

Family violence best practice: Engaging nurses and other healthcare professional students

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Family violence (FV) is a significant health issue for women in Australia and internationally (AIHW, 2019; WHO 2013). Globally one in three women have experienced violence from a current or former partner in their lifetime.

Intimate partner violence is the leading contributor to death, disability and illness for women between the ages of 15 and 44 (DVRC 2015).



Health professionals are often the first point of contact for victim-survivors and will frequently encounter them in their work. However, without adequate training, nurses and other healthcare providers attending to victim-survivors of FV may not recognise or be able to provide adequate support for the victim-survivor. There is a lack of existing undergraduate and post-registration FV education programs for healthcare providers (Crombie et al. 2017), with students often demonstrating misconceptions about the causes and impacts of FV and feeling poorly prepared to deal with FV situations in clinical practice (Beccaria et al. 2013).

Further, one in 10 female healthcare workers have been identified as victim-survivors of FV (McLindon et al. 2018), making the issue both personal and professional.

In light of these issues, we have designed a subject in the School of Nursing and Midwifery at La Trobe University for nurses, midwives and other healthcare students. The online elective subject “Family Violence Best Practice” will provide introductory knowledge and evidence-based best practice guidelines with an overview of FV and how healthcare professionals can help victim survivors. We will also be evaluating the subject to monitor change in student FV knowledge and attitudes, and perceived preparedness to undertake the work. This will be the first time a separate, online FV subject is offered at La Trobe University by the School of Nursing and Midwifery, with high demand expected across the school and wider university.

FV is a serious health issue, with healthcare services playing a crucial role in the multisector response to FV (Garcia et al. 2015). Addressing provider FV skills and educational barriers is one large step towards improving the response to violence against women. As one of the few known FV subjects in Australia, the findings will be integral to intervening and preventing FV.

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