DOMESTIC & FAMILY 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 the Department of Communities and Justice (DCJ) 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 DCJ 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 DCJ as appropriate. Please see Domestic Violence Management Flowchart

CHANGE SUMMARY

- Due for mandatory review. No major changes in practice; minor wording changes such as replaced Department of Community Services with *Department of Communities and Justice (DCJ)*. Recommend staff reread the 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 strongly committed to the idea that children and families have the right to live free from violence. As such, we are strongly dedicated 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 children, young people and adults. Living with domestic & family 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/4961

Background

Definition

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

'any behaviour in a domestic relationship, which is violent, threatening, coercive or controlling and causing a person to fear for their own or someone else's safety. It is usually manifested as part of a pattern of controlling or coercive behaviour' (NSW Department of Justice 2014 in NSW health 2019a, p.17). 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 profoundly negative impact on women and their children[1].*
- *1 in 6 people report having experienced intimate partner violence since the age of 15. This includes 1 in 4 women and 1 in 6 men[2].*
- *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].*
- *38% of women experiencing violence identify that their children have witnessed the violence [3].*

- *1 in 9 Australians report that they have witnessed violence toward their mother by a partner[2].*
- *There is evidence to suggest that particular groups of people experience multiple challenges that may heighten the likelihood and severity of violence, as well as barriers to seeking support. These include culturally and linguistically diverse (CALD) communities, Aboriginal people, women in pregnancy and early parenthood, people living in remote areas, people with disabilities and people from an LGBTQI background .*

Principles of Intervention

This policy is based on the following principles:

- Children first and foremost
- Women, children and adolescents 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 & Family 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 & Family Violence.
- Young people who report experiencing coercive, controlling and violent relationships at home, or who are experimenting with the use of violence in their interpersonal family relationships should also be offered access to services that recognise the complexity of these dynamics.
- Whilst Domestic & Family Violence is an issue that impacts on women and children due consideration should be given to any men who may be in this situation.
- Timely support is essential, due to the risk issues, and often the limited window of opportunity where victims are willing to accept support.
- Streamlined, collaborative care across teams, which reduces delays, and reduces the need for victims to retell their stories multiple times is important.

2 Legislative Framework

Health workers have legal obligations and responsibilities towards children and young people who are victims of Domestic & Family Violence. A health worker must report to the Department of Communities and Justice (DCJ) if they have reasonable grounds to suspect that a child (or children) is at risk of harm from abuse and neglect.

Section 23 of the Children and Young Persons (Care and Protection) Act 1998 NSW, specifies indicators of significant risk of harm. To determine whether a report needs to be made, NSW Health staff can utilise the Mandatory Reporters Guide at the following link: https://reporter.childstory.nsw.gov.au/s/mrg.

Children may experience harm from domestic & family 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 & family 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 & family 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 & family 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 & family violence.

Given the prevalence of domestic & family 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 & family 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 & family violence are complex and it occurs across all socio-economic and cultural populations. Strategies for preventing domestic & family violence include raising awareness of the extent and impact of domestic & family violence through formal staff training programs, and circulation of information newsletters, public displays, pamphlets and posters. Information and resources on domestic & family 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 & family 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 & family 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 and 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 & family 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), or injuries to neck
- **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.
- **Relational**: victim reports of a pattern of coercion and/or control such as intimidation, stalking, threats, ridiculing, damage to property, harming animals, restricted use of phone or car, social isolation; social media based threats.

Intervention

Assessment

SCHN staff should provide a non-blaming and supportive response to all persons who have experienced domestic & family violence and should work to identify the best options to help the non-offending parent, young person and/or child. Where domestic and/or family violence is suspected, the concern should be raised sensitively with the non-offending parent, without the alleged /suspected perpetrator present. Wherever possible, some, even brief time should be taken to build initial rapport, as it can be difficult for people to disclose.

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:

- How are things for you at home?
- Tell me about your relationship with your partner.
- Are you or your child/ren frightened of your partner or ex-partner?
- Have you or your child/ren ever been hit, slapped or hurt in other ways by 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 & family 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 & family 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 DCJ. Consideration should be given to contacting the Child Protection Unit and/or an Executive representative. After hours CPU can be contacted through the on call service via switchboard.

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

In all situations, there should be clear communication with the victim about how the shared information will be used and recorded and about any referrals.

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, CPU On Call.***

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 DCJ 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 DCJ. 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 & family violence *but no apparent immediate safety concerns*, a timely referral should be made to the **Social Work Department**.

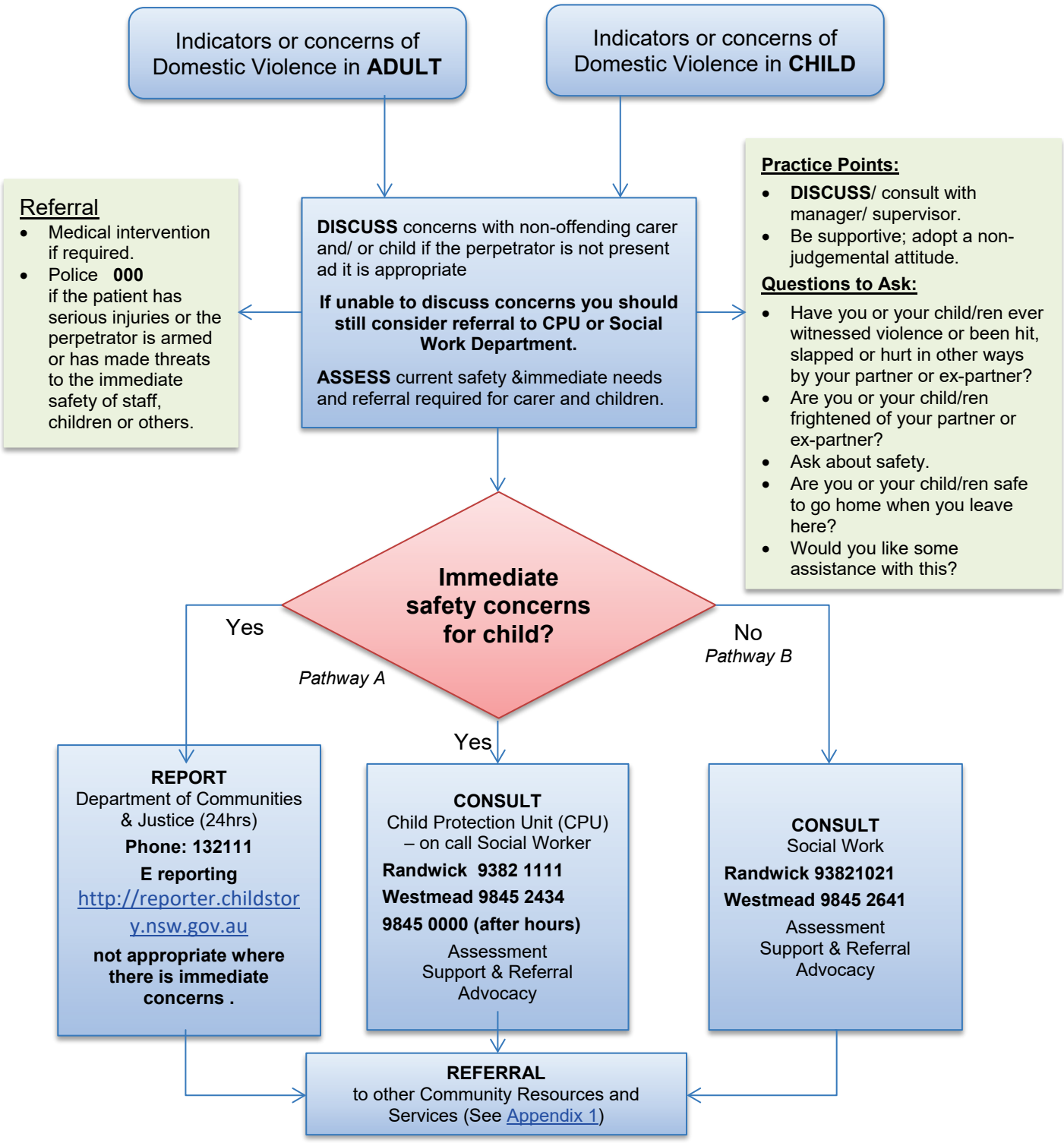
The Social Worker will conduct an assessment; offer support; make appropriate referrals; provide information on domestic violence services, including contact numbers for crisis situations and other relevant resources.

Following an assessment the social worker may consult with CPU/CWU and/or refer to DCJ.

All concerns/actions, including reports to The Department of Communities and Justice, 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



DOCUMENTATION

- All concerns, actions and findings must be fully and accurately documented
- Use the patient's own words - (where appropriate) e.g. 'the client/ patient states . . .'
- Reports made to DCJ must be documented in the child's medical record.
- Documentation requirements - refer to Section 8 of NSW Health Procedures for Domestic Violence
- Document detailed information about a parent's disclosure on a separate parent file, not on the child's file whilst still documenting risk issues on child's file.

Legal Issues

There are a range of civil and criminal options to protect victims, allow intervention and prevent domestic & family 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 and/or familyviolence
  - 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 & family violence.

Family Law

- Family Law may make orders in relation to living arrangements of children which may take into account domestic & family 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.

Legal Advice and Support

- NSW Legal Aid Service provide an outreach program from the Social Work Departments of SCH and CHW which can offer legal advice and support to non-offending parents and families. Contact Social Work for more information.

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 a planned regular meeting of local service providers that aims to prevent or lessen serious threats to the safety of domestic and/or family 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. Please make contact with the Child Protection Units for further information.

4 Staff Safety

Working with victims of domestic and/or family 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 & family 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 & family 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 & Family 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. Costello, M; Backhouse, C (2019) Avoiding the 3 Ms: Accurate use of violence, Abuse and Neglect Statistics and Research to Avoid Myths, Mistakes and Misinformation: a resource for NSW Health Workers, NSW Health/Education Centre Against Violence, Sydney.
3. Children, young people and Domestic Violence, Australian Domestic Violence Clearinghouse, Issues Paper 2, Partnerships against Domestic Violence
4. NSW Health (2019) The Case for Change: integrated prevention and response to Violence, Abuse and Neglect in NSW Health, NSW Government, North Sydney.
5. 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)
6. 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
7. Routine Screening http://internal.health.nsw.gov.au/pubs/p/pdf/procedures_dom_violence.pdf
8. 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*

Statewide counselling, information and support services:

1800Respect National Sexual Assault, DFV Counselling Service 1800 737 732

NSW Domestic Violence Line 1800 656 463

Victims Services 1800 633 063

Men's Referral Service 1300 766 491