DOMESTIC VIOLENCE - IDENTIFYING AND RESPONDING

POLICY©

DOCUMENT SUMMARY/KEY POINTS

NSW Health Policy Directive

Domestic Violence - Identifying and Responding

http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2006_084

- The above linked document is a NSW Health Policy Directive (PD) which requires mandatory compliance. It outlines the characteristics and consequences of domestic violence and identifies the role of NSW Health generally and Local Health Districts/Networks specifically, in recognising and responding to domestic violence.
- SCHN staff members are **legally mandated** to report to Family and Community Services (FaCS) children who are at risk of suffering serious physical and psychological harm because they are living in a household where there have been incidents of Domestic Violence.
- The **safety of the child** and the non-offending parent is paramount when discussing domestic violence.
- If a child or young person is presenting with injuries sustained in the context of an incident of domestic violence there should be an **immediate referral to the CPU** for a joint medical and psychosocial assessment.
- If there are **immediate safety concerns** staff should contact the police and FaCS and utilise internal referral and escalation processes outlined in this policy.
- **Staff have a responsibility to action/refer ALL concerns/disclosures** of domestic violence to CPU, Social Work and/or FaCS as appropriate. Please see Domestic Violence Management Flowchart

CHANGE SUMMARY

- Due for mandatory review – created a Network policy.

READ ACKNOWLEDGEMENT

- All staff should be aware of this policy.

TABLE OF CONTENTS

1 Identifying and Responding to Domestic Violence

Preamble

The Sydney Children's Hospitals Network is committed to playing a significant role along with other health services in raising awareness of domestic violence and the impact of violence on the well-being of women and children. Living with domestic violence has profound effects on children and young people and is a risk of significant harm (ROSH) category in current NSW Child Protection legislation (see below).

The Network is also uniquely placed to provide a range of services to children and their parents who are victims of violence. These services include medical care, counselling information and referral to community and legal services.

This policy should be read in conjunction with:

- NSW Health Policy Directive (PD2006_084) **Identifying and Responding to Domestic Violence**: http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2006_084 *(under review)*
- NSW Health Policy Directive (PD2013_007) **Child Wellbeing and Child Protection Policies and Procedures for NSW Health**: http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2013_007
- SCHN **Child Wellbeing and Child Protection Policy**: http://webapps.schn.health.nsw.gov.au/epolicy/policy/3309

Background

Definition

For the purpose of this policy domestic violence is defined as:

Violent abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person. Domestic violence causes fear, physical and or psychological harm.

The term domestic violence covers a range of behaviours. These behaviours have been broken down into specific categories (see Appendix 1)

The Facts

- *Research demonstrates that living with domestic violence has a profound negative impact on women and their children.*
- *More medical treatment is sought for injuries resulting from domestic violence than from any other cause.*
- *17% of young people have witnessed their mother being hit.*
- *Physical abuse of children is 15 times more likely in families where domestic violence is occurring[1].*
- *Exposure to recurrent traumatic experiences in early childhood, including domestic violence, places a child at much greater risk of long-term psychological, emotional, and behavioural problems[1].*
- *33% of children who live with domestic violence report having been hit by their fathers while trying to defend their mother or stop the violence.*
- *31% of Child Protection Reports have a context of Domestic Violence*

Principles of Intervention

This policy is based on the following principles:

- Women and children have a right to live safely, free from fear within their own homes.
- Acts of domestic violence are the sole responsibility of the perpetrator.
- Gender inequality needs to be challenged in order to ensure appropriate response to Domestic Violence.
- Domestic violence occurs across all cultural and socio-economic groups. Disability, language and cultural needs of women including those of CALD background and Aboriginal women must be considered in any response. Referral to the Aboriginal Health Education Officer or Aboriginal Liaison Officer should be considered.
- Where appropriate, Health Care Interpreters should be used to assist with communication and understanding of cultural issues.
- Parents and children who are victims have a right to access services, which are sensitive to their needs and to service providers who understand the complex dynamics of domestic violence.
- Whilst Domestic Violence is an issue that impacts on women and children due consideration should be given to ant men who may be in this situation.

2 Legislative Framework

Health workers have legal obligations and responsibilities towards children and young people who are victims of domestic violence. A health worker must report to the Department of Community Services if they have reasonable grounds to suspect that a child (or children) is at risk of harm from abuse and neglect.

Under section 23 of the Children and Young Persons (Care and Protection) Act 1998 NSW, a child/ young person is at risk of significant harm if current concerns exist for the safety, welfare or well-being of the child or young person because of the presence, to a significant extent, of any one or more of the following circumstances:

> *(a) the child's or young person's basic physical or psychological needs are not being met or are at risk of not being met,*
> *(b) the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive necessary medical care,*
> *(b1) in the case of a child or young person who is required to attend school in accordance with the Education Act 1990 —the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive an education in accordance with that Act,*
> *(c) the child or young person has been, or is at risk of being, physically or sexually abused or ill-treated,*
> *(d)* ***the child or young person is living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm****,*

(e) a parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm,

(f) the child was the subject of a pre-natal report under section 25 and the birth mother of the child did not engage successfully with support services to eliminate, or minimise to the lowest level reasonably practical, the risk factors that gave rise to the report.

Note. Physical or sexual abuse may include an assault and can exist despite the fact that consent has been given.

Children may experience harm from domestic violence in different ways. They may be:

- Direct victims of physical and emotional abuse,
- Indirect victims of physical and emotional abuse (e.g. when attempting to protect another person),
- Victims of emotional trauma through living in a climate of fear and intimidation resulting from violence in the home.

Serious psychological harm should be assumed in the presence of any of the following factors:

- Repetition or escalation in frequency or severity of domestic violence,
- A child or young person has been physically harmed,
- A parent or other family member has required medical attention as a result of domestic violence,
- A weapon has been used,
- A legal restraining order has been issued and/or breached and there are indicators that a child is currently at risk,
- There are threats to take or harm a child.

Serious psychological harm may also arise in circumstances where:

- The parent or caregiver is unable to protect the safety, welfare or well-being of the child or young person due to the level of their own victimisation;
- Domestic violence occurs in association with other significant risk factors, such as the hazardous use of alcohol or other drugs, mental health problems, or disability of the child or carer.

3 Role of The Sydney Children's Hospitals Network (SCHN)

SCHN has a role in the prevention, identification and intervention in relation to domestic violence.

Given the prevalence of domestic violence across the community it is likely that a significant proportion of women who present their children at SCHN for treatment maybe living with domestic violence and that their children's injuries may have resulted from this violence. Victims of domestic violence often find it difficult to talk about the abuse, due to feelings of shame or fear of retribution. Negative attitudes in the wider community towards victims of violence can increase their isolation. It is crucial that SCHN staff be aware and able to identify indicators of domestic violence and respond in a non-judgemental and supportive manner.

Prevention

The causes of domestic violence are complex and it occurs across all socio-economic and cultural populations. Strategies for preventing domestic violence include raising awareness of the extent and impact of domestic violence through formal staff training programs, and circulation of information newsletters, public displays, pamphlets and posters. Information and resources on domestic violence is also routinely provided throughout the Network in a variety of community languages.

Identification

SCHN clinical staff members are in a good position to identify domestic violence and respond early. Training is provided for medical, nursing and allied health staff to raise awareness of domestic violence and to enable staff to identify and respond to domestic violence. (Refer to Appendix 1 for more information.)

Indicators in Children

Indicators need to be considered in the context of the individual child and their circumstances. Domestic violence should be considered if any of the following are present:

- **Physical**: Slow weight gain; eating disorders, sleep problems, injuries.
- **Psychological**: Depression, anxiety, suicide attempts, low self-esteem.
- **Behavioural**: Regressive/sad/secretive behaviour, disruptive, fights with peers, stealing, social isolation, and alcohol/drug use. Violent or abusive behaviour towards parents, siblings or other children.
- **Psychosomatic**: Psychosomatic complaints.
- **Developmental**: Delay in physical, emotional, language development.
- **School**: Poor academic achievement, poor concentration and attendance, defiance in school.

Indicators in Parents

Indicators need to be considered in the context of the individual parent and their circumstances. Domestic violence should be considered if any of the following are present:

- **Physical**: Fractures, bruises, burns, lacerations, perforated ear drums, facial injuries, sexual assault, gunshot and stab wounds, old or untreated wounds, miscarriage (pregnancy is a high risk time).
- **Psychological**: Panic attacks, suicidal behaviour/attempts, depression.
- **Behavioural**: Drug and alcohol abuse, recurrent presentations, reluctance to go home, delay in seeking treatment.
- **Psychosomatic**: Palpitations, gastro-intestinal upsets (e.g. non-specific abdominal pain), headache, choking sensations.

Intervention

Assessment

SCHN staff should provide a non-blaming and supportive response to all persons who have experienced domestic violence and should work to identify the best options to help the non-offending parent and the child. Where domestic violence is suspected, the concern should be raised sensitively with the non-offending parent, without the alleged /suspected perpetrator present.

Shame and fear of not being believed and fear for their own safety often prevent women from disclosing they have been a victim of violence. An appropriate direct question from a health worker can reassure victims that they can speak about their experience. [(5)]

Examples of appropriate questions include:

- Have you or your child/ren ever been hit, slapped or hurt in other ways by your partner or ex-partner?
- Are you or your child/ren frightened of your partner or ex-partner?
- Are you and your child/ren safe to go home when you leave here?
- Would you like some help with your home situation?

A decision to discuss concerns about domestic violence with the parent of the child must take into consideration the **safety** of the child/young person and the non-offending parent. It is not the role of Health staff to investigate allegations of Domestic Violence with the alleged perpetrator.

Management

If there are concerns about the immediate physical safety, welfare or wellbeing of the child or young person, you may need to urgently contact the Police, Security Staff and FaCS. Consideration should be given to contacting the Child Protection Unit and/or an Executive representative. After hours CPU Westmead can be contacted through the CHW Child Protection on call service or the Social Work on call at SCHR.

In other less urgent situations where domestic violence is identified there are two alternative pathways (Refer to Domestic Violence Management Flowchart below)

Pathway A – referral to CPU

Where there are significant *safety, welfare or wellbeing concerns*, a consultation should be made to the **Child Protection Unit *(If after Hours CHW CPU or SCH social work oncall*)**

The social worker will provide consultation; assess the safety issues; offer advice and support to the child and non-offending parent; make appropriate referrals; provide contact numbers for crisis situation; and arrange practical assistance where necessary.

Where a decision to report to Family & Community Services is made, the report can be made either by the clinical team or CPU staff. It is good practice to involve the non-offending parent when making a report to Family & Community Services. Where a report is made about a young person they should be involved where appropriate in making the report.

Pathway B – referral to Social Work

Where there are concerns about domestic violence *but no apparent immediate safety concerns*, a referral should be made to the **Social Work Department**.

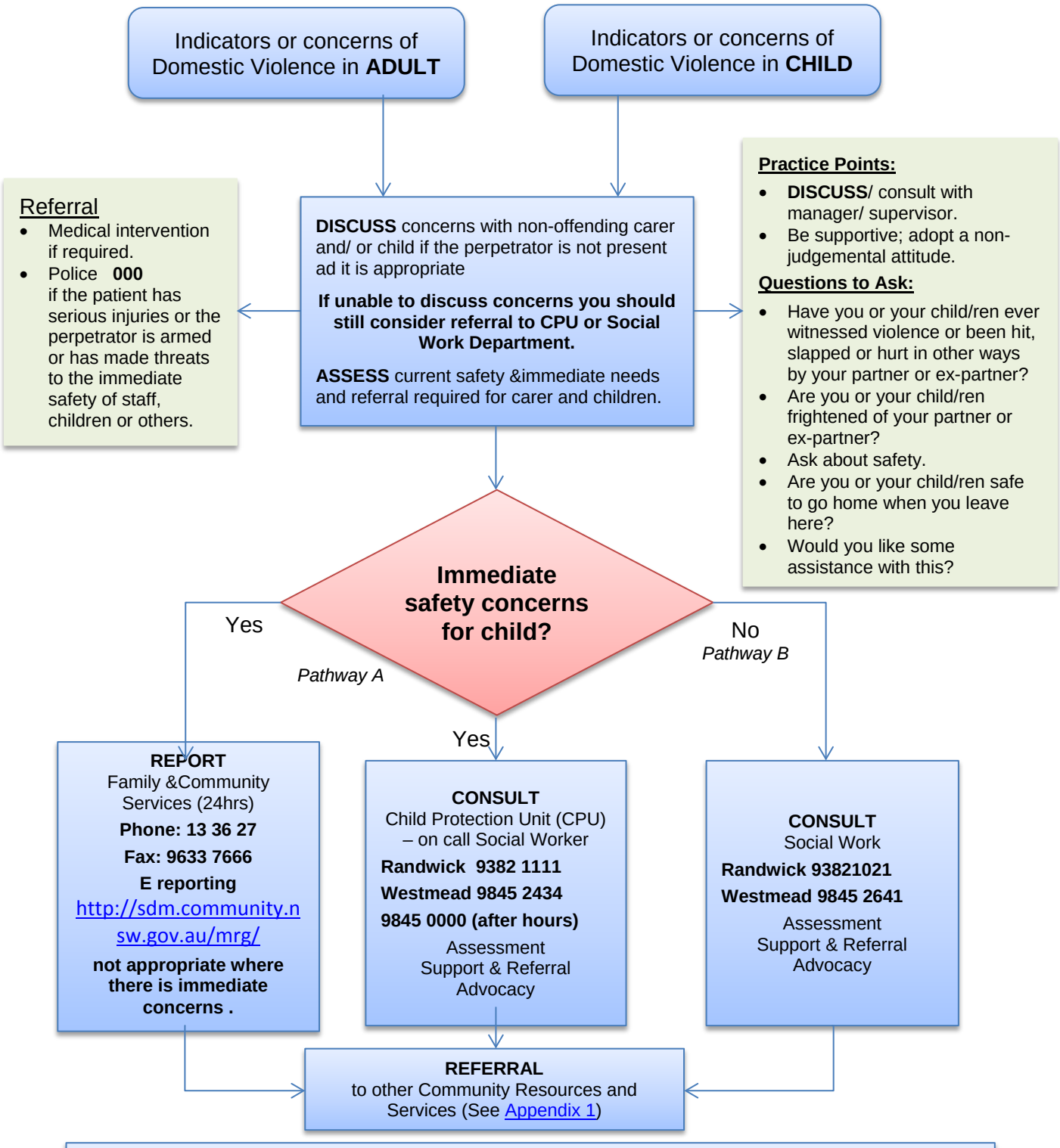
The Social Worker will conduct an assessment; offer support; make appropriate referrals; provide information on domestic violence services, including contact numbers for crisis situations and other relevant resources.

Following an assessment the social worker may consult with CPU/CWU and/or refer to Family & Community Services.

All concerns/actions, including reports to Community and Family Services, must be fully and accurately documented in the child's medical record.

Refer section 8 documentation in NSW Health Policy Identifying and Responding to Domestic Violence.

Domestic Violence Management Flowchart



Legal Issues

There are a range of civil and criminal options to protect victims, allow intervention and prevent domestic violence. These options offer protection against many forms of domestic violence. The specific legal processes include:

Apprehended Domestic Violence Orders (ADVO)

- ADVOs are designed to:
  - ensure the safety and protection of all persons who experience domestic violence
  - reduce and prevent violence between persons who are in a domestic relationship with each other
  - enact provisions that are consistent with certain principles underlying the 'Declaration on the Elimination of Violence Against Women

Criminal Charges

- Criminal charges may be laid on perpetrators of domestic violence.

Family Law

- Family Law may make orders in relation to living arrangements of children which may take into account domestic violence and its impact on children.

Victims' Compensation

- The Victims Compensation Tribunal administers a scheme of compensation for victims of violent crime. A victim of domestic violence can apply for compensation if she sustains an injury as a result of an act of violence that has occurred in NSW.

Safety Action Meetings

Safety Action Meetings (SAMs) are being implemented across the state as part of the NSW Government It Stops Here Domestic and Family Violence Framework for Reform. [(6)] It is planned regular meeting of local service providers that aims to prevent or lessen serious threats to the safety of domestic violence victims through targeted information sharing. NSW Health and specifically Local Health Districts and Specialty Health Networks are part of these meetings within their local area.

4 Staff Safety

Working with victims of domestic violence may place health workers at risk. In all situations staff safety must be given a high priority. If a health worker feels unsafe or threatened, they should remove themselves from the situation. NSW Health Policy Preventing and Managing Violence in the NSW Health Workplace - A Zero Tolerance Approach (PD2015_001) requires that all violent incidents be promptly reported to Security and Hospital Senior Management.

Staff Training promotes understanding of the nature, extent and impact of domestic violence; options available for victims; knowledge of referral points and legal options for victims. Training aims to ensure that health workers in SCHN can respond appropriately to women who disclose domestic violence.

SCHN uses a variety of training strategies, including workshops, practice forums, written material and videos. Staff can access training through HETI and Education Centre Against Violence, which is state-wide service of NSW Health.

Working with victims of Domestic Violence can be stressful and have an emotional impact on staff. Support is available through the Social Work Department and Child Protection Unit, and further support is available via the Employee Assistance Program.

5 References

1. The Health Costs of Violence. Measuring the Burden of Disease caused by Intimate Partnership Violence. Victorian Health 2004.
2. Children, young people and Domestic Violence, Australian Domestic Violence Clearinghouse, Issues Paper 2, Partnerships against Domestic Violence
3. NSW Health Policy Directive (PD2006_084) Identifying and Responding to Domestic Violence: http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_084.pdf (accessed June 2011)
4. Child Wellbeing and Child Protection Policies and Procedures for NSW Health (PD2013_007): http://www0.health.nsw.gov.au/policies/pd/2013/pdf/PD2013_007.pdf
5. Routine Screening http://internal.health.nsw.gov.au/pubs/p/pdf/procedures_dom_violence.pdf
6. It Stops Here Domestic and Family Violence Framework for Reform https://www.women.nsw.gov.au/__data/assets/file/0003/289461/It_stops_Here_final_Feb2014.pdf

Appendix 1

Examples of Domestic Violence Indicators

Examples of Indicators of Domestic Violence **(ADULT/Parent)**

Physical: Fractures, bruises, burns, lacerations, perforated ear drums, facial injuries, sexual assault, gunshot and stab wounds, old or untreated wounds, miscarriage (pregnancy is a high risk time).

Emotional/Psychological: Panic attacks, suicidal/self-harm behaviour, depression.

Behavioural: Drug and alcohol abuse, recurrent presentations, reluctance to go home, delay in seeking treatment.

Psychosomatic: Palpitations, gastro-intestinal upsets e.g. non-specific abdominal pain, complaints of headache, choking sensation.

Examples of Indicators of Domestic Violence **(CHILD)**

Emotional/Psychological: Depression, anxiety, sleep disturbances, suicide attempts, self-esteem, psychosomatic symptoms.

Behavioural: Regressive/sad/secretive behaviour, disruptive, fights with peers, stealing, social isolation, alcohol/drug use

Developmental: Delay in physical, emotional, language.

School: Poor academic achievement, concentration, attendance; defiance.

Violence: Physical/ verbal abusiveness, abuse of siblings/parents, sexually abusive behaviour.

** Please refer to CPU for physical/ verbal abuse of child*