CHIEF PSYCHIATRIST
of Western Australia

OFFICE of the CHIEF PSYCHIATRIST
Community of Practice

Family and Domestic Violence–
How to assess and what to do next.

- Richard Majda (Manager, Social Work) Sir Charles Gairdner Hospital, Emergency Dept, NMHS
- Michelle Miller (Manager, Social Work), Graylands Hospital, NMHS.
- Facilitator – Juliette Stevens, Office of the Chief Psychiatrist, Principal Officer Reviews

4 Sept 2024

Trigger warning and distressing content: Content in this presentation may be distressing. We know that some colleagues may have been personally impacted by domestic violence or may be at risk.

Self care and team support:

Please look after yourself during the presentation, if you prefer turn the camera off, sit with a colleague, or take a break, please do.

Check-in with each other after/during the talk today.

This session will be recorded to watch later if preferred.

CHIEF PSYCHIATRIST
of Western Australia

If you are worried about your safety, or for someone you know, or if you need support:

WA Supports:

- Women's Domestic Violence Helpline: for women, with or without children, in WA (incl. referrals to women's refuges). Phone: **1800 007 339**.
- Men's Domestic Violence Helpline: gives phone information referrals for men concerned about their violent and abusive behaviours, and for male victims. Phone: **1800 000 599.**
- Crisis Care: After-hours response to reported concerns for a child's safety and wellbeing and info and referrals for people in crisis. Phone: **1800 199 008.**

National Resources:

- National Sexual Assault, Family & Domestic Violence Counselling Line **1800 RESPECT (1800 737 732)** 24 hours
- Daisy app – A free app developed by 1800 Respect which protects user privacy – info on support services in local areas.
- MensLine Australia -**1300 789 978**

North Metropolitan Health Service (NMHS) Sir Charles Gairdner Hospital (SCGH) Emergency Department (ED) Audit of Family and Domestic Violence (FDV)

- Data taken from *Emergency Department Information System (EDIS) and Allied Health System (AHS) Audit*

Conducted by Dr Eve Forman, Consultant Emergency Department, and Kirsti Kilbane, Social Work/Team Leader, SCGH

- Presented results in 2024

12 Women hospitalised per day in NMHS

- 82% did not seek help specifically to end the violence
- 21% suffered strangulation
- Only 40% were referred to Social Work
- Only 50% were asked if victim-survivor had children
- 10% were homeless

W.A. has the second highest number of police attendances in Australia (approx. 59,000)

Family and Domestic Violence (FDV) - Types of Abuse

- Physical abuse
- Intimate partner sexual violence
- Emotional & psychological or coercive control
- Financial / economic abuse
- Technology abuse
- Spiritual abuse
- Legal abuse / custody stalking
- Reproductive coercion and abuse

➢ **Control is the primary motivator -** Intimidate, Humiliate, Degrade, Isolate and Control.

Evidence-Based High-Risk Factors

- History of FDV
- Separation (actual or pending)
- Intimate Partner Sexual Violence (IPSV)
- Non-Fatal Strangulation
- Stalking
- Threats to kill
- Perpetrators access to weapons
- Escalation (frequency and/or severity)
- Coercive control
- Victim-survivor has a disability
- Pregnancy and new birth
- Perpetrator threatened or attempted suicide

Please use I.D. label or block print

Government of Western Australia
Department of Health

Health Service: _____

SCREENING FOR FAMILY AND DOMESTIC VIOLENCE (FDV 950)

SURNAME	UMRN / MRN
GIVEN NAMES	
ADDRESS	

XY318420

Assessments available to MDT if more screening or assessment needed.

Purpose of this tool:
To guide discussion and provide a supportive response to those who may be at risk of family and domestic violence (FDV) in intimate partner relationships, by a current or former partner, or within family and extended family.

Points for the use of this tool:
- Check for previous FDV screening in file. If previously screened positive for FDV, modify questions accordingly e.g. is this still occurring?
- Interview the client **alone** – see FDV Guideline for how to achieve this if others are in attendance.
- Offer the use of a trained interpreter when the need is identified. Do not use relatives as interpreters.

Step 1: Introduce Screening

Before screening the client, explain that:
- In this health service we are concerned about everyone's health and safety so we ask about their relationships.
- This information is confidential unless we are concerned that you or your children may be at risk of harm.
- This form will be filed in their hospital **medical record and not recorded in their personal held record**.

Step 2: Questions (structured to capture a range of FDV related behaviours)	Yes	No
Do you ever feel afraid of somebody in your home, an ex-partner or family member?	☐	☐
Has anyone in your family, household, or from a previous relationship, ever hurt or threatened to hurt you?	☐	☐
Are you worried about any of these? - your safety		
- the safety of your children*	☐	☐
- the safety of someone else in your family or household		
If yes, would you like help with this now?	☐	☐

Other questions that may be useful:
How are things at home / in your relationship? Do you feel safe with your partner?
Has someone in your family or household ever tried to control what you can or cannot do?
Do you feel safe to go home when you leave here?

Step 3: Outcome

☐ FDV disclosed ☐ FDV suspected but not disclosed ☐ FDV not disclosed

Step 4: Action Taken

If FDV is disclosed or suspected, with consent of the client refer to Social Work (if available). Individual risk should be assessed (FDV Assessment form FDV951 recommended). Any health professional can complete an assessment however Social Work support is recommended and consider support of Aboriginal Liaison Officer (ALO) and/or DV Helplines. If no Social Worker available, refer to an external FDV service.

* If there is a reasonable belief of significant risk of harm to the client or their children, then client consent to referral is not required but is preferred (See Section 28A, relevant information, (a) (ii), Children and Community Services Act 2004)

Action Taken	Yes	No	Details
Completed FDV Assessment (FDV951)	☐	☐	
Referral to Social Worker and/or Aboriginal Liaison Officer	☐	☐	

SCREENING FOR FAMILY AND DOMESTIC VIOLENCE

Government of Western Australia
Department of Health

Health Service: _____

ASSESSMENT FOR FAMILY AND DOMESTIC VIOLENCE (FDV 951)

SURNAME	UMRN / MRN	
GIVEN NAMES	DOB	GENDER
ADDRESS		POSTCODE
	TELEPHONE	

Purpose of this tool

This risk assessment tool is used to guide health professionals in making a judgement about the level of risk a client is experiencing in the context of family and domestic violence (FDV).

Note, If possible, an intoxicated person should be detained in an appropriate and safe setting until assessment can be conducted.

INTRODUCTION: NATURE AND HISTORY OF ABUSE

Have a conversation with the client about the relationship history including all forms of abuse.

Use the risk factors highlighted below to guide your questioning i.e. when the abuse started; frequency; triggers.

Advise client of your limited confidentiality **i.e. "if we are concerned that you or your children are at immediate risk of harm then we may have to involve the Police or relevant support service. It is our preference to speak about this with you first. We do not want to do anything that would put either yourself or your children further at risk".**

1. IDENTIFY RISK FACTORS

Risk is elevated by the presence of certain evidence based risk factors. These are separated into different categories, victim, perpetrator and children.

The risk factors marked with an * are factors which may indicate that there is an increased risk of the victim being killed or almost killed.

Note that not all professionals need to ask about each risk factor. It depends upon the nature of the risk assessment.

If time is limited, focus on the immediate serious risk factors highlighted with an asterisk.

RISK FACTORS

Violence towards the victim	Yes	No	Unknown	Source if not the victim
Has the perpetrator ever physically harmed or threatened to harm adult victim?*	☐	☐	☐	
Is the violence getting worse or more frequent?*	☐	☐	☐	
Has the perpetrator ever tried or threatened to kill the adult victim?*	☐	☐	☐	
Has the perpetrator ever harmed or threatened to harm or kill children?*	☐	☐	☐	
Has the perpetrator ever choked, strangled or suffocated the adult victim or attempted to do so?*	☐	☐	☐	
Has the perpetrator ever forced the adult victim to do anything sexual against their will?*	☐	☐	☐	
Is the perpetrator stalking the adult victim (could include harassing and / or monitoring the adult victim using others and / or technology)?*	☐	☐	☐	
Is the perpetrator becoming increasingly jealous and / or increasingly controlling towards the adult victim (e.g. verbal and financial abuse, psychologically controlling acts, social isolation)?*	☐	☐	☐	
Has there been a recent separation or a planned separation in the near future?*	☐	☐	☐	
Has the perpetrator ever harmed or threatened to harm or kill pets or other animals?*	☐	☐	☐	
Was a weapon used by the perpetrator in the most recent event?*	☐	☐	☐	
Is the adult victim pregnant or is there a new birth?*	☐	☐	☐	
Has the perpetrator ever harmed or threatened to harm or kill other family	☐	☐	☐	

ASSESSMENT FOR FAMILY AND DOMESTIC VIOLENCE

Cropped images – incomplete forms

Go to:
Family and Domestic Violence (sharepoint.com)

If FDV has been identified within the **FDV 950 - Screening FDV,** then assessed with the **FDV 951 - Assessment for FDV** , The areas questioning are summarised in the diagram:

***How unsafe do you feel?

1. Has the perpetrator ever physically harmed or threatened you?

Is the violence becoming more **frequent**?

Have they **threatened to kill** you? Suicide?

Have they ever **choked or strangled** you?

They ever forced you to do anything **sexual against your will?**

2. What about harm to the family?

Have they threatened to harm your children?

Has the perpetrator threatened to harm or kill other family members?

Has the perpetrator ever harmed or threatened to harm your pets?

3. Are they becoming increasingly jealous and controlling?

Have they restricted your **access to money**?

Have they **isolated** you from family, friends or supports?

Have they ever used a **weapon**?

4. Are you pregnant or have you recently given birth?

How to engage with the victim-survivor ?

- Choice of clinicians – gender, experience, pregnancy
- Believe the victim-survivor
- Reinforce to the victim-survivor that they should not be treated this way
- Create a place of safety e.g. private room
- Discuss a safety plan or exit plan
- Discuss resources
- Respect the client's decision. Be non-judgemental

Check the Women and Newborns Service (WNHS) Resources for CaLD, Aboriginal , young people and when managing specific types of risk such as non-fatal strangulation:

- Adolescent Intimate Partner Violence (PDF)
- Engaging with clients who choose to be abusive to their partner or families (PDF)
- Explanation of High Risk Factors in FDV (PDF)
- FDV and children - Guide for clinicians (PDF)
- FDV in the workplace - a guide for managers (PDF)
- Interagency Information Sharing for High Risk Cases (PDF)
- Mental Health and FDV - Guide for clinicians (PDF)
- Non-Fatal Strangulation (NFS) in the context of Intimate Partner Violence (PDF)
- Safety Planning (PDF)
- What are Multi-Agency Case Management (MACM) Meetings (PDF)

Link: Mental Health and Family and Domestic Violence: A Guide for Clinicians – 2 pages

Questions to ask the victim-survivor about the perpetrator

- Do they have a history of violent behaviour?
  - Does the perpetrator have access to weapons such as knives or firearms?
  - Has the perpetrator breached any court orders?
  - Are they currently on bail or parole?
  - Have they ever been imprisoned for violent offences?
- Have they attempted suicide in the past?
- Do they use drugs or alcohol?
- Have they ever experienced mental health issues?
- Are you scared of the perpetrator's family members?
- Are they unemployed or experiencing financial difficulty?

What to do next?

Abbreviated Version of WACHS Summary for this presentation only:
What to do – a summary: Identifying and Responding to Family and Domestic Violence

For full version go to WACHS

Step 1: Identify

1. Look for signs of abuse.
2. Any past FDV screening?
3. Suspect abuse or just screening? Do Family and Domestic Violence Screening Form (FDV950)
4. Interview client alone.
5. No disclosure, respect their answers and provide info re local supports.

Step 2: Assess

1. High risk factors & other factors
2. Protective factors – other services, safe place, safety plan?
3. Immediate danger to them or their children?
4. FDV951 Form
5. Use Social Work or ALO
6. After hours:
   - Women's DV Helpline (1800 007 339)
   - Men's DV Helpline (1800 000 599) to support assessment, and referral decision-making.
   - Sexual Assault Resource Centre (SARC) (healthywa.wa.gov.au)

Step 3: Support and Referral - options

1. Immediate danger - Police, Crisis Care and/or local FDV service.**
2. Social admission?
3. Children at risk? - Police and/or CPFS, and/or 'child at risk alert
4. Danger not immediate- Social Work referral local FDV service, or DV Helpline.
5. Give info on safety planning if safe to do so.
6. Follow-up appointment

****If client is in immediate danger and NOT willing to receive assistance, refer to delegated authority to consider release of information to relevant external agency.**

Step 4: Document

1. Use relevant forms.
2. Document the - disclosure in client's own words
3. Injuries, treatment, referrals
4. Photographic evidence preferred
5. Do not document any information about disclosures in clients hand-held / paper records.

Be aware that records can be subpoenaed to court. Documents may be accessible under FOI to a person who has an appropriate interest.

Who to involve?

Liaise with or refer to the following:

- Local Police Your Local Police | Western Australia Police Force
- Local Child Protection and Family Services (CPFS)
- Sexual Assault Resource Centre (SARC)- 6 4581828.
- Women's Refuges e.g.: Warlang Bidi (Peel), Andrea Mia (Kwinana) & Koort Kulaark (East Perth). Contact Entry-point 1800 124 684
- Luma- 08 6 330 5400.
- ISHAR Multicultural Women's Health Service- 08 9 3455 335.
- NMHS Mental Health Aboriginal Liaison Service
- North Metro Health Service (NMHS) Intranet
- Women and Newborn Health Services (WNHS)

Information can be shared when or where a person is considered at immediate of high risk or the community is considered to be at risk

- Covered by the Health Services Act 2016 and Child and Community Services Act
- If sharing information without consent, then document the reasons for this.
- The FDV952 form is for information sharing.

What is Coercive Control?

Coercive Control is *'a strategic course of oppressive conduct that is typically characterised by frequent, but low level physical abuse and sexual coercion in combination with tactics to intimidate, degrade, isolate, and control victims'.*

(Stark, 2013).

'Coercive control can indicate future homicide –

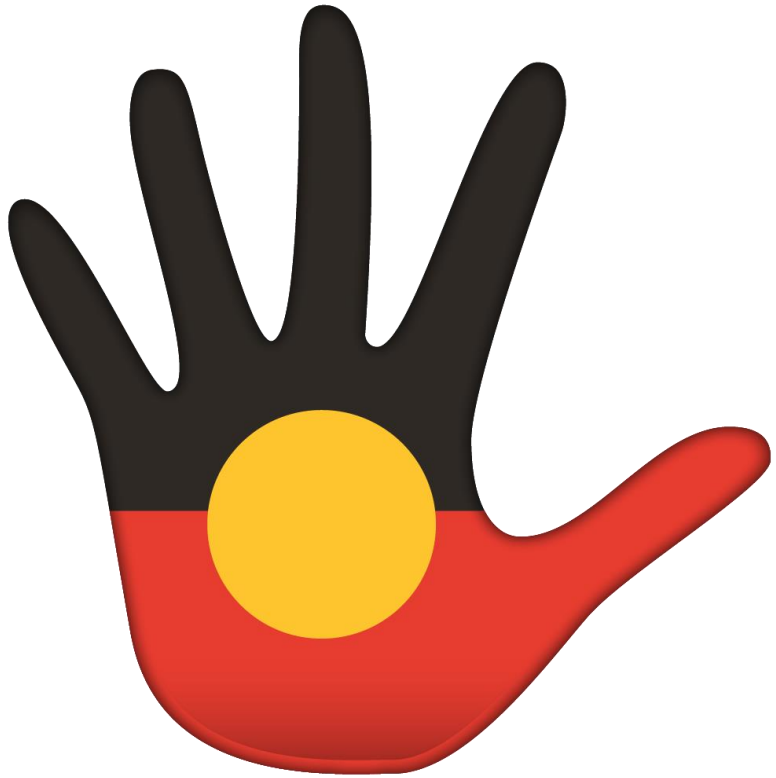
the evidence is in the research.'

Stephanie Monck. Womens Legal Service WA

'Family violence' *is the preferred term for FDV within First Nations communities as it covers the extended families, kinship networks and community relationships in which violence can occur (Cripps and Davis 2012).*

- *Aboriginal women are 5 x more likely to experience coercive control.*
- *People incorrectly assume Aboriginal men are the perpetrators.*
- *Aboriginal women are frequently misidentified as perpetrators when they are the victims.*

Ref: Stephanie Monck - Traditional Owner of Finnis River NT, lawyer at Women's Legal Service WA



For First Nations people:

- 2 in 3 (67%) reported the perpetrator was an intimate partner or family member.
- Almost 3 in 4 (74%) assault hospitalisations were due to family violence.

(AIHW, July 2024)

Common myths and the Realities about FDV

(Source White Ribbon)

Common Myths

1. *'The woman should just leave.'*
2. *'Only certain types of men commit 'fdv.'*
3. *'Men who commit violence are mentally unwell or on drugs/ alcohol.'*
4. *'Children don't remember it.'*
5. *'Women provoke the violence.'*

The Cause:

Men's violence against women is caused by the **attitudes and behaviours** associated with traditional masculine gender roles.

They put women in a subordinate position to men.

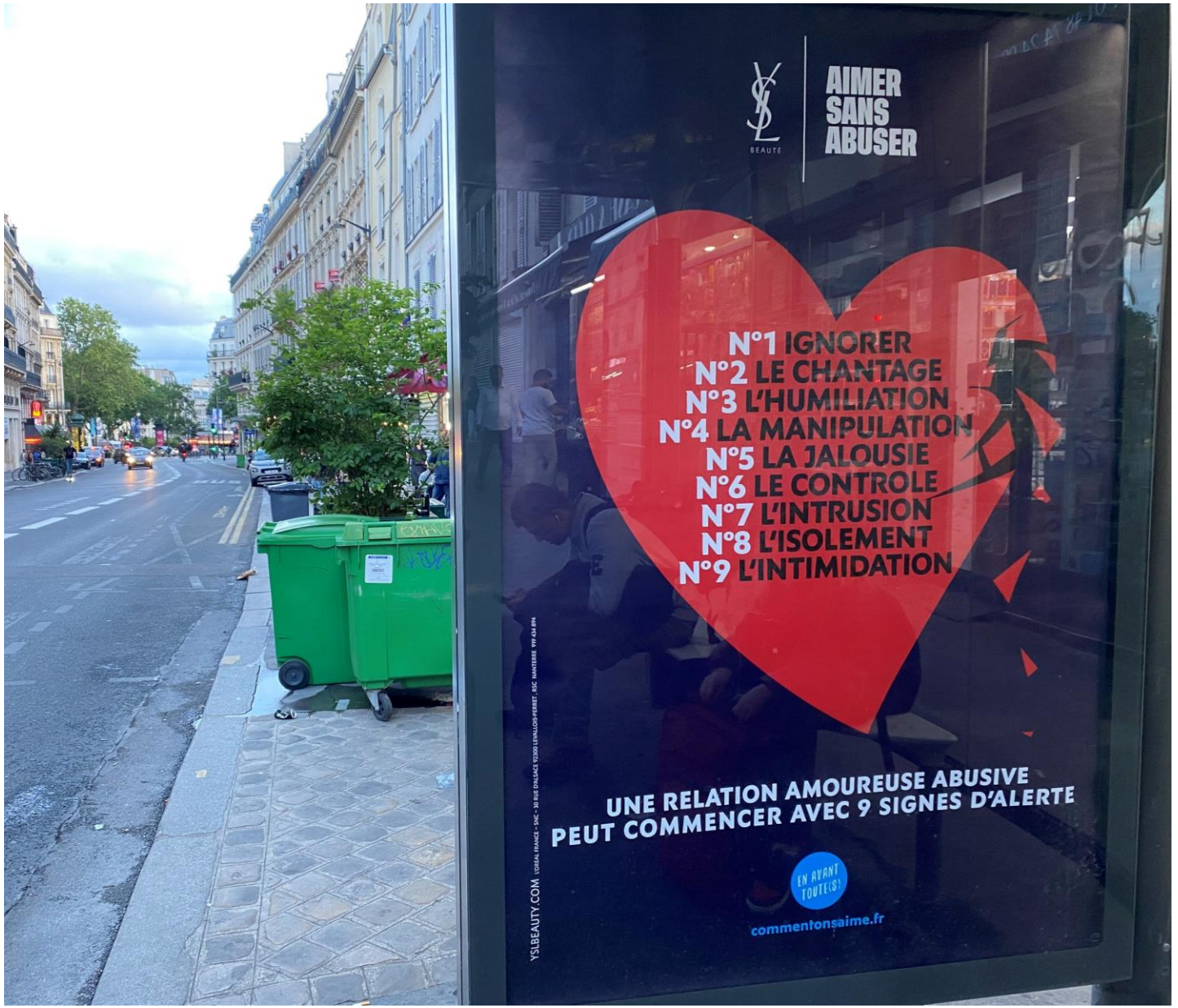
Supports for staff experiencing FDV

- NMHS Intranet- FDV Family and Domestic Violence (health.wa.gov.au)
- FDV specialist EAP (Employee Assistance Program)- access to counsellors trained specifically in FDV. Employee Wellbeing Psychologists (health.wa.gov.au) nmhs.wellbeing@health.wa.gov.au -call back
- Flexible working arrangements (NMHS Flexible Working Arrangements Policy) https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/NMAHS/Corporate/NMHS.AW.FlexibleWorkingArrangementsPolicy.pdf
- FDV Leave Applications (access to 10 days of non-cumulative paid leave)
- Private spaces at work to complete appointments.
- Information from the Women & Newborn Health Service (WNHS) Intranet on FDV. King Edward Memorial Hospital - Family and Domestic Violence Toolbox (health.wa.gov.au)

For helplines go to Slide 2

Domestic violence is a global crisis
- building awareness and
protecting
women's safety is in focus.

- Where is this?
- Who is the target audience?
- Are we missing something?



Contact

Clinical Reviews/Community of Practice
communityofpractice@ocp.wa.gov.au

Chief Psychiatrist's Clinical Helpdesk:
reception@ocp.wa.gov.au
Tel: 6553 0000

Presenters:
Richard.Majda@health.wa.gov.au
Michelle.Miller@health.wa.gov.au
Lauren.Sammon@health.wa.gov.au (WNHS policy)

PowerPoint slides and summary of the session are available at:
https://www.chiefpsychiatrist.wa.gov.au/chief-psychiatrists-mental-health-community-of-practice/