Identifying and Responding to Family and Domestic Violence Policy

1. Background

The WA Country Health Service (WACHS) acknowledges and supports the principles outlined in the following documents:

- Western Australia's Family and Domestic Violence Prevention Strategy to 2022
- National Plan to Reduce Violence Against Women and Children 2010 - 2022
- World Health Organization Responding to intimate partner violence and sexual violence against women, clinical and policy guidelines
- Australasian college for Emergency Medicine Policy on Domestic and Family Violence, 2016
- RACGP Abuse and violence - working with our patients in general practice guideline

Health care workers have been identified as the professionals most trusted with disclosure of abuse, and are therefore are in a unique position to address the health and psychosocial needs of people experiencing abuse.

Sustained exposure to family and domestic violence (FDV) has a significant impact on levels of morbidity and mortality amongst those affected. People living in rural remote locations face unique factors that can put them at greater risk of harm.

WACHS recognises that its workforce is representative of the community. Staff who may be exposed to family and domestic violence have access to leave according to the WACHS Family and Domestic Violence Leave Procedure.

2. Guiding Principles

The following principles guide this policy:

- Family and domestic violence is a fundamental violation of human rights and should not be tolerated in any community or culture.
- All forms of abuse are unacceptable and some acts are unlawful. WACHS does not condone any form of violence or abuse and does not accept any justification for its use.
- Clinicians are ideally placed to identify, assess, offer referral and advocate for people who are experiencing or at risk of experiencing abuse.
- The safety and wellbeing of those affected by family and domestic violence is the first priority of any response.

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- Family and domestic violence isn't always physical. It can happen to anyone, at any time, no matter their age, gender or sexual orientation. It can happen anywhere, including at home or at work.
- Victims of family and domestic violence will not be held responsible for perpetrators' behaviour.
- Children have unique vulnerabilities in family and domestic violence situations and all efforts must be made to protect them from harm.
- Clients have a right to privacy and confidentiality. However the right of adults and children to be safe and protected will take precedence in those instances where there are competing interests.
- Clients have a right to the support of someone from their cultural and linguistic background.
- Clients are deemed to be the experts in their own safety, unless demonstrated otherwise.
- WACHS staff have a duty of care to prevent another person from being harmed.

While any person in our community may experience family and domestic violence, there are certain groups in the community that are at higher risk. These include: pregnant women, people with a disability, new migrants and refugees, Aboriginal[1] people, mental health patients, frequent emergency department attenders, people with significant drug and alcohol dependency, and people with young children (up to five years).

3. Policy Statement

The aim of this policy is to:

- ensure consistent minimum standards for WACHS clinicians with regard to identifying and responding to disclosures of family and domestic violence
- support early detection of clients and their children at risk of family and domestic violence
- improve staff awareness of the possible indicators of family and domestic violence
- improve the safety of clients and children who may witness and/or be subject to family and domestic violence
- support staff who are traumatised by direct involvement with victims during their care in hospital
- ensure compliance with S28b, *Children and Community Services Act 2004.*

[1] Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Minimum standards

3.1 If a client discloses family and domestic violence, clinicians are to:

- offer support and validate client's experience;
- ascertain if the client is in immediate danger and instigate a safety plan;
- ensure clients are provided with appropriate referral pathways;
  - provide safety information as per WACHS FDV Toolbox and appropriate local referrals, and;
  - Identify any children at risk of harm, including unborn children
    - take action to protect the child(ren) including refer to DCPFS and consider the WACHS Power to Detain a Child Under the Age of Six in Hospital Procedure
    - raise a Child at Risk Alert as per webPAS CAR Alert Procedure

3.2 Clinicians are to ensure family and domestic violence screening occurs in the following circumstances and is documented as per the procedure below.

- If clinicians suspect a client may be at risk of family and domestic violence or observe possible indicators of family and domestic violence.
- **Antenatal Clinics**: all women screened, at a minimum, at the booking visit and any other time if the clinician suspects family and domestic violence or concerns are raised.
- **Child Health Clinics**: all women are screened at the 8 week and 4 month scheduled contact visits, and any other time if the clinician suspects family and domestic violence or concerns are raised.
- **Hospital admissions:** when a client presents with any of the following:
  - Unexplained or suspicious injuries
  - Other risk factors present e.g. mental health issues, misuse of drugs/alcohol and/or
  - if the patient discloses, they are recently separated from their partner.

Note: If you suspect an older person may be at risk of family and domestic violence and/or elder abuse, follow the WACHS Identifying and Responding to Abuse of Older People Procedure.

4. Procedure

Step 1: Identification

- **Is it safe for the employee / clinician to complete the screening process.**
- Never conduct the conversation in the presence of the person / people considered responsible for the violence and abuse.
- If partner or family member insists on staying with the client, find avenues to see the client alone (e.g. 'it's hospital policy that we see clients alone for certain assessments … please wait in the waiting room and we'll call you in once we've completed these')

- Complete the Screening Family and Domestic Violence form (FDV950) with the client alone and where possible in a private space. Exclude other family members, including children (aged two years and above), if possible.
- For some client groups, it may not be appropriate to use the screening questions from the FDV950, for example, some Aboriginal people, new migrant and refugee clients. Staff are to use their professional judgement and skills. See the resource Working with Diverse Population Groups for points to consider when working with Aboriginal clients, Culturally and Linguistically Diverse (CaLD) clients, people from LGBTI communities, people with disabilities, older people and male victims
- Offer the use of a trained interpreter for clients when the need is identified.

  Do not use relatives as interpreters. Refer to the WA health system Language Services Policy. Refer to the Aboriginal Interpreter Service.

If a client **doesn't disclose abuse but you suspect they are at risk**:

- respect their answers and provide local information about help that is available if they ever require
- offer other appropriate referrals as per the client's presenting issues (refer to the Appendix 1: FDV Flowchart for referral options).

Step 2: Assessment

- Determine a client's level of risk (immediate danger), including their children (if relevant). A client can be assessed as either 'at risk' or 'at high risk'.
- Refer to Appendix 3 for a guide on how to assess a client at risk of family and domestic violence.
- Complete your assessment and actions taken in the Assessment for Family and Domestic Violence (FDV951) form.

Step 3: Support and Refer

- Follow the FDV Flowchart (Appendix 1) and the regional referral pathways for the appropriate referral pathway depending on whether client is 'at risk', at 'high risk', and/or has children in their care.
- For referrals utilise the FDV952 State Referral for Family and Domestic Violence
- Referrals are likely to be more effective when a 'warm' referral is provided i.e. when the clinician obtains consent to initiate the referral process on behalf of the client, for example calling the internal or external service when the client is present. This also includes giving the client information on how that service can help them.
- Consider social admission to hospital if needed.
- If you suspect a child is at risk of harm follow the WA health system Guidelines for Protecting Children, 2020 and the WACHS WebPAS Child at Risk Procedure If client is not willing to receive assistance and you are concerned they are at risk of harm, escalate to your delegated authority to consider release of information to a third party without client's consent (as per S28b of the *Children and Community Services Act, 2004*). See the Delegated Authority Schedule for the appropriate delegation. Refer to the Guide to Inter-agency Information Sharing for High Risk Cases.

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- If client discloses or you suspect a recent sexual assault, follow the WACHS Responding to Sexual Assault policy.
- See the WACHS FDV Toolbox for a range of fact sheets and resources clinicians can provide to clients, if safe to do so.

Step 4: Document and Monitor

- Complete the Screening for Family and Domestic Violence (FDV950) form to record disclosures and screening.
- Complete the Assessment Family and Domestic Violence (FDV951) form to record assessment and referrals.
- In Adult Mental Health Services, utilise the Mental Health Risk Assessment and Management Plan (RAMP) to record the family and domestic violence presentation.
- Document the disclosure in client's own words (use verbatim where possible).
- Document any evidence of injuries, treatment provided, referrals made and any information provided to the client on the FDV951.
- Photographic evidence of injuries is preferred to documenting on body maps. Refer to the WACHS Clinical Image Photography and Videography Policy for further guidance.
- Clients can also keep their own evidence if safe to do so, i.e. take a photo of their injuries and send it to a secure email address.
- Document referrals utilising the FDV952 State Referral for Family and Domestic Violence
- If a child or children at risk then complete and submit a webPAS Child at Risk Notification form (on the same day of presentation)

Caution:	Do not document information about disclosures of violence in the client's hand held maternity record / child health record (Purple Book) as the alleged perpetrator may access these and escalate.

5. Definitions

Family and Domestic Violence	Family and Domestic violence is not an isolated event but a pattern of ongoing, repetitive and purposeful use of behaviour towards a family member that is: • physically or sexually abusive; and/or • emotionally or psychologically abusive; and/or • economically abusive; and/or • threatening; and/or • coercive; and/or in any other way controls or dominates the family or household member and causes that person to feel fear for their safety or wellbeing or that of another person; or

	• causes a child to hear or witness, or otherwise be exposed to the effects of, such behaviour.
Clinician	A healthcare provider, trained as a health professional. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, midwives, medical practitioners, allied health practitioners, technicians, scientists and other clinicians who provide healthcare, and students who provide health care under supervision.[2] Ref: Safety and Quality in Healthcare
Victim	Term used to describe a person who is known or suspected of being abused by an intimate partner or family member.
Perpetrator	The person afflicting the abuse – may be an intimate partner or family member.
Screening	Screening is the process of enquiry using a standardised set of questions to better determine whether a person is experiencing family and domestic violence. 'Screening' refers to the utilisation of the Screening for Family and Domestic Violence (FDV950).

6. Roles and Responsibilities

Regional Directors are responsible for ensuring policy implementation across their region.

Manager and Senior staff are responsible for:
- monitoring compliance with this policy
- ensuring staff complete their required FDV education and training as per their applicable Learning Management Framework
- ensuring staff are aware of the Employee Assistance Program and how to access
- investigating clinical instances where FDV is a causal factor.

Clinicians are responsible for:
- recognising the signs of abuse and the groups of people in the community who are at higher risk of FDV
- being familiar with the FDV screening process and when they are to routinely screen clients
- being familiar with how to appropriately respond to a client who does disclose FDV
- being aware of the FDV high-risk factors
- being aware of the appropriate referral pathways especially for those assessed as high risk
- completing required education and training as per their applicable Learning Management Framework
- identifying and ensuring safety of children at risk in situations of FDV, and raising webPAS Child at Risk Alerts.

[2] Australian Commission on Safety and Quality in Healthcare

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7. Education and Training Requirements

This policy mandates that the following be undertake:

Level 1 - Family and Domestic Violence: WA Health Program Declaration (RDVW EL2)

1. Completion of the Introduction to Family and Domestic Violence (e-learning)
2. Be familiar with the WACHS Identifying and Responding to Family and Domestic Violence Policy
3. Know how to access the WACHS Family and Domestic Violence Toolbox.

Skill level required:	**EL2**
Frequency:	once only
Applies to:	All Clinical (excluding Medical Services and Social Work) and Non-Clinical front-line staff.

Level 2 – Completion of either:

- Family and Domestic Violence - Screening and Responding – Maternity & Emergency Department staff (FDVC EL2); or
- Family and Domestic Violence - Screening and Responding – Mental Health (FDVMH EL2)

Skill level required:	**EL2**
Frequency:	Every two (2) years
Applies to:	• Nursing and Midwifery (including Community)
	• Mental Health clinicians
	• Aboriginal Liaison Officers and Aboriginal Health Workers
	• Allied Health clinicians (All Social Work Other Allied Health as deemed appropriate by the Service Manager)
	• Medical Services (working in Obstetrics, Emergency Department and Mental Health, for Salaried Doctors contracted in the organisation for greater than 95 days)

The above clinicians to complete the training above most appropriate to their work setting at the time. Specific education requirements will be set out in the Learning Management System.

8. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors

for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

9. Records Management

All records must be kept in accordance with the WACHS Health Record Management Policy.

If screening for FDV, clinicians must complete the Screening for Family and Domestic Violence (FDV950) form.

If a client discloses they are experiencing FDV, and are identified as being in immediate danger, clinicians must complete the Assessment Family and Domestic Violence (FDV951) form.

All action taken is to be clearly documented in client's medical record file **not** in the client's hand held notes.

10. Evaluation

Each WACHS regions are expected to monitor compliance with this policy through:

- monitoring completion of staff training via MyLearning Learning Management System

Level 1

- Family and Domestic Violence: WA Health Program Declaration (RDVW EL2)

Level 2

- Family and Domestic Violence - Screening and Responding – Maternity & Emergency Department staff (FDVC EL2)
- Family and Domestic Violence - Screening and Responding – Mental Health (FDVMH EL2)
- relevant performance indicators in the WACHS Performance Dashboard and/or reports tabled at the quarterly Regional Performance Meetings
- healthcare record audits including antenatal, child health, mental health, emergency department and general settings according to the requirements of this policy using agreed audit tools and methodology through:
  - Child Health Information System (CHIS)
  - Integrated Maternity Audit Tool (In-MATernity)
  - CoBRA-Country (Adults)
  - Psychiatric Services Online Information System (PSOLIS)

Evaluation reports are to be reported to the Regional Clinical Governance Committee and the appropriate actions taken. A summary will be reported to Regional Executive as required. WACHS results will be tabled at the Health Care Safety and Quality Executive Subcommittee, Executive and Board Safety and Quality Committee.

Review of this policy is to be led by the Nursing and Midwifery Directorate at the WACHS Central Office 12 months from implementation of the policy.

11. Standards

National Safety and Quality Healthcare Standards - 5.1; 5:10; 5:11; 5:12

12. Legislation

The relevant Commonwealth and State legislation applicable to this policy are:

- the *Restraining Orders Act 1997* (provides a legal definition of family and domestic violence, and includes the Restraining Orders and Related Legislation Amendment (Family violence) Bill 2016)
- the *Children and Community Services Act 2004*
- *Family Law Act 1975*
- *Criminal Investigations Act 2006.*

13. Resources

A range of resources and supporting information is available via the WACHS Family and Domestic Violence Toolbox to support staff to undertake the requirements of this policy.

14. Appendices

Appendix 1: Family and Domestic Violence Flowchart
Appendix 2: A Step-by-Step Guide
Appendix 3: Guide to Assessing a Client at Risk of Family and Domestic Violence

15. References

Western Australia's Family and Domestic Violence Prevention Strategy to 2022
National Plan to Reduce Violence Against Women and Children 2010 - 2022
World Health Organization Responding to intimate partner violence and sexual violence against women, clinical and policy guidelines
Australasian college for Emergency Medicine Policy on Domestic and Family Violence, 2016
RACGP Abuse and violence - working with our patients in general practice guideline
Strengthening Hospital Responses to Family Violence, Victoria
Australian Government Services Family and Domestic Violence Website

16. Related Forms

FDV950 Screening for Family and Domestic Violence
FDV951 Assessment Family and Domestic Violence
FDV952 State Referral for Family and Domestic Violence
MR Child at Risk Alert 1 - WACHS Child at Risk Alert Notification Form

MR1 WACHS Emergency Department Notes
MR111 WACHS Nursing Admission, Screening and Assessment Tool - Adults
Mental Health Risk Assessment and Management Plan (RAMP)

17. Related Policy Documents

CAHS-CH/WACHS Family and Domestic Violence Protocol
WACHS Clinical Image Photography and Videography Policy
WACHS Identifying and Responding to Abuse of Older People Procedure.
WACHS Power to Detain a Child Under the Age of Six in Hospital Procedure
WACHS Responding to Sexual Assault Policy
WACHS WebPAS Child at Risk Alert Procedure

18. Related WA Health System Policies

Guidelines for Protecting Children 2020
OP1928/05 Coordinated medical and forensic and counselling response to patients who experience a recent sexual assault and present to an emergency department
Responding to an Allegation of Sexual Assault Disclosed within a Public Mental Health Service Guideline

19. Policy Framework

Clinical Governance, Safety and Quality Policy Framework

This document can be made available in alternative formats on request for a person with a disability

Contact:	Senior Program Officer – Family Safety		
Directorate:	Population Health	EDRMS Record #	ED-CO-18-82374
Version:	2.00	Date Published:	11 May 2023

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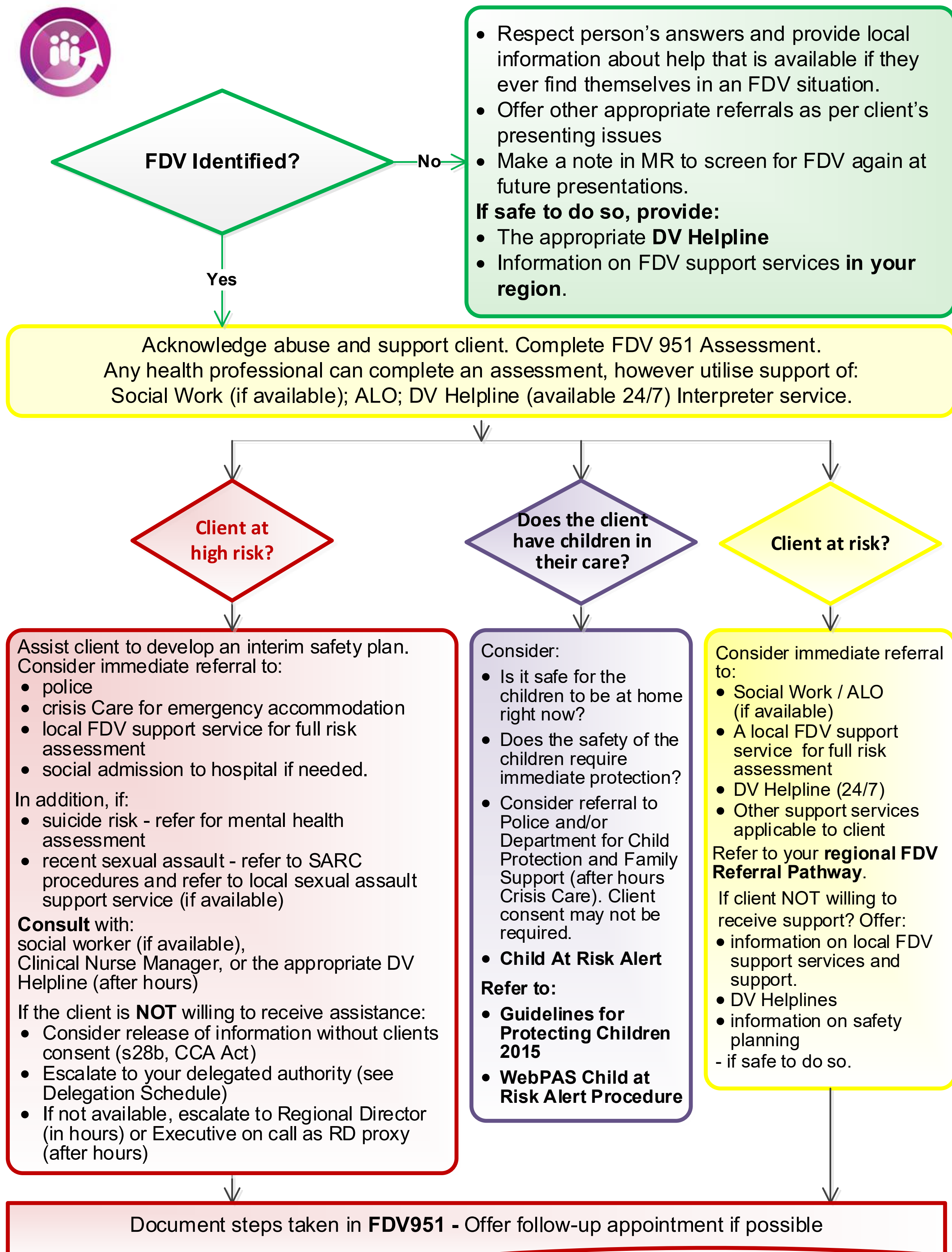
Appendix 1: Family and Domestic Violence Flowchart



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Appendix 2: Step by Step Guide

Step 1:

Identify

1. Look for possible signs of abuse.
2. Check if client has been previously screened for FDV
3. If you suspect a client is being abused, indicators suggest they are at risk, or client falls into a 'routine screening group', complete the Family and Domestic Violence Screening Form (FDV950)
4. Interview client alone.
5. If client doesn't disclose, respect their answers and provide local information about support services in your region.

Step 2:

Assess

1. Identify any high risk factors.
2. Identify what protective factors are in place e.g. what other support services are currently involved with the family? Do they have a safety plan? Do they have a safe place to go?
3. Any other additional factors?
4. Does the client have children in their care? If so ascertain if the children are in immediate danger.
5. Ascertain if the client is in immediate danger.
6. Document in the Assessment Family and Domestic Violence form (FDV951).
7. Utilise Social Work or ALO if available.
8. Consider using the Women's DV Helpline (1800 007 339) or Men's DV Helpline (1800 000 599) to support in the assessment, and referral decision-making.

Step 3:

Support and Referral

1. If client is in immediate danger consider immediate referral to Police and/or Crisis Care and/or local FDV support service.**
2. Consider social admission to hospital if needed.
3. If children at risk, consider referral to Police and/or CPFS, consider placing 'child at risk alert.
4. If client not at immediate danger, offer referral to Social Work (if available), local FDV support service, or DV Helpline.
5. Provide client with information on safety planning if safe to do so.
6. Schedule a follow-up appointment if appropriate.

****If client is in immediate danger and NOT willing to receive assistance, refer to delegated authority to consider release of information to relevant external agency.**

Step 4:

Document

1. Document in relevant forms.
2. Document the disclosure in client's own words.
3. Document any injuries, treatment provides, referrals made.
4. Photographic evidence of injuries is preferred method of collecting evidence.
5. Do not document any information about disclosures in clients hand held records.

Be aware that records can be subpoenaed to court. Documents may be accessible under FOI to a person who has an appropriate interest.

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Appendix 3: Guide to Assessing a Client at Risk of Family and Domestic Violence

When a client discloses they're currently experiencing abuse, clinicians need to ascertain if they are at immediate risk of danger. Seriousness of risk can be assessed by using your professional judgement and by determining:

- client's own assessment of their level of risk, fear and safety
- the presence of evidence-based high risk factors.

The risk factors outlined below are based on international evidence-based review and research. These Risk Factors are consistent with other key agency responders and support services understanding of 'risk' in Western Australia such as the police, Crisis Care, Department Communities Child Protection, and homelessness services. A shared and consistent approach to risk assessment is essential for effective, integrated and collaborative service responses that keep victim survivors safe, and perpetrators in view and accountable for their actions and behaviours.

Introducing the Assessment

Prior to asking further questions, you may like to introduce the questioning with the following:

> *'To help you I will need to ask you a few specific questions about what is going on for you. We ask all people who have been hurt by their partner/family member to do this as it will help us to provide the best care we can'.*
>
> *'Your safety is the most important thing. Everything we talk about is confidential, but if we believe that someone is in immediate danger we have a duty to do something to help. This could include contacting the police or Child Protection but we will always try to discuss these options with you first'.*

This may be the first time that a client has talked openly about their abuse. Clients are to be asked these questions in privacy and not in the presence of the suspected perpetrator or any other family member.

Intoxication will preclude a valid assessment and if possible, an intoxicated person is to be detained in an appropriate and safe setting until further assessment can be conducted.

Assessment

1. **Identify high-risk factors**

   Enquire about the **person using the violence**.

   The following questions relate to known **high-risk factors**. The greater number of factors present, the greater the risk to the client.
   - Has the violence or abuse been getting worse or more often?

- Has it been increasing in frequency?
- Has it been increasing in severity?
- Has this person made threats to, or tried to kill anyone including themselves, you or the children?
- Has this person used a weapon to hurt or threaten you or your children?
- Does this person have access to weapons?
- Has this person ever strangled or suffocated you?
- Does this person stalk you (online, following you, harassing you?) and is this increasing?
- Do you think that this person is capable of killing your or the children?
- Are you leaving or planning to leave this person?
- Has this person ever forced you to do anything sexual against your will?

2. Identify any protective and safety factors.

Enquire about protective and safety factors for the client i.e.

- Do you have a safety plan and/or are you getting support from anybody about the abuse?
- Have you got a safe place to live or go to?
- How fearful are you of the person using the violence?
- What do you think this person might do, and to whom?

3. Any additional factors?

Are there any **other additional factors** or details that make you believe there is an increased risk to the safety of the client or children (e.g. substance use, cultural or language barriers, disability, geographically isolated, family court proceedings in place)?

4. Does the client have children in their care?

Ascertain if the children are in immediate danger:

- All children exposed to violence in the home are considered to be at some degree of risk, whether it be direct (i.e. physical harm) or indirect (i.e. emotional distress, worry).
- If children in their care – consider whether it's safe for the children to be at home right now. See Additional Information for suggested prompts.
- To ascertain if the children require immediate protection some suggested questions are:

  "Are the children involved?"

  "Have they been hurt?"

  "Where are the children now?"

  "Are they safe?"

  "Has xxx (perpetrator) threatened to kill the children?"

  "Are you worried about your children's safety"

Refer to WA health system Guidelines for Protecting Children, 2020 and the WACHS WebPAS Child at Risk Alert Procedure. And the WACHS Power to Detain a Child Under the Age of Six in Hospital Procedure.

5. **Determine outcome:**
    - The level of risk is assessed based on the number of risk factors present, victims own perception of the level of risk, and your own professional judgement.
    - A client is assessed as either 'at high risk' or 'at risk'
    - **A client is identified as at high risk of significant harm if:**
        a. Two or more high-risk factors are checked 'yes'. The more high risk factors present, the more at risk a client is.
        b. there is a history of physical violence by the perpetrator towards the adult and child victims; and/or
        c. in your professional judgement, combined with evidence based high risk factors, the adult (and children if relevant) are likely to be in grave danger if immediate action is not taken.

6. **Record:** outcome and assessment in the Assessment Family and Domestic Violence (FDV951) form

7. **Refer: See FDV Flowchart for referral pathways. Document referrals on the Referral for FDV (FDV952) form**

For an explanation of the High Risk Factors, go to the WACHS FDV Toolbox

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