

Family and Domestic Violence

Case Definition

Family and domestic violence (FDV) comprises the use of physical, emotional, social, financial and/or sexual abuse to intimidate and instill fear, allowing one person to have control/power over another in an intimate or family relationship. This behaviour can result in physical, sexual and/or psychological damage, forced social isolation, economic deprivation, or behaviour that causes the victim to live in fear.

This protocol is not intended to comprehensively cover all aspects of FDV. It aims to give practitioners a guideline for screening and identifying FDV and the basic principles of management including safety planning, referrals, available resources, and documentation.

Screening

FDV is common and all patients who are in high-risk groups (see Box 1) including Aboriginal and Torres Strait Islander persons and those showing clinical indicators of abuse, should be asked about their experience of abuse.

Clinical presentations/indicators of FDV

Possible clinical presentations of FDV are greatly varied and may not be obvious. They can include:

- Mental health or drug/alcohol problems
- Injuries
- Numerous physical, sometimes non-specific complaints
- Numerous pregnancy related presentations including unwanted/unplanned pregnancy, miscarriage, injury or vaginal bleeding, or poor/late antenatal attendance.
- Infrequent attendance/missed appointments, or partner insisting on being present at all appointments

The Women and Newborn Health Service (WNHS) 'Reference Manual for Health Professionals: Responding to Family and Domestic Violence' provides a more comprehensive review of possible presentations (see Resources).

Many cases of FDV go unrecognised. Perpetrators of FDV may restrict the access of family members to clinical services. This may make clients (including children) difficult to access, especially for one on one consultation.

Box 1: Red flags for increased risk

- Recent separation – high risk time
- History of violence, weapons, substance misuse
- Recent stressors (e.g. job loss or grief)
- Mental health concerns or personality disorder in perpetrator
- Escalating severity or frequency of abusive behaviour
- Pregnancy or recent birth of child

Screening for FDV

Useful questions to ask include:

- “Have you ever felt afraid of your partner, or an ex-partner?”
- “Has someone in your family or household humiliated you, threatened you, tried to control you, or hurt you?”
- “Are you worried about the safety of your children, or someone else in your family or household?”
- “Do you feel safe at home? What do you need to feel safe at home?”
- “Does your partner let you see family and friends?”
- “Does your partner let you have your own money?”
- “Violence can be a problem at home for some families and we know it can affect children’s emotional health. It is important we ask about violence so we can help families not live in fear”

Principles of Management

Principles of management include validating the patient’s experience; making an assessment of risk – including notifying DCPFS if risk to children, and involving police and crisis support if victim is at immediate risk; referral to appropriate services; discussing a safety plan; providing resources to the patient; careful documentation; and ongoing assessment at future consultations.

It is important to provide patient centered care, and that management plans include the perpetrator where possible. Referral to another agency (e.g. DCPFS) does not reduce the need for primary health care involvement, which is of additional importance in a FDV situation. Where multiple agencies are involved, good communication is essential.

Risk assessment

Assessment of risk should be informed by: the victims own assessment of their safety/risk, the presence of ‘red flags’ as listed above, and your own professional judgment.

The Department of Child and Family Services (DCPFS) provide a more comprehensive risk assessment tool (see Resources).

Safety planning and safety behaviours

General principles:

- Let neighbours you trust know to call police if violence begins.
- Establish a code with friends/family/neighbours that signals you need help.
- Remove weapons (or notify police if the person you fear has access to weapons).
- Have an escape plan and rehearse it with someone you trust.
- Have a small escape bag with spare keys, change of clothes, important papers, spare cash and comforter/toy for children.
- Notify the police, seek legal advice, and consider applying for a violence restraining order (VRO) or Family Court order.

Ensure you have quick access to:

- Medicare and tax file number
- Birth certificates (victim and children) and marriage papers
- Identification (ID) and driver’s license
- Rent and utility receipts
- Bank account and insurance policy numbers
- Important phone numbers

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Tips for safety after separation

- Change locks and ensure the house is secure
- Change passwords of your email/social media/bank accounts and turn off iCloud or similar functions. Change or delete Facebook and email account
- Change your telephone number and set it to 'private'
- Ask government agencies/utility companies/law firms/doctors/schools to keep your details private
- Ask work to screen visitors and phone calls
- Ask trusted people to call police if ex-partner observed near home or children

Documentation

You MUST ensure that patient notes are kept confidential. Document clearly, in a factually accurate way, the information the patient has given you, and your observation of injuries, affect, other health conditions or relevant information. Document the plan and actions you have taken. See the Royal Australian College of General Practitioners (RACGP) 'White Book' (see Resources) for further detail.

Refer/Discuss

See Figure 1 for suggestions of when to refer patients experiencing FDV.

See Table 1 for emergency and support services contact details. For more specific resources relating to child safety see 'Child abuse and neglect protocol'

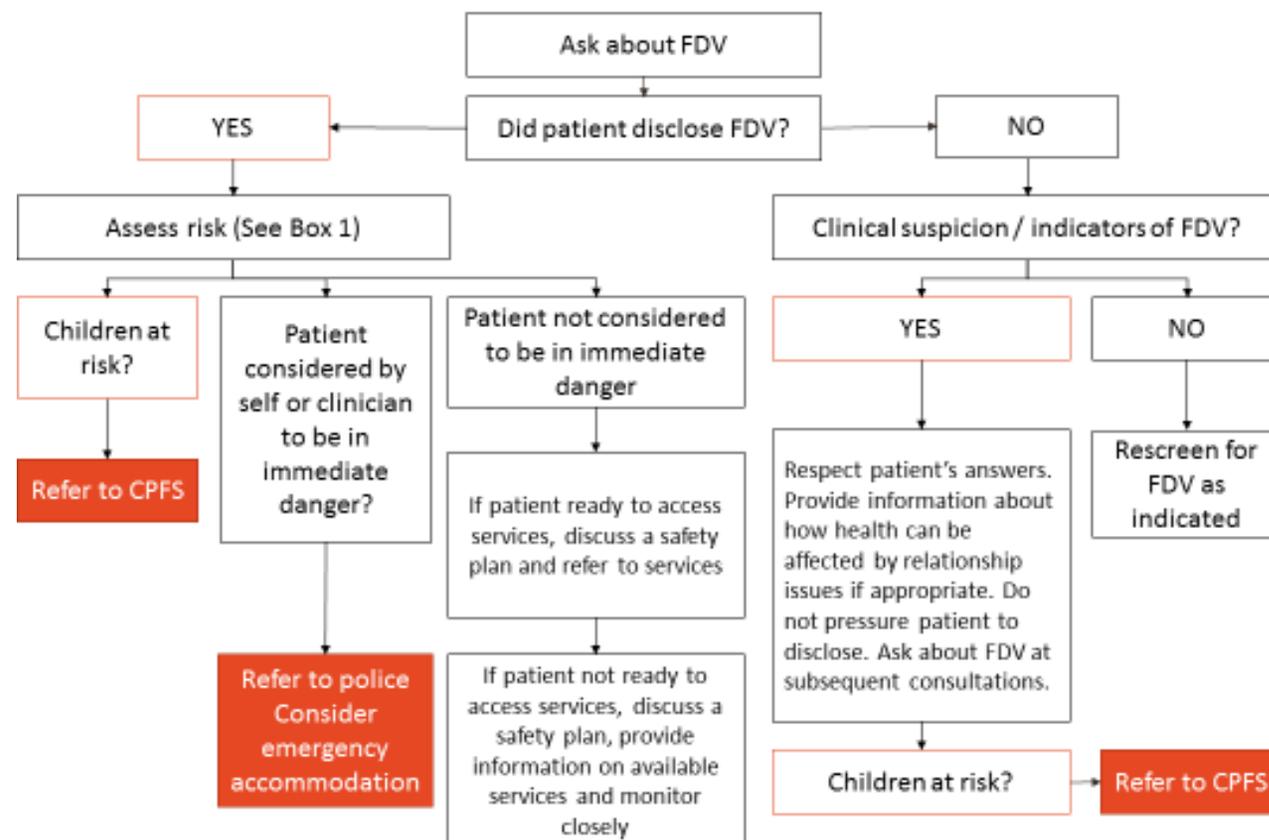
Resources

RACGP: Abuse and violence: Working with our patient's in general practice (white book) <http://www.racgp.org.au/your-practice/guidelines/whitebook/>

WNHS: Reference Manual for Health Professionals: Responding to Family and Domestic Violence <http://www.health.wa.gov.au/circularsnew/attachments/895.pdf>

DCPFS: Practice Tool 2: Common risk assessment tool <http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/2015/PracticeTool2Commonriskassessmenttool.pdf>

Figure 1: Flow chart for the management of disclosed or suspected FDV



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Table 1: Useful contacts and referral options

Service	Details/how to refer	Contact
Broome Regional Hospital Paediatrician/Obstetrician/Psychiatrist	Can provide advice in the event of acute medical or psychiatric concerns, and where involuntary admission is being considered.	9194 2222 (24 hour on call service via Broome Hospital switch)
Department of Child Protection and Family Support (DCPFS)	<u>Concerns for child safety should always be reported to DCPFS.</u> DCPFS are involved with assessment, safety planning (including help in arranging emergency accommodation), and referral to support. Full list of WA DCPFS office contact details and referral forms can be found online: https://www.dcp.wa.gov.au/Organisation/ContactUs/Pages/DistrictOfficeLocations-Country.aspx	Broome: 9193 8400 Derby: 9193 3700 Fitzroy Crossing: 9163 9800 Halls Creek: 9168 6114 Kununurra: 9168 0333 Crisis Care: 1800 199 088 (after hours)
WA Police	Police will respond to all reports of concern of FDV, facilitate police orders (72hr restraining order) and work closely with local support services and agencies. Full list of Kimberley district police station contact details can be found online: http://www.police.wa.gov.au/LOCALPOLICE/KimberleyDistrict/tabid/1120/Default.aspx	District office: 9194 0255 (not for routine enquiries)
	Kimberley Family Protection Unit DV Coordinator works with local services including CPFS and Anglicare to arrange crisis/refuge accommodation and ensure that appropriate services are involved.	9194 0259
Anglicare	Provide a range of services for victims of FDV throughout Kimberley. Referral forms can be accessed by calling Anglicare (forms can send via e-mail or fax). Referrals accepted from agencies and self-referral.	Broome: 9194 2400/9193 8100 Broome (fax): 9194 2424/9193 8199 Derby: 9191 0100 Halls Creek: 9166 7302 Kununurra: 9166 5000 Kununurra (fax): 9166 5050
Headspace (Broome)	In hours medical care, psychology services and counselling for under 25 year olds. Referral forms can be accessed through MMEx or by calling Headspace (forms can be sent via e-mail or fax). Referrals accepted from health care workers and self-referrals. Online resources available through www.headspace.org.au	9193 6222
Marnja Jarndu Women's Refuge (Broome)	Provide secure accommodation for women and their children for up to three weeks. Referrals accepted from health care workers, police and self-referrals.	9193 6146
Safe Houses	Many towns and remote communities have safe houses for crisis accommodation.	Contact local clinic or police station to check if/where a safe house is available in the community/town
Phone counselling and support services These are 24/7 phone services, and are useful numbers to provide to patients.	Respect Line: National Sexual Assault, FDV phone counselling service. Useful information regarding safety planning can be found online: www.1800respect.org.au Women's Domestic Violence Helpline: Provides phone counseling, information and advice, referral to local services, liaison with police if necessary, and support for women escaping FDV. Men's Domestic Violence Helpline: Phone counseling service for men who are concerned about becoming violent or abusive. Information and support available for men who have experienced FDV.	1800 737 732 (24/7) 1800 007 339 (24/7) 9223 1188 1800 000 599 (24/7) 9223 1199