



Domestic Family Violence and Abuse Training (Allied Health)

PRESENTED BY:
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SPECIAL GUEST SPEAKER:
ALEX WILSON – MINDFUL RECOVERY

OCTOBER 2022

WE ACKNOWLEDGE THE TRADITIONAL OWNERS & CUSTODIANS OF THE
LAND THAT WE LIVE & WORK ON AS THE FIRST PEOPLE OF THIS COUNTRY.



WHAT IS DOMESTIC FAMILY VIOLENCE AND ABUSE (DFVA)

PREVELANCE OF DFVA

POLL BURDEN OF DISEASE

DISCLOSURES OF DFVA

HOW TO SPOT THE SIGNS

INDICATORS OF DFVA

CHILDREN

FIRST NATIONS

A SAFE SPACE FOR DISCLOSURE

HOW TO START THE CONVERSATION WITH PATIENTS

CASE STUDY - ANGELA

A CONVERSATION CAN SAVE A LIFE

DFVA ACTION PLAN

EVIDENCE BASED INDICATORS

SAFETY PLANNING

THINGS TO AVOID

WHY DIDN'T YOU JUST LEAVE

LINK FOR SUPPORT

YOUR LOCAL LINK

RECORD FOR SAFETY

REPORTING AND SHARING INFORMATION

WHAT SHOULD YOU WRITE DOWN

SELF CARE AND SUPPORTS



CONTENT WARNING

All care has been taken in the delivery of information in this presentation. However, some of the content may be a trigger to some. You're welcome to step out if needed. Your welcome to speak with a facilitator afterwards if you need guidance towards supports

This is a brief overview of DFV and not intended to provide participants with ALL knowledge pertaining to it. The content is not intended to take the place of legal advice given by a qualified legal practitioner.

Throughout the presentation, victim/survivors may be referred to as "she" and perpetrators as "he". This is purely due to the higher prevalence in these demographics, whilst Domestic and Family Violence does affect all genders and age groups, and it does occur outside of heterosexual relationships.

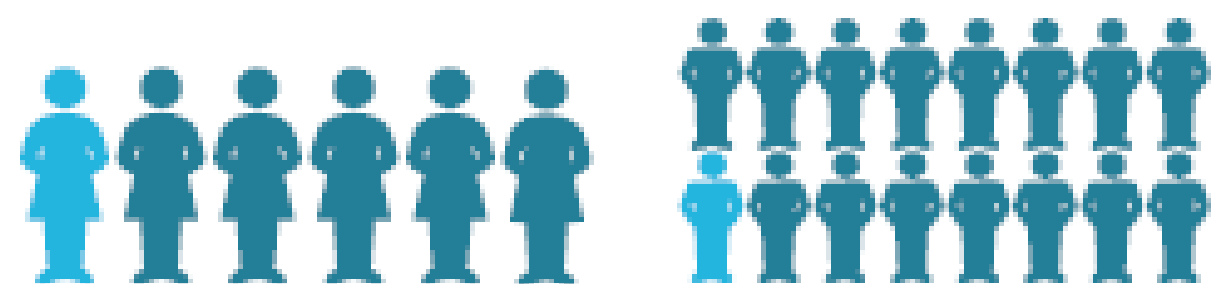
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WHAT IS DOMESTIC FAMILY VIOLENCE AND ABUSE?

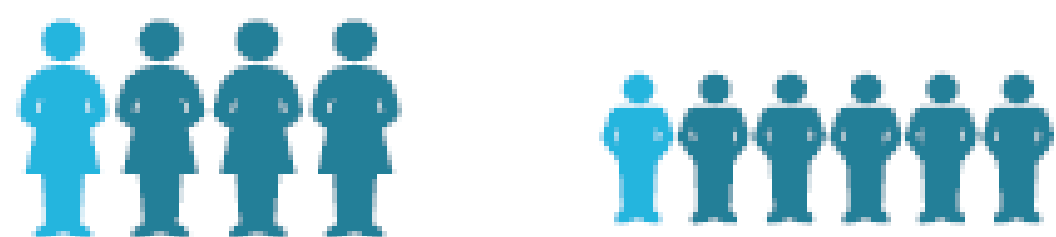


PREVELANCE OF DOMESTIC FAMILY VIOLENCE AND ABUSE?

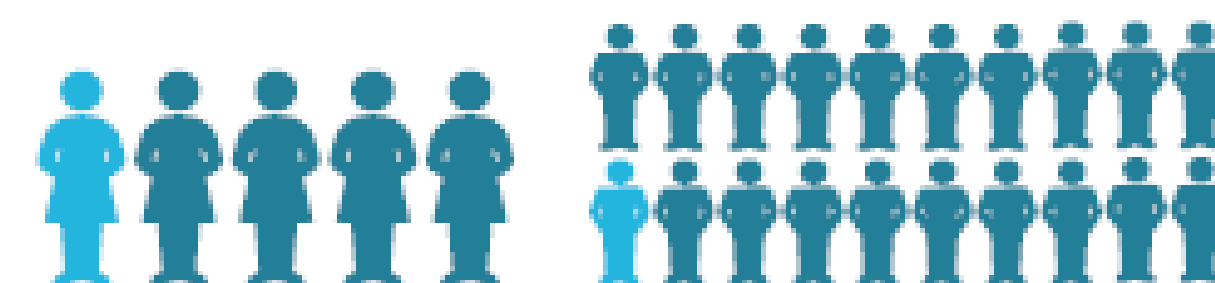
Since age 15:



have experienced physical and/or sexual violence by a current or previous partner



have experienced emotional abuse by a current or previous partner

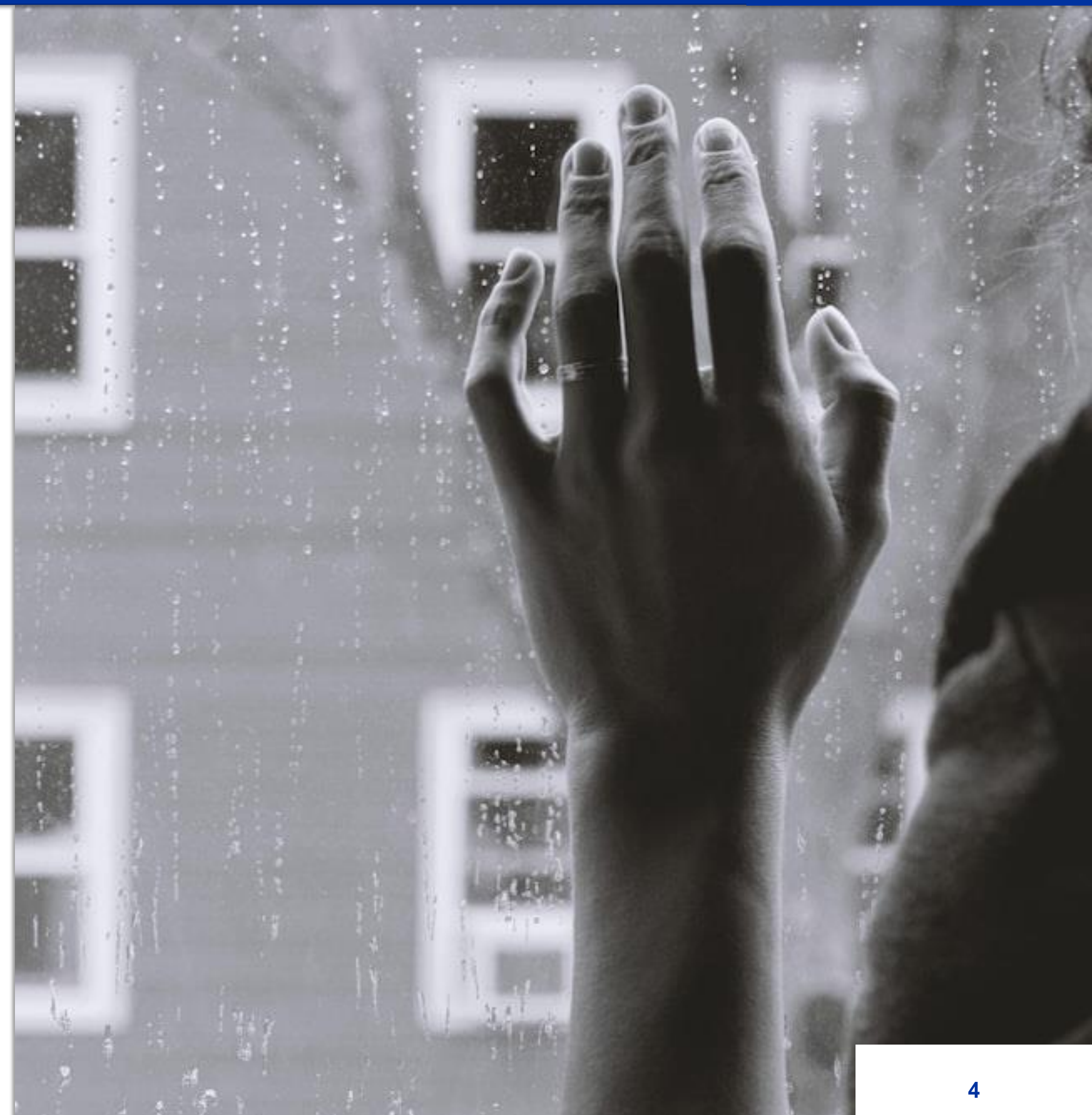


have been sexually assaulted and/or threatened

8 women a day are hospitalised after being assaulted by a partner

1 women a week is killed by a current or former partner

1 in 6 children were physically and/or sexually abused before the age of 15



What do you think is contributing to the highest burden of disease?



(SOURCE: The Australian Institute of Health and Welfare)



contributed an estimated **5.1%** of the **burden of disease** (impact of illness, disability, premature death) for women aged 18-44 years.

This is more than any other risk factor, including alcohol, tobacco use and obesity .

 The **disease burden** of domestic and family violence for **Indigenous women** aged 18-44 years is **6.3 times higher** than for non-Indigenous women in the same age group.

Estimated **cost of violence against women** (violence, abuse and stalking) in 2015/16:



This includes **\$1.4 billion** to the **HEALTH SYSTEM**¹¹.

(SOURCE: NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026)



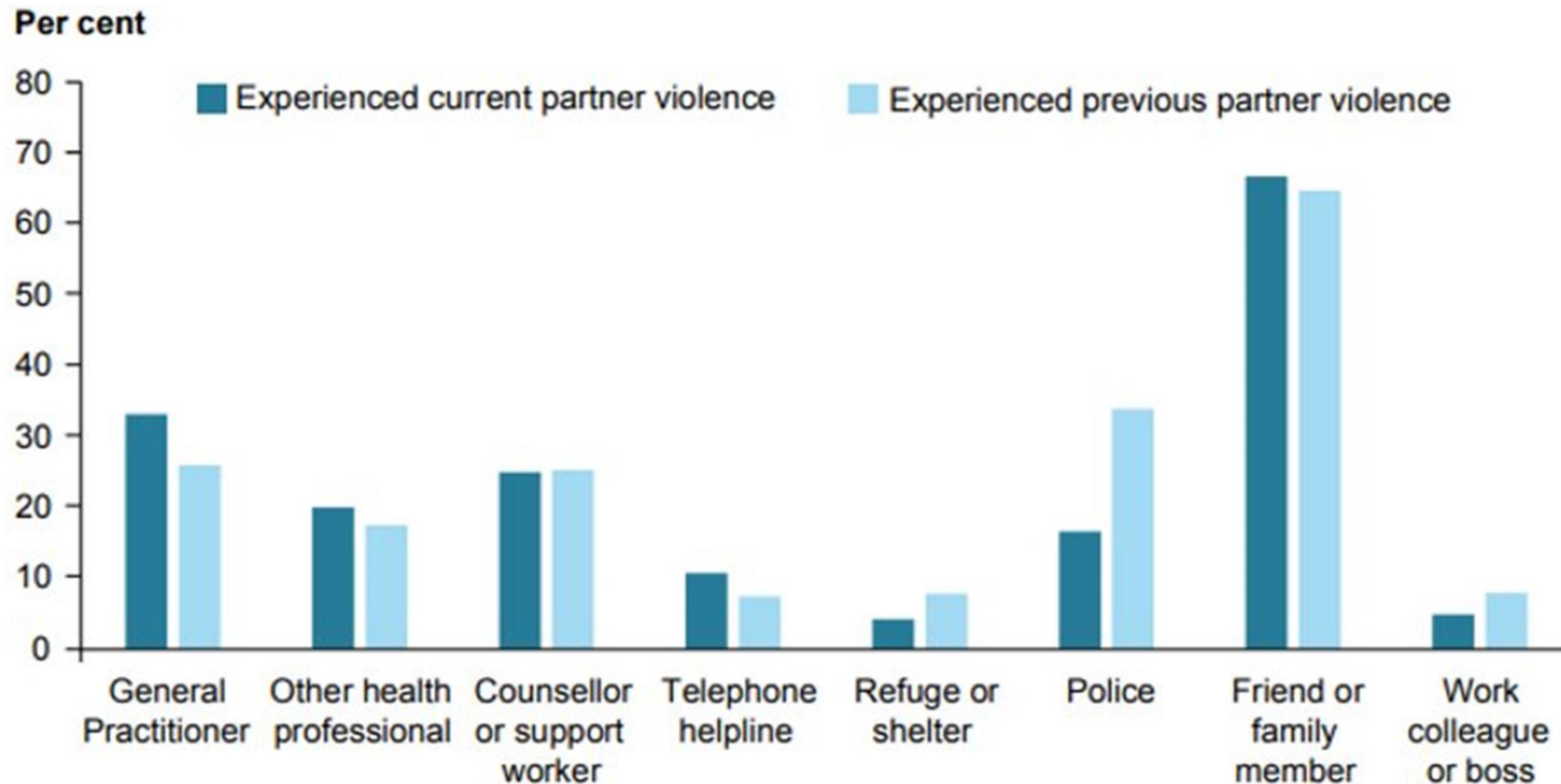
DOMESTIC FAMILY ABUSE AND VIOLENCE IS A HEALTH ISSUE

PRIMARY HEALTH NETWORK

phn HUNTER NEW ENGLAND AND CENTRAL COAST
An Australian Government Initiative

DISCLOSURE OF DOMESTIC FAMILY VIOLENCE AND ABUSE

What do you think is the highest and second highest source of support sought by victims of DFVA?



(Source: Australian Institute of Health and Welfare. Family, domestic and sexual violence in Australia 2018. Cat. no. FDV 2. Canberra: AIHW; 2018)

SPOT THE SIGNS

PHYSICAL

- Musculoskeletal or genital injuries
- Bruises at various stages of healing
- Reported sexual assault or sexually transmitted infections
- Chronic pain syndromes, fatigue and somatoform disorders
- Pregnancy and perinatal outcomes – Miscarriage and stillbirth

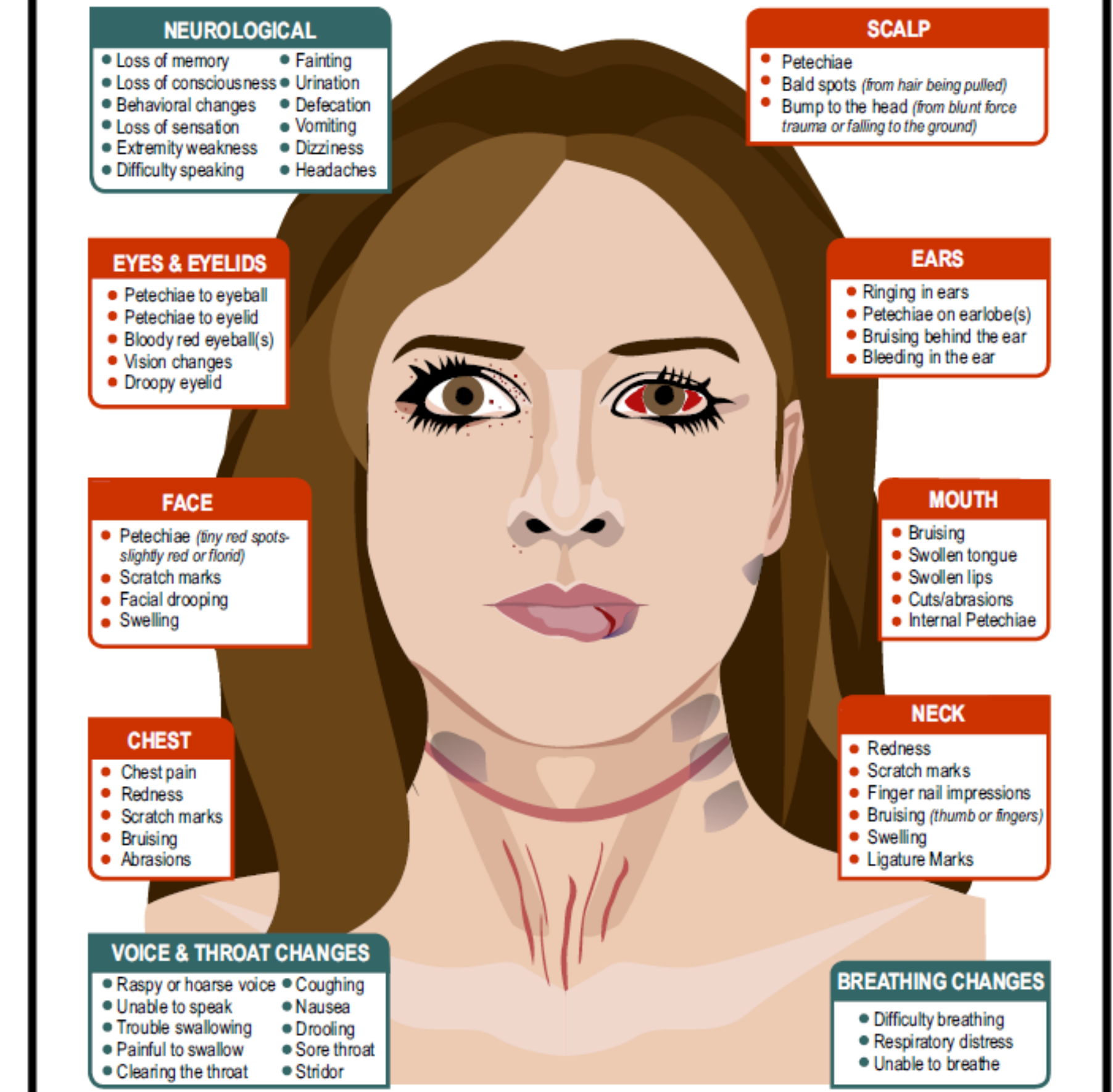
PSYCHOLOGICAL

- Problems with sleep, concentration, decision making or memory.
- Depression.
- Anxiety, Panic Disorders and PTSD.
- Substance abuse.
- Eating disorders.
- Suicidal ideation.

BEHAVIOURAL

- Irritability or anger.
- Feeling overwhelmed.
- Hypervigilance.
- Missing appointments.
- Not engaging in follow-up.

SIGNS AND SYMPTOMS OF STRANGULATION



Source: Strangulation in Intimate Partner Violence, Chapter 16, Intimate Partner Violence. Oxford University Press, Inc. 2009.

1 in 4 children are exposed to domestic violence.

Australian Domestic and Family Violence Clearinghouse. (2011)

CHILDREN EXPERIENCING DFV

- 5 times as likely to experience a mental health service by the time they turn 18.
- Twice as likely to be diagnosed with a substance use disorder
- Chronic Illness such as heart disease, depression and diabetes in adults have roots in early adverse childhood experiences, such as domestic family violence and abuse.

Australia's National Research Organisation for Women's Safety, ANROWS (2022)



Is your relationship impacting the kids?

Problems at school
Aggressive behaviour and language
Sleeping problems or bed wetting
Anxiety and stress
Depression and withdrawal

Talk to your doctor today.

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PRIMARY HEALTH NETWORK

WHAT CAN YOU DO?

Link for support, early

Counselling, Group Programs for Mothers and their Children to Rebuild Attachment, Speech Pathology, Occupational Therapy

Increase protective factors

Support schools to provide a trauma informed response, link children with extra curricular activities that build confidence and contact with positive and safe adults

A 2022 ANROWS report found that on average **children are not receiving a health intervention until 6 years after the first incident of DFV.**



5 times more likely to be impacted by Family Violence

GENUINE FEARS TO DISCLOSE DFVA

- Losing child custody
- Homelessness
- Lack of confidence in police and community support

Our Watch, 2018, 'Changing the Picture'



Violence against Indigenous women

STATISTICS



3 IN 5

Indigenous women have experienced physical or sexual violence at the hands of an intimate male partner

Indigenous women are hospitalised due to family violence at

32x

the rate of non-Indigenous women, and at

3x

the rate of Indigenous males.

In the NT, Indigenous women are hospitalised from assault at

69x

the rate of non-Indigenous women
Havnen, 2012

Intimate partner violence (IPV) is 10.9% of the burden of disease for Indigenous women between the ages of 18 and 44.

This is the highest health risk factor for Indigenous women, more than



Smoking

Obesity

Alcohol

Indigenous women are almost

11x

more likely to be

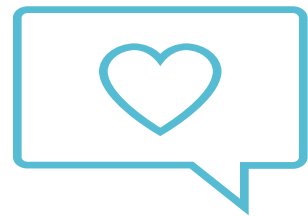
killed

due to assault than non-Indigenous women

A SAFE SPACE FOR DISCLOSURE



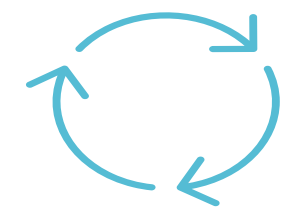
Create a climate for disclosure



Ensure the space is private



Making meaningful referrals



Stay involved! More eyes, more safety!



Discuss with your Local Link

**Is something
not right
in your
relationship?**

Talk to your doctor today.

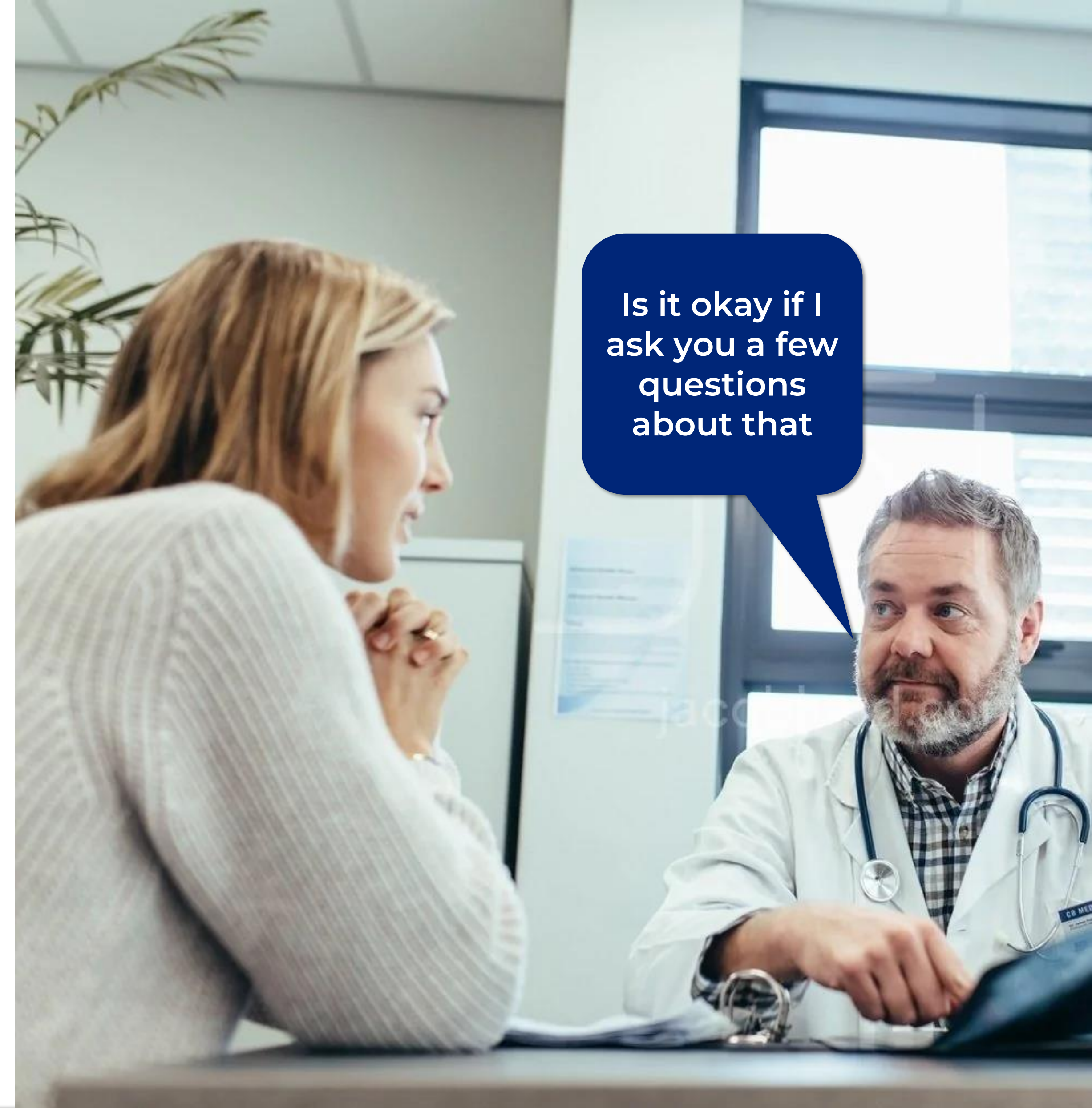
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PRIMARY
HEALTH
NETWORK

Domestic Family Violence and Abuse

**Early
intervention
starts with a
conversation.**



**START THE
CONVERSATION**

**PRIMARY
HEALTH
NETWORK**

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CASE STUDY – “ANGELA”



Angela is 34 years old, and lives with her husband and 2 children (2, 5). Angela has come to see you. She experiences ongoing low mood, fatigue, poor concentration, and occasional sleep disturbance. There is no underlying physical cause identified in your assessment so far. You have reason to believe that DFVA may be present.

What might be the implications when starting the conversation with Angela?

There is no right way to react. Every reaction is valid

Refer to the your DFAV Local Link

If clinical indicators are apparent, keep the door open
Check in during future appointments.

It can take time for clients to be ready to leave, or
They may want to stay in the relationship, they just want the abuse to stop.

A conversation can save a life.

START THE CONVERSATION USING THESE 4 STEPS:

1. Ask the question

“How are things at home?”

“Is there anything else happening which might be affecting your health?”

“What happens when your partner gets angry?”

“Sometimes partners use physical force. Is this happening to you?”

2. Listen without judgement

“I hear you. I believe you.”

“I care, and I am here for you”

3. Validate their feelings

“I’m so sorry this has happened to you.”

“Thank you for telling me. This is not your fault.”

4. Encourage action

“Do you mind if I ask you some more questions about risk to help keep you safe?”


“Before you leave, I’d like to develop a safety plan with you. Is this, okay?”

“I would like to link you to a specialist support service. Is that okay?”

ACTION PLAN

DOMESTIC AND FAMILY ABUSE/VIOLENCE (DFAV) ACTION PLAN

The DFAV Action Plan is used when there has been an indication of DFAV occurring towards the patient to enhance safety and identify risk.
DO NOT PROVIDE PATIENT WITH A COPY OF ANY PART OF THE ACTION PLAN. IT MAY NOT BE SAFE FOR THEM TO TAKE HOME.
Please refer to DFAV Action Plan Guide on the [PHN DFAV Online Toolkit](#) for further information
WHERE SAFETY IS NOT ACUTE, THIS ACTION PLAN CAN BE COMPLETED OVER SEVERAL APPOINTMENTS.



Patient Details		Patient Contact Details	
Full Name	Date of Birth	Gender/Pronouns	Patient Address
What culture/s does the patient identify with: ie. Aboriginal, Torres Strait Islander, LGBTQ+ & Other Nationalities		Safe time/day to call	Safe to receive letters? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient need an interpreter to communicate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify language/s	Preferred contact number	Safe to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Children & Pregnancy		Alternate contact number	Safe to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Patient Pregnant and/or have baby under 1 year old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Children's Name/s and Age/s	Preferred email	Safe to receive email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Person/s Using DFAV		Alternate email	Safe to receive email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Person/s Using DFAV		Relationship to Patient	
Living in same household as patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		Practitioner Name / Practice	

Patient Details

Identifies all affected
Safe methods for contact
Can be used as minimal referral

A	DFAV Risk Assessment	Patient consent is not required for information sharing if the practitioner believes the person is at serious threat and that the information sharing is necessary to lessen the threat (Part 13A of the Crimes (Domestic and Personal Violence) Act 2007)). Please see "Legal" section in the PHN DFAV Online Toolkit for further information
1	Do you feel unsafe to go home after this visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2	Are the abusive behaviour/s getting worse or happening more often?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3	Have they ever put their hands around your throat or tried to stop you breathing in any way? <i>Please refer patient to ED with referral letter requesting Violence Abuse Neglect psychosocial support.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4	Are they jealous or controlling of you, including following/tracking where you are going or isolating you from others?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5	Do you rely on them to care for you, and do they use this position to control or hurt you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6	Have they ever threatened to kill you, pets, or your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7	Have they ever threatened or hurt you or your children inclusive of weapons or other objects? <i>Please specify in additional information (with weapon, punching, slapping, grabbing, pushing, etc)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8	Have they ever pressured you to do anything sexually that you did not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9	Have they ever threatened or physically hurt you while you were pregnant or made you do something that you didn't want to do while you were pregnant to hurt the baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10	Does the person using abuse have access to guns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11	Has the person using abuse ever breached an AVO, even if this was not reported to police?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12	Does the person using abuse have any known mental illness or a history of drug or alcohol misuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13	In the last 12 months, have you separated, changed your living arrangement, or are you thinking about doing this?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
IF YES TO QUESTION 1, 2 OR 3: It is highly encouraged to call: Local Coordination Point 1800 938 227 NSW Domestic Violence Line 1800 65 64 63 (Out of Hours)		IF YES TO ANY QUESTIONS: Safety plan before patient leaves appointment. It is encouraged to send this plan to the Local Coordination Point via secure messaging
IF NO TO ALL QUESTIONS: Safety planning may be left to the follow up appointment.		Additional Relevant Information <i>(If specific Risk indicators or patterns of abuse are increasing in severity, Consider existing patient supports and criminal affiliations)</i>

Risk Assessment

Screens for risk factors
Assists best response to risk
Review as risk factors change

Patient Plan			
Patient needs	Goals	Management	Referrals
Identify needs as identified by the patient. <input type="checkbox"/> Information and advice only <input type="checkbox"/> Would like to stay in the relationship but wants the violence to stop violence and abuse. <input type="checkbox"/> Wants to leave the relationship <input type="checkbox"/> Requires an immediate response and crisis accommodation. Other issues -	Record the goals agreed to by the patient and Clinician and any actions the patient will need to take <input type="checkbox"/> Ensure safety of patient and children <input type="checkbox"/> Address DFAV impacts on children's developmental milestones, particularly speech, language, and communication and behavioural issues. <input type="checkbox"/> Consider social and emotional difficulties for both adult and child. <input type="checkbox"/> Patient is safe in their home (person using violence/abuse leaves). Patient is engaged/seeking support	Treatments, actions, and support services to achieve patient goals Attend to any injuries Refer to Local Coordination Point for triage and on-referral including: • Counselling • Legal • Housing • Care coordination The LCP will provide feedback as to the outcome of the referral via secure messaging Where a child may be at risk of harm, use the NSW Mandatory Reporter Guide (https://reporter.children.nsw.gov.au/nsw/) or call the NSW Health Child Well-being Unit to determine if a report is required . Complete a strength-based report which includes the protective behaviours of the parent and any referrals made i.e. engaging in safety planning and allied health services for children's needs.	DFAV is complex and multilayered and requires an interdisciplinary response. All referrals should be directed to your Local Coordination Point. When making referral to DFAV service, at minimum provide information about contact safety, cultural or other needs on Page 1. Please provide all pages 1, 2 & 3 when appropriate to do so. Consider referral to paediatric specialist services such as speech pathologists, occupational therapy, behavioural and attachment therapists with knowledge and expertise in DFAV. If patient only wants counselling, consider application to Victims Service for counselling (if not already completed by the LCP) Relationship or marriage counselling is not appropriate for DFAV. Patients involved in DFAV need to be seen by separate clinicians and support services. <input type="checkbox"/> Set small and simple goals for self-care <input type="checkbox"/> Celebrate each step taken towards safety and empowerment
Safety & Resilience		<input type="checkbox"/> Existing Supports (Family, friends, neighbours, professional services)	<input type="checkbox"/> Patient confident safety plan will keep them safe
Has the patient consented to referral to the Local Coordination Point? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Copy of the plan provided to the Local Coordination Point <input type="checkbox"/> Yes <input type="checkbox"/> No			
In the event the Local Coordination Point is unable to make contact, does the patient consent to being referred to an alternate service <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Completing the plan		Signed consent required	
On completion of the plan, the Clinician is to record that s/he has discussed with the patient: • risk assessment and safety planning; • all aspects of the plan and the agreed date for review (Practice Nurse can complete review), • referral to the Local Coordination Point for specialist support and care coordination.			
Date plan completed	Review date	Follow up within two weeks. If this isn't possible, please consider following up with the LCP/DFAV Linker	
Enter Reason for visit: DSWB			
Review Notes			

Patient Plan

Plan treatment, Support & Referrals
Set goals w/ client towards safety
Review plan with patient or the LCP

Risk Assessment Evidence Based Indicators

Strangulation - A victim is 7.5 times more likely to be murdered if their partner has tried to strangle them

Coercive Control – A significant predictor of homicide. The DVDRT noted that in 99% of homicides it reviewed, the relationship was characterised by coercive and controlling behaviours.

Recent Separation or planning to leave – This is the most dangerous time for a woman and her children. The NSW Domestic Violence Death Review Team (DVDRT) found that where a female had been murdered by a former partner, they had separated within three months of the homicide.

Threats to kill, including pets and children - Perpetrators who threaten to kill their partner or former partner, themselves or others including their children, are particularly dangerous. Cruelty and harm directed to pets and other animals can indicate risk of future or more severe violence and are often used as a control tactic by perpetrators.

1800RESPECT

Safety Planning Checklist

<https://www.1800respect.org.au/help-and-support/safety-planning>

Escape Bag Checklist

<https://www.1800respect.org.au/help-and-support/escape-bag-checklist>

SAFETY PLANNING



Compile a list of emergency numbers



Identify family and friends who can provide support



Identify a safe place to go to and how they will get there



Pack an emergency bag



Ensure cash is available



Make arrangements for pets



Gather important documents (e.g. passport, proof of residency)



Download safety/support apps

My Safety Kit

<https://www.insightexchange.net/my-safety-kit/>

Things to avoid...

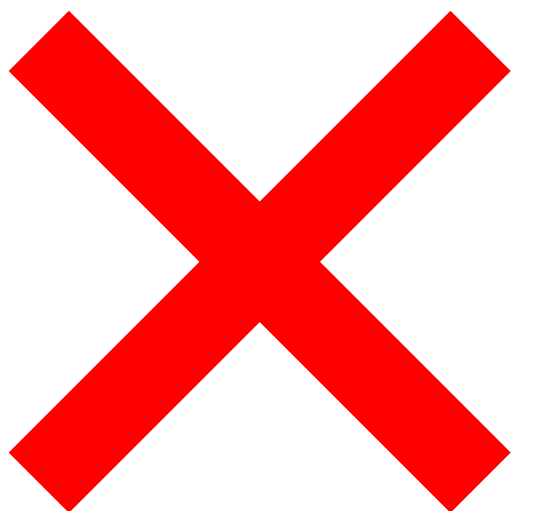
- Couples Counselling and Family Therapy isn't appropriate for people experiencing Domestic Family Violence and Abuse.
- Choose your language carefully.
- Pressuring them to tell their story or make a decision about what to do.
- Do not focus on identifying and changing Patient/Client behaviours.

Don't expect them to leave the relationship quickly or ever

“Why don't you leave?”

“What could you have done to avoid the situation?”

“Why did he hit you?”



WHY DIDN'T YOU JUST LEAVE?



DFV Local Link

The PHN has commissioned a support service for victim/survivors accessing Primary Care.

If a patient has been identified as a victim of DFVA,

LINK FOR SUPPORT



LINK FOR SUPPORT

LINK FOR SUPPORT

YOUR DFV LOCAL LINK

- Available from your **Local Coordination Point (LCP)**
- Can provide DFV Specialist ongoing support to your patient.
- Can provide advice and guidance to clinicians.

LOCAL COORDINATION POINT

1800 WDVCAS (1800 938 227)



AFTER HOURS SERVICES

- Domestic Violence Line – 1800 656 463
- 1800 RESPECT – 1800 737 732
- Men's Line Australia - 1300 789 978

Documenting Domestic Family Violence and Abuse increases safety.

It can help in identifying and providing evidence of cumulative harm and escalations.

If a client has been identified as a victim/survivor,

RECORD FOR SAFETY



What should you write down?

- **Make a note** if the perpetrator is present in the consult
- **Don't write opinions**, use the direct speech of the patient using quotation marks.
- **Note all types** of domestic family violence and abuse and record dates and times where possible
- **Document wellbeing**, including sleep disturbance, mood changes, weight changes, fear or anxiety
- **Document reasons** you identify your patient is a victim
- Document the patient's **assessment of their own and their children's safety** and **safety plans**
- **Note any referrals** you make

Certificate of injury form

To be completed by health service or therapy provider

About this document

Patients who have been injured during or following a violent crime or due to modern slavery may apply for support through the NSW Government as part of the Victims Support Scheme. In most cases they must present documents to verify that they were injured due to a violent crime or modern slavery.

This certificate is intended to be used for such verification. The information is being collected for the purposes of furthering the named patient's application for financial and other support under the *Victims Rights and Support Act 2013* ("the Act"). It will be stored, used, and disclosed in accordance with the Department of Communities and Justice ("the Department") privacy policy and privacy management plan, available on the Department's website at www.dcj.nsw.gov.au. Victims Services will not cover the cost for the completion of this report.

Part A: Patient details

1. Full name 2. Date of birth (dd/mm/yyyy)

Part B: Injury* details (*Includes psychological or psychiatric harm)

3. Date of examination or consultation
4. Date patient first seen at this practice/hospital for this injury
5. Patient's stated date of injury

6. Patient's stated cause of injury ("incident"):

7. Describe incident in detail as stated to you:

Part C: Symptoms and diagnosis

8. Patient's presentation and presenting symptoms:

9. The patient is/was suffering from

(List all diagnoses resulting from the stated cause of injury. If symptoms only, tick "Provisional diagnosis")

Provisional diagnosis

10. Is this consistent with your clinical findings? Yes ► Go to Part D Unclear ► Go to Q.11

11. Please provide details of inconsistency with clinical findings

REPORTING AND SHARING INFORMATION

CHILD PROTECTION HELPLINE

132 111 (24/7)

MANDATORY REPORTERS GUIDE (MRG)

<https://reporter.childstory.nsw.gov.au/s/>

PART 13A CRIMES (DOMESTIC AND PERSONAL VIOLENCE) ACT 2007

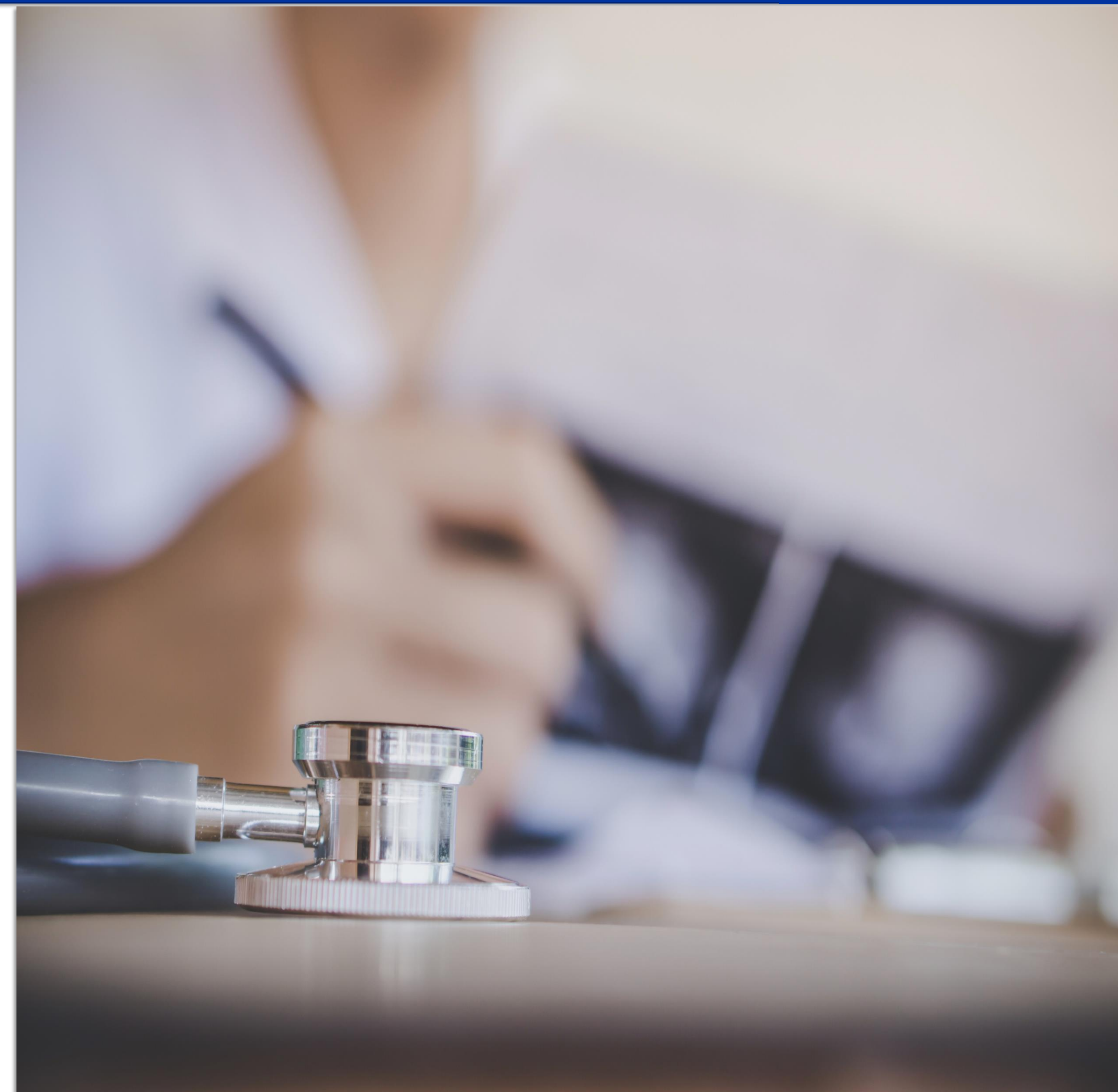
https://www.crimeprevention.nsw.gov.au/domesticviolence/Pages/Information_sharing.aspx

CHAPTER 16A CHILDREN AND YOUNG PERSON (CARE AND PROTECTION) ACT 1998

<https://www.facs.nsw.gov.au/providers/children-families/interagency-guidelines/information-sharing-for-service-coordination/chapters/resources>

ONLINE TOOLKIT

<https://thephn.com.au/toolkits/dfav-toolkit>



 **DOMESTIC VIOLENCE SUPPORT**

WOMEN'S DOMESTIC VIOLENCE COURT ADVOCACY SERVICES NSW
1800 WDV CAS or 1800 938 227

NSW DOMESTIC VIOLENCE LINE
1800 656 463

ABORIGINAL FAMILY VIOLENCE LINE
1800 109 123

1800 RESPECT
1800 RESPECT or 1800 737 732

KIDS HELPLINE
1800 55 1800

NSW RAPE CRISIS
1800 424 017

IMMIGRATION ADVICE AND RIGHTS CENTRE
02 9234 0700

MEN'S REFERRAL SERVICE
1300 766 491

WOMENSSAFETYNSW.ORG.AU 

PHN Member Assistance Program

1800 931 711

<https://thephn.com.au/programs-resources/member-access-program>

1800RESPECT
NATIONAL SEXUAL ASSAULT, DOMESTIC FAMILY VIOLENCE COUNSELLING SERVICE

 An independent & confidential service offering advice and support to doctors, dentists, veterinarians and students in these professions

NSW & ACT Helpline 02 9437 6552 (7 days)
www.dhas.org.au

 **Lifeline**
13 11 14

YOUR LOCAL LINK

1800 WDV CAS (1800 938 227)

 **MensLine Australia**
Call 1300 78 99 78

Be Prepared. Do the Training.

Link for Support.

**Call your DFV Local Link on
1800 WDVCAS (1800 938 227)**

