Identifying and Responding to Family Violence Procedure

1. Background

The hospital system is an early contact point for many people who have experienced family violence. Family violence affects women across their lifetime, although pregnancy and the early years of parenting are periods when women may be at greater risk of experiencing family violence. Research shows that women often experience their first assault during pregnancy, or experience an increase in the form or intensity of violence (Australian Bureau of Statistics, 2012). As such, the Women's is in a unique position to routinely ensure early identification of these concerns for the benefit of women experiencing family violence. With appropriate education and support, health professionals can reduce the barriers for women to disclose their concerns and be a catalyst for action. An empathetic and professional response from a trusted nurse, midwife, social worker, doctor or other health provider can reinforce a woman's understanding that they are entitled to healthy relationships and a life free from violence. By respecting the decisions of women and offering a range of options, health care providers have a vital role in ensuring that health needs are met, inclusive of a woman's safety. Such interventions have the potential to not only empower people affected by family violence but to also contribute to enhanced health outcomes.

2. Purpose

This procedure outlines the hospital's expectations and processes for identifying and responding to family violence. Specifically, the procedure refers to how to identify women experiencing family violence and how to provide an appropriate first line response incorporating the model of sensitive practice.

As child abuse and neglect often occurs within the context of family violence, it is required that all staff responding to family violence are also familiar with the Child at Risk Guideline. This will support staff to identify unborn babies at risk of harm and where infants or children are at risk of harm. It is also recommended that this guideline is read in conjunction with:

- Violence Against Women – Assessment and Response Policy
- Sexual Assault: Victim/Survivors of Sexual Assault Presenting to Emergency
- Female Genital Mutilation / Cutting – Guideline for Care

3. Definitions

The Women's recognises that domestic and family violence and sexual assault are predominantly gendered crimes perpetrated by men against women and children they know. The term family violence is used throughout this document, and it is defined as behaviour by a person towards a family member that is:

- physically, sexually, emotionally, psychologically or economically abusive, threatening, coercive or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of themselves or another family member; or
- behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of the behaviour.

(Family Violence Protection Act, 2008)

The term 'family violence' captures a wide range of abusive behaviours that occur in the context of intimate and family relationships. The definition of 'family member' is broad and may involve:

- spouses/de facto partners (including same sex)
- ex-partners
- children
- siblings
- parents
- caregivers (paid or unpaid)
- relatives
- kinship structures

(Australasian Legal Information Institute, 2008)

4. Responsibilities

This guideline applies to all clinical staff employed by The Women's. It is the responsibility of the Executive Director of Strategy and Planning to ensure compliance with this guideline.

5. Procedure

5.1 Family Violence Indicators

It is important to be aware of the possible indicators for family violence. Where one or more family violence indicators are present, the sensitive inquiry model should be used to guide a conversation with the woman. It is important to note that these signs and symptoms do not by themselves indicate family violence. In some situations and combinations, however, they may raise a suspicion of family violence**.**

See Appendix 2 for further information about clinical indicators of family violence.

5.2 Where violence is not disclosed but is suspected due to clinical indicators

If the woman does not disclose violence, but a health professional strongly suspects and/or has serious concerns for the patient's safety or the safety of her children, it is suggested that staff consult with a social worker (x 3050), a colleague or senior staff member about these concerns.

5.3 The 6 Step Model of Sensitive Practice

The Women's has developed a model of sensitive practice to assist and support clinicians to identify and respond to women experiencing family violence. The primary goal of sensitive practice is to facilitate feelings of safety, choice and control for the patient during their interaction with health professionals (Schachter, 2008).

A sensitive inquiry as to whether a patient is experiencing family violence should only occur when:

- a woman is on her own and partners and/or other family members (above the age of 2 years) are not in the room
- With an official interpreter if required

5.4 The Sensitive Inquiry Model

5.4.1 STEP ONE: Identification

Provide a framing or 'lead in' statement, before moving on to specific questions.

For example; "Violence affects many families and can have serious health impacts which is why we routinely ask our patients about safety in their relationship."

Sensitively inquire (ask) about the woman's exposure to violence.

- "How are things at home for you?"
- "Are you feeling safe in your relationships?"
- "Are you frightened of your partner or ex-partner?"
- "Do you feel safe to go home when you leave here?"
- "Would like help with any of this now?"

5.4.2 STEP TWO: Supportive Response when violence is disclosed

- Take time to listen.
- Respond in an empatheticatic, non-judgemental way, supporting and believing her experiences.
- Normalise and validate what has been disclosed.
- Acknowledge the complexity of the issue, and the woman's unique concerns and decisions.
- Provide a brief educational message that family violence is a violation of human rights and has serious health impacts for women and their children and inform that is there is help and support available.

5.4.3 STEP THREE: Identify Risk Factors

Australian and International research has identified the following risk factors as commonly preceding a serious incident of family violence, assault or homicide and should inform the conversation with the patient and potential actions (consultation and referral).

Victim	Perpetrator	Relationship
Pregnancy/ new birth Depression/mental health issue Drug and/or alcohol misuse/abuse Isolation	Use of weapons / access to weapons Has tried to choke the victim Threats to kill victim Harmed or threats to harm or kill children Harmed or threats to harm or kill pets Has threatened or attempted to commit suicide Stalking or monitoring of victim Sexual assault of victim Drug and/ or alcohol abuse Obsessive, controlling or jealous behaviour Unemployed	Recent separation Escalation in frequency or severity of violence

(Family Violence Risk Assessment and Risk Management Framework, 2012)

Some people and communities are known to experience additional barriers to safety leading to increased risks of family violence including;

- Women in pregnancy and early motherhood
- Aboriginal and Torres Strait Islander women
- Women from culturally and linguistically diverse communities
- Women in rural communities
- Women living with a Disability
- Older women
- Women experiencing mental health issues
- Gay, lesbian, bisexual, transgender and intersex people

(Our Watch, 2017)

Health professionals should take into account any risk factors and additional barriers to safety disclosed by the patient when discussing her safety and actions. It is also important to consider the women's own assessment of her safety, as this is one of the best indicators of risk.

For further information regarding risk factors see
Appendix 3: Factors impacting on the likelihood and severity of family violence

5.4.4 STEP FOUR: Action Planning and steps toward safety

Action planning is a process of working with women to improve their safety. Action planning can refer to addressing any aspect of physical, social, emotional, financial and psychological safety, but it typically involves planning to avoid serious injury, to escape violence (crisis management), and to ensure the safety of children. It is important to recognise that there is no tool that can guarantee a woman's safety and that the person who is experiencing violence is usually the expert in assessing the complexity of their own situation. It is also important to ensure the safety of medical records at all times.
An action plan could include:

- identifying a friend, family member or neighbour who may be able to support or assist if violence is escalating
- identifying a safe place for the woman and her children to go if she is in danger, and identifying strategies for getting there
- listing emergency contact numbers (if this can be done safely – consider disguising numbers in the woman's phone contact list)
- providing the contact numbers for a family violence organisation (if woman determines safe to do so)
- identifying a place to store valuables and important documents so that the victim can access them quickly when needed

5.4.5 STEP FIVE: Offer referral

Connecting the woman to support services both internal and external can be an important strategy for providing a pathway to safety.

Referrals are likely to be more effective when a 'warm' referral is provided i.e. the clinician obtains consent to initiate the referral process on behalf of the woman, for example calling the social work department or an external specialist service when the woman is present. Referrals are also more likely to be effective when they can be made to an onsite service that can attend, usually on the same day, for example the Women's Social Work Service.

Where a referral is not accepted, provide the woman with information about what services can assist and how they can be contacted. It is essential to first discuss with the woman as to whether providing leaflets or written information could compromise her safety. Alternatively it may be safer to save the number discretely in her phone, or record in some other way.

5.4.5.1 Parkville Site

Internal Referrals

The Women's Social Work department Tel 8345 3050 during business hours or access on-call social worker via the after-hours manager on weekends (Saturday, Sunday and public holidays 9am – 5pm)

External Referrals

Police phone: 000
Safe Steps Family Violence Response Centre (24 hour State-wide Crisis Response Service) Phone: (03) 9322 3555.
1800 RESPECT (National Sexual Assault and Family Violence Crisis Service) Phone: 1800 737 732
Inner Melbourne Community Legal (IMCL) can provide on-site legal services to patients of The Women's. To make an appointment phone: (03) 9013 0495.
Northern Family and Domestic Violence Service (NFDVS) Berry Street is the specialist family violence service for the Northern Metropolitan region. For advice or to make an appointment Phone: 9450 4700
Women's Health in the West is the specialist family violence service for the Northern metropolitan region. For advice or to make an appointment phone 9689 9588

5.4.5.2 Sandringham Site

Internal Referrals

The Sandringham Hospital Social Work Department can be contacted via the Sandringham hospital switch

Phone: 9076 1000 during business hours (8:30 – 5pm, Monday – Friday).
Where no social worker is available and there are imminent concerns about safety, consult with midwife in-charge/After Hours Manager

External Referrals

Salvation Army Family Violence Service work with women and women with children to provide practical responses to meet individual needs in the Bayside region. To make a referral Phone: 9536 7797. The service is available business hours (9am – 4pm, Monday – Friday).
Family Life offers counselling, mediation, mental health services, support and community educational services, outreach to homes, case coordination and advocacy. Family Life has a number of offices in South Eastern Melbourne, including an office in Sandringham. Phone: 8599 5433

5.4.6 Declined Offers of Support and concerns for child safety

Exposer to family violence can have serious physical and psychological health impacts upon children.

If a woman has disclosed violence towards her and/or her children and there are significant concerns for the physical and/or psychological safety of the child, a referral to social work or a secondary consultation with social work (if the woman declines social work referral) is required.

Where a referral to social work is declined, or the clinician has concerns that the unborn/child/children remain vulnerable to significant harm, the clinician should:

- Consult with their manager
- Make a referral to internal professionals, including Social Work.
- Consult with senior and relevant staff i.e. Social Work or After Hours Manager
- Hospital Legal Counsel can be contacted via a manager for specific legal advice
- If outside of Social Work operational hours, and the health professional has formed a belief that a child/children are at risk, consult with their Manager. Where a decision is made to report, contact the relevant regional Child Protection service as per The Women's "Child at Risk Guideline".

5.4.7 STEP SIX: Documentation

Document in the medical record any evidence of injuries, treatment provided, referrals made and any information the woman provides.

Do not record information about disclosures of violence in the hand held maternity record without the woman's permission.

When documenting information remember to:

- Be factual
- Be succinct

6. Evaluation, monitoring and reporting of compliance to this guideline or procedure

Compliance to this guideline or procedure will be monitored, evaluated and reported through Family Violence Project Manager and to the Executive Director of Strategy and Planning.

7. References

Australasian Legal Information Institute. (2008). *Family Violence Protection Act*. Retrieved February 8, 2017, from http://www.austlii.edu.au/au/legis/vic/consol_act/fvpa2008283/s5.html

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Schachter, C. e. (2008). *Handbook of Sensitive Practice for Health Care Practictioners: lessons from adult survivors of childhood sexual abuse.* Ottawa: Public Health Agency of Canada.

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State of Victoria. (2016). Royal Commission into Family Violence, Summary and Recommendations. Melbourne, Victoria: State of Victoria.

Taft A, O. L. (2012). *Screening women for intimate partner violence in healthcare settings.* State of Victoria: The Cochrane Library.

Women's Legal Service NSW. (2015). *GP Toolkit "When she talks to you about violence*. Retrieved February 8, 2017, from http://www.wlsnsw.org.au/gp-toolkit/

World Health Organisation. (2013). Responding to intimate partner violence and sexual violence against women. In *WHO clinical and policy guidelines.* Geneva, Switzerland: WHO.

8. Legislation/Regulations related to this guideline or procedure

Family Violence Protection Act 2008
Child Youth and Families Act 2005
Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015

9. Appendices

Appendix 1 – Indicators of Family Violence in Adults (Black, 2011)
Appendix 2 – Indicators of Family Violence in a Child or Young Person (State of Victoria, 2012)
Appendix 3 – Factors Impacting on the Likelihood and Severity of Family Violence (State of Victoria, 2012)
Appendix 4 – LIVES model (World Health Organization, 2013)

Appendix 1

Indicators of Family Violence in Adults (Black, 2011)

Health care providers should ask about exposure to family violence when assessing conditions that may be caused or complicated by intimate partner violence (as listed below) in order to improve diagnosis/identification and subsequent care.

PHYSICAL

- Unexplained chronic gastrointestinal symptoms
- Unexplained reproductive symptoms
- Adverse reproductive symptoms, including pelvic pain, sexual dysfunction
- Adverse reproductive outcomes, including multiple unintended pregnancies and/or terminations, delayed pregnancy care, adverse birth outcomes
- Unexplained genitourinary symptoms, including frequent bladder or kidney infections
- Repeated vaginal bleeding and sexually transmitted infections
- Chronic pain (unexplained)
- Traumatic injury, particularly if repeated and with vague or implausible explanations
- Problems with the central nervous system - including headaches, cognitive problems, hearing loss

PSYCHOLOGICAL / BEHAVIOURAL

- Emotional distress e.g. anxiety, indecisiveness, confusion, and hostility
- Symptoms of depression, anxiety, Post traumatic stress disorder, sleep disorders
- Anxiety / depression / pre-natal depression
- Psychosomatic and emotional complaints
- Problematic alcohol and other drug use
- Self-harm or suicide attempts
- Evasive or ashamed about injuries
- Multiple presentations at health services / hospital
- client presents after hours
- Repeated health consultations with no clear diagnosis
- Intrusive partner or husband in consultations
- Partner does most of the talking and insists on remaining with the patient
- Seeming anxious in the presence of the partner
- Medical advice not followed
- Social isolation / no access to transport
- Frequent absences from work or studies

Appendix 2

Indicators of Family Violence in a Child or Young Person (State of Victoria, 2012)

PHYSICAL

- Bruises, burns, sprains, dislocations, bites, cuts
- Fractured bones, especially in an infant where a fracture is unlikely to have occurred accidentally
- Poisoning
- Internal injuries
- Wearing long-sleeved clothes on hot days in an attempt to hide bruising or other injury

EMOTIONAL / BEHAVIOURAL

- Displaying low self esteem
- Tending to be withdrawn, passive and/or tearful
- Displaying aggressive and/or demanding behaviour
- Being highly anxious
- Showing delayed speech
- Acting like a much younger child, for example soiling and/or wetting pants
- Displaying difficulties relating to adults and peers
- Demonstrating fear of parents and of going home
- Becoming fearful when other children cry or shout
- Being excessively friendly to strangers
- Being very passive and compliant
- Showing wariness or distrust of adults

Appendix 3

Factors Impacting on the Likelihood and Severity of Family Violence (State of Victoria, 2012)

Factors marked with an asterisk * may indicate an increased risk of the victim being seriously injured or killed.

Risk factors for women	
Risk factor	**Explanation**
Pregnancy/new birth*	Family violence can commence or intensify during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, fotal injury and fotal death. Family violence during pregnancy is regarded as a significant indicator of future harm to the woman and her child.
Depression/mental health issue	A common impact of family violence is depression, anxiety and trauma sign / symptoms. Mental health issues can indicate past violence and they can warn or increase to family violence.
Drug and/or alcohol misuse/ abuse	People who experience family violence may use alcohol or other drugs to cope with the physical, emotional or psychological effects of family violence; this can lead to increased vulnerability.
Has ever verbalised or had suicidal ideas or tried to commit suicide	Suicidal thoughts or attempts indicate that the victim is extremely vulnerable and the situation has become critical.
Isolation	A person who experiences family violence is more vulnerable if she is isolated from family, friends and other social networks. Isolation also increases the likelihood of violence and is not simply geographical. Other examples of isolation include systemic factors that limit social interaction or support and/or the perpetrator not allowing the victim to have social interaction.

Risk factors for perpetrators	
Risk factor	**Explanation**
Use of weapon in most recent event*	Use of a weapon indicates a high level of risk because previous behaviour is a likely predictor of future behaviour. A weapon is defined as any tool used by the perpetrator that could injure or kill the victim, or destroy property.
Access to weapons*	Perpetrators who have access to weapons, particularly guns, are much more likely to seriously injure or kill a victim than perpetrators without access to weapons.
Has ever harmed or threatened to harm victim	Psychological and emotional abuse has been found to be a good predictor of continued abuse, including physical abuse. Previous physical assaults also predict future assaults.
Has ever tried to choke the victim*	Strangulation or choking is a common method used by male perpetrators to kill female victims.
Has ever threatened to kill the victim*	Evidence suggests that a perpetrator's threat to kill a victim is often genuine.
Has ever harmed or threatened to harm or kill children*	Evidence suggests that where family violence is occurring, there is a likelihood of increased risk of direct abuse of children in the family. Children are adversely affected through experiencing violence directly and by the effects of violence, including hearing or witnessing violence or through living in fear due to a violent environment.
Has ever harmed or threatened to harm or kill other family members	Threats by the perpetrator to hurt or cause actual harm to family members can be a way of controlling the victim through fear.
Has ever harmed or threatened to harm or kill pets or other animals*	A correlation between cruelty to animals and family violence is increasingly being recognised. Because there is a direct link between family violence and pets being abused or killed, abuse or threats of abuse against pets may be used by perpetrators to control family members.
Risk factors for perpetrators (continued)	

Appendix 3

Factors Impacting on the Likelihood and Severity of Family Violence (State of Victoria, 2012)

Risk factor	Explanation
Has ever threatened or tried to commit suicide*	Threats or attempts to commit suicide have been found to be a risk factor for murder–suicide.
Stalking of the person experiencing family violence*	Stalkers are more likely to be violent if they have had an intimate relationship with the victim. Stalking, when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking behaviour and obsessive thinking are highly related behaviours.
Sexual assault of the person experiencing family violence*	Men who sexually assault their partners are also more likely to use other forms of violence against them.
Previous or current breach of Intervention Order	Breaching Intervention Order conditions indicates the defendant is not willing to abide by the orders of a court. Such behaviour should be considered a serious indicator of increased risk of future violence.
Drug or alcohol abuse*	A serious problem with illicit drugs, alcohol, prescription drugs or inhalants leads to impairment in social functioning and creates a risk of family violence. This includes temporary drug-induced psychosis.
Obsessive or jealous behaviour towards person experiencing family violence*	Obsessive or excessive jealous behaviour is often related to controlling behaviours and has been linked with violent attacks.
Controlling behaviours*	Men who think they 'should be in charge' are more likely to use various forms of violence against their partner.
Unemployment*	Unemployment is associated with an increased risk of lethal assault, and a sudden change in employment status—such as being terminated and/or retrenched—may be associated with increased risk.
Depression or other mental health issue	Murder–suicide outcomes in family violence have been associated with perpetrators who have mental health problems, particularly depression.
History of violent behaviour	Perpetrators with a history of violence are more likely to use violence against family members. This can occur even if the violence has not previously been directed towards family members. Other victims may have included strangers, acquaintances and/or police officers. The nature of the violence may include credible threats or use of weapons, and attempted or actual assaults. Violent men generally engage in more frequent and more severe family violence than perpetrators who do not have a violent past.

Relationship factors	
Risk factor	**Explanation**
Recent separation*	For women who are experiencing family violence, the high risk periods include immediately prior to taking action, and during the initial stages of or immediately after separation. Victims who stay with the perpetrator because they are afraid to leave often accurately anticipate that leaving would increase the risk of lethal assault. The data on time-since-separation suggests that women are particularly at risk within the first two months.
Increase in severity or frequency of violence*	Violence occurring more often or becoming worse has been found to be associated with lethal outcomes for victims.
Financial difficulties	Low income (less than that required to provide for basic needs) and financial stress including a gambling addiction are risk factors for family violence.

Appendix 4

LIVES Model
(World Health Organization, 2013)

The World Health Organisation (WHO) provides an effective framework to guide health professionals in this work. The LIVES framework is outlined in the table below:

LISTEN	Listen to the woman closely, with empathy, and without judging.
INQUIRE ABOUT NEEDS AND CONCERNS	Assess and respond to her various needs and concerns—emotional, physical, social and practical (e.g. children in her care)
VALIDATE	Show her that you understand and believe her. Assure her that she is not to blame.
ENHANCE SAFETY	Discuss a plan to protect herself from further harm if violence occurs again.
SUPPORT	Support her by helping her connect to information, services and social support.

(World Health Organisation, 2013)