

Child Safe and Family Violence Submission. Peter MacCallum Cancer Centre response to the National Plan to end Violence against Women and Children 2022-2032



Peter MacCallum Cancer Centre Submission to the Second Action Plan under the National Plan to End Violence Against Women and Children

Introduction

Peter MacCallum Cancer Centre (Peter Mac) welcomes the opportunity to contribute to the development of the Second Action Plan under the National Plan to End Violence Against Women and Children.

As Australia's largest public cancer centre, Peter Mac provides specialist cancer care across diagnosis, treatment, survivorship, palliative care and end-of-life care. Through this work, we see firsthand the profound impact family violence has on the health, safety and wellbeing of patients, carers, families and staff. Family violence affects access to treatment, engagement with healthcare, recovery, mental health, financial security and quality of life.

Peter Mac strongly supports a coordinated, evidence-informed national approach to preventing and responding to family violence. Our experience demonstrates that hospitals are critical settings for early identification, intervention, risk assessment and recovery. We believe the health system has a much greater role to play in Australia's family violence response than is often recognised.

This submission draws on Peter Mac's experience in building a whole-of-organisation response to family violence and child safety, and highlights opportunities for national reform informed by lessons from implementation in healthcare settings.

Peter Mac's Leadership in Health Sector Responses to Family Violence

Peter Mac has been a leader in embedding family violence prevention, identification and response within a specialist healthcare setting. Since 2018, the organisation has progressively developed a comprehensive approach that integrates family violence practice into clinical care, governance, workforce development, information sharing, patient safety and staff wellbeing.

Through implementation of the Victorian Multi-Agency Risk Assessment and Management (MARAM) Framework, Family Violence Information Sharing Scheme, Child Information Sharing Scheme and Child Safe Standards, Peter Mac has established systems and practices that support staff to identify risk, respond appropriately and work collaboratively with specialist services and government agencies.

Importantly, Peter Mac has demonstrated that family violence responses can be successfully integrated into highly specialised healthcare environments. Cancer services present unique challenges and opportunities, with patients often experiencing prolonged treatment journeys, increased dependence on carers, financial stress, changes in family

dynamics and significant physical and psychological vulnerability. These factors may increase the risk of family violence or create barriers to seeking support.

Peter Mac has also contributed to growing understanding of the intersection between cancer and family violence, an area that remains under-recognised in both research and policy. Our experience demonstrates that cancer services are uniquely placed to identify victim-survivors, support safety planning and contribute to recovery outcomes.

The lessons learned through this work have relevance beyond oncology and can inform national approaches to strengthening family violence responses across the broader health sector.

Key Message 1: Cancer Services are Critical but Under-Recognised Settings for Family Violence Response

Family violence and cancer are both highly prevalent experiences within the Australian community. Consequently, cancer services routinely care for victim-survivors, people who use violence and families affected by violence.

Emerging evidence demonstrates that cancer can intensify existing family violence dynamics or create circumstances in which violence emerges for the first time. Increased dependency, caregiving burden, financial stress, changing roles within families, social isolation and declining health may all contribute to heightened risks. Conversely, family violence can compromise treatment adherence, delay healthcare access, undermine recovery and negatively affect health outcomes.

Unlike many services, cancer centres often develop long-term relationships with patients and families over months or years, creating unique opportunities for disclosure, identification and intervention. For some individuals, healthcare providers may be the only professionals they see regularly.

The National Plan should explicitly recognise hospitals and specialist healthcare services as key settings for prevention, early intervention, risk assessment and recovery.

Key Message 2: Sustained Investment in Hospital-Based Family Violence Programs Delivers Results

Peter Mac's experience demonstrates that meaningful organisational change requires dedicated investment, leadership and infrastructure.

Through Victorian Government investment in the Strengthening Hospital Responses to Family Violence initiative, Peter Mac has embedded family violence policies, workforce education, risk assessment processes, referral pathways, workplace supports and

governance structures. This work has fundamentally changed how family violence is understood and addressed within the organisation.

Importantly, this investment has resulted in increased identification of family violence, improved workforce confidence, stronger collaboration with external services and safer responses for patients and families. Family violence is now recognised as a core health and safety issue requiring a coordinated organisational response rather than an issue to be addressed solely by specialist community services.

Peter Mac's experience demonstrates that building sustainable capability cannot be achieved through short-term funding alone. Maintaining workforce knowledge, governance frameworks, policy alignment and service capability requires ongoing investment.

The National Plan should support sustainable funding models that enable health services to maintain and strengthen family violence responses over time.

Key Message 3: Building Workforce Capability Must Remain a National Priority

Healthcare workers are often the first professionals to recognise indicators of family violence. Effective responses depend on staff having the confidence, skills and organisational support to identify concerns and respond safely.

At Peter Mac, family violence capability building has included tailored education, practice guidance, consultation pathways and clinical governance arrangements. This approach has strengthened staff confidence in recognising coercive control, responding sensitively to disclosures and supporting appropriate referrals and safety planning.

Over recent years Peter Mac has observed substantial growth in family violence-related activity, including family violence risk assessments, information sharing and secondary consultations. These increases reflect both rising demand and improved organisational capability to identify and respond to risk.

Workforce capability is not self-sustaining. Ongoing staff turnover, evolving evidence, legislative changes and increasing complexity require continuous investment in training and specialist support.

The National Plan should prioritise a nationally consistent health workforce capability strategy that supports both specialist and non-specialist practitioners.

Key Message 4: Healthcare Services Have an Important Role in Responding to People Who Use Violence

Healthcare systems have traditionally focused on responding to victim-survivors. However, there is increasing recognition that healthcare organisations also have a role in identifying and responding appropriately to people who use violence.

As hospitals strengthen their family violence responses, there is growing expectation that healthcare workers will contribute to identifying risk, sharing relevant information and responding to perpetrators in ways that prioritise victim-survivor safety and accountability.

This work is complex and requires specialised knowledge, robust governance, workforce training and clear practice guidance. Inappropriate responses or information-sharing failures can place victim-survivors at increased risk.

National reforms should support the development of evidence-based models that assist healthcare providers to safely identify and respond to people who use violence while maintaining a strong focus on victim-survivor safety.

Key Message 5: Information Sharing and Digital Safety are Essential Components of Effective Responses

Peter Mac's experience demonstrates the value of information-sharing frameworks in facilitating coordinated responses across health, family violence, child wellbeing and community sectors.

Effective information sharing reduces fragmentation, supports more comprehensive risk assessment and reduces the burden on victim-survivors to repeatedly disclose traumatic experiences across multiple services. It enables a more complete understanding of risk and contributes to safer, more coordinated interventions.

At the same time, increasing digitalisation within healthcare creates new risks. Electronic medical records, patient portals and digital communication systems can inadvertently facilitate coercive control or technology-facilitated abuse if safety considerations are not embedded into system design. Peter Mac has implemented processes to mitigate these risks and believes this issue warrants greater national attention.

The National Plan should strengthen guidance regarding digital safety in healthcare and ensure family violence considerations are embedded within future health technology initiatives.

Key Message 6: Family Violence Responses Must Include Healthcare Workers

Family violence affects not only patients but also members of the healthcare workforce.

In 2018, Peter Mac identified that many staff members had experienced family violence and subsequently established workplace support mechanisms to provide practical assistance, safety planning and access to internal and external services. These supports have enabled staff experiencing family violence to maintain employment while increasing their safety and wellbeing.

Healthcare workplaces can play an important role in prevention, early intervention and recovery. Supporting staff affected by family violence contributes to workforce wellbeing, retention and organisational safety.

The National Plan should recognise workplaces, including hospitals and health services, as important settings for family violence prevention and response.

Recommendations

Peter Mac recommends that the Second Action Plan:

1. Recognise hospitals and specialist healthcare services as key settings for family violence identification, intervention and recovery.
2. Invest in sustainable hospital-based family violence programs, including governance, workforce development, specialist consultation and service integration functions.
3. Develop a nationally consistent health-sector capability framework to support workforce education and competency in family violence practice.
4. Strengthen nationally consistent information-sharing approaches that enable healthcare services to play an active role in coordinated family violence responses, risk assessment and safety planning.
5. Embed family violence considerations within digital health reforms, including electronic medical records, patient portals and emerging technologies.
6. Support healthcare services to safely identify and respond to people who use violence, informed by evidence and victim-survivor safety principles.
7. Recognise and support healthcare workers affected by family violence through workplace-based prevention and response initiatives.
8. Invest in research addressing the intersection of cancer, chronic illness and family violence to strengthen future policy and service design.
9. Establish a national health-sector family violence network that draws upon the expertise of health services with demonstrated leadership and experience to

support implementation, innovation, workforce development and knowledge sharing across jurisdictions.

Conclusion

Peter Mac's experience demonstrates that hospitals are not simply referral points within the family violence service system. They are critical settings for identification, risk assessment, intervention, recovery and system coordination. Through sustained investment and organisational commitment, health services can significantly improve outcomes for victim-survivors, children and families affected by violence.

As Australia's largest public cancer centre, Peter Mac has developed significant expertise at the intersection of cancer care, family violence, child safety and workforce capability. Our experience demonstrates what is possible when family violence is recognised as a core health issue and supported through dedicated investment, leadership and governance.

The Second Action Plan presents an important opportunity to strengthen the role of healthcare within Australia's response to family violence. Peter Mac looks forward to continuing to contribute to policy development, service innovation, workforce capability and research that improves safety and outcomes for victim-survivors, families and communities across Australia.