

NORTH WEST METROPOLITAN REGION
PRIMARY CARE PARTNERSHIPS

Identifying Family Violence and Responding to Women and Children

CLIENT POLICY TEMPLATE

Acknowledgements



The North West Metropolitan Region (NWMR) Primary Care Partnerships (PCPs) acknowledge the support of the Victorian Government.

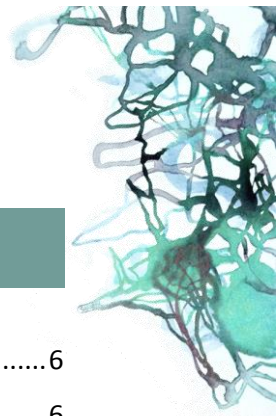
The development of this template was led by Ilana Jaffe, Project Coordinator at Inner North West Primary Care Partnership. Refer to INWPCP.ORG.AU.

Cover design by Justine Henry.

Inner North West PCP acknowledge the peoples of the Kulin Nation as the Traditional Custodians of the land on which our work in the community takes place. We pay our respects to their culture and their Elders past, present and emerging.

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Contents

- Purpose of the template 6
- Using this template in your agency..... 6
- Definition of Family Violence 7
 - Gendered Nature of Family Violence..... 7
 - Children and Family Violence..... 7
 - Elder Abuse 8
 - Barriers to Disclosure of Family Violence 8
- Responsibilities of Staff..... 10
- Indicators of Family Violence 11
- Identifying Family Violence 12
- Responding to Family Violence 13
 - Safety Planning..... 15
- Referrals Related to Family Violence 17
- Secondary Consultation in Relation to Family Violence 18
- Documentation in Relation to Family Violence 18
- Care for Self..... 19
- Template Review and Monitoring 19
- Suggested Linked Policies/Procedures to this Template 19
- References **Error! Bookmark not defined.**
- Appendix 1 – Sample Responses for Staff to Use 22
- Appendix 2 – Safety Planning for Adults, Unborn Children and Infants..... 24
 - Safety Plan..... 24
 - Violence Escalation 25
 - Safety Plans for Unborn Children..... 25
 - Safety Plans for Infants 25
- Appendix 3 – Safety Planning for Children and Young People 26
- Appendix 4 – Samples of Case Noting for Family Violence..... 29
- Appendix 5 – Context..... 30

Identifying Family Violence and Responding to Women and Children – Client Policy Template



The North West Metropolitan Region (NWMR)¹ Primary Care Partnerships (PCPs) facilitated the consultation and development of this template. The NWMR PCPs include:

- Inner North West PCP
- Health West PCP
- Hume Whittlesea PCP
- North East PCP

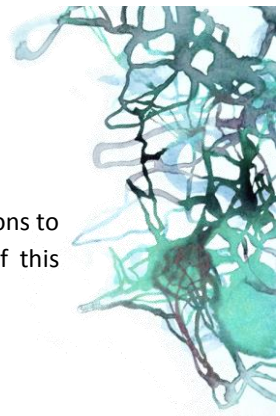
The NWMR PCPs comprise over 100 member agencies. Thirteen of these agencies came together in a working group to develop consistent responses to the diversity of women and children experiencing family violence across the region.

- cohealth
- Royal District Nursing Service
- Merri Health
- Darebin Community Health Service
- Tweddle Child and Family Health Service
- Mercy Health
- North Richmond Community Health Centre
- Western Health
- North Western Mental Health
- healthAbility
- Anglicare Victoria
- Plenty Valley Community Health
- Banyule Community Health Service

The Working Group was also attended by:

- The Northern Regional Family Violence Intergration Coordinator
- The Western Regional Family Violence Intergration Coordinator
- The Royal Women’s Hospital
- Senior Program and Service Advisor North Metro and West Metro Department of Health and Human Services

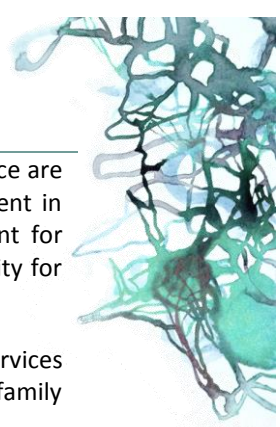
¹ The Project covers the North West Metro Region, which includes local government areas of Brimbank, Melton, Wyndham, Hobson’s Bay, Maribyrnong, Hume, Whittlesea, Melbourne, Moreland, Moonee Valley, Yarra, Banyule, Darebin and Nillumbik.



The North and West Regional Integration Family Violence Coordinators provided significant contributions to the development of this template. Key experts in the sector also assisted in the development of this template including:

- Women’s Health in the North
- Women’s Health West
- Berry Street
- Safe Steps
- Victoria Police
- Seniors Rights Victoria
- Inner Melbourne Community Legal Service
- North Western Melbourne Primary Health Network
- InTouch
- Launch Housing
- Elizabeth Morgan House Aboriginal Women’s Service
- The Royal Women’s Hospital
- Professor Kelsey Hegarty, The University of Melbourne
- No to Violence and Men’s Referral Service.

Darebin Community Health also kindly provided their policy and procedure as a framework. This document is aligned with Family Violence Risk Assessment and Risk Management Framework (often referred to as the Common Risk Assessment Framework or CRAF) and is an element supporting the Integrated Family Violence Service System



Purpose of the template

Family violence is a serious health issue and victims/survivors of family violence are among our community, in workplaces, schools, community groups and present in mainstream services. The Victorian services system is an early contact point for many people who have experienced family violence, presenting an opportunity for earlier identification, and improved responses and referral of victims.

This template shows how to provide inclusive high-quality care and support services to individuals who have experienced, or who are at risk of experiencing family violence.

The template is designed to provide guidance to staff that are associated with the care of patients/women, in the identification, assessment, response and referral process when identifying family violence.

The purpose of this template is to outline steps for all staff members to take in cases where they are in contact with a woman who discloses that she is experiencing family violence or if a staff member suspects or identifies signs of family violence. It is important that all staff members are able to identify and respond to family violence in their work. Even for staff members who do not deal with family violence very often, it is important that they know how to respond in ways that support the woman's needs, particularly her need for safety. Many of the steps that can be taken by staff to encourage people to talk about family violence do not require specialist knowledge and easily fit within their field of expertise. Additionally, it is imperative that staff feel supported by their supervisors/managers to undertake this work in a comprehensive way.

Using this template in your agency

This template specifies overarching best-practice policy principles in order to guide agencies on how they respond to women and children who are experiencing family violence. Each agency will then need to develop its own specific procedures for implementation based on this template.

This template focuses on working with women and children experiencing family violence due to the gendered nature of this issue. See the definition below for more detail on this. Agencies will need to develop a separate policy for responding to men experiencing family violence. This template does not cover:

- where there is suspected child abuse/mandatory reporting
- perpetrating violence
- family violence involving staff.

It is recommended that agencies develop specific policies and procedures on these subjects. Additionally, it is recommended that identifying and responding directly to children experiencing family violence is undertaken by staff with training in this area.

Definition of Family Violence

Family violence is defined by the *Family Violence Protection Act 2008* (Vic) as behaviour by a person towards a family member that is: physically, sexually, emotionally, psychologically or economically abusive, threatening, coercive, or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of themselves or another family member; or behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of behaviour referred to above.

In addition, family violence is a **pattern of coercive control** that one person exercises over another in order to dominate and get his way. It is behaviour that physically harms, arouses fear, and prevents a person from doing what she wants, or compels her to behave in ways she does not freely choose.²

The term 'family violence' captures a wide range of abusive behaviours that occur in the context of intimate and family relationships. The definition of 'family member' is broad and may involve:

- spouses/de facto partners (including same-sex)
- ex-partners
- children
- siblings
- parents
- caregivers (paid or unpaid)
- relatives
- kinship structures.

Gendered Nature of Family Violence

Family violence is a gendered crime. Evidence indicates that family violence is overwhelmingly perpetrated by men against women and children.³ Male violence against women is often characterised by the misuse of power and control within a context of male privilege.⁴

Women are not inherently vulnerable or 'at risk', but are made so by policies, structures and systems. As such, some women may be at greater risk of experiencing family violence. For example:

- pregnant women or women with a new baby
- women with disabilities
- Aboriginal and Torres Strait Islander women.⁵

In addition, women are more likely to be seriously injured or killed when they are planning to leave the relationship, or in the months following separation. This is owing to the perpetrator's sense of entitlement, ownership and perceived loss of control of the victim.

Children and Family Violence

It is important to remember that children have their own experience of family violence. A child can be affected by family violence, even if they were not the direct victim. A child can be exposed to family violence if they:

- overhear threats of physical abuse or death
- see or hear an assault

² Jones, A and Schechter, A, (1992), *When Love Goes Wrong*. Melbourne: HarperCollins.

³ In the year to March 2015, there were 69,446 family violence incidents reported to Victoria Police. Of these incidents 75.24% of victims were identified as female, and 76.8% of 'other parties' were identified as male. Family Incidents, Crime Statistics Agency, 2015 Accessed at <http://www.crimestatistics.vic.gov.au/home/crime+statistics/year+ending+30+june+2015/family+incidents>

⁴ Sourced from the Duluth Model, Power and Control Wheel. Accessed at <http://www.theduluthmodel.org/training/wheels.html>

⁵ Sourced from 1800RESPECT, Domestic and Family Violence. Accessed at <https://www.1800respect.org.au/workers/common-questions/what-is-domestic-family-violence/#link0>

- comfort or provide assistance to a woman of family violence who has been abused
- clean up or observe property damage
- are present when police attend a family violence incident
- experience the impacts of family violence including homelessness, poverty, death of a companion pet and impact on schooling and social activities.

Elder Abuse

Elder abuse is any act that causes harm to an older person and is carried out by someone they know and trust. The abuser may be a:

- son or daughter
- grandchild
- partner
- other family member
- friend
- neighbour.

Abuse can be unintentional or deliberate. The harm caused to an older person may range from the unintended effects of poor care through to serious physical injury inflicted deliberately. Harm can also include emotional harm and financial loss including the loss of a home and belongings. The older person may be dependent on the abuser, for example if they rely on the abuser for care. It is also common for the abuser to depend on the support of the older person, for example for accommodation. Sometimes elder abuse is a pattern of family violence that continues into older age. Often elder abuse starts when, because of ageing, the older person becomes more vulnerable, or relationships in the family change.⁶

Other emerging issues are child and adolescent violence directed at adults, predominantly mothers.⁷

Barriers to Disclosure of Family Violence

Importantly, there are significant reasons why a woman is hesitant to leave the situation or disclose her experience of abuse. These barriers can include, but are not limited to:

Fear for safety

- Fear of what the perpetrator will do when he finds out the woman has left
- Fear that the perpetrator will carry out a threat to harm or kill the woman, their children or others
- Can't take pets with her/concern for their safety
- Fear the perpetrator will carry out his threat to commit suicide if the woman leaves
- Fear that the woman won't be able to take care of herself and the children alone
- Fear of the unknown.

Isolation from others

- Lack of social/familial support
- Fear of being alone or that no one will understand or help the woman

⁶ Senior Rights Victoria. Online Elder Abuse Toolkit, Accessed at <http://www.seniorsrights.org.au/toolkit/toolkit/what-is-elder-abuse/#item-1>

⁷ White, M, Roche, A, Long, C, Nicholas, R, Gruenert, S and Battams, S (2013), *Can I Ask...? An alcohol and other drug clinician's guide to addressing family and domestic violence*. National Centre for Education and Training on Addiction (NCETA). Flinders University, Adelaide, SA.

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- Fear of being rejected by family and friends
 - Co-dependency/dependency on the relationship
 - Fear of police and law enforcement.
 - Withholding of aids, medication, and information.

Internal pressures

- Doesn't know that family violence is a crime/Normalisation of violence
- Self-esteem/Isn't aware of her rights
- Gender roles/expectations
- Mental illness
- Alcohol and/or drug issues
- Lack of resources
- Fear of leaving her home/community
- Denial
- Unable to communicate in English
- Pre-migration history including visa issues and/or a history of being trafficked
- Mobility issues
- Fear of institutionalisation.

Pressures about the children

- Worry about breaking up the family
- Doesn't want to take kids out of school, sports, activities
- Fear of raising children without two parents and raising them alone
- Fear of being deported or that the children will be taken out of Australia
- Concern that the children will not have the same lifestyle they are accustomed to
- Fear that the children will be taken from the woman by a welfare agency or children's services.

Promises from the perpetrator

- Saying that his behaviour will change
- Saying that things will get better
- Instilling the notion that no one else will love the woman in the same way
- Commitment to relationship/marriage – love for partner

Pressures from cultural or religious communities

- Fear of community response
- Desire to try to keep the family together and live up to religious commitments to remain within the relationship
- Racism/discrimination
- Dispossession and the impact of colonisation.

Pressure from family and friends to stay

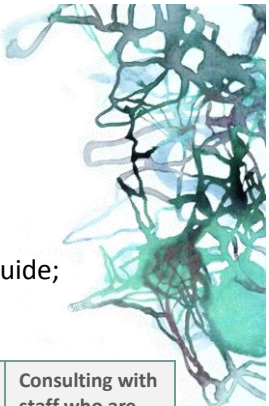
- Fear of not being believed
- Feelings of being ashamed, embarrassed and humiliated.

Financial pressures

- The woman is financially dependent on the perpetrator for shelter, food and other necessities.

Legal issues

- Fear about going to court and having to tell what has happened
 - Fear of losing the children in a 'custody' battle.
-



Responsibilities of Staff

The table below outlines key responsibilities that need to be undertaken for an organisational response to family violence. This table is a suggested guide; specific delegation of authority would need to be documented for each agency.

	Endorsing an organisational response to family violence	Thinking about safety for all clients and staff	Ensuring measures are in place for the safety of clients/staff	Ascertaining level of support for all staff/volunteers/students	Being familiar with the indicators of family violence	Being aware of the types of questions to ask women/children about family violence	Ensuring the woman/child is alone when you ask questions/discuss family violence issues	Using a professional interpreter	Contacting police if there is an immediate threat to you, your client or other staff and visitors	Referring clients/consulting in order to organise support	Documenting all information in the client record	Consulting with staff who are supporting a client experiencing family violence
CEO												
Managers												
Team leaders												
Staff who engage with women												
Reception staff												
Specialised staff in relation to family violence												



Indicators of Family Violence

The table below outlines some indicators of family violence – what you may see, observe or hear. The indicators of family violence are not always obvious. Identifying family violence early, by enquiring when you notice indicators, can prevent future violence and assist women on their pathway to safety. Be aware of the indicators – ask gentle but direct questions⁸.

Indicators in Adults	Indicators in Children
<p>Physical</p> <ul style="list-style-type: none"> • Unexplained bruising and other injuries • Head, neck and facial injuries • Injuries on parts of the body hidden from view (including breasts, abdomen and/or genitals), especially if pregnant • ‘Accidents’ occurring during pregnancy • Miscarriages and other pregnancy complications • Injuries to bone or soft tissues • Injuries sustained that do not fit the history given • Bite marks, unusual burns • Chronic conditions including headaches, pain and aches in muscles, joints and back • Dizziness • Sexually transmitted disease • Other gynaecological problems 	<p>Physical</p> <ul style="list-style-type: none"> • Difficulty eating/sleeping • Slow weight gain (in infants) • Chronic physical complaints • Eating disorders
<p>Psychological/Behavioural</p> <ul style="list-style-type: none"> • Emotional distress e.g. anxiety, indecisiveness, confusion, and hostility • Sleeping and eating disorders • Anxiety/depression/perinatal depression • Psychosomatic and emotional complaints • Self-harm or suicide attempts • Evasive or ashamed about injuries • Multiple presentations/woman appears after hours • Partner/adult/child/carer does most of the talking and insists on remaining with the woman • Seeming anxious in the presence of the partner/adult/child/carer/male practitioner • Reluctant to follow advice • Social isolation/no access to transport • Frequent absences from work or studies • Missing appointments • Submissive behaviour/low self-esteem • Withdrawn • Family member insists on interpreting for the woman • Not a permanent resident or on an insecure visa • Fearful • Alcohol or drug abuse • Missing belongings • Inability to find the money for basics such as food, clothing, transport and bills • Large withdrawals or big changes in banking habits or activities • Property transfers when the person is no longer able to manage their own financial affairs 	<p>Psychological/Behavioural</p> <ul style="list-style-type: none"> • Aggressive behaviour and language • Depression, anxiety and/or suicide attempts • Appearing nervous and withdrawn • Difficulty adjusting to change • Regressive behaviour in toddlers • Delays or problems with language development • Psychosomatic illness • Restlessness and problems with concentration • Dependent, sad or secretive behaviours • Bedwetting • ‘Acting out’ e.g. cruelty to animals • Noticeable decline in school performance • Fighting with peers • Overprotective or afraid to leave mother • Stealing and social isolation • Abusing siblings or parents • Using alcohol and other drugs • Psychosomatic and emotional complaints • Exhibiting sexually abusive behaviour • Feelings of worthlessness • Transience

⁸ Table adapted from: Australian Medical Association, Law Council of Australia, (2015) *Supporting patients experiencing family violence: A Resource For Medical Practitioners*, accessed at <https://ama.com.au/article/ama-family-violence-resource>

* There may be no visible signs of assault or rape in family violence presentations. This does not mean that the emotional or psychological effects of the assault are any less devastating to the woman.



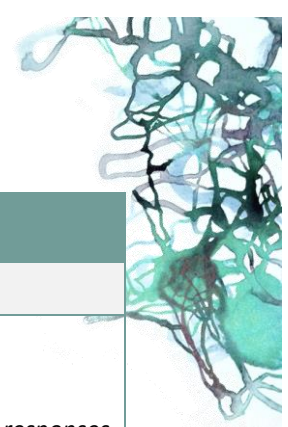
Identifying Family Violence	
Policy	Procedure
<p>At a minimum, your agency is encouraged to adopt a ‘case finding’ approach, whereby women and children are directly asked about family violence if indicators are present. That is, if a staff member suspects that family violence is occurring, they are strongly encouraged to ask the woman/child if this is the case.</p> <p>In addition, your agency may choose one of the following options:</p> <ul style="list-style-type: none"> • routinely ask/screen all women/children • screen women/children who are considered to be at higher risk of experiencing family violence. <p>The World Health Organization (WHO) recommends screening for high risk populations.⁹</p> <p>It is strongly recommended, that women/children are alone in a private, safe and confidential space when discussing issues of family violence.</p> <p>Children and young people can be affected by family violence even if they do not hear or see it. This means the woman should always be asked if any children or young people reside with her or have contact with the suspected perpetrator. If there are concerns for children, questioning of the child should be appropriate to the child’s developmental stage and the staff member should be adequately trained. If infants/children are suspected of being at risk from family violence, a thorough assessment must occur. This assessment will need to occur with the mother (or non-abusive parent) present. Referral to Child Protection or to a service with expertise in infant/child development may be appropriate.¹⁰</p> <p>Staff should not use family/community members as interpreters and should also be mindful if they are utilising a local interpreter and may consider using an interstate interpreter service. If your organisation utilises face-to-face interpreters, the staff member may consider following up with a phone interpreter to check if the woman was happy with their service. Ask the woman if she prefers a female interpreter. Utilising the same interpreter for the woman and the perpetrator is not recommended.</p>	<p><i>Your Agency procedure...</i></p> <p><i>Points to consider:</i></p> <ul style="list-style-type: none"> • See Appendix 1 for examples of responses staff can use to identify family violence when engaging with a woman/child. • Specifying the limits of confidentiality/privacy in the identification process. • Determining which program areas will: <ul style="list-style-type: none"> ○ ask if indicators are present ○ routinely screen. • Who will conduct the screening/identification process? • Will your agency utilise face-to-face and/or client-administered screening tools? • How will your agency procedures include children in the process? • Refer/Develop a policy on mandatory reporting for children and Child Safety Standards¹¹ • Will your agency use the SCTT 2012 Single Page Screener?¹²

⁹ World Health Organization, (2013), *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*, accessed at: http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf

¹⁰ Department of Human Services, (2012) *Family Violence Risk Assessment Risk Management Framework* and Practice Guides 1–3, CRAF Manual, Ed. 2, accessed at <http://www.dhs.vic.gov.au/for-service-providers/workforce,-careers-and-training/workforce-training/child,-youth-and-family-services-workforce/family-violence-and-risk-assessment,-and-risk-management-training>

¹¹ Department of Health and Human Services, (2015) *Child Safety Standards*, accessed at <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/child-safe-standards>

¹² Department of Health and Human Services, (2012), *Service Coordination in Victoria*, accessed at <https://www2.health.vic.gov.au/primary-and-community-health/primary-care/integrated-care/service-coordination/sctt-forms>

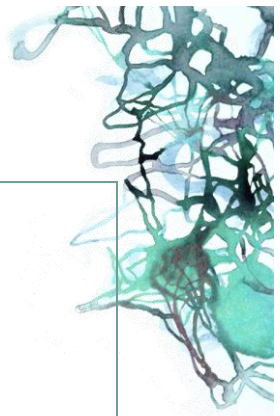


Responding to Family Violence

Policy	Procedure
<p>A woman and child's experience of family violence may be identified through:</p> <ul style="list-style-type: none"> family violence screening disclosure by the woman/child the staff member directly asking the woman/child if they are experiencing family violence based on observed indicators. <p>Engaging with the woman and creating a space where she feels safe to discuss her concerns is a key component of responding to family violence. The woman needs to be reassured that what is discussed will be private and confidential, within the limits specified by legislation.</p> <p>Incorporating culturally sensitive practice that is inclusive of Indigenous women and culturally and linguistically diverse (CALD) women and their families is also important.¹³</p> <p>Where possible, the client suspected of experiencing family violence should be offered frequent opportunities to discuss the abuse. The questions should be asked in a gentle, direct and non-judgemental manner.</p> <p>To ensure that children exposed to family violence are included in the discussion, it is recommended that agencies adopt a family-sensitive practice approach. Generally, adult-based services will discuss the child via the protective parent and empower the parent to have ongoing discussions with the child. Some agencies may have staff with training/capacity to directly engage with children in relation to family violence.</p> <p>Key principles that should be included in the procedural response to family violence include that:</p> <ul style="list-style-type: none"> the discussion occurs in a safe and private place the woman/child's story is heard, believed and validated the immediate safety of the client as well as any other family members, including children and pets, is assessed and actioned the safety of children is assessed as a priority consultation with appropriate internal/external workers occurs in a timely fashion. <p>If indicators are present but no abuse is disclosed, staff are to sensitively voice their concerns and make sure that the client is aware that they are able to make contact with services in the future if they choose to.</p> <p>If the client does not disclose violence, but a staff member strongly suspects abuse, staff are to consult with a senior staff member and/or appropriate internal services regarding the protection of the client and any children or other vulnerable people in the household.</p>	<p><i>Your Agency procedure...</i></p> <p><i>Points to consider:</i></p> <ul style="list-style-type: none"> <i>See Appendix 1 for examples of responses staff can use to respond to family violence when engaging with a woman/child.</i> <i>Does your agency have procedures for obtaining consent from the woman to share information internally/externally?</i> <i>Does your agency have designated areas that are private where a woman/child can discuss the violence?</i> <i>Are your agency procedures inclusive of culturally sensitive practice?</i> <i>Do your agency procedures include assessing the safety of children, as well as the safety of the presenting woman?</i> <i>Do your agency procedures include specific links to when staff must report to Child Protection/police? If there are children involved staff are encouraged to consult with Child Protection about their concerns. Ideally, this will be done alongside the woman.</i> <i>Can your agency procedures include a flowchart/clinical guidelines for the actions once a disclosure is made?</i> <i>Are your agency procedures in line with the CRAF/risk assessment framework?¹⁴</i> <i>Do your agency procedures refer to how your organisation will execute case management/care planning where relevant?</i> <i>Do your agency procedures refer to how your staff are expected to monitor a woman/child after a disclosure has occurred?</i> <i>Have you developed agency procedures for managing both the woman and perpetrator on site or during a home visit?</i> <i>Do you have agency procedures for staff being able to assess their own safety while working off site? Do these procedures include an assessment of all occupants/bystanders involved in a situation?</i>

¹³ Consult with specialist organisations when working with Aboriginal women, and/or women from refugee and immigrant backgrounds.

¹⁴ Department of Human Services, (2012) *Family Violence Risk Assessment Risk Management Framework* and Practice Guides 1–3, CRAF Manual, Ed. 2, accessed at <http://www.dhs.vic.gov.au/for-service-providers/workforce,-careers-and-training/workforce-training/child,-youth-and-family-services-workforce/family-violence-and-risk-assessment,-and-risk-management-training>



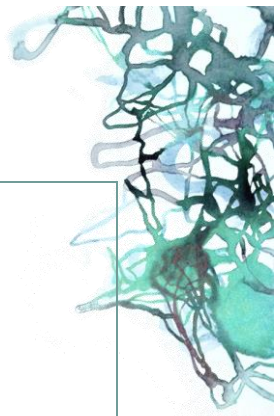
Managing both the woman and perpetrator on site or during a home visit is a complex area and it is important to be extra careful with confidentiality and safety issues. It is recommended that:

- where possible the woman and perpetrator are not seen by the same staff member so that each person is able to receive a safe service. In this situation the staff should share information about each client with each other/their team but there should be no discussion about suspected or confirmed abuse with the violent client unless the woman consents to this and there is a safety plan in place
- where appropriate consider referring one of the clients to another organisation, but not if this would require a breach of privacy of the other client
- relationship counselling for couples/families where violence has been disclosed is not appropriate.



Safety Planning	
Policy	Procedure
<p>It is an expectation that once a disclosure of family violence occurs, the worker is able to support the woman/child to start thinking about their own safety. Some women/children may not be comfortable/ready to safety plan; however, informing the woman/child that this option is available to them is recommended. Any family violence intervention can increase the risk of the woman/child, which makes safety planning a crucial step.</p> <p>Safety planning occurs in discussion with the client. Specialist family violence services are able to develop a tailored safety plan with the woman/child and this is the preference. However, if the woman is not accepting of a referral/not eligible then there is the expectation that the staff member will be able to begin the discussion about their safety.</p> <p>Many women choose to return to their home, where they are experiencing family violence. There are many reasons for this including fear of the perpetrator who may have threatened to kill the woman/children/pets if they leave, fear that they will not be able to manage on their own, hope that his behaviour will change or commitment to the relationship. Often a woman experiencing family violence is best placed to assess her level of risk. There may, however, be times when a woman is unable to assess her own level of risk, for example, if she is desensitised to the violence or is experiencing mental illness. In this instance, inform the woman of your concerns and her options so that she can make her own decisions.¹⁵ Her decisions must be respected; however safety planning should always be discussed to promote some level of safety.</p> <p>It is important that once the woman is informed of her rights and options, she is the one to make the decision about the best way to proceed. This may mean returning to an unsafe environment and this can be difficult for workers to understand. Important points of consideration are as follows:</p> <ul style="list-style-type: none"> • Returning home does not mean the women are complicit in the violence used against them. • They may assess leaving the relationship as the most dangerous course of action at this time. • That your organisation supports their choices and understands the context within which they are made. <p>To be usable, a safety plan needs to be available in a preferred format that is accessible to the person it is being developed for. Staff should also be mindful of providing written information to make sure the woman's/child's safety isn't compromised.</p>	<p><i>Your Agency procedure...</i></p> <p><i>Points to consider:</i></p> <ul style="list-style-type: none"> • <i>See Appendices 2 and 3 for Safety Plan Templates that staff can use with adults and children.</i> • <i>Do your agency procedures encourage referrals to specialist family violence services who can undertake comprehensive safety planning with the woman/child? Collaborative working relationships with the specialist family violence services is also encouraged.</i> • <i>Do your agency procedures include mechanisms to include children and young people in the safety planning process? Do staff have appropriate training for this to be undertaken?</i> • <i>Undertaking a conversation with a woman/child about their safety can take a significant amount of time. It is strongly recommended your agency procedures include mechanisms for staff to enable a longer appointment for this work to be undertaken as soon as possible.</i>

¹⁵ Office of the Public Advocate, (2013) *Interagency Guideline for Addressing Violence, Neglect and Abuse (IGUANA)*, accessed at <http://www.google.com.au/url?sa=t&rct=i&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiv7JXlztXKAhWhFqYKHR7-BD8QFggcMAA&url=http%3A%2F%2Fwww.publicadvocate.vic.gov.au%2Four-services%2Fpublications-forms%2Fresearch-reports%2Fabuse-neglect-and-exploitation%2F5-interagency-guideline-for-addressing-violence-neglect-and-abuse-iguana%2Ffile&usg=AFQjCNHQTGTsFHU7KSpuSgBHYNy9S7fl7g>



It is important that the woman is asked what they are already doing to ensure their safety and the safety of their children and that this is included in the safety plan.

Other areas to cover in the plan may include:

- calling the **police 000** if the threat is immediate and serious, reporting any violence to police
- establishing a safe place to go and a plan to get there including transport options
- improving the safety of accommodation; identifying options with the woman, for example a trusted friend or family member or a referral to Safe Steps for high security refuge on 1800 015 188 (<http://www.safesteps.org.au/>).
- identifying a friend, family member or neighbour who can assist in an emergency, and how to contact them
- encouraging opportunities for the woman to safety plan with children
- ensuring that safety planning with children is age appropriate and does not compromise their safety
- referral to a family violence support service
- discussing the option of an intervention order and legal support
- identifying a way to get access to money in an emergency
- identifying a place to store valuables and important documents including cash so they can be accessed when needed
- eliminating the ability to be tracked via smart phone
- providing written information and pamphlets on family violence services available in the local area only if it is appropriate to do so (e.g. a Women's Help Card)
- addressing any barriers in implementing the safety plan.

See Appendices 2 and 3 for Safety Plan Templates that staff can use with adults and children.



Referrals Related to Family Violence	
Policy	Procedure
<p>Referral Pathways for the North and Western Region of Melbourne have been developed¹⁶. Your agency may also have internal referral pathways. These pathways need to be promoted within your agency.</p> <p>The role of the staff member is to support the woman/children through appropriate referral pathways once consent is obtained. This may require additional time.</p> <p>If the woman/child has disclosed family violence:</p> <ul style="list-style-type: none"> • if the threat is immediate and serious, refer to police and call 000 • explore referrals appropriate to the woman's/child's needs which may include information about police and justice responses, specialist family violence services and other auxiliary services • provide sensitive and culturally safe referral options (don't assume that the client will want to access a culturally specific service, rather, offer the option) • include formal and informal referral options for children • encourage and support them to obtain legal advice if they have concerns about their legal rights and responsibilities • understand the barriers that may prevent the woman from following up on referrals, including practical and emotional barriers • provide the client with a Women's Help Card or other easy reference referral information. • provide future opportunities to monitor and discuss the violence, perhaps by scheduling in a future appointment. <p>For a variety of reasons, some clients may choose not to follow through with referrals. If the client expresses reluctance in following up a referral, help them to make a decision using non-directive, problem-solving techniques.</p> <p>A staff member can support a client to engage with other services by:</p> <ul style="list-style-type: none"> • Offering to call to make an appointment with the woman if this would be of help – for example, if she doesn't have a phone or a safe place to make a call. • Providing the woman with the written information they need (if it is safe to do so) – time, location, how to get there, name of the person they will see. • Telling the client about the service and to expect. <p>Regardless of their choices, it is important that the staff member remain patient and supportive, allowing the woman to progress at their own pace wherever possible.</p>	<p><i>Your Agency procedure...</i></p> <p><i>Points to consider:</i></p> <ul style="list-style-type: none"> • <i>Has your agency developed its own internal referral options for family violence? Have these processes been promoted?</i> • <i>Do your agency procedures include referring to appropriate consent processes for referrals?</i> • <i>Does your agency have localised informal and formal referral networks in relation to children and adults? Can these also be promoted?</i> • <i>Do your agency procedures include specific links to when staff must report to Child Protection/police?</i> • <i>Do your agency procedures promote the North West referral pathways?</i> • <i>Can your agency procedures include mechanisms for a 'warm' referral? If a client accepts the need for a referral, consider staff capacity for explaining and rehearsing the referral process, rather than just handing out a phone number or leaflet, and consider ringing the specialist service with the client present.</i> • <i>Does your agency have specific partnerships/relationships with Family Violence Services and networks? Can these relationships enhance your referral processes?</i> • <i>Referring a client to a specialist family violence service (including follow-up) can take a significant amount of time. It is strongly recommended that your agency procedures include mechanisms for staff to enable a longer appointment as well as extra administration time for this work to be undertaken as soon as possible.</i>

¹⁶ Northern Intake pathways: <http://www.nifvs.org.au/about/the-northern-region/intake-pathways/>
 Western Intake pathways: <http://whwest.org.au/family-violence/assistance/>



Secondary Consultation in Relation to Family Violence	
Policy	Procedure
<p>Each agency will have its own internal organisational systems (i.e. referring to staff's supervisor/line manager) to support/debrief staff who are working with a client who has disclosed family violence. Additionally, specialist family violence services are available for staff to contact in order to discuss the disclosure/have a secondary consultation.</p> <ul style="list-style-type: none"> Northern Region: Berry Street – 9450 4700 (9–5pm) Western Region: Women's Health West – 9689 9588 (9–5pm) State-wide: Safe Steps – 1800 015 018 (24/7) National: 1800RESPECT – 1800 737 732 (24/7) 	<p><i>Your Agency procedure...</i></p> <p><i>Points to consider:</i></p> <ul style="list-style-type: none"> <i>Which programs/staff within your agency have additional skills to support staff with disclosures?</i> <i>How will your agency manage the potential increase in time needed for some team leaders/managers to support staff in responding to family violence disclosures?</i> <i>How will your agency manage the increase in time needed for staff to consult in relation to family violence disclosures?</i>

Documentation in Relation to Family Violence	
Policy	Procedure
<p>Each agency will have internal processes for documentation of client interactions. It is important to document client disclosures of family violence and/or staff observations and process if the agency suspects family violence. This information could later be significant if the woman/child is involved in legal proceedings related to family violence.</p> <p>Specifically related to family violence the staff member must document:</p> <ul style="list-style-type: none"> indicators of family violence, outcome of discussions, including referral options and information provided. the history provided by the woman/child details of other family members, adults and children in the home consent from the client in order to pass on information to another service such as a specialist family violence agency referrals made to justice services, police or Child Protection the outcome of consultation with staff members, managers and external agencies any relevant information provided directly by the client which can be quoted directly. 	<p><i>Your Agency procedure...</i></p> <p><i>Points to consider:</i></p> <ul style="list-style-type: none"> <i>See Appendix 4 for suggested case note examples.</i> <i>Is it possible to create a 'flagging' system in your client management database?</i> <i>How will your agency manage the potential increase in time needed for detailed documentation and follow-up of family violence disclosures?</i>



Care for Self	
Policy	Procedure
Responding to family violence can be stressful and overwhelming. It is important that staff involved in responding to family violence disclosures are offered the opportunity to debrief and access support. This may be offered by the team leader/manager, clinical coordinator, external supervisor and/or Employee Assistance Program.	<p><i>Your Agency procedure...</i></p> <p><i>Points to consider:</i></p> <ul style="list-style-type: none">• <i>How will your agency manage the potential increase in time needed for debriefing/support?</i>• <i>Is your Employee Assistance Program (EAP) provider family violence competent?</i>

Template Review and Monitoring

The responsibility for ensuring there is an organisation-wide policy for the management of family violence and monitoring adherence to these and their regular evaluation, usually sits with your quality and safety committee. Options for reviewing the policy and procedure may include an audit or staff survey to determine adherence to the policies.

Suggested Linked Policies/Procedures to this Template

- Clients who perpetrate violence
- Child abuse
- Mandatory reporting
- Family violence involving staff
- Risk Assessment
- Occupational Health and Safety
- Critical incident stress management
- Documentation/Case noting
- Debriefing
- Culturally sensitive practice
- Managing aggressive behaviours
- Working off site/home visits
- Quality Assurance
- Change Management

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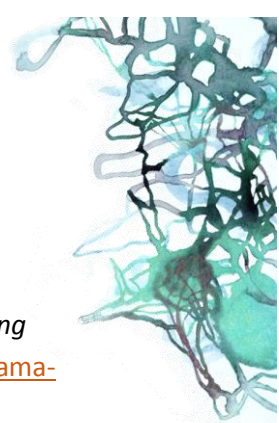
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Appendix 1 – Sample Responses for Staff to Use

Issue	Sample Responses ¹⁷
Specifying the limits of confidentiality/privacy in the identification process	<p><i>It is my role to have an understanding of your current situation so I can best support you. I respect your privacy and act in accordance with relevant privacy laws, and will obtain your permission before discussing your situation with another service. If, however, I am concerned that you may hurt yourself or someone else may be at risk I may need to discuss this with my manager/other external services so that I can continue to provide the best support for you in your current situation.</i></p>
Asking a woman about family violence	<ul style="list-style-type: none"> • <i>Family violence is an issue for a lot of people, and part of our role is to check in with women to see if this is an issue for them, so if they want support we can assist them.</i> • <i>I am a little concerned about you because [list family violence indicators present]. I would like to ask you a couple of questions about how things are at home. Is that okay?</i> • <i>Violence is very common in the home. I ask a lot of my clients about abuse because no one should have to live in fear.</i> • <i>How are things at home? Are things okay at home?</i> • <i>What happens in your house if people have an argument?</i> • <i>Is anything else happening which might be affecting your health?</i> • <i>Do you feel safe at home?</i>
Precipitating further information from the woman in relation to the violence/power and control occurring in the relationship. Note that these are quite direct, because research indicates that victims are more likely to accurately answer direct questions	<ul style="list-style-type: none"> • <i>Do you think you are safe to go home?</i> • <i>How is the violence affecting you?</i> • <i>Who makes the decisions in your household? Is this okay with you?</i> • <i>Is there a lot of tension in your relationship? How do you resolve arguments?</i> • <i>Has anyone in your family made threats towards you as a way to control you? For example, threatening to take your children away from you if you left or cancelling your visa.</i> • <i>Does anyone in your family need to know where you are all the time, who you are with and how much money you spend? Is this okay with you?'</i> • <i>Are you afraid of someone in your family or household? Are you worried about the safety of yourself or your children?</i> • <i>Has anyone in your household ever pushed, hit, kicked or punched or otherwise hurt you? Or threatened to do so?</i> • <i>In the past year have you been forced to have any kind of sexual activity by your partner/anyone in your family?</i> • <i>Have you felt humiliated or emotionally abused by anyone in your family?</i> • <i>Does anyone in your family make you feel responsible for their behaviour?</i> • <i>Are you afraid of what this person may do in the future?</i>
Asking a woman about children's exposure to family violence	<ul style="list-style-type: none"> • <i>Is there anyone else in the family who is experiencing or witnessing these things?</i> • <i>Are you worried about the children?</i> • <i>How is this affecting the children?¹⁸</i>

¹⁷ Royal Australian College of General Practitioners,(2014). *Abuse and violence: Working with our patients in general practice* (white book), Accessed at <http://www.racgp.org.au/your-practice/guidelines/whitebook/>



Issue	Sample Responses ¹⁷
Asking children about their experience of family violence. Of the questions in the next column, only ask those that are judged to be appropriate to the child's developmental stage and that the staff member is trained to ask	<ul style="list-style-type: none">• <i>Tell me about the good things at home.</i>• <i>Are there things at home you wish you could change?</i>• <i>What don't you like about home?</i>• <i>Tell me about the ways mum/dad look after you?</i>• <i>What happens in your house if people have an argument?</i>• <i>Do you worry about your mum/dad/brothers/sisters for any reason?</i> 19
Responding to disclosures of family violence	<ul style="list-style-type: none">• <i>Acknowledge any challenges and difficulties they have spoken of and validate their efforts to protect themselves and their family members.</i>• <i>State clearly that the violence is not their fault, and that all people have a right to be and feel safe.</i>• <i>Everybody deserves to feel safe at home.</i>• <i>You don't deserve to be hit or hurt. It is not your fault.</i>• <i>I am concerned about your safety and wellbeing.</i>• <i>You are not to blame. Abuse is common and happens in all kinds of relationships.</i>• <i>Abuse can affect your health and that of your children in many ways.</i>• <i>You are not alone. Help is available.</i>• <i>Briefly (in a few sentences) note that there are many different services and options open to people who experience family violence.</i>

¹⁸ Department of Human Services, (2012) *Family Violence Risk Assessment Risk Management Framework* and Practice Guides 1–3, CRAF Manual, Ed. 2, accessed at <http://www.dhs.vic.gov.au/for-service-providers/workforce,-careers-and-training/workforce-training/child,-youth-and-family-services-workforce/family-violence-and-risk-assessment,-and-risk-management-training>

¹⁹ Department of Human Services, (2012) *Family Violence Risk Assessment Risk Management Framework* and Practice Guides 1–3, CRAF Manual, Ed. 2, accessed at <http://www.dhs.vic.gov.au/for-service-providers/workforce,-careers-and-training/workforce-training/child,-youth-and-family-services-workforce/family-violence-and-risk-assessment,-and-risk-management-training>

Appendix 2 – Safety Planning for Adults, Unborn Children and Infants

Below is a suggested template for staff to begin the process of developing a safety plan with their client. The preference is that the client contacts a specialist family violence service as they can develop a tailored safety plan with the client which will be more comprehensive. If, however, the client is not eligible for services and/or is not ready/wanting to follow up a referral, the template below is a good starting point to begin the conversation with the client. It is important to stress that the client is not responsible for the violence. Please also refer to your regional website for more detail on safety planning:

- Northern Region: <http://www.nifvs.org.au/resources/risk-assessment-and-safety-planning/>
- Western Region: <http://whwest.org.au/resource/safety-plan/>

Staff need to be mindful about providing the client with any written information in case the perpetrator comes across it, as it may become a trigger for violence and increase her risk. Staff should discuss with the client the safest way to remember/record the information below. CALD clients may also need additional assistance in accessing emergency services and interpreter services. Also, it is important to remember that often a client experiencing family violence is the best judge of her own safety. Planning for safety is a process of looking at the client's situation, creating a plan relevant to the client's needs and adapting it when the situation changes. It needs to incorporate an escape plan as well as practical strategies to improve the home and personal security.

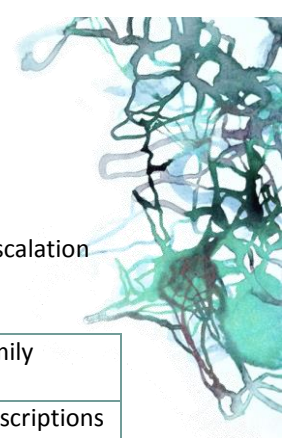
If the threat is immediate – refer to police and call 000.

Safety Plan

If the client is choosing to remain in the relationship, below are some suggested tips that she could utilise to enhance her own safety as appropriate to her situation. It is important to explore with the client the strategies she is currently utilising for enhancing her safety as well. Not all of the tips below will be appropriate for the situation, and the client is encouraged to use her own judgement/discretion.

- Use judgement and intuition. If the situation is very serious, give the perpetrator what he wants to calm him down within reason. It is important to protect yourself until you/your children are out of danger.
- Try to avoid arguments in the bathroom, garage, kitchen, toilet, near weapons or in rooms without access to an outside door.
- Inform your employer of your situation if you are concerned incidents affect your workplace.
- Keep your mobile phone on you at all times so you can call for help if needed.
- Switch off your GPS/other social media on your mobile phone that can track your movements.²⁰
- Is there a 'safe room' in your house that you can secure and that has mobile phone coverage? This could be the toilet or laundry. Install a lock to make it a more secure place for you and your children to wait for the arrival of the police.
- Take photos of important documents and save them on your mobile phone or send to your worker.
- Download a safety planning app; see <http://www.dvrcv.org.au/>
- Have a secret spot for spare car keys/cash etc.
- Reverse your car into your garage so it is easy to leave.
- Do not deadlock your doors as you need to be able to leave the building in case of an emergency.
- Choose a code word that you can use without attracting attention, for example on the phone. Let family and friends know that when they hear the word it means that a crisis is occurring.
- Keep in touch with neighbours; ask them to contact the police if they hear any violent incidents or have any concerns about your safety.
- Keep trusted friends and neighbours informed about what's going on.
- Keep your outside area clear of garden utensils such as rakes, shovels, ladders or wheelie bins. Keep the shed door locked.
- Purchase a small battery-operated alarm and be prepared to activate it. Keep it somewhere you can access it readily.
- If there is an emergency in a public place, find someone (even a shopkeeper) and ask for help.

²⁰ See Smartsafe for technology safety planning, accessed at <http://www.smartsafe.org.au/tech-safety-hub/technology-safety-planning>



Violence Escalation

If the client is considering leaving for the night, leaving the relationship or leaving before or during an escalation of the violence, then consider developing an exit plan so that she knows where she can escape to.

Who	is involved in the plan?	E.g. woman, children, pets, support people, schools, other family members
What	do you need to take with you if you leave?	E.g. money, identification, children’s essential belongings, prescriptions and medications
Where	is a safe place to go?	E.g. safe room in the house, neighbour, support person, police, petrol station, hospital
When	should the plan be enacted?	E.g. before the violence escalates
How	will you get to the safe place?	E.g. another set of car keys, call a friend, spare mobile phone with coded emergency phone numbers, spare money for a taxi, topped up Myki cards

Safety Plans for Unborn Children

Pregnancy is a time of heightened risk for experiencing family violence, so all pregnant women need to plan for the safety of their unborn child regardless of their stage of pregnancy. Issues to address with a woman include:

- access to antenatal education and support if the violence includes isolation or withholding of services
- strategies for physical protection in pregnancy (especially from falls and blows to their abdominal area)
- escape plans in late pregnancy.²¹

Safety Plans for Infants

Depending on the developmental capacity of the child, it may be more appropriate for the woman/parent/caregiver to incorporate the child/children in their own safety plan. It is not possible to plan for every eventuality; however, discussing some scenarios might help the client to think concretely about actions they will take to protect the child. Examples of scenarios to plan for:

- protection of the infant or young child
- safekeeping of security/comfort toys, blankets or other items that are highly significant to the child
- keeping in touch with the people who are special to the child if safe to do so
- what to do if the woman and child are fleeing violence
- what to do if the perpetrator is being violent and has the child in their possession
- the perpetrator having unsupervised access to the infant or child
- prevention of abduction (e.g. placing the child/children on airport watch).

Safety plans usually include a list of important items to have packed or ready to go. For the parent/caregiver’s (who is exposed to Family Violence) of infants and young children, this list might include:

- security/comfort toys, blankets or other items that are highly significant to the child (these are possibly the most important items to take, as they are irreplaceable and their loss can be further traumatising to children)
- documents that prove the child’s identity (passport, licence, birth certificate)
- details of immunisations received
- Family Court orders or parenting plans
- dummy/bottles
- nappies
- favourite toys or books
- several changes of clothes for the child
- any disability aids or essential medication that the child needs.²²

Remember that if you are concerned that the infant/young child is at risk of harm, then referring to your policies in relation to child abuse/mandatory reporting is recommended.

²¹ Department of Human Services, (2013) *Assessing children and young people experiencing family violence: A practice guide for family violence practitioners.*

²² Department of Human Services, (2013) *Assessing children and young people experiencing family violence: A practice guide for family violence practitioners.*



Appendix 3 – Safety Planning for Children and Young People

To ensure that children exposed to family violence are included in the discussion it is recommended that agencies adopt a family-sensitive practice approach. Generally adult-based services will discuss the child via the protective parent and empower the parent to have ongoing discussions with the child about their own safety. Some agencies may have staff with training/capacity to directly engage with children in relation to family violence.

Below is some information and a suggested template for staff to begin the conversation with children about their own safety. The preference is that the child is referred to a specialist children's support worker (see the referral pathways for the North and West regions) as they can develop a tailored plan for the individual child's needs. If, however, the parent is not eligible for services and/or is not ready or wanting to follow up a referral, the template below is a good starting point to begin the conversation with the child if the staff member is confident to do so.

The preference is also that the conversation occurs with the woman and the child together so they can form their own 'safety alliance'. It is important to stress that neither the woman nor the child is responsible for the violence. Please also refer to your regional website for more detail on safety planning:

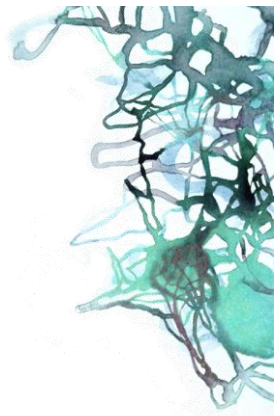
- Northern Region: <http://www.childhoodinstitute.org.au/Resources>
- Western Region: <http://whwest.org.au/resource/choosing-positive-paths/>

Children and young people require their own safety plan, given their potential for independent mobility and action. It is important to hear from children exposed to family violence and also begin a meaningful discussion with them about how they can keep themselves safe. It is important to be mindful of the child's/children's developmental stage and capacity. Whether and to what extent children and young people are involved in safety planning depends on their maturity and the situation. Remember that if you are concerned that the child/young person is at risk of harm, then referring to your policies in relation to child abuse/mandatory reporting is recommended.

Depending on their emotional maturity and intellectual capacity, children or young people are likely to need repeated opportunities to practise or rehearse their safety plans. Encouraging children to discuss 'what if' situations can provide insights into their sense of safety, and also help to identify contingencies that might otherwise not be planned for. For example, you might talk with a child about:

- 'What if you felt scared?'
- 'What if someone was hurt and you had to call an ambulance?'
- 'How would you know if Daddy is getting really angry? What would you do?'

Below are some templates that can be used with children to engage with them about their own safety. The references for these templates explain in detail how to administer these in a safe developmental way.



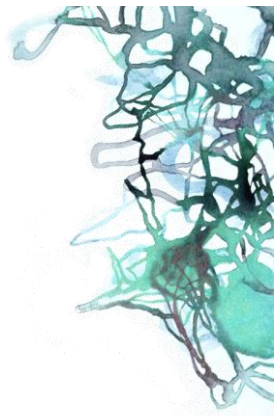
Safety hand

Fill in each finger with the name of someone you can trust.

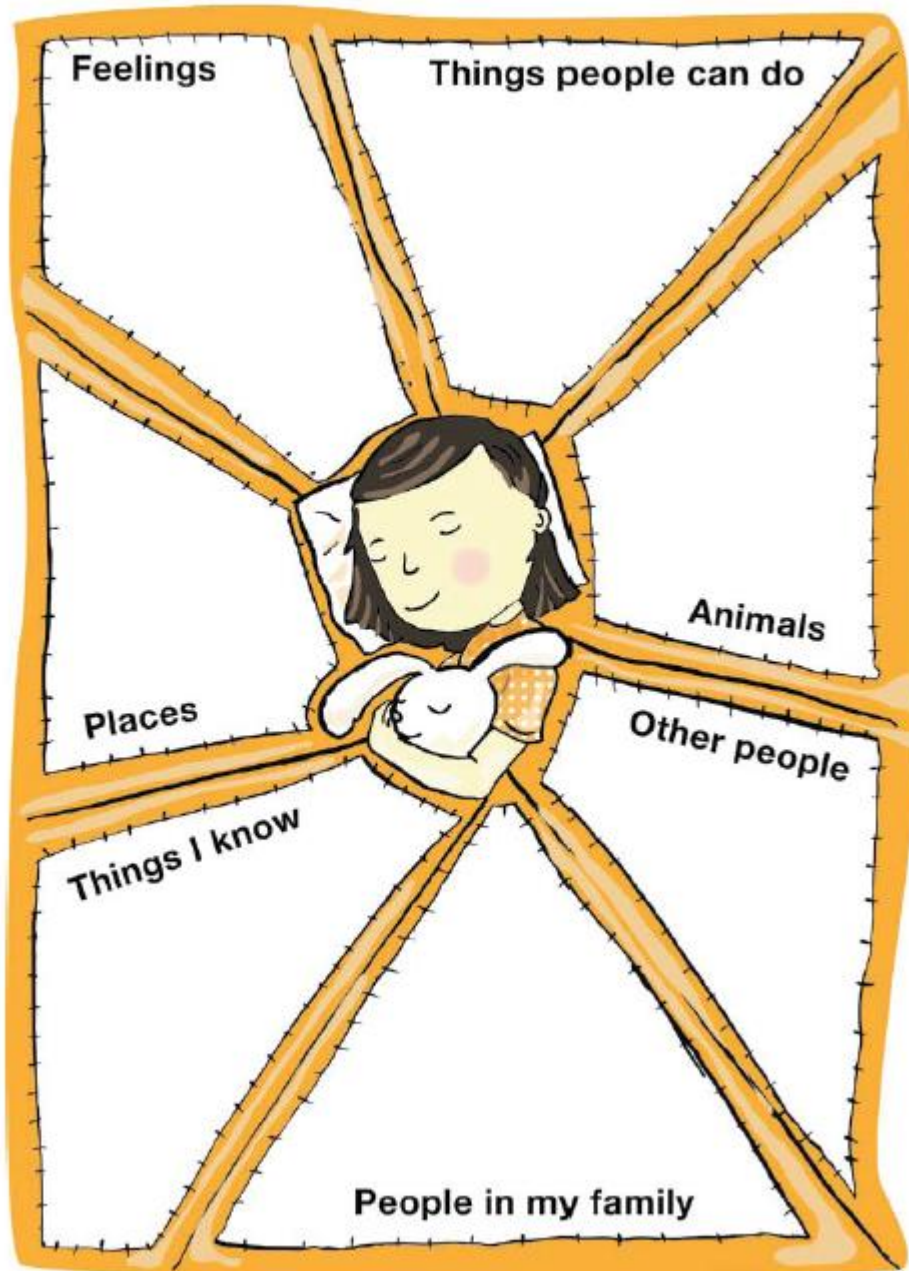
Dial 000 in an emergency.

23

²³ Berry Street and The University of Melbourne (2011). *Together, Strengthening the bond between mums and kids*. Dreamlarge, The TURTLE Program: A Therapeutic Program for Children and their Mothers After Family Violence, Berry Street.



Things That Make Me Feel Safe



24

²⁴ Kid's Central was developed by Tim Moore and Megan Layton at the Institute of Child Protection Studies at the Australian Catholic University. Sourced from: Department of Human Services, (2013) *Assessing children and young people experiencing family violence: A practice guide for family violence practitioners.*

Appendix 4 – Samples of Case Noting for Family Violence

Case Noting for Family Violence²⁵

Don't Write	Do Write
Her husband is clearly abusive.	The woman says that her husband “yells at her for no reason” “she can never do anything right” “she is scared of him”.
Woman is depressed.	The woman appears depressed – flat affect, not making eye contact, crying during the consultation, not able to say what is upsetting her.
The children are at risk.	The woman says that she is worried “that her husband will hurt the kids to get back at her”.
Woman is not coping.	The woman appears stressed – snapping at the children during the consultation, says they “are driving her crazy” and “no one is helping her”.
Woman still hasn't contacted family violence worker.	The woman says that she hasn't contacted the family violence worker. Writer offered to assist with this.

²⁵ Table sourced from Taft A and Small R, (2015) *Improving Maternal and Child Health Nurse Care for Vulnerable Mothers*, *Latrobe University, MOVE*, 2015, accessed at <http://www.latrobe.edu.au/ilc/research/reducing-violence-against-women-and-children/move>

Appendix 5 – Context

State and Commonwealth Legislation

- *Family Violence Protection Act 2008* (Vic) and *Child Youth and Families Act 2005* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *Wrongs Act 1958* (Vic), section 48 (3)

Standards/Codes of Practice/Industry Guidelines

- With respect to age – 2009: Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse, Department of Human Services, 2009.
- Responding to intimate partner violence and sexual violence against women: Clinical and policy guidelines, World Health Organization, 2013.
- Health care for women subjected to intimate partner violence or sexual violence, World Health Organization, 2014.
- [Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1–3, CRAF Manual, Ed. 2, 2012](#), Department of Human Services, 2012.
- Service guideline on gender sensitivity and safety: Promoting a holistic approach to wellbeing. Mental Health, Drugs and Regions Division, Department of Health, Victorian Government, Melbourne, 2011.
- Violence against Women: Key statistics, The Foundation to Prevent Violence against Women and Their children & Australia’s National Research on Women’s Safety (ANROWS), 2014.
- Abuse and violence: Working with our patients in general practice, The Royal Australian College of General Practitioners (RACGP), 2014.
- Australia’s attitudes to violence against women, VicHealth, 2014; National community attitudes towards violence against women survey: Research summary, 2013.
- The national plan to reduce violence against women and their children 2010–2022, Department of Social Services, 2012; The second action plan: Moving ahead 2013–2016, Department of Social Services, 2014.