarantee to 15% without any further delay;
    - Establish more rigorous protections against perpetrators using coercive control to access women's super funds;
    - Enabling low superannuation balances to be increased with incentives and appropriate tax concessions via an accumulation pathway.

43. Secure housing is also an essential component in providing women and children with accommodation when leaving a violent relationship and reducing vulnerability to entering or remaining in abusive relationships. The NAP recognises this, but provides no detail or plan as to how this would be achieved.[11]

[11] NAP 39.

Gender inequality

44. The ANMF has long recognised that health, housing, access to services and women's economic independence have a tremendous impact on the ability of women to escape domestic violence. Women's economic independence is one of the outcomes of gender equality. The NAP does little to address the reasons women struggle to achieve economic independence.

45. During women's working lives, the financial disadvantage resulting from low paid and insecure work persists. To genuinely seek to end violence against women and children is to also seek to address the many factors that contribute to low paid and insecure work, which is predominantly performed by women. This is in part because of how care and service work is perceived and remunerated as women's work, and therefore of lesser value. This entrenches both how women's work is viewed in society- that is of lesser value, and in real terms, makes it harder for women to leave violent relationships, access support and rebuild the lives of themselves and their children.

46. There are many actions that could be taken and included in the NAP to address gender based economic inequality. These include:

    - Increasing minimum wages in low paid sectors which are female dominated- such as aged care, child care and disability, retail and hospitality.
    - Improved paid parental leave
    - Universal access to quality early childhood education
    - Reform of the Fair Work Act to allow sector bargaining, particularly in the care and service industries
    - Measures to limit the use of low or zero hour contracts- including provision of ongoing rather than short term funding to the care services sector
    - Measures to promote secure, ongoing employment ahead of casual or contract work.

Conclusion

47. The ANMF agrees with the position of the ACTU, that the NAP should be rewritten to include tangible actions that can be implemented and measured. Those actions must be directed at eliminating gender inequality as the fundamental driver of gendered and sexual violence against women and children. Actions set out in a measurable framework for implementing targeted prevention, early intervention, response and recovery are all necessary, but will not succeed without the underlying causes of violence being addressed.

48. The second NAP, taking us to 2032 must be more than an overview of the way forward. It must be detailed, multi-faceted and set out actions that can be achieved and assessed against the goal of ending violence against women and children.