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 behaviours 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) Family and domestic violence – guideline, reference manual, policy, education and training provides a more comprehensive review of possible presentations. The Kimberley Mum's Mood Scale can also be used to explore any suspicions or vulnerabilities from FDV.

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.

'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
- Evidence of non-fatal strangulation or potential hypoxic brain injuries
- Escalating severity or frequency of abusive behaviour
- Pregnancy or recent birth of child

Box 1: 'Red flags' for increased risk

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 FDV-informed practice consider focusing on partnering (of which validation, assessment and safety planning are all steps):

1. Affirm
2. Ask
3. Assess
4. Validate
5. Collaboratively Plan
6. Document

Principles of management include:

- Validating the patient's experience
- Making an assessment of risk, including notifying the Department of Communities 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
- 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 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 victim's own assessment of their safety/risk, the presence of '**red flags**' (Box 1), and your own professional judgment.

The Department of Communities provide a more comprehensive (see Practice Tool 2: Common risk assessment tool).

Kimberley Aboriginal Health Planning Forum

Family and Domestic Violence

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
- 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

Tips for safety after separation

- Change locks and ensure the house is secure
- Change passwords of your email, social media, bank accounts, turn off iCloud/location services.
- Change or delete Facebook and email account
- Change your mobile number and set it to 'private'
- Ask for support to get a second phone
- 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
- Seek Emergency Relief payments from Red Cross

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 about the perpetrator's behaviours. Document the plan and actions you have taken. See the Royal Australian College of General Practitioners (RACGP) 'White Book' for further detail.

Refer/Discuss

See Figure 1 for suggestions of when to refer patients experiencing FDV – this can be a clinician notifying Police directly.

See Table 1 for emergency and support services contact details. For more specific resources relating to child safety see Child Abuse and Neglect Protocol (KAHPF).

Resources

- Practice Tool 2: Common risk assessment tool (Department of Communities).
- Family and domestic violence – guideline, reference manual, policy, education and training (WNHS)
- White Book (Abuse and violence: working with our patients in general practice (RACGP))

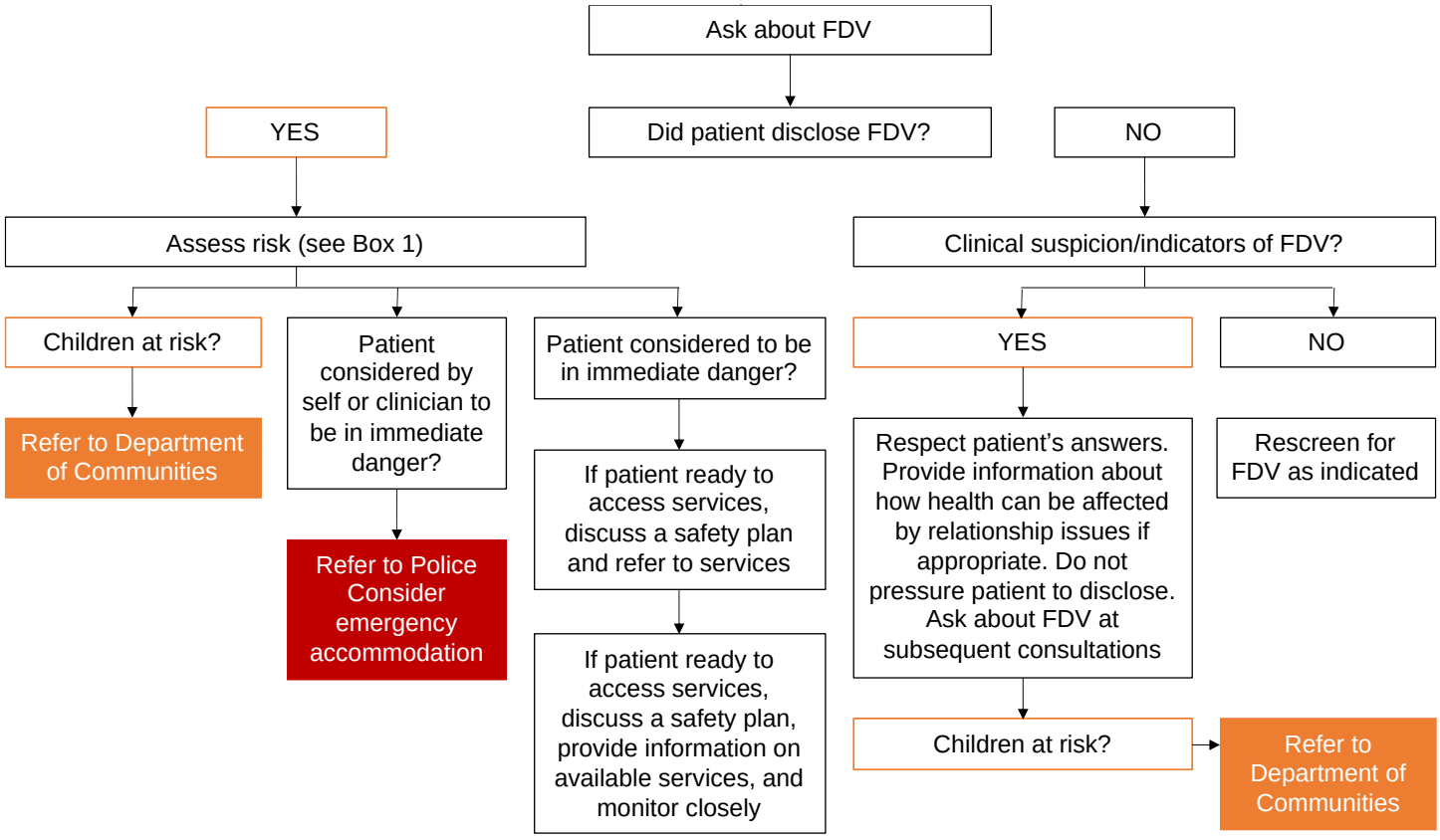

Figure 1: Flowchart for referral of patients experiencing family and domestic violence

Family and Domestic Violence

Emergency and Support Service Contacts

Service	Details	Contact
Broome Hospital Paediatrician/Obstetrician/ Psychiatrist	Can provide advice in the event of acute medical or psychiatric concerns, and where involuntary admission is being considered. 24-hour on-call service via Broome Hospital switch.	(08) 9194 2222
Department of Communities	Available Monday to Friday from 8.30am to 4.30pm:	
	Central Intake Team – report concerns for a child's wellbeing	1800 273 889
	Crisis Care After Hours Service	1800 199 008
	West Kimberley, Broome office (and for transfer to Derby or Fitzroy Crossing)	(08) 6277 4888
	East Kimberley, Kununurra office (and for transfer to Halls Creek)	(08) 6414 3300
	Child Protection Concern Referral Pathway	Form here
	Afterhours response managed by the Crisis Care Unit	Email
WA Police	Police will respond to all reports of concern of FDV, facilitate police orders (72 hour restraining order), and work closely with local support services and agencies:	
	District office (not for routine enquiries)	(08) 9194 0255
	Kimberley District Police Stations	Directory
	Kimberley Family Protection Unit DV Coordinator Works with local services including Department of Communities and Anglicare to arrange crisis/refuge accommodation and ensure that appropriate services are involved	(08) 9194 0259
Anglicare	Provide a range of services for victims of FDV throughout the Kimberley. Referral forms can be accessed by fax or email by calling Anglicare. Referrals accepted from agencies and self-referrals.	
	Broome	(08) 9194 2400 (08) 9193 8100
	Derby	(08) 9191 0100
	Halls Creek	(08) 9166 7302
	Kununurra	(08) 9166 5000
Headspace	Range of services to support all young people aged 12-25 with their health and wellbeing goals. 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	
	Broome Kununurra	(08) 9194 4500
Women's Refuges	Secure accommodation for women and their children for up to 3 weeks. Referrals accepted from health care workers, Police and self-referrals.	
	Marnja Jarndu Women's Refuge (Broome)	(08) 9193 6146
	Ngunga Women's Group (Derby)	(08) 9193 1455
	Marninwarntikura Women's Resource Centre (Fitzroy Crossing)	(08) 9191 5284
	Women's Crisis Accommodation Centre (Kununurra)	(08) 9469 1049
Safe Houses	Crisis accommodation:	
	Ngaringga Ngurra Aboriginal Corporation Safe House (Halls Creek)	(08) 9168 6653
	Djarindjin	(08) 9192 4940
Phone counselling and support services	24/7 phone services – useful numbers to provide to patients:	
	1800 Respect National FDV and sexual violence counselling service. Useful information regarding safety planning can be found online.	1800 737 732 Website
	Women's Helpline (Centrecare) Phone counseling, information and advice, referral to local services, liaison with police if necessary, and support for women escaping FDV.	1800 007 339 (08) 9223 1188
	Men's Helpline (Centrecare) Phone counseling service for men who are concerned about becoming violent or abusive. Information and support available for men who have experienced FDV.	1800 000 599 (08) 9223 1199