

# Safe to Tell Community Health Project

## Brief Summary

The Safe to Tell Community Health Project, funded by the Department of the Prime Minister and Cabinet, was conducted from 2021 to 2024 to address the critical need for effective screening and support systems for intimate partner violence (IPV) and reproductive coercion and abuse (RCA) within community healthcare settings. IPV/RCA are pervasive issues in Australia, significantly impacting physical, psychological, and reproductive health. National surveys reveal that one in four women and one in sixteen men experience IPV, while RCA remains an under-researched area with limited screening tools available for healthcare providers. Recognising the unique role of community health services in early intervention, Safe to Tell was launched in 2021 with the goal of embedding structured IPV/RCA screening protocols at two women's health pilot sites: South Coastal Health and Community Services (SCHCS) and Luma. This initiative aligned with World Health Organisation (WHO) recommendations for universal, routine screening in primary and reproductive healthcare settings, supporting proactive engagement, disclosure, and referral to appropriate support services.



31

Healthcare  
Professionals



2

Women's  
Health Clinics



253

Screenings



141

Positive  
Screenings

### Project Summary

The project established IPV/RCA screening protocols and training for healthcare staff to create a safe, supportive environment for disclosure and early intervention. By developing a structured screening process, Safe to Tell enabled SCHCS and Luma to provide targeted support and referrals to clients who may not have otherwise disclosed their experiences. The project's screening model empowered healthcare providers to proactively address IPV/RCA, offering critical early support and aligning with the broader public health aim of reducing violence-related health issues within the community.

### Project Outcomes

The project achieved key outcomes by embedding screening protocols, updating policies, and training 31 staff across both sites, which screened 253 clients in total, identifying 141 (56%) as experiencing IPV/RCA. These outcomes directly support the WLDP's objectives of increasing women's safety and workforce capability. Staff reported a notable increase in confidence, with over 70% indicating improved ability to recognize, respond to, and refer cases of IPV/RCA. Key infrastructure enhancements included improved privacy for screening and updated referral pathways, ensuring a supportive, safe environment for clients. The training, accredited by RACGP and ACCRM and now available nationwide, further supports sustainability by enabling future scalability and ensuring healthcare professionals across Australia can continue to benefit from Safe to Tell's trauma-informed approach.

# Main findings included:

- ▶ Screened 253 clients, with 56% identifying as experiencing IPV/RCA, demonstrating high need in community health.
- ▶ Over 70% of staff reported increased confidence in managing IPV/RCA cases, with 90% indicating enhanced skills.
- ▶ Accredited training and expanded protocols position the project for sustainable growth across healthcare settings.

## Project Impacts

The project had a lasting impact on clients, healthcare staff, and the community, providing safe spaces for disclosure and timely referrals. Engaging over 30 culturally and linguistically diverse (CaLD) and over 10 LGBTIQ+ community members in co-design helped tailor materials and reduce barriers for these populations, ensuring inclusivity. The project has generated interest across Australia including FDV, community, GP and rural and remote sectors, indicating potential for wider adoption. Partnerships and networks created through Safe to Tell also fostered new research opportunities, promising continued contributions to the IPV/RCA evidence base and sustainability.

### South Coastal Health and Community Services



**100% of clients with experiences of IPV/RCA offered support**

### Luma



## Challenges and Solutions

Key challenges included staff turnover, which affected screening consistency, and structural limitations in client privacy during screenings. At one site, a “whole-of-practice” approach involving all staff ensured consistency, whereas a second site opted for clinician-led approach, which led to flexibility, but also variability. Exit interviews suggested that periodic refresher training and team meetings could help mitigate turnover-related issues, and structural adaptations like integrated screening forms are being trialed to streamline processes further. These learnings highlight the value of adaptable, supportive environments for effective IPV/RCA screening.

## Sustainability

The project’s sustainability is strengthened through embedded screening protocols, reusable training resources, and accredited, nationally available eLearning for onboarding and ongoing staff development. SHQ has expanded screening to disability counseling services and is trialing a digital form to streamline administrative processes. Partnerships with RCA researchers, family planning organisations, and GP clinics lay a foundation for broader adoption, while still ensuring adherences to rigorous staff training and comprehensive mapping of referral networks for new sites.

We are deeply grateful to the Department of the Prime Minister and Cabinet for their support and funding from 2021 to 2024, which made the Safe to Tell project possible. This partnership has been essential in embedding sustainable, impactful IPV/RCA practices within healthcare, paving the way for continued growth in this critical area.