Chief Psychiatrist's Community of Practice Summary

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

Dr Nathan Gibson, Chief Psychiatrist

This week is Women's Health Week and all aspects of safety- psychological, physical and sexual- are so important in consider in mental health to prevent and address cycles of trauma.

WA has higher rates of reported family and domestic violence (FDV) than some other jurisdictions. There is a responsibility for public sector mental health services to play a clear and proactive role in assisting our patients and families who may be subject to FDV. Where there are potential or actual perpetrators as patients within mental health services, it is equally as important for clinicians to actively address this in the care of this group.

We have a predominantly female workforce in mental health. Women and females are overwhelmingly the primary group impacted by FDV. We must keep our workforce safe, and also ensure our workplaces support our staff at those times if they themselves are facing family and domestic violence at home.

It's a challenging area and we may not feel like we have the skills or feel comfortable in dealing with it, but it's critically important. I hope this session today will assist to raise awareness and prompt action. This a seeding discussion, and I encourage you to take these discussions back to your workplaces to consider how you might take a more active role in this space.

Key messages- Richard Majda & Michelle Miller, Managers Social Work Sir Charles Gairdner & Graylands Hospitals.

1. **Believe the victims** and make sure children are heard – ask do they want help with this now? Everyone needs to be able to ask.
2. **Learn how to ask about FDV and create a safe space in your service.** Women need to feel safe - give them a choice who sees them (gender, experience, culture), see them alone. Refer to social work.
3. **Respond in a culturally inclusive way – don't assume.** Refer to Aboriginal Mental Health Workers. Refer to multicultural organisations such as Ishar. Have the multilingual booklet on FDV to hand.
4. **Liaise with other services**, call Sexual Assault Resource Centre (SARC) early, Child Protection and Family Services, Police, NGOs, Aboriginal Health Services, women's services and crisis services.
5. **Educate and develop capacity across the team working with your specific consumers**. What do they need? What are your local supports? Experienced and skilled staff can co-work and coach colleagues.
6. **Look after your staff and yourself, this is a challenging area for vicarious trauma and personal safety. Most of our staff are women** or female and so may have lived experience of FDV or be at risk now.
7. **Remember it's not sitting down with a form in front of you and ticking boxes.** That doesn't help with engagement. Assessments guide what to ask and indicate high risk factors for escalation. It's about creating safety, trust, asking the specific questions - then teamwork.
8. **If you are worried - trust this and share concerns** with an experienced manager/social worker/doctor.
9. **Document disclosures in their words and carefully consider where you document**. Do not document in files that may be on their person as perpetrator may access. Enable photos of injuries for evidence for court.
10. **Family violence is an offense since 2020 in WA** with a maximum penalty of 14 years in prison, summary offense fined $36,000 or 3 years in prison. Tell consumers their rights and options. Non-fatal strangulation and suffocation is also an offense with a high-risk for brain damage later, stroke and future homicide.

Newspaper/Publications

*FDV offences in WA **up by 41%** compared to 5-year average - The West Australian Newspaper, 4th May 2024*

Women are more likely to experience abuse at the hands of a partner (sexual, physical) – around 1 in 5, or 3 times more likely. - Aust. Inst. of Health & Welfare (AIHW), 2021-2022

How to assess: Immediacy of threat/harm and note high-risk factors – see presentation

Are they in danger now? Are they or the children at immediate risk or in immediate danger, or are they in the community and is there escalating risks or incidents over a long period? Ask about the perpetrator.

Are there any protective factors in place? Involvement in drug and alcohol services or with NGOs and supports, supportive family, a place of safety? Do they already have a safety plan in place? And supports for the children?

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*It may take a victim survivor (being the subject of episodes of violence) **eight times** before they (definitively commit to) leave a relationship* - Richard Majda, Social Work Manager

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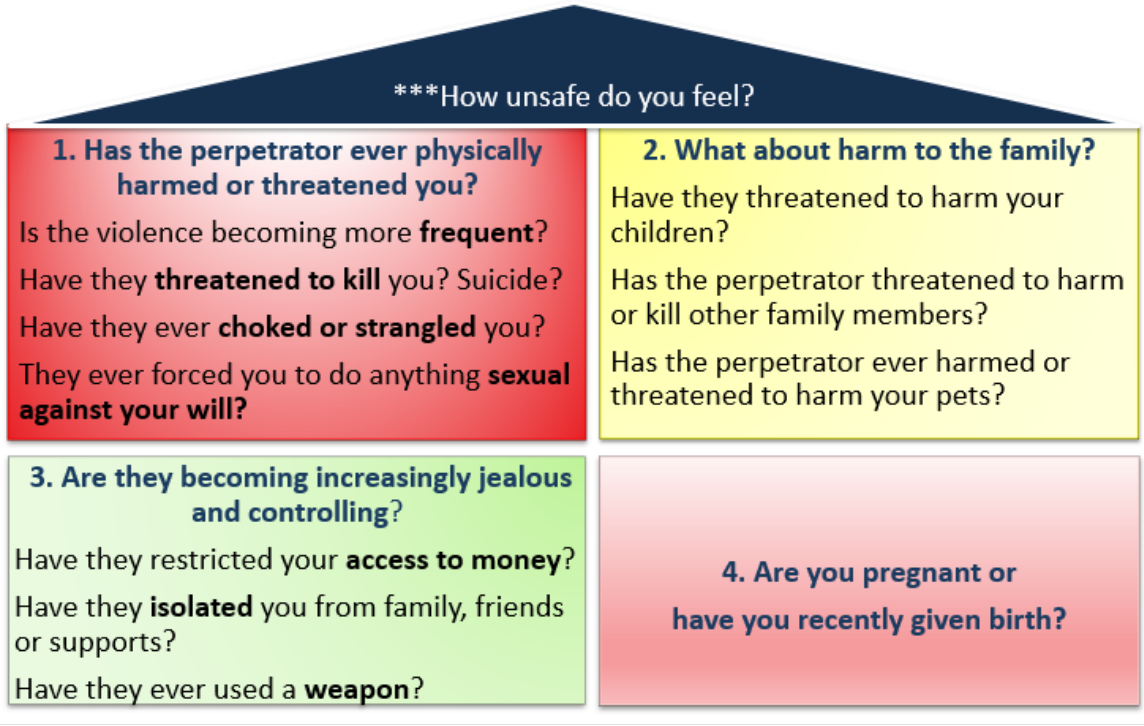
Get familiar with these questions taken from the **FDV 950 - Screening** and **FDV 951 - Assessment** – shown here in 4 key areas. Have them mind in mental health assessments for after the questions in the RAMP.



Family and Domestic Violence Screening Tool 20 Languages (FDV950): A very new, basic but vital tool in 20 languages being distributed in departments now from Womens and Newborns Health Service.

*It's about discussing a **safety plan or an exit plan** for the victim-survivor as to how to get away from the at-risk situation, and this sometimes involves actually writing out the specific steps, and specific agencies that they may need to engage with and giving them contacts.*

And it's very important also is respecting the client's decision, being non-judgemental, whatever that decision is that they make.

Richard Majda

Staff Supports: FDV 10 days leave, flexible work, safe spaces for appointments specialised Employee Assistance counselling in FDV.

Family and Domestic Violence (health.wa.gov.au)

Women's Domestic Violence Helpline: **1800 007 339**.

Men's Domestic Violence Helpline: **1800 000 599.**

Crisis Care: After-hours response re concern for a child's safety and wellbeing **1800 199 008.**