

DOMESTIC FAMILY VIOLENCE AND ABUSE (DFVA) ACTION PLAN

The DFVA Action Plan is used when there has been an indication of DFVA occurring towards the patient to enhance safety and identify risk.

The Action Plan doubles as the referral to your Domestic Family Violence Local Link and where safety is not acute, can be completed over several appointments with partially completed being acceptable to send when referring to link for support early. Please consider sending page 1 at minimum.

Send via fax, Medical Objects or Health Link. Please check HealthPathways for relevant contact details for your regions DFV Local Link.

Please refer to DFVA Action Plan Guide on the [PHN DFVA Online Toolkit](#) for further information.



DO NOT PROVIDE PATIENT WITH A COPY OF ANY PART OF THE ACTION PLAN. IT MAY NOT BE SAFE FOR THEM TO TAKE HOME. It is recommended that clinicians using this Action Plan seek DFVA training. Please contact your PHN for free training.

Patient Details		Patient Contact Details	
Full Name	Date of Birth	Gender/Pronouns	
What culture/s does the patient identify with: ie. Aboriginal, Torres Strait Islander, LGBTIQ+ & Other Nationalities			
Does the patient need an interpreter to communicate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, specify language/s			
Children & Pregnancy		Person/s Using DFVA	
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 DFVA	Relationship to Patient
Children's Name/s and Age/s		Living in same household as patient?	
		Practitioner Name / Practice	

A	DFVA Risk Assessment Enter reason for visit: DSWB (Domestic Safety Well-Being)	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 DFVA 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	Has anyone put any pressure to your neck? IF YES, have you ever felt like you could not breathe, or did you see stars or lose consciousness? (We should be concerned about blood vessels AND airways). IF YES, did you ever lose bladder or bowel control? (Indicators of strangulation continuing beyond unconsciousness) Do you have any pain or symptoms (refer to SOS card for list of seen and unseen impacts)? If current symptoms and signs, please send to ED with referral letter or consider a scan.	<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: DFV Local Link 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 DFV Local Link 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>			

B	Safety Planning Plan with your patient how they and their children can remain safe
	<p>When Safety Planning consider:</p> <p>Supportive people and/or organisations, Safe neighbours</p> <p>Escape bag – medication, clothing, important docs, comforter toy for children</p> <p>Safety of children, Safety of pets</p> <p>Safe communication</p> <p>Electronic communications and social media</p> <p>When to call the police</p> <p>Consider the patient downloading the Daisy App</p> <p>Safety Planning Toolkits:</p> <p>RANSW Safe from Violence Booklet</p> <p>1800RESPECT Safety Planning Checklist</p> <p>Esafety Checklist</p> <p>1800RESPECT Escape Bag Checklist</p> <p>Learn more at DFVA Online Toolkit</p>
C	<p>Review & follow up Enter reason for visit: DSWB (Domestic Safety Well-Being)</p> <p>GP follow up within two weeks. Book a double appointment with patient. If this isn't possible, please consider an appointment with a Practice Nurse or follow up directly with the LCP/DFVA Local Link.</p> <p>For patient safety, please consider bulk billing.</p>

Patient Plan

Patient needs	Goals	Management	Referrals
<p>Identify needs as identified by the patient.</p> <p><input type="checkbox"/> Information and advice only</p> <p><input type="checkbox"/> Would like to stay in the relationship but wants the abuse and violence to stop.</p> <p><input type="checkbox"/> Wants to leave the relationship</p> <p><input type="checkbox"/> Requires an immediate response and crisis accommodation.</p> <p><i>Other issues -</i></p>	<p>Record the goals agreed to by the patient and Clinician and any actions the patient will need to take</p> <p><input type="checkbox"/> Ensure safety of patient and children</p> <p><input type="checkbox"/> Address DFVA impacts on children’s developmental milestones, particularly speech, language, and communication and behavioural issues.</p> <p><input type="checkbox"/> Consider social and emotional difficulties for both adult and child.</p> <p><input type="checkbox"/> Patient is safe in their home (person using violence/abuse leaves). Patient is engaged/seeking support)</p>	<p>Treatments, actions, and support services to achieve patient goals</p> <p>Attend to any injuries</p> <p>Refer to DFV Local Link for triage and on-referral including:</p> <ul style="list-style-type: none"> • Counselling • Legal • Housing • Care coordination <p>The DFV Local Link will provide feedback as to the outcome of the referral via secure messaging</p> <p>Where a child may be at risk of harm, call the NSW Health Child Well-being Unit on 1300 480 420 to determine if a report is required.</p> <p>Complete a strengths-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.</p>	<p>DFVA is complex and multilayered and requires an interdisciplinary response.</p> <p>All referrals should be directed to your DFV Local Link.</p> <p>When making referral to DFVA 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.</p> <p>Consider referral to paediatric specialist services such as speech pathologists, occupational therapy, behavioural and attachment therapists with knowledge and expertise in DFVA.</p> <p>If patient only wants counselling, consider application to Victims Service’s for counselling (if not already completed by the DFV Local Link)</p> <p>Relationship or marriage counselling is not appropriate for DFVA.</p> <p>Patients involved in DFVA need to be seen by separate clinicians and support services.</p>
<p>Safety & Resilience</p>	<p><input type="checkbox"/> Existing Supports (Family, friends, neighbours, professional services)</p>	<p><input type="checkbox"/> Patient confident safety plan will keep them safe</p>	<p><input type="checkbox"/> Set small and simple goals for self-care</p> <p><input type="checkbox"/> Celebrate each step taken towards safety and empowerment</p>
<p>Has the patient consented to referral to the DFV Local Link?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Copy of the plan provided to the DFV Local Link?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>In the event the DFV Local Link is unable to make contact, does the patient consent to being referred to an alternate service</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>Completing the plan</p> <p>On completion of the plan, the Clinician is to record that s/he has discussed with the patient:</p> <ul style="list-style-type: none"> • risk assessment and safety planning, • all aspects of the plan and the agreed date for review (Practice Nurse can complete review), • referral to the DFV Local Link for specialist support and care coordination. 		<p>Signed consent required</p> <p>_____</p> <p>Scan back into the patient file and send via secure messaging.</p> <p>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.</p>	
<p>Date plan completed</p>		<p>Review date</p>	
		<p>Enter Reason for visit: DSWB</p>	<p>Follow up within two weeks. If this isn’t possible, please consider following up with a Practice Nurse or the DFV Local Link</p>
		<p>Review Notes</p>	