Podcast Series: Conversations that Connect

Episode 4

Have you ever wondered why Nursing and Midwifery Health Program Victoria (NMHPV) has a focus on family violence?

Rachael Pallenberg works as the Quality and Safety Co-ordinator with NMHPV and leads the Strengthening Responses to Family Violence Project. She has extensive experience working with victim survivors experiencing family violence. Rachael provides her knowledge, experience, wisdom and resources in relation to the complex issue that is family violence. Additionally, a range of information, resources and supports are provided.

Host: Mark Aitken | **Guest**: Rachael Pallenberg | **Duration**: 39:36

Tags: Nurse Health, Midwife Health, Mental Health, Wellbeing, Family Violence, Domestic Violence

Episode 4 Transcript

Glenn Taylor

[0:19] Hello and welcome to the Nursing and Midwifery Health Program Victoria podcast series. My name is Glenn Taylor and I'll be introducing today's podcast host. I'm a registered nurse and CEO of Nursing and Midwifery Health Program Victoria, also known as NMHPV.

NMHPV is an independent support service for nurses, midwives and students in nursing and midwifery, who are experiencing sensitive health challenges related to their substance use, mental health or family violence concerns. NMHPV is confidential and independent, is unique to Victoria and is provided free of charge to our colleagues. You can call on for any professional or personal matter between Monday and Friday, 8.30am - 5.00pm, the number is 9415 7551. You can also email us at admin@nmhp.org.au via our website at www.nmhp.org.au

Today's host is Mark Aitken. Mark is a registered nurse and Deputy Director at the NMHPV. He has over 35 years' experience in the profession and tremendous passion for the health and wellbeing of our colleagues. Welcome, Mark.

Mark Aitken [1:48] Today, Rachael Pallenberg and I will discuss the important and sensitive issue of family violence. If anything in this podcast raises issues for you, please contact 1800 RESPECT, 1800 737 732. The theme of the podcast today is: Have you ever wondered why the Nursing and Midwifery Health Program Victoria has a focus on family violence? Rachael and I will be exploring this theme as part of the discussion. I'm really pleased, Rachael, that you've been able to join the podcast today and provide your wisdom, insights and experience into this very sensitive issue of family violence.

Rachael Pallenberg [2:32] Thank you, Mark.

Mark Aitken [2:33] Thanks, Rachael. Rachael is an experienced manager, practitioner and consultant who has been employed in the health and community services sector for over 30 years. Rachael has worked primarily in family violence and sexual assault support services, and prevention programs in service delivery, and leadership roles. In addition, Rachael has had a long career in quality and risk management roles, and is an experienced accreditation assessor and surveyor.

Rachael has a passion and commitment to addressing issues of inequality, and enjoys working to assist organizations to improve their responses to family violence, as well as advocating for and supporting diverse and underrepresented communities. Rachael currently works with the Nursing and Midwifery Health Program Victoria as the quality and safety coordinator. Rachael leads the 'Strengthening Hospital Responses to Family Violence' (SHRFV) project, which focus on capability building, systems advocacy, policy reform, and development of service delivery practice.

I'm really pleased to say that Rachael is a colleague of mine and Rachael, I love working with you. I'm really delighted to have you on the podcast.

Rachael Pallenberg [3:56] Likewise, Mark, thank you very much for that introduction. Thank you.

Mark Aitken [4:00] Is there anything else you'd like to add to that very extensive and impressive bio?

Rachael Pallenberg [4:06] I guess the bit that's missing from that, and we can perhaps start by talking a little bit about that, is I started my career as a nurse midwife. I went into nursing, I come from a family with a lot of people in the medical profession. To be really honest, I went into nursing because way back in those days, you had to spend your first year in nursing training living in the nurse's home. I thought, "Oh, isn't that a fantastic way to get out of living at home and, you know, have a fun time in the nurses home!" But unfortunately, the very year that I was accepted was the year that they took that rule away and it was never to be, so I ended up having to stay at home.

I worked as a nurse midwife for probably about 10 years and within that 10 years, I loved that job. I loved every moment of it. There were, like [for] all of us, various reasons why I left clinical practice, but one of those reasons was that I felt more as time went on that while I could care for people's medical needs, I was unable to do a lot of work in the space of supporting, particularly women who were experiencing other issues in their life. Even though I didn't have a word for it in those days, and I didn't have the language for it, what I was identifying was family violence. I think back then--and we're talking about the early 90s--I certainly still thought of family violence as the act of violence, as in hitting somebody. What I was seeing was a lot of what I can now identify as coercive control, certainly a lot of emotional violence, a lot of verbal violence, et cetera, et cetera.

So, I left nursing and midwifery to do social work. As you pointed out in the intro, I've always worked in family violence and sexual assault support services. It's where my passion has always been. Drifted in and out of different clinical roles and more leadership roles. Like you said, I now work primarily in quality and safety. But it was only until two years ago that I still held a role at the sexual assault crisis line, doing just one shift a week, just to keep my hand in my clinical practice around supporting people who'd experienced violence. So yeah, to flesh out that intro a little bit more so that people have a bit of context about where I've come from.

Mark Aitken [6:22] Thanks very much, Rachael. You've done so much, and you've contributed so much and, as we've identified, there is so much to be said about family violence. In this podcast today, we won't cover every element around family violence, but we will

provide resources and links to resources as part of this podcast. Rachael will talk about a few of those resources and support services as we progress.

Rachael, back to our initial question. Have you ever wondered why the Nursing and Midwifery Health Program has a focus on family violence? Rachael, why do we have a focus on family violence?

Rachael Pallenberg

[7:03] I guess a really good place to start with that, Mark, is to talk a little bit about where that focus came from. Around six years ago, perhaps a little bit longer now, as part of a renegotiation of our funding at that time, we were asked to consider whether we would take on supporting nurses and midwives who are both experiencing family violence, and also supporting us as the midwives, who were supporting others who were experiencing family violence, as a focus. It was around the same time...a little bit later than the Royal Commission, which was 2016. So, it was a little bit after that, but it was within the same vein that it was very much identified by government and by funders at that time that family violence was a very prevalent issue within our community. And just like all people, all victims of family violence, nurses are no different.

So, when we talk about the prevalence and stats of what I think the latest ABS stats are, one in six women...and when we talk about women, we're talking about binary cisgender women, and one in 16 men, which is incredibly high. Now, if you think about one in six women, and you think about how many nurses and midwives there are, of course they're going to be included in that as well. So that's kind of the background of where this came from. I suppose it's within the same mandate that nursing and midwifery have, that we try and stay focused, we try and give a real emphasis on current issues on things that are really affecting our workforce, our colleagues, our communities. What are the big issues for people? What are the big issues [where] we can make a difference? What are some of the things that people come to us and talk about? What do we gather around our data?

What we found is that certainly family violence is increasingly becoming something that we are working with, with our colleagues. That's the history and background of why we took up a focus around that. I'm really proud to say that we haven't done that in a tokenistic way. We thought long and hard about...we are not a specialist family violence service. We will never ever put up our hand and say that. We think of ourselves as an organization

that can support in the immediate. We can offer some counselling and resources, but the best thing we can always offer is referral. We had to think long and hard about what that model would look like, because we didn't want to become a specialist family violence service. That's a whole other realm. We would not, in any way have capacity to do that. So, we had to think about what that would look like.

Basically, we came up with a model of the three R's. Recognize, respond and refer. We've really focused on that as well as some capacity building within our nursing and midwifery community, providing people with resources so that they can actually better support people who they're working with on a daily, weekly basis around family violence issues.

Mark Aitken [10:04] Thanks, Rachael. That's really great information. We also at the Nursing Midwifery Health Program Victoria have a position statement on family violence that is available on our website. I was reading that again in preparation for this podcast and I think it's a really important position description. Would you be able to speak to that Rachael, please?

Rachael Pallenberg [10:28] Yes. As well as that position statement, we also have four fact sheets. I'll talk a little bit about the position statement first, which by the way, I need to put a caveat on this and tell our listeners that we do need to update that position statement. It's not something that you would ever just write and set in concrete and say, "Well, that's it." Because what we know about family violence, as [with] most issues, there is new evidence coming out all the time, there is new information, there are new ways of working, and we want to stay current in that information as much as we possibly can.

But our position statement is quite a concise statement that we put together to basically say, if we are going to be a service that is working in the family violence space, we need to know who we are in that space and what our stance is around that. Our stance around that is we recognize family violence as a crime. We recognize it as a gender-based crime. So, when we talk about that, we are talking about the fact that, of course family violence happens to anybody, it could happen to anybody. But overwhelmingly, the stats are around that it is generally something that happens to women and children perpetrated by men.

It's really easy to get into a lot of debate around that, and what we mean by that, but what we know from an evidence-based practice

is that is a fact. When we talk about [inaudible] in the family violence space, we are talking about women and children being killed every week. I think when we think about it in other gendered spaces, it's often a different form of family violence. It is just as valid. Of course it is. But overwhelmingly, that's what we are talking about: violence against women and children, perpetrated by men. So that's one of our stances and statements about that.

It's really important to acknowledge family violence as a crime. Rather than you know, in the old days, we used to talk about it as something that was within the home, not to be spoken about, not to be dealt with. It's private, it's between couples, et cetera, et cetera. No, it's a crime like any other crime, and comes with consequences like any other crime, and has implications and consequences like those crimes.

So that's where we came up with our position statement around that to make sure that we acknowledge the gendered nature of family violence, the fact that it is a crime, the prevalence of family violence, and to be really clear with people about what we could do to help. As I said before, we're not a Crisis Response service, we're not a specialist family violence service. We are a service that all clinicians working in Nursing and Midwifery Health Program, have had some specific training, but it's fairly basic training, and some are more skilled in the area than others. That's reasonable, as in any organization. But if people ring us for support, they can expect from us a really sound response, which puts the responsibility for the violence on the perpetrator, and makes sure that there's safety present for those who are experiencing the violence.

Mark Aitken

[13:32] Thanks, Rachael, you make some really good points. There would be nurses and midwives listening to this podcast who might be wondering if their own organization has a position statement on family violence. I would encourage you to check out your organization's website to find out if that's the case. Are you hearing that a lot of organizations these days are providing training and education to this job in relation to family violence?

Rachael Pallenberg

[14:04] Mark, more and more all the time. For those who work in a hospital setting, that's certainly true. I'm sure many listeners will know about the Strengthening of Hospital Responses to Family Violence projects that have happened in some of the major hospitals. Within that Strengthening Responses, that initiative came out of the fact that there needs to be a better response, particularly in healthcare settings.

Healthcare settings are often where victims, survivors will present in the first instance. Therefore, it's an opportunity for them to gain some safety, to do some safety planning, but it's also an opportunity for them to open up that conversation and start talking about what is this impact on your life around the family violence. It might not be the time that they leave, it might be the first conversation they ever have about it when they present in a medical setting. Sometimes that's in maternity; more often than not, it is. Sometimes it's within other healthcare settings such as emergency, but it might be the first time they ever talk about it. What we know is that first conversation that people have around what's happening to them, and what they're experiencing, is probably the most important conversation that they will have. The response that they get from the person that they're telling, really sets the scene for what happens afterwards around trust and about being believed and about feeling validated et cetera, et cetera.

So, in answer to your question, yes, 101%. I know a service people will be familiar with is Domestic Violence Resource Centre, who do a lot of work in the prevention space, they also do a lot of training. One of the focuses, certainly in the last 10 years, has been around nurses, midwives, medical [professionals] in general...maternal child health nurses is the other one, that seems to be the top of the list to where women in particular present with their young babies as an opportunity. He might not be there, or the perpetrator or I should say, might not be there, it's an opportunity to open up that conversation. So having that person skilled and knowing the right things to say...and look, we don't always get it right. I've been a clinician in this space for 30 years, and I still say some things that I think, "What on earth did I say that for?" But you know, some skills about saying the right things, offering some resources and offering some referral to a special service is very much something that's happening in that very base training, so important to get that right.

Mark Aitken [16:37] You make a great point, Rachael. I think a lot of nurses and midwives often feel as though they don't know what to say when somebody informs them that they're experiencing family violence.

Rachael Pallenberg [16:50] It's hard to know what to say, when you're not...when you feel that you're not skilled, or you feel that you aren't completely sure yourself of what these issues are about. It's a really scary space for people to be in. I think that's why it's really important too,

for us to make the point that we don't just support nurses and midwives who themselves are experiencing family violence. But we're there as a resource and a secondary consult for people who feel that they just need to talk through a situation or something's happened to them in the workplace where they don't feel that they've said or done their best work in this space, and they're really stressed about that. That can be a terrible space for people to sit in with a lot of anxiety around that whole thing of: I didn't get that right. What's that going to mean for that victim survivor? It's, it's hard, it's hard stuff. Definitely.

Mark Aitken

[17:48] I think sometimes there's the risk to nurses and midwives in hearing these stories...particularly over and over if they're working in the area of supporting people experiencing family violence is around compassion, fatigue, and moral distress and vicarious trauma. If a nurse or midwife is listening to this podcast, Rachael, and they're thinking, I think I've kind of heard a bit too much around family violence, and I'm finding it difficult. What would you say to them?

Rachael Pallenberg

[18:22] I would suggest that they seek out some specialist support around that, definitely, whether that be through us to just put that out there and say...because you know what, it's okay to experience that fatigue around complex trauma. We know what complex trauma does in a secondary trauma environment to people. Just being able to talk about it and have the space to verbalize what's happening for them, whether that's with us or with 1800 RESPECT. 1800 RESPECT don't just support people who are experiencing, they also do professional consultation with people.

I really encourage people to think about just being able to check in with themselves. Experienced family violence workers experience burnout, we experience compassion fatigue, we experience secondary trauma impacts. It's not something that I want to say is normal, because I don't want to give that message that that needs to be normalized, but that it is a common thing to happen. People that I've worked with, and certainly myself, I've had to take breaks from working the family violence space, because it's that thing where I have to go, I just can't hear one more story about this. I feel like for me, it's always I know that I'm starting to go towards burnout if I feel like nothing ever changes, nothing ever changes. It's all the same. You know, I've worked in this for 30 years and one woman a week, and children, are still killed. Whatever changes? It's hard to hang on to that sometimes.

But getting back to your original question: what do people need to do in that? It's so important to seek support for yourself, because the other thing that we know about that is it will start to infiltrate on other parts of your nursing practice as well, and on other parts of your own wellbeing and your ability to function in a productive way.

Mark Aitken

[20:25] Great points, Rachael. Just to remind our listeners of the numbers, the Nursing and Midwifery Health Program Victoria, 9415 7551, Monday to Friday, 8:30am – 5:00pm, the national support service, Nurse and Midwife Support, 1800 667 877. Really importantly, I think, Rachael, in relation to family violence, 1800 RESPECT, 1800 737 732, a national 24/7 service. Thank you, Rachael. Some of our listeners may be experiencing family violence themselves, or know somebody who is or has experienced family violence. If you are in that situation, I'm very sorry that's happening to you. Please reach out for support. Rachael, what is the first thing somebody could think about doing if they are experiencing family violence?

Rachael Pallenberg

[21:29] Look, I think the first thing that if you think that you are experiencing family violence, I think the first thing to do--and it's a bit of a hard question to answer Mark, because it really depends on your own circumstances. I think the first thing to do is call and have a chat about that with a specialist family violence service. 1800 RESPECT will do that. I used to work on that line, it's very much a line where you can ring up and go, "Look, I don't particularly want your advice. I don't particularly want you to tell me all the answers to all the problems that exist around this issue, I just want to be able to land this issue somewhere and get some thinking and some ideas, and perhaps a little bit of challenge around what I can actually do to move forward." We never suggest that when somebody goes, "Family Violence is happening to me," that they run out immediately and take out an intervention order against the perpetrator and immediately escape the home, all that kind of thing. Many victims of family violence don't want to end their relationships, they want the violence to end. They're two really different things.

So just being able to sound it out with somebody, whether that's through 1800 RESPECT or through our service if you're a nurse or a midwife, is so important, just to get those little steps taken a little bit forward, a little bit different to how it was yesterday. Safety planning is really important. I would always suggest for anybody, when they're starting to take the steps around thinking about what

they might want to do next, they might want to start thinking about some safety planning.

When I talk about safety planning, I mean things like having a little bit of forward thought about what might happen next. We never know what might happen next, but thinking about what some of the scenarios might be, thinking about if they were to leave that relationship, what might happen next with that. Making sure that they do have some supports in place. Making sure that even in the workplace, which is important for our nurses and midwives, being able to go to people and culture within their workplace and having a chat about that.

Many, many medical services, health services, now have very specific family violence leave policies in place. Those policies are there to protect people. Letting people know what's happening to you, letting people know that there is a possibility of escalation of violence, because that's what we know happens during a time where victims, survivors tend to want to leave. That shifting of the power tends to move something a little bit with perpetrators in a lot of cases. So making sure that you're having the conversations with the people that you feel comfortable can support you best.

Mark Aitken

[24:23] Thanks, Rachael. In preparation for the podcast, I looked at the Safe Steps website, and I found it really useful to connect with the definition of family violence. They say: ‘family violence is any threatening, coercive, dominating or abusive behaviour that occurs between people in a family, domestic or intimate relationship, or former intimate relationship that causes the person experiencing the behaviour to feel fear’. So, family violence is not an argument once in a while. It is a continuous pattern of abusive behaviour perpetrated by one person towards another, often using multiple tactics. Is there anything else you'd add to that, Rachael?

Rachael Pallenberg

[25:09] No, I think that covers it really well. But I think the really key word in all of that is 'fear'. It's about fear and power and control. It's about exerting power over somebody else in whatever modus operandi that particular perpetrator has come up with, and it will be different. As we said, right at the beginning, that violence isn't just about physical violence, there are so many other forms, and so many other forms that are so much less tangible, so much more difficult to articulate when you do seek support. That kind of thing.

I've worked with many women who will use this very language: "Look, it's only verbal violence. It's only emotional violence. It's

only that he doesn't let me have access to money." No. It's never 'only'. I think we can sometimes get into that space. And I do this, I'll put my hand up to this too, where we talk about, "It was an extreme case of family violence". All family violence is extreme and unacceptable. We all know, because of the media, that there are some very famous cases. There are some very shocking cases that have happened in the last couple of years. We don't need to particularly dwell on those, but what those cases have in common, particularly where those cases have resulted in the death of the victim/survivor, what they have in common, is the very pattern that we know happens in family violence.

Nobody suddenly goes out and goes, "You know what, I think I'm going to pick a partner who's really violent, because that's a great idea." No, they pick a partner who they think is amazing, because that's what we do as humans. But there are clues and red flags that really start to reveal themselves very quickly, and it often starts with coercive control. Not letting somebody have access to something, not letting them see their family, wanting to know where they are all the time. Checking their phone, checking their messages, saying things to them like, "You told me you were going to be at the supermarket today. But now you're telling me you're went had coffee with Jane, your friend? Well, if I can't trust you to say where you're going..." Little things like that. That's the pattern of family violence that we often see in those high-profile cases.

Would I add anything to that particular definition of family violence? No, I wouldn't add anything. But I think it's important to note that the key words in that definition from the Safe Steps website are around fear, power and control.

Mark Aitken

[27:39] Thanks, Rachael, and you're completely on track. I think really, that goes to the issue that we raised at the commencement of this podcast. There is so much to be said about this complex issue of family violence. When I also looked at the Safe Steps website, I was really interested in some of the examples of family violence that they provide, particularly in relation to relationships. Intimate partner abuse, dating abuse, child abuse, elder abuse, parental abuse. I mean, goodness me, that is a very intense and complex list of abuse situations. It really confronted me a bit. I worked in aged care for many years, and I certainly saw many examples of elder abuse. I think that the thing to say here, Rachael, is if you're feeling overwhelmed by any of the discussion today, please reach out for support. Please contact us and we can provide you with support and more information.

Rachael Pallenberg

[28:49] Absolutely, Mark. We haven't mentioned it but May is Family Violence Awareness Month. Last week, we had the vigil...Safe Steps led the vigil which happens every year, which is a candlelight vigil, acknowledging those who have lost their lives through family violence. Also really importantly, acknowledging the people that love the people who've lost their lives. Brothers, sisters, mothers, fathers, cousins, ex-partners, et cetera, et cetera, and the impact that it has on community. I'm sure you'll talk about resources at the end, but we will stick a link into a live broadcast of that vigil because it's a 15 minute thing where you can just sit back and ponder that whole thing of, "Wow. This is a pandemic in itself." The prevalence of family violence in the world is a pandemic style thing in itself.

I worked a bit with Safe Steps around this and the feedback around the vigil, particularly at this time where people are still in recovery mode from what happened last year, was overwhelming. People were very touched by it. So, we'll definitely include a link to that, and if listeners also want to look out for a couple of our own Facebook posts over the next month, acknowledging Family Violence Awareness Month, and a couple of links that we will do to some really helpful resources.

You mentioned Safe Steps, Mark, the other really helpful resource for people is the DVRCV website, which we'll put up a link to also. DVRCV, Domestic Violence Resource Centre Victoria, have been around for a very long time. They work very much in the prevention space and promoting respect space. But one of the most fantastic things is that they have a plethora of resources on their website, including a really useful referral tool. Basically, you can pull out--it's updated, I think, once a quarter--you can pull it out and if you're struggling to refer people in your workspace with people you're working with, there will be an answer in that resource guide. It's one of the most shared resources I use to be honest, particularly when I do supervision and working in a secondary consultation mode. Just knowing where to refer people is really important, because you want to be assured that where you refer people, they are going to get the right response, and they are going to feel supported.

Mark Aitken

[31:24] Thanks, Rachael. How do you look after yourself while doing this work, Rachael? And how would you recommend a nurse or midwife listening to this podcast, feeling perhaps overwhelmed, looks after themselves?

Rachael Pallenberg

[31:37] I think the thing with looking after yourself, it's so easy to, like all of us in lots of spaces, go down the rabbit hole. I think for me, sometimes it's about not focusing on those horrendous, horrific stories that we hear, and giving myself permission to be affected by those things, even after 30 years of working in this space. One of the things that really changed for me about a year, maybe two years ago now, was going, you know what? It's okay to be really affected by stories of family violence, just like everybody else. Even though I work in this space, that doesn't give me immunity. Giving that permission to myself.

The other thing, and I know, this is not a privilege that nurses and midwives have...but strong supervision. I would always, always encourage people who, if they are able to, and they're dealing with family violence on a really regular systematic basis, you have got to have some kind of supervision around it. Clinical supervision, where you're able to talk about where you're struggling, to talk about when you have felt compassion fatigue and acknowledging and struggling to...something that happens to me is I become a little bit complacent. I start not listening properly to people's stories and just bundling them all into one kind of big bag of family violence, rather than giving somebody their respect of giving them a very individualized response. Making sure that I have regular supervision, that I regularly give myself a break about having permission to be affected. And when I am affected to just talk about it, you know? Not in a voyeuristic way, but in a way that acknowledges that this is horrific.

I'm particularly affected by stories of children who are killed in the context of family violence, and I know that's a real trigger for me. Just talking about it and having a cry, sometimes with people, which is totally okay. Doesn't mean I'm not a good clinician. Doesn't mean I'm not a good social worker, doesn't mean I'm [going] down the slippery slope of becoming something that's not useful. It means I'm human, and that I do get affected by things. It's certainly not something I would have ever said in the first 10 years of my practice as a social worker, it was almost a little bit, "No, no, don't give yourself away. Don't ever show that you're being affected, because that's not useful to anybody." Guess what, it's quite useful to me. That's how I look after myself. Just keeping the conversation going, too.

Mark Aitken

[34:16] Thanks, Rachael. You make some really good points. I think fundamental to this is if you're not feeling okay about your experience with family violence, or what you're connecting with in the media, then please reach out for support. 1800 RESPECT,

1800 737 732 and the Nursing and Midwifery Health Program Victoria, 9415 7551.

Rachael, we talk about resources throughout this podcast, and we thought we'd wrap them up as we get towards the end of the discussion today. So, would you list a few of those resources please, for our listeners?

Rachael Pallenberg

[35:02] Yes. Mark, we'll certainly put some links to these but certainly the DVRCV site has an enormous amount. The other one that I find quite useful is The Lookout. The Lookout is a site that's connected to DVRCV, but it has more information for professionals. There's a whole section there which gives resources to professionals for family violence workers and other types of professionals. It's huge, definitely.

Safe Steps...I know Safe Steps are currently updating their website, but the plan is that there will be more resources available on that. And then, I guess from that higher level, for people who are wanting things like...I always find useful evidence-based journals, stats, there's a couple of different things. The Family Violence Reform Implementation Monitor report came out yesterday. The Family Violence Royal Commission happened in 2016. We all know that. What often happens with Royal Commissions now is the Royal Commission happens, and you hear a bit about it, and people know that it happened. But what people often don't know, is everything that's happened as a result of a Royal Commission. The Family Violence Reform Implementation Monitor report, which I think comes out once a year, gives the most updated stats on things that have changed as a result of the Royal Commission and the strategies that they put in place as a result of the Royal Commission. That's a really useful one for people who are looking for your more academic-style documents that are able to give prevalence, statistics, that kind of thing.

But, The Lookout, the DVRCV website, are certainly my go-to, they're ones that I use quite a lot. DV Vic, which is the peak body for family violence, is another useful one. The other one that I think is worth mentioning, which we don't tend to, to sit in the space of as much is the Men's Behaviour Change Program website. No to Violence is the peak body for Men's Behaviour Change. We can certainly give some links to that. But that's not my expertise, so I can't speak too much about that.

Mark Aitken [37:18] Rachael, as we get to the end of the podcast, have you got any final words of wisdom to our listeners, please?

Rachael Pallenberg [37:27] My final words of wisdom...I guess it's just to encourage people and don't be scared of this work. Don't be scared to open up conversations and show your support to somebody because you're fearful that you might say the wrong thing. Yes, you might say something that's a bit off, like I said before, but it's better to open up the conversation and acknowledge what they're experiencing than not say anything at all, which is incredibly invalidating. Like I talked about before, that first conversation is probably the most important conversation that people will have.

Always thinking about safety and making sure that you're looking after yourself is the other word of wisdom. Because while I think it's really important to acknowledge when you are affected by it, thinking about how often that impacts on your ability to function yourself, and so making sure that you're looking after yourself, would be my two wise bits.

Mark Aitken [38:28] Thanks, Rachael wise words indeed. I'd like to thank you for being such a generous, informative, and supportive guest in this space. Thank you for the important work that you do. Also, to acknowledge all those impacted by family violence, and indeed those who have lost their lives to family violence. It should never happen to anyone. Unfortunately, it does, and it's really important we have these conversations. So, thank you very much, Rachael.

Once again, if you're impacted by anything in this podcast, please reach out for support, 1800 RESPECT, 1800 737 732 and the Nursing and Midwifery Health Program Victoria, 9415 7551. Thanks very much, and I'll speak to you next time.