

Joint Position on Family Violence by Regulators of Health Practitioners

Family violence is a public health issue

Family violence is unacceptable. It causes serious harm to the health, safety and wellbeing of the adults and children who experience it. We are committed to responding to family violence in our capacity as regulators of health practitioners.

We recognise the gendered drivers of violence, and that women and children are disproportionately affected and experience more harm. Women are also at higher risk of violence during pregnancy and in the period immediately after birth. Family violence occurs in all cultures and communities and impacts people of varied personal identities, backgrounds, religions, ages, genders, sexual orientations, education, income levels and social positions. Some people are further impacted by other forms of systemic and structural inequality, exacerbating their experiences of violence. An estimated one in five people have experienced partner violence, although this is likely to be underreported.

Family violence is always the responsibility of the perpetrator and cannot be justified or excused under any circumstances. People who perpetrate family violence seek to control, isolate, and exert power over those they are harming. When registered health practitioners who are perpetrators of family violence come to our attention, a regulatory response is required to ensure the health, safety, and protection of the public.

Health practitioners play an important role in responding to family violence

It is important that health practitioners responding to family violence understand its serious consequences and the barriers to disclosure that victim-survivors can experience. They have a vital role to play in the early detection, support, referral, documentation of incidents, and delivery of specialised treatment for people experiencing family violence.

Health practitioners are often the first point of contact for many people who have experienced or are experiencing family violence. They play an essential role in recognising family violence and in responding sensitively, respectfully, and safely to prevent further harm. This includes referring victim-survivors to specialist services where appropriate. There is a clear public interest in ensuring health practitioners are trusted to identify and respond appropriately to family violence. Their actions can prevent further harm and encourage victim-survivors to seek help. Health practitioners are legally required to report other health practitioners who have behaved in a way that amounts to notifiable conduct and places the public at risk of harm. Health practitioners must also comply with mandatory reporting of known or suspected child abuse and neglect.

As regulators, our primary role is to ensure practitioners are safe, ethical, and professional for the protection of the health and safety of the public. We aim to ensure the conduct of health practitioners reflects the trust and confidence the public have in them for safe healthcare.

Consequences for health practitioners who are perpetrators of family violence

Family violence can also be a serious crime and a violation of human rights. It is a gross departure from the ethical standards expected of health practitioners that are fundamental to providing safe healthcare. Family violence perpetrated by a health practitioner is highly relevant to a practitioner's suitability to practise and to provide safe healthcare.

Health practitioners should be aware that perpetrating family violence – no matter where the violence took place – is serious conduct that adversely impacts the trust and confidence the public place in them. When health practitioners who perpetrate family violence come to the attention of regulators, the consequences for practitioners may include conditions on their registration, suspension, cancellation, or refusal of registration.

Health practitioners who perpetrate family violence may not be equipped to respond to family violence issues they come across in their professional lives. They may be biased, or may be perceived as being biased, when they are supporting or treating victim-survivors or perpetrators. They might normalise or minimise the abusive behaviour.

They might not practise to the standard expected if they cannot manage or identify signs of family violence. It is both a safety and a public interest issue for regulators to take action to ensure that victim-survivors are not discouraged from accessing health services.

Support for victim-survivors who share information with us or make complaints to us

The term victim-survivor describes those who have experienced family violence and acknowledges it causes enduring harm. It also recognises the resilience and strength of those with lived experience. It is important to note that health practitioners may be victim-survivors of family violence and we recognise that they also experience enduring harm and have a right to care and support.

We are committed to supporting victim-survivors and taking the steps necessary to maintain public confidence in the safety of services provided by health practitioners. We encourage any person aware of health practitioners using family violence to provide information to the police and the relevant health practitioner regulator.

When victim-survivors make complaints to us about practitioners, we seek to respond in a trauma-informed way. We prioritise their safety and dignity and respectfully and sensitively support them through the complaint management process. We acknowledge that family violence can and most often does continue after a victim-survivor has left the relationship and that victim-survivors are at increased risk of violence escalating in the period leading up to leaving and after separation. We commit to minimising the risk of adding to their trauma or exposing them to further risk of harm while they are going through our complaints processes.

We recognise our role in the effort to end family violence by supporting victim-survivors, setting clear expectations of health practitioners, taking regulatory action as appropriate and condemning all forms of family violence.

Definition of family violence

Family violence is defined differently in legislation in each Australian state and territory. For the purpose of this statement and consideration of potential regulatory action, we take a broad definition of family violence. It encompasses violence between family members, as well as domestic violence between intimate partners, including a current or previous partner, regardless of whether they lived together. It also refers to carers, extended family, and the broader range of marital and kinship relationships in which violence may occur. Family violence can also refer to situations where other family members of the perpetrator are abusive towards the victim-survivor or arrange for violent acts to be committed against the victim-survivor. Children experience family violence and its impacts in their own right, whether or not they experience the violence directly. Family violence includes, but is not limited to:

- coercive control, which is violent, threatening, isolating or other behaviour by a person to coerce or control a member of the person's family or cause the family member to be fearful
- homicide
- physical violence and abuse
- sexual violence
- reproductive abuse
- emotional and psychological abuse
- harassment and stalking
- elder abuse
- financial abuse
- technology-related violence
- social violence
- spiritual violence

Family violence damages the physical and psychological health, wellbeing and future life opportunities of victim-survivors and impacts families and communities. The psychological consequences of family violence can be as serious and as enduring as the physical effects.

Terms used in this statement: The [National Plan to End Violence against Women and Children 2022-2032](#) notes that "family violence is a broader term than domestic violence, as it refers not only to violence between intimate partners but also to violence perpetrated by parents (and guardians) against children, between other family members and in family-like settings". As regulators, we use "family violence" to describe all these terms. We acknowledge some jurisdictions and communities use other terms including "gender-based violence"; "domestic and family violence"; and "domestic, family and sexual violence". We also acknowledge some communities use the terms "people who use violence" or "people who choose to use violence" instead of "perpetrator".

Key contacts for assistance

Health practitioner regulators

How to raise a concern about a health practitioner:

[Ahpra](#): 1300 419 495

[Health Care Complaints Commission \(NSW\)](#): (02) 9219 7444, 1800 043 159 (Toll Free in NSW)

[Health Professional Councils Authority](#) (NSW): 1300 197 177

[Office of the Health Ombudsman](#) (Queensland): 133 646

Australian police services

If you experience, see, or hear family violence occurring call:

- Triple Zero (000) in an emergency or life-threatening situation
- Police Operations on 131 444 if it is a non-emergency, but you require police assistance
- Crime Stoppers on 1800 333 000 to report information

[ACT](#)

[NSW](#)

[Northern Territory](#)

[Queensland](#)

[South Australia](#)

[Tasmania](#)

[Victoria](#)

[Western Australia](#)

Mandatory reporting of child abuse and neglect

[The various state and territory legislation and mandatory requirements are found here.](#)

Family violence information and services

[1800 RESPECT](#): 1800 737 732

[Kids Helpline](#): 1800 55 1800

[Support for Aboriginal and Torres Strait Islander Peoples](#): 13 YARN – 13 92 76

[Rainbow Sexual, Domestic and Family Violence Helpline](#): 1800 497 212

[DV Connect Womensline](#): 1800 811 811

[DV Connect Mensline](#): 1800 600 636

[ACT](#)

[NSW](#)

[Northern Territory](#)

[Queensland](#)

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Women's health services

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Men's health services

[MensLine Australia](#): 1300 789 978

[healthdirect Men's health](#)