



LUNCH AND LEARN

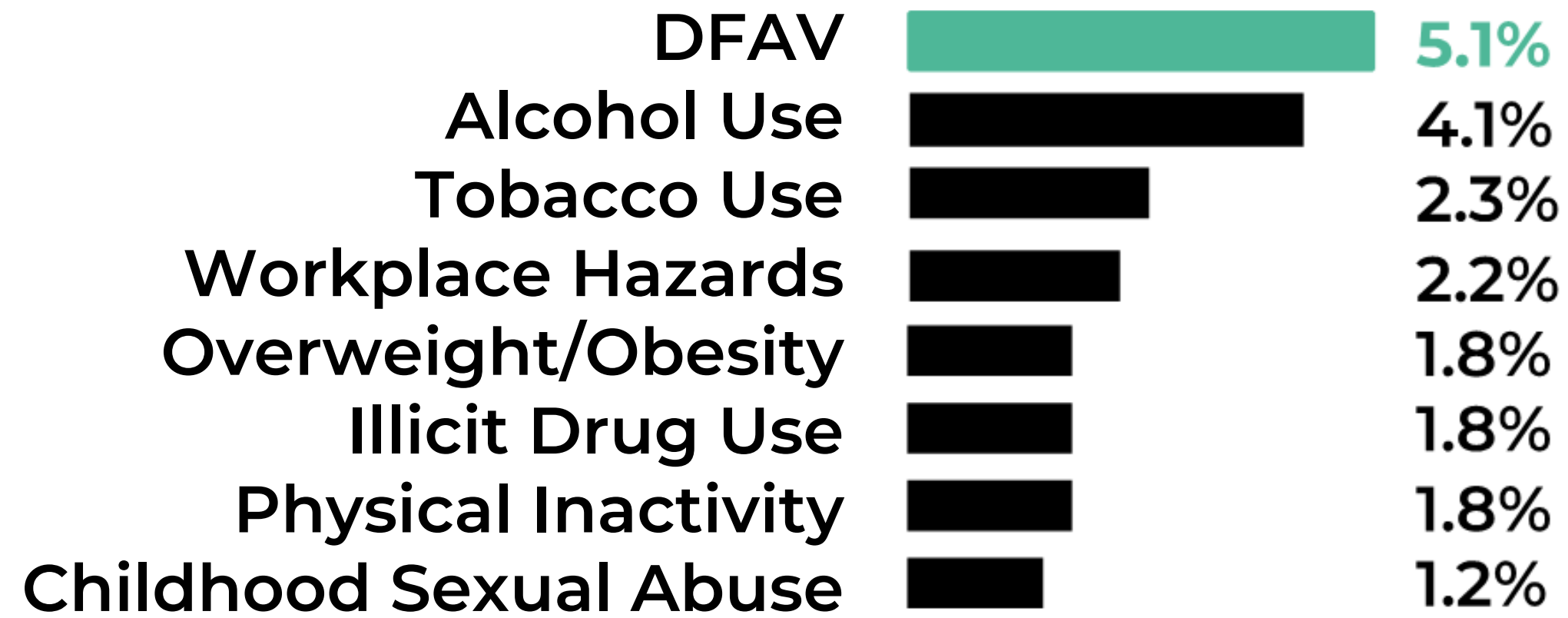
Safe and Healthy:
A PRIMARY CARE DFV INITIATIVE

MEET YOUR LOCAL LINK

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



The highest burden of disease for women aged 18-44 years?



(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.

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



\$22 billion

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

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.

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

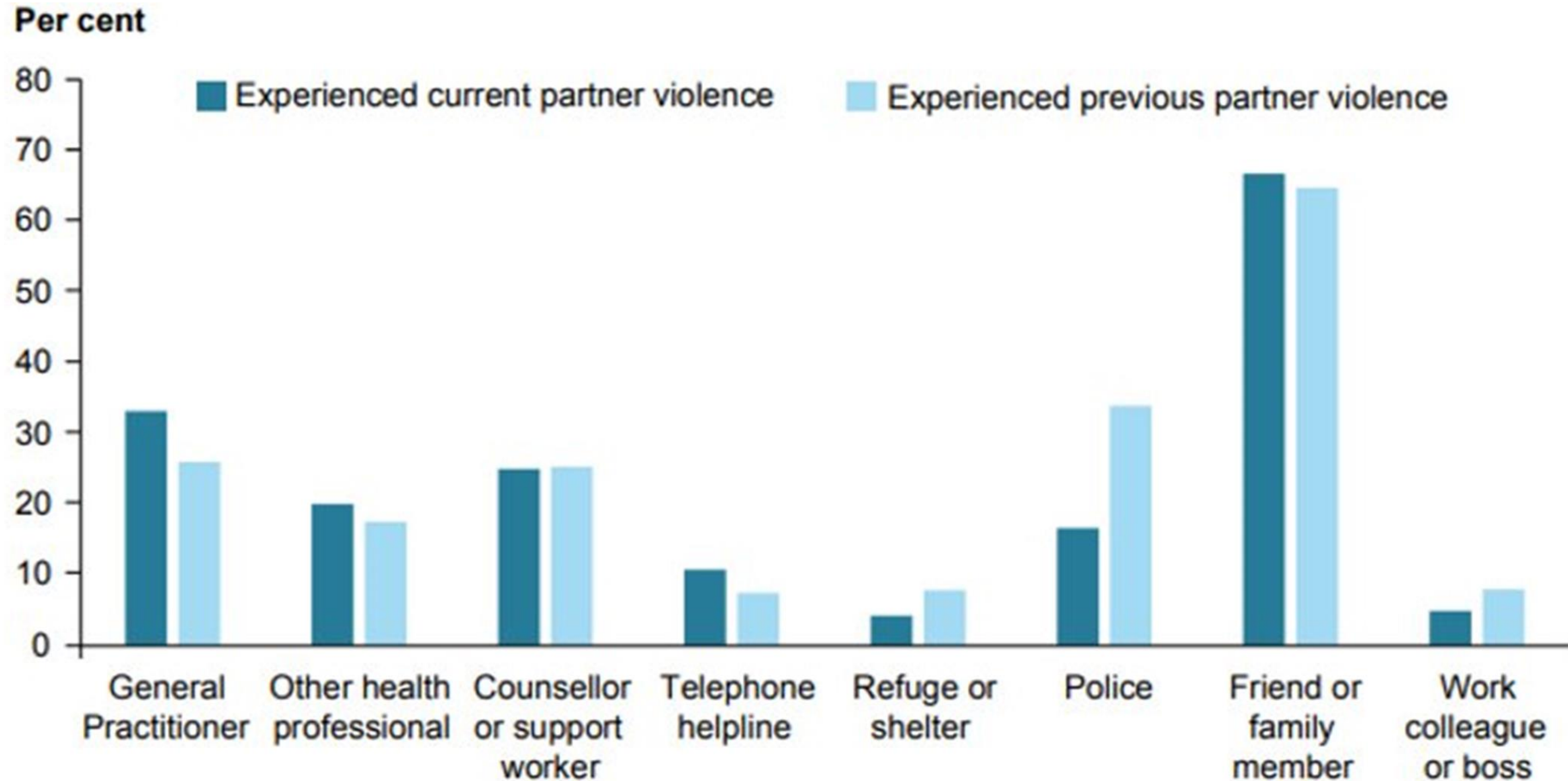


DOMESTIC FAMILY ABUSE AND VIOLENCE IS A HEALTH ISSUE

PRIMARY
HEALTH
NETWORK

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HUNTER NEW ENGLAND
AND CENTRAL COAST
An Australian Government Initiative

WHY PRIMARY CARE?



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

FIVE

victims a week may be
unseen.

**Make Domestic Family
Violence and Abuse**

VISIBLE

in Primary Health Care.

(SOURCE: RACGP)



IS YOUR PRACTICE
PREPARED AND READY?

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THE PRIMARY CARE RESPONSE

SPOT THE SIGNS

**START THE
CONVERSATION**

LINK FOR SUPPORT



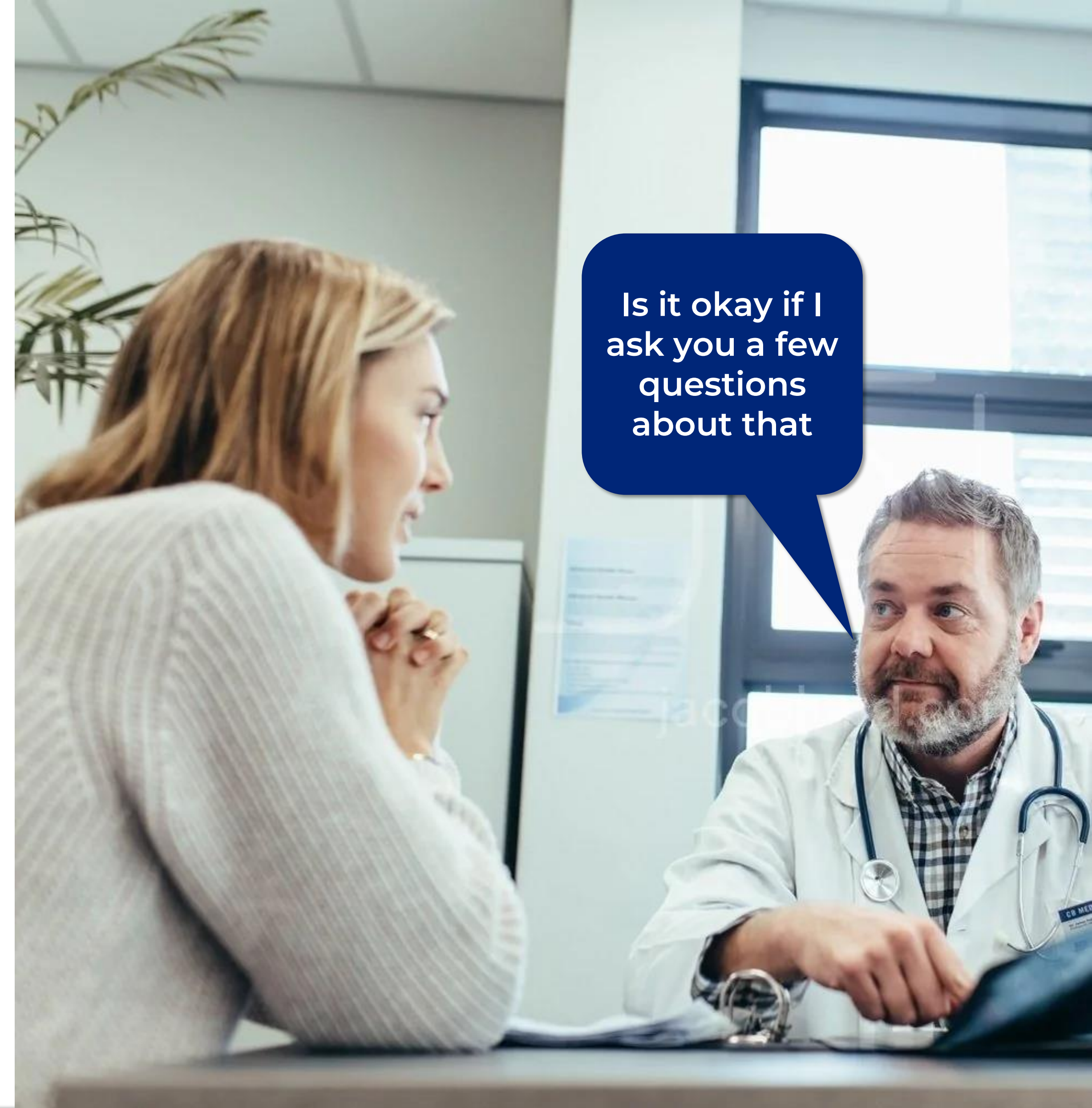
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Domestic Family Violence and Abuse

**Early
intervention
starts with a
conversation.**



**START THE
CONVERSATION**

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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: (e.g. 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	Person/s Using DFAV	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	Name of Person/s Using DFAV	Preferred email	Safe to receive email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Children's Name/s and Age/s	Relationship to Patient	Alternate email	Safe to receive email? <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 Helpline 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 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.		Signed consent required Scan back into the patient file and send via secure messaging. According to Part 13A of the Crimes (Domestic and Personal Violence) Act 2007, patient consent is not required for information sharing if the practitioner believes the person is at serious threat and that information sharing is necessary to lessen the threat.	
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

Versions available for both BP Premier & Medical Director
Can be sent securely via Medical Objects

DFV Local Link



The DFV Local Link can support patients and clinicians by providing:

- ✓ safety planning and risk assessment
- ✓ links to appropriate supports and services
- ✓ telephone advice and support
- ✓ court support
- ✓ feedback to clinicians on the outcome of referral

HOW TO REFER

Your Hunter Valley DFV Local Link.

Chloe Hope

Medical-Objects: LOCAL COORDINATION
POINT – HUNTER VALLEY (CL2323000FU)

Fax: **Email:** ChloeH@carriesplace.org.au

Mobile: 0457 300 931 **Phone:** 02 4936 2906

If your DFV Local Link is not available,
call WDV CAS on 1800 938 227.



- ✓ **Upload the DFV Action Plan into your clinical software and refer via medical objects or fax.**
- ✓ **Call or email for patient advice**

DO THE TRAINING
and increase the
confidence and
capacity of your
Practice to identify
and support victims
of Domestic Family
Violence and Abuse.

Training Program

Foundations: 1 hr

Applied Foundations: 1 hr

- ✓ How to creating a safe environment for disclosure.
- ✓ How to SPOT THE SIGNS of DFV.
- ✓ How to START THE CONVERSATION.
- ✓ How to assess for safety.
- ✓ How to LINK FOR SUPPORT.
- ✓ How to record using the DFV Action Plan.

BE PREPARED.
DO THE TRAINING.

Healthy & Safe

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Contact ssasse@thephn.com.au to register your practice for training today.

Link for Support.

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