



PROTOCOL	
Family and domestic violence	
Scope (Staff):	Community health staff
Scope (Area):	CAHS-CH, WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To safeguard and promote the health and wellbeing of infants, children and adults when there are concerns about family and domestic violence (FDV).

To ensure the safety of Community Health Nurses (nurses) and clients in community child health settings.

Risk

FDV impacts parents' emotional availability for their children. It reduces trust, safety and nurturing; increases fear and anxiety; instils unpredictability; normalises violence; and can have generational impact on people forming safe, trusting and healthy relationships.¹

Background

Child and Adolescent Health Service-Community Health (CAHS-CH) and Western Australian Country Health Service (WACHS) recognises and supports the principles outlined in the following:

- *The National Plan to Reduce Violence against Women and their Children 2010 – 2022* (Department of Social Services, Australian Government)
- *Western Australia's Family and Domestic Violence Prevention Strategy to 2022* (Department of Communities Child Protection and Family Support).

FDV is defined as the repeated and purposeful use of physical, emotional, social, psychological, financial and/or sexual abuse used by one person to control and have power over another person in an 'intimate' or family relationship.^{1,2} FDV is a fundamental violation of basic human rights and can be unlawful in the cases of assaults, threats, property damage and theft, stalking and breaching intervention orders.³

WA Health does not accept any justification for FDV. The rights of children and adults to be safe and protected takes precedence over competing interests.² FDV exposure has a significant impact on the physical, psychological and emotional wellbeing of infants, children and adults. All children exposed to violence in the home are considered to be at risk, whether it be physical harm or the indirect impact of emotional distress or worry.¹

FDV can occur in any family and is more likely to be committed by males against women and children.³ Aboriginal people experience FDV at greater rates than the general population.¹ Women from culturally and linguistically diverse (CaLD) communities, rural communities and women with disabilities or mental illness are at increased risk of FDV and further, may experience limitations in options for services and support.³ Men can also be

victims of FDV and special consideration must be made of risks, needs and choices for men, especially if they are primary carers for children.⁴ It is important to note that couples of the same sex may also experience family violence.⁵

Nurses should be familiar with risk indicators and signs of FDV. Signs include physical injuries, incongruent emotional state of family members, incongruent body language of family members, restrictions placed on the ability of an individual to move freely around the home or community, and the freedom to meet with a nurse. It is important to note that there may be no visible signs to indicate that someone is experiencing FDV.

When children have been exposed to, or are experiencing FDV, sharing this information with the Department of Communities Child Protection and Family Service Support Division (CPFS) is strongly recommended and a *Child Protection Concern Referral Form* should be completed. In addition, if there is reasonable belief a child has experienced or is at risk of sexual abuse, there is a legal requirement for nurses to report this to CPFS via the mandatory reporting process. Nurses should refer to the WA Health *Guidelines for Protecting Children 2015 (revised May 2017)* for more detailed information.

Nurses should be familiar with the WA Health *Guideline for Responding to Family and Domestic Violence 2014*, for detailed information on the identification and actions required for clients experiencing FDV. When nurses have concerns about suspected or disclosed FDV, they are expected to consult with their line manager. Further, nurses are encouraged to consult with a Clinical Nurse Specialist (CNS) or a Social Worker who has FDV expertise, where available.

Key Points

- FDV is a fundamental violation of basic human rights and is unlawful.¹
- All infants and children exposed to FDV are at risk of physical harm and emotional distress, and are more likely to be abused or neglected.¹
- Nurses will use child and family centred care approaches when planning client care.
- Key family risk indicators include pregnancy, a recent birth, recent separation, isolation, depression or mental health issue, suicidal ideology, drug and/or misuse/abuse, threats or a history of FDV, breaching of violence restraining orders, and repeat or multiple presentations to a health service.
- Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse populations are at a higher risk of FDV.^{3,4}
- Nurses can identify FDV and determine the actions required by:
 - Being familiar with the *Guideline for Responding to Family and Domestic Violence 2014*
 - Identifying key risk indicators outlined in the *Assessment For Family and Domestic Violence* form (FDV 951)
 - Considering the client's own assessment of their safety
 - Using professional judgement, and reflecting on individual family circumstances and client presentation.³

- Nurses are required to complete the *Introduction to Family and Domestic Violence e-learning package* and *Screening and responding to Family and Domestic Violence* training as per the CAHS-CH and WACHS Practice Frameworks.

Tools

- *Screening For Family and Domestic Violence* form (FDV 950)
 - *Used to guide discussion with client about FDV and for recording screening results*
- *Assessment For Family and Domestic Violence* form (FDV 951)
 - *Developed for Social Workers and to be used only by nurses with advanced FDV training.*
- Family and domestic violence referral for adults
 - Referral For Family and Domestic Violence form (FDV 952) for family and domestic violence services
- *Child Protection Concern Referral Form* for children (CPFS)
- *Family and Domestic Violence Pathway for Child Health* (Appendix A)
- *Family and Domestic Violence Support Services* (Appendix B)

Process

Steps	Additional Information
<p>1. Observation</p> <ul style="list-style-type: none"> • At all contacts observe for FDV including injuries, emotional state, body language and child development. • Document key information as soon as possible. • The Universal contact 0-14 days provides an opportunity to observe family relationships and behaviours within the home setting. If other family members are present, it may not be appropriate to ask the client about FDV. 	<p>Observing for FDV is recommended for all clients, to increase early identification and provide opportunities to offer assistance.</p> <p>It is critical that the nurse/client relationship is based on respect and confidentiality. Nurses are encouraged to use child and family centred care approaches when working with families and to use culturally sensitive communications.</p> <p>Accredited interpreters may be required for clients of Aboriginal or CaLD backgrounds.</p> <p>If FDV is disclosed the nurse will acknowledge and validate what the client is saying. See <i>Clients of concern management</i> protocol.</p>
<p>2. Screening</p> <ul style="list-style-type: none"> • Use the <i>Screening For Family and Domestic Violence</i> form to guide your discussion with the client at the 8 week and 4 month and 12 month contacts, after the <i>Edinburgh Postnatal Depression</i> 	<p>Asking questions about FDV (if it is safe to do so) after the EPDS provides a holistic approach to emotional health and wellbeing. The nurse to discuss the EPDS responses, and explore psychosocial factors associated with mental health issues. This may include the identification of FDV in response to</p>

Steps	Additional Information
<p>Screening (EPDS) has been completed.</p> <ul style="list-style-type: none"> Ask questions about FDV in own words, and when the client is alone. Document responses on the <i>Screening For Family and Domestic Violence form</i>. (To be filed with child health record.) At other contacts ask FDV screening questions when professional judgement warrants. 	<p>asking the FDV questions.</p> <p>The <i>Screening For Family and Domestic Violence</i> form provides points for using this tool. This tool is standardised for WA Health Department employee use.</p> <p>Nurses need to be aware of the boundaries of their professional practice and availability of local resources to support the family.</p>
<p>3. Assessment</p> <ul style="list-style-type: none"> Nurses should use their professional judgement in conducting the assessment. Nurses and clients work together to determine safety needs and the most appropriate referral options. The <i>Assessment For Family and Domestic Violence form</i> may be used to document assessment outcomes. Consult with the line manager and/or CNS to discuss client care planning. 	<p>Professional judgement requires a combination of clinical judgement, consideration of risk indicators, and consideration of information from clients.</p> <p>A client's own assessment of their level of risk is usually accurate.</p> <p><i>Assessment for Family and Domestic Violence</i> is for use by nurses with advanced FDV training only.</p> <p>Enlist support of Social Workers and/or FDV specialist agencies. If not available consider consulting with Crisis Care.</p> <p>It is not the role of the nurse to undertake an investigation into suspected FDV. This is the responsibility of the Western Australian Police or CPFS.</p>
<p>4. Actions Required</p>	
<p>4a NO FDV disclosed and NO concerns identified</p> <ul style="list-style-type: none"> Offer anticipatory guidance, information and support, highlighting the importance of positive parent/infant relationships. 	<p>Consider offering the <i>Finding help before and after baby arrives</i> resource.</p>
<p>4b NO FDV disclosed but concerns identified</p> <ul style="list-style-type: none"> Offer information and support to meet individual client circumstances, including accessible FDV services. Consult with the line manager and/or CNS to discuss the situation as required, for shared decision making in identifying 	<p>Disclosure of FDV may take time. It is important to provide opportunities for clients to disclose FDV at each contact.</p> <p>Offer the <i>Finding help before and after baby arrives</i> resource.</p> <p>Use professional judgement about any risk to child(ren). Consider the child at the centre of care at all times.</p>

Steps	Additional Information
<p>appropriate client care planning.</p> <ul style="list-style-type: none"> • In CAHS-CH offer Universal Plus contacts and consider referral to Partnership level of service. • In WACHS, offer the Enhanced Child Health Schedule. • Consider use of the <i>Clients of concern communication tool</i>. • Consider need for alert in electronic record: CAHS-CH flag in CDIS or in WACHS Child at Risk Alert on WebPAS. • Consider enquiring if the family is known to CPFSS, as this information will assist the nurse with care planning to meet client needs. 	<p>The Child Protection Unit Perth Children's Hospital and the Statewide Protection of Children Coordination Unit can be contacted for information and support.</p> <p>Record in the client record to re-assess at subsequent contacts.</p>
<p>4c FDV disclosed stating NO immediate safety concerns</p> <ul style="list-style-type: none"> • Establish if any FDV services and supports are already in place. • Reassure that help is available. Provide information and/or referral (verbal or written, when it is safe to do so) on available FDV services. See Appendix B. • Consult with the line manager and/or CNS to discuss the situation as required, for shared decision making in identifying appropriate client care planning. • When a safety plan does not exist, enquire if the client would like assistance to develop a plan and/or engage with specialist services to undertake this. • In CAHS-CH offer Universal Plus contacts and consider referral to Partnership level of service. • In WACHS, offer the Enhanced Child Health Schedule. • Consider enquiring if the family is known to CPFSS, as this information may assist the nurse with care planning to meet client needs. • Discuss the option of the client notifying 	<p>When FDV is disclosed the nurse will acknowledge what the client is saying, establish the client's own assessment of safety, and support any actions they feel able to make.</p> <p>Offer and discuss the <i>Finding help before and after baby arrives</i> and the <i>Being Safe</i> resources.</p> <p>Referral and liaison with FDV services to achieve effective and timely intervention, to ensure ongoing safety and protection.</p> <p>Developing or discussing a safety plan with the client, provides guidance in the event that safety does become a concern in the future.</p>

Steps	Additional Information
<p>the Police if a crime has been committed and/or to discuss safety options.</p> <ul style="list-style-type: none"> • Add client to the <i>Clients of concern communication tool</i>. • In CAHS-CH flag in CDIS or in WACHS activate Child at Risk Alert on WebPAS. 	<p>WA Police employ dedicated Child Protection and Family Violence Officers who can be contacted for consultation.</p> <p>Regular client contact will enhance the nurse/client relationship and provide opportunities for discussion on changes to FDV risk levels.</p>
<p>4d. FDV disclosed and immediate safety concerns identified</p> <ul style="list-style-type: none"> • Ensure personal safety in the first instance. Contact manager if immediate support required, as a matter of priority. • Establish if contact with FDV services and/or a safety plan are already in place. • Reassure that help is available. Provide information and/or referral (verbal or written, when it is safe to do so) on available FDV services. Refer to Appendix B. • If not in place, engage with specialist services to develop a safety plan and work with the client to develop a safety plan for the immediate future. • Support the client to contact any of the following: <ul style="list-style-type: none"> ○ Police* ○ Crisis Care for crisis accommodation ○ Available FDV support services ○ If recent sexual assault, refer to SARC or local Support Service ○ Mental Health Service and/or General Practitioner if there is a high risk of suicide or self-harm ○ Other relevant teams, including school health if there are siblings at school. • Advise the client of the nurse's obligation to report concerns to CPFS when it is unsafe for children to be at home or if there is reasonable belief that the child 	<p>Nurses should establish their own safety by referring to local protocols related to working alone and home or community visits.</p> <p><u>Where there is a risk to the children and immediate protection is required, the nurse has a duty of care to ensure their safety.</u> Refer to the <i>Guidelines for Protecting Children 2015 (revised May 2017)</i> for further information.</p> <p>Offer and discuss the <i>Being Safe</i> resource.</p> <p>*Discuss the option of notifying the Police if a crime has been committed and/or to discuss safety options.</p> <p>Police districts have dedicated Child Protection and Family Violence Officers with whom to consult.</p> <p>Referral and liaison with FDV services to achieve effective and timely intervention, to ensure ongoing safety and protection.</p> <p>When the client is seeking assistance, the nurse will outline the options available and obtain consent for referrals. However if a client (or other person) is in immediate danger and is NOT willing to provide consent, information may legally be disclosed to CPFS or Police. The nurse should inform a line manager as soon as possible about decisions and actions in such</p>

Steps	Additional Information
<p>has been (or is at risk of) emotional or physical abuse or neglect.</p> <ul style="list-style-type: none"> • Consult with the line manager and/or CNS to discuss the situation, including need for further care planning required. • In CAHS-CH offer Universal Plus contacts and consider referral to Partnership level of service. • In WACHS, offer the Enhanced Child Health Schedule. • Add client to the <i>Clients of concern communication tool</i>. • In CAHS-CH flag in CDIS or in WACHS activate Child at Risk Alert on WebPAS. • Complete a CPFS <i>Child Protection Concern Referral Form</i> within 24 hours. 	<p>situations.</p> <p>When referring an adult client to family and domestic violence services, complete the <i>Referral For Family and Domestic Violence form (FDV 952)</i>.</p>

Documentation

Client records must be current, complete, accurate and objective as per guidelines. It is important to record when and where you had contact with the client, who was present, your observations of the client and relevant information about the condition of the client, relevant information provided by the client that you can quote (verbatim), what steps you took, who you consulted and the outcome of these conversations, planning and any actions. Scan any relevant documents into CDIS (CAHS-CH) or CHIS (WACHS).

Clinical handover

Whilst clients have a right to privacy and confidentiality, information may be shared without consent to protect the safety of children in accordance with:¹

- WA Health *Clinical Handover Policy*
- CAHS-CH *Clinical Handover – Nursing*
- Children and Community Services Act – *New laws supporting information sharing - Fact Sheet s.28b of the Children and Community Services Act 2004.*

Compliance monitoring

All documentation may be subject to client record audits to ensure that staff record information on client contacts is in accordance with their professional responsibility for compliance with medico-legal, policy, procedure and guideline requirements.

References

1. Department of Health Western Australia. Reference Manual for Health Professionals Responding to Family and Domestic Violence. In: Department of Health Western Australia, editor. Perth: Women's Health Clinical Care Unit, Women and Newborn Health Service; 2014.
2. Department of Health Western Australia. Family and Domestic Violence Policy. In: Department of Health Western Australia, editor. Perth: Department of Health; 2014.
3. Victorian Government. Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3. In: Department of Human Services, editor. Melbourne: Department of Human Services; 2012.
4. Department of Health Western Australia. Guideline for responding to family and domestic violence. In: Department of Health Western Australia, editor. Perth: Women's Health Clinical Care Unit, Women and Newborn Health Service; 2014.

Related policies, procedures and guidelines

The following documents can be accessed in the **Clinical Nursing Manual** via the [HealthPoint](#) link, [Internet](#) link or for WACHS staff in the [WACHS Policy](#) link

Child health services

Clients of concern management

Clinical Handover - Nursing

Perinatal and infant mental health

Universal contact 0-14 days

Universal contact 8 weeks

Universal contact 4 months

Universal contact 12 months

The following documents can be accessed in [CAHS-CH Operational Manual](#)

Home and Community Visits

Working alone

The following documents can be accessed in [WACHS Policy](#)

Family and Domestic Violence Leave Procedure

Identifying and Responding to Family and Domestic Violence Policy

WebPAS Child at Risk Alert Procedure

The following documents can be accessed in the CAHS Policy Manual
Child and Family Centred Care
Family and Domestic Violence Leave
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy
Clinical Incident Management Policy
Guidelines for Protecting Children 2015 (revised May 2017)

Related CAHS-CH forms
The following forms can be accessed from the CAHS-Community Health Forms page on HealthPoint
Assessment For Family and Domestic Violence form FDV 951 (External link)
Child Protection Concern Referral Form (External link)
Clinical Handover/Referral Form (CHS663)
Edinburgh Postnatal Depression Scale (External link)
Referral For Family and Domestic Violence form FDV 952 (External link)
Screening For Family and Domestic Violence form FDV 950 (External link)

Related CAHS-CH resources
The following resources can be accessed from the CAHS-Community Health Posters and Templates page on HealthPoint
Family and Domestic Violence A4 Poster for waiting rooms and staff areas
Family and Domestic Violence tear off tabs Poster for toilet doors

Related resources
Aboriginal Interpreting WA
Australian Government Department of Social Services - National Plan to Reduce Violence against Women and their Children 2010 – 2022
Australian Government Fair Work Ombudsman - Taking family & domestic violence leave

Australia's National Research Organisation for Women's Safety, for the Commonwealth Department of Social Services - [National Risk Assessment Principles](#)

[Department of Communities Child Protection and Family Support - Home page](#)

- District Office Locations - Country
- District Office Locations – Metropolitan area
- Mandatory reporting of child sexual abuse
- Perpetrator Accountability in Child Protection Practice
- Western Australian Family and Domestic Violence Referral Guide
- Western Australia's Family and Domestic Violence Prevention Strategy to 2022
- Children and Community Services Act – New laws supporting information sharing - Fact Sheet s.28b of the Children and Community Services Act 2004

[North Metropolitan Health Service - King Edward Memorial Hospital - Women's Health Strategy and Programs – Family and domestic violence – Home page](#)

- Guideline for Responding to Family and Domestic Violence 2014
- Reference Manual for Health Professionals Responding to Family and Domestic Violence
- Family and domestic violence professional toolbox – which includes templates of the screening, assessment and referral forms and how to order these; resources and posters for waiting rooms, staff areas and toilet doors; support services and other helpful links
 - Consumer resources
 - Are You in a Safe Relationship?
 - Being Safe
 - Being Safe with Technology
 - Finding help before and after baby arrives. Order via <mailto:spimhp@health.wa.gov.au> or by calling 6458 1786
- Family and domestic violence training

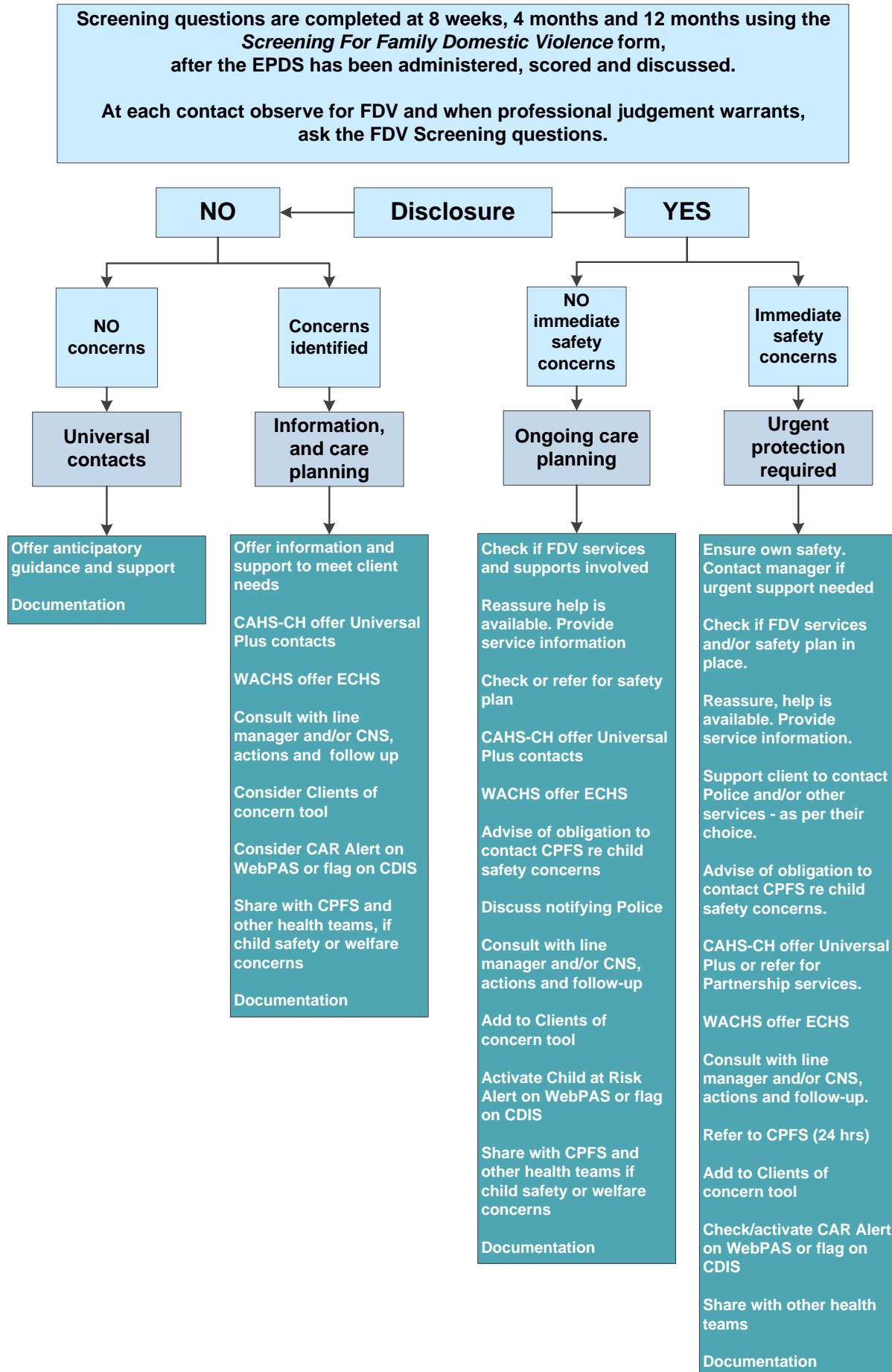
[Western Australia Country Health Service – Tool Box](#)

- Identifying and Responding to Family and Domestic Violence Policy
- FDV forms and how to order
- Referral Information
- Resources for Clients
- Guidance Material for Clinicians
- Education and Training Resources via Capabiliti Learning Management System
 - Family and Domestic Violence: WA Health Program
 - Family and Domestic Violence: Information for Managers
 - Family and Domestic Violence: Screening and Responding

- Family and Domestic Violence: Managing High Risk Clients
- Family and Domestic Violence: Gender and CaLD
- Family and Domestic Violence: / Child Protection

[Statewide Protection of Children Coordination \(SPOCC\) Unit](#)

Appendix A: Family and Domestic Violence Pathway for Child Health




Appendix B: Family and Domestic Violence Support Services

Department of Communities – [Western Australian Family and Domestic Violence Referral Guide](#)

WACHS [Family and Domestic Violence Toolbox](#) for regional information and resources

Service	Phone numbers
Child Protection Unit PCH Monday to Friday 0830 to 1700.	6456 0089 PCH Switchboard
Statewide Protection of Children Coordination (SPOCC) Unit - Monday to Friday 0830 to 1630.	6456 0030
Elder Abuse Helpline	1300 724 679
Department of Communities Child Protection and Family Services	9222 2555 TTY 9325 1232 1800 622 258
24 Hour Helplines and Services	
Women's Domestic Violence Helpline	9223 1188 1800 007 339
Sexual Assault Resource Centre (SARC)	Rural/Remote: 1800 199 888 Metropolitan: 6458 1828
Men's Domestic Violence Helpline	9223 1199 1800 000 599
Crisis Care	9223 1111 1800 199 008
1800 RESPECT National telephone and online counselling for people who have experienced or are at risk of family and domestic violence and/or sexual assault.	1800 737 732
Family Helpline	9223 1100 1800 643 000
Kids Helpline	1800 551 800
Police	Emergency: 000 Police Operations: 131 444
Translating and interpreting service	13 14 50

This document can be made available in alternative formats on request for a person with a disability.

Document Owner:	Nurse Co-Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	December 2014	Scheduled Review Date:	31 December 2022
Last Reviewed:	31 December 2019, Amendment 24 August 2020		
Approved by:	Community Health Clinical Nursing Policy Governance Group		
Endorsed by:	Executive Director, Nursing	Date:	28 August 2020
Standards:	NSQHS Standards:  1.7, 1.27, 6.4		
Printed or personally saved electronic copies of this document are considered uncontrolled			