

## CPD Event

# Domestic Violence - How to Respond, Where to Refer

## 2-part series for GPs, Nurses & Mental Health Professionals

One in five women make their first disclosure of domestic violence to their GP and one woman per week is killed by their current or former partner in Australia. Yet domestic violence (DV) often remains concealed. Addressing it poses challenges for the clinician and patient alike.

### Attend this session to:

- Distinguish myth from fact around family and domestic violence.
- Recognise the individual and societal impact of DV.
- Learn how to document DV injuries and know what to examine for.
- Comply with your mandatory reporting requirements under legislation.
- Initiate the conversation with patients who might be at risk.
- Identify Aboriginal and CALD barriers and cultural perspectives on DV.
- Access local referral pathways, directories, services and resources.

### Speakers

**Dr Maria Nittis** Head of Forensic Medical Unit, NBMLHD

**Shannon Hall & Natasha McGing** Integrated Violence Prevention and Response Services (IVPRS), NBMLHD

**Clare Darling** Health Promotions Unit, NBMLHD

**Caitlin Comensoli** Western Sydney Community Legal Centre



NBMPHN is an authorised provider of accredited activities under the RACGP QI&CPD Program. This activity attracts 4 Category 2 points. Activity no: TBC.



FACE TO FACE

### SESSION

**12.30pm Register & light lunch**  
**1pm - 2pm Presentation**

#### PENRITH

##### Part 1

**Friday, 1 September**

Wentworth Healthcare  
Suite 1, Level 1  
Werrington Park Corporate Centre,  
14 Great Western Hwy  
KINGSWOOD

**RSVP: Tuesday, 29 August**

##### Part 2

**Friday, 6 October**

Wentworth Healthcare  
Suite 1, Level 1  
Werrington Park Corporate Centre,  
14 Great Western Hwy  
KINGSWOOD

**RSVP: Tuesday, 3 October**



## Registration

For Event enquiries, call 4708 8100

Please clearly complete the fields below to register by fax (02) 9673 6116 or register online at [www.nbmphn.com.au/events](http://www.nbmphn.com.au/events)

Session:  Penrith - Part 1  Penrith - Part 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organisation: \_\_\_\_\_ Job Title: \_\_\_\_\_ Mobile: \_\_\_\_\_

Special Dietary Requirements (please give details): \_\_\_\_\_

How did you hear about this event?  Fax  Email  NBMPHN Website  Word of mouth  Other

