# Walking Alongside the DFSV Sector

The Role of PHNs in Responding to Domestic Family and Sexual Violence (DFSV) – A Public Health Issue

## What are PHNs

Primary Health Networks (PHNs) are independent not-for-profit organisations funded by the Commonwealth government to improve the efficiency and effectiveness of the primary healthcare system.

PHNs provide services to health professionals and manages a range of agreements with other organisations to deliver community-based services and programs in areas of identified local need.

## PHN involvement in DFSV

PHNs delivering DFSV initiatives help to increase equity of access to local DFSV programs and deliver a shared vision: that all children, young people, adults and their families are supported by the primary healthcare system to live safe and healthy lives free from violence and its adverse impacts.

## Nepean Blue Mountains PHN

Nepean Blue Mountains PHN (NBMPHN) works across the Blue Mountains, Hawkesbury, Lithgow and Penrith local government areas to deliver a range of primary healthcare services that meet identified local needs.

We support general practice to provide high quality care to their patients; integrate the different parts of the local health system, so people don't get 'lost' when they move from one to another, and fund local health services and programs to meet the needs of our community. Our DFSV Program is just one of the many services and programs we provide.

To learn more, scan the QR code or visit
**nbmphn.com.au/CareandConnect**

## DFSV Services

Through our DFSV services, we provide support to primary healthcare by delivering training, which equips health professionals to better identify and respond to patients impacted by DFSV and child sexual abuse. Our services include providing health professionals with direct access to a DFSV Linker, who can provide a range of support.

We also provide a local speech therapy service for children impacted by DFSV and/or homelessness.

## A story of impact

A female patient had been married to her husband for over 40 years. The relationship was marked by significant violence and coercive control.

During a GP consultation, the patient's GP noticed some bruising and gently asked how things were at home. The patient disclosed the ongoing abuse and explained that it had recently escalated. With the patient's consent, the GP referred her to the DFSV Linker. To avoid raising the husband's suspicion, the DFSV Linker arranged to meet the patient at the general practice during her next scheduled appointment.

The DFSV Linker organised support services for the patient and facilitated an Aged Care assessment for her husband, which confirmed he was living with dementia. As the patient did not want to leave her home, additional in-home supports were arranged to assist with household tasks. This also meant that services had regular contact with the patient and could monitor her safety.