

NORTH WEST METROPOLITAN REGION  
PRIMARY CARE PARTNERSHIPS

# Identifying Family Violence and Responding to Women and Children

EXAMPLE CLIENT POLICY AND PROCEDURE

## Acknowledgements



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

The development of this example policy was led by Alice Henderson, Project Officer at North East Healthy Communities.

North East Healthy Communities 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.

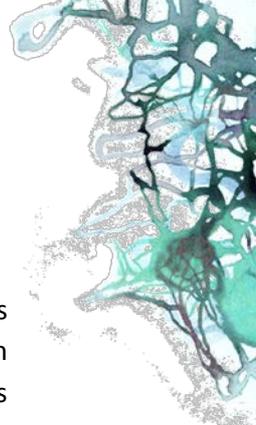
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## Using this Document in your Organisation

This document provides an example of best-practice policy and procedures to guide organisations in how they respond to women and children who are experiencing family violence. Each organisation will need to tailor this document so that it aligns with their specific needs. After this process it is recommended that organisations use the *Identifying and Responding to Family Violence Policy and Procedure Organisational Assessment Tool* to ensure their document retains all best practice principles.

This policy and procedure focuses on working with women and children experiencing family violence due to the gendered nature of this issue. Organisations will need to develop a separate policy for responding to men experiencing family violence.



# Identifying Family Violence & Responding to Women and Children – Client Policy

## Background

Family violence is a serious issue that significantly affects health and wellbeing. While family violence affects all genders, evidence demonstrates that it is overwhelmingly perpetrated by men against women and children. Family violence is a violation of human rights and is the leading contributor to ill health and preventable death in women aged 15–44. One in three Australian women who have an intimate partner will experience violence from a partner or an ex-partner. Victims/survivors of family violence are in our community, workplaces, schools and community groups.

A central element of family violence is an ongoing pattern of behaviour that takes many forms and establishes power and control through fear. Family violence may include sexual violence, physical violence, threats and intimidation, psychological, emotional and social abuse and economic deprivation. Children and young people can be affected by family violence even if they do not hear or see it.

We believe [insert name of organisation] has an important role in supporting clients who are experiencing family violence and thereby the health, safety and wellbeing of our community. [insert name of organisation] will identify, assess, offer referral and advocate for people who are experiencing or at risk of experiencing family violence. In doing so, we aim to create an environment that promotes the disclosure of family violence, supports the individual's participation in decision-making, challenges the normalities of violence and supports those affected by violence to reduce its consequences.

## Purpose

To outline steps for all staff members to take when in contact with a woman who discloses she is experiencing family violence, or if a staff member identifies indicators of family violence in a woman's presentation.

## Scope

All staff. Even if staff members do not deal with family violence in their daily role it is important that they know how to respond in ways that support the woman's needs, particularly their need for safety.

Instances of family violence that are not covered by this policy and procedure include:

- Cases of suspected child abuse. (Refer to Child Safe Policy).
- Family violence involving staff. (Refer to the Workplace Family Violence Policy and Procedure).
- Identifying and responding to people who cause family violence harm. <sup>1</sup>

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<sup>1</sup> For more information please access North West Metropolitan Region Primary Care Partnerships – [Guidelines for Identifying and Responding to People Who Cause Family Violence Harm](#)

## Definitions

### *Family Violence*

[insert name of organisation] recognises that domestic and family violence and sexual assault are predominantly gendered crimes perpetrated by men against women and children they know. The term family violence is used throughout this document. The Family Violence Protection Act 2008 defines family violence as:

- a) Behaviour by a person towards a family member of that person if that behaviour:
  - is physically or sexually abusive; or
  - is emotionally or psychologically abusive; or
  - is economically abusive; or
  - is threatening; or
  - is coercive; or
  - in any other way controls or dominates the family member or another person; or
- b) Behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).

### *Family member:*

- Spouses/ de factor partners (including same-sex)
- Ex-partners
- Children
- Siblings
- Parents
- Caregivers (paid or unpaid)
- Relatives
- Kinship structures and members of extended kinship networks

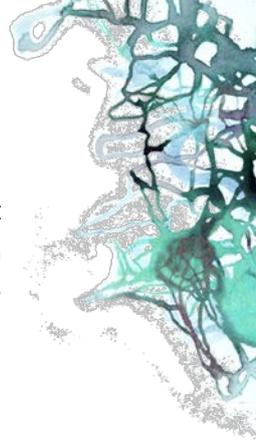
## Policy Statement

[insert name of organisation] is committed to developing a community in which family violence is not tolerated or excused and clients experiencing family violence are supported. We ensure our staff are competent and sensitive in their enquiry, identification, response and management of client experiences of family violence through an understanding of organisational family violence policies, procedures and engagement in professional development.

[insert name of organisation] promotes the safety and best interests of women and children who are affected by family violence, and connected with [insert name of organisation]. We listen, believe and validate experiences of family violence and provide access to information and support. Client experiences are treated confidentially and seriously. [insert name of organisation] adopts a family sensitive practice approach and makes the safety of children a priority.

Our response to violence recognises that people have different experiences, risk factors, barriers to safety and needs due to gender, background, sexuality and/or disability and other individual factors. [insert name of organisation] incorporates culturally sensitive practice in our response to family violence that is inclusive of indigenous women and culturally and linguistically diverse women and their families. We understand that women who experience violence often seek health care for related emotional or physical conditions. However, they do not often freely

disclose family violence due to shame or fear of being judged or fear of their partner. [Insert name of organisation] supports clients regardless of whether they plan to take direct action around their experience of family violence (e.g. a formal report to the police or leaving the relationship).

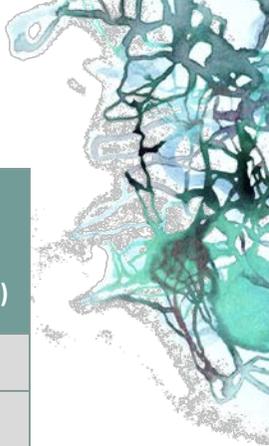




## Responsibilities of Staff

The table below outlines key responsibilities that need to be undertaken for an organisational response to family violence.

	CEO & Board	Human Resources	Managers	Team leaders	Staff who engage with women as clients	Reception staff	Specialised Employees (in relation to family violence)
Endorsing an organisational response to family violence							
Ensuring all staff in the organisation have access to and attend family violence training							
Thinking about safety of all clients and staff							
Ensuring measures are in place for the safety of clients/staff							
Working with and guiding staff who are supporting a client who is experiencing family violence							
Being familiar with the indicators of family violence and risk factors							
Being aware of the types of questions to ask women /children about family violence							
Ensuring a woman/child is provided with a supportive, safe and confidential environment when asking about/discussing family violence							



	CEO & Board	Human Resources	Managers	Team leaders	Staff who engage with women as clients	Reception staff	Specialised Employees (in relation to family violence)
Using a professional interpreter							
Assessing safety of self, client/s, children, other staff, family members, volunteers and visitors							
Contacting police if there is an immediate threat or danger to you, client/s, children, other staff, family members, volunteers, and visitors							
Referring a client, (inc. accessing secondary consultation with a manager external specialist)							
Referring child/ren impacted by family violence, including consulting with manager/external specialist, to organise support							
Completing a detailed Safety Plan							
Documenting all information in the client record							
Ensuring staff and volunteers supporting someone experiencing family violence are offered opportunity for debrief/EAP.							

# Identifying Family Violence and Responding to Women and Children – Client Procedure

See Appendix 1: Identifying and Responding to Family Violence Flowchart.

## 1. Identifying family violence

All staff need to be aware that women/children who are experiencing family violence may be new clients, existing clients, presenting for an appointment to any service, or receiving any type of service/support from our organisation.

### 1.1 Family violence indicators and risk factors

To identify family violence it is important that staff are familiar with the range of family violence indicators. It is also important that staff are aware that these signs and symptoms do not by themselves indicate family violence (although in some situations and combinations, they may raise suspicion of such). See Appendix 2: Indicators of Family Violence in Adults and Children.

Australian and international research has identified a range of risk factors for women and perpetrators that commonly precede a serious incident of family violence, assault or homicide. Additionally, some people and communities are known to experience additional barriers to safety which often lead to increased risks of family violence that may indicate further risk (see Appendix 3: Risk factors and barriers impacting the likelihood and severity of family violence).

### 1.2 Discussing family violence

Staff need to follow these key principles when discussing family violence:

- Facilitate feelings of safety, choice and control for the woman.
- Ensure you are in a private, safe and confidential space (ensure the woman is on her own and her partner/perpetrator and/or other family members {above the age of 2 years} are not present).
- Use an official and accredited interpreter if required. (When booking an interpreter, staff should be mindful of using a local interpreter and should also ask the client about gender preference. Refer to the Australian Government's Department of Social Services Information sheet on [Interpreters and family safety](#))
- Check that the woman has an understanding of confidentiality and its limitations. (Ensure staff are familiar with Information Privacy Act 2000, and Health Records Act 2001 and the Part 5A of the Family Violence Protection Act 2008).
- Discuss children via the protective parent and empower the parent to have ongoing discussions with the child. (Employees should only undertake questioning of children if they have adequate training in this area.)

### 1.3 Asking about family violence

Where one or more family violence indicators are observed, staff need to ask whether the woman is experiencing family violence in a gentle, direct and non-judgemental manner by using framing, followed by exploratory, questions. The number, and type, of questions you ask is dependent upon her answers.

Example of a framing question:

“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 ok?”

Example exploratory questions.

- “How are things at home?”
- “Is it safe for you (and your children) at home?”
- “Are you frightened of your partner or ex-partner?”
- “Do you feel safe to go home when you leave here?”
  
- “Has your partner ever threatened to hurt you in some way?”
- “Would like help with any of this now?”

## 2. Responding to family violence

### 2.1 Responding to disclosures of family violence

If a woman discloses experiences of family violence, staff need to:

- listen;
- respond in a direct, empathetic, non-judgemental way;
- validate and believe the woman’s experiences. Assure her that she is not to blame, that everyone has a right to feel safe;
- enquire about her unique needs and concerns;
- enquire about the type/s of and severity of abuse experienced and/or threatened;
- enquire about risk factors present that may impact on the likelihood and severity of family violence;
- ask if she has any children, young people or other family residing with her and/or impacted by the family violence/has contact with the alleged perpetrator;
- explain that there is help and support available for those experiencing family violence;
- assess the woman’s safety as well as any family members, including children and pets; and
- ask whether the woman would like your help.

### 2.2 Enhancing safety

**If a client, family member, staff or anyone else is in danger call 000.**

*Police should be also be contacted when a crime has been, or is likely to be, committed.*

Once a disclosure of family violence occurs, staff should work with the woman to enhance her, and her family members’, safety. This can refer to physical, social, emotional, financial and psychological safety, but typically involves planning to avoid serious injury and further harm if violence occurs again.

To enhance safety staff should:

- Respond to immediate risks - in cases of emergency or if someone is in danger call police: 000.
- Support referrals to a service to complete a comprehensive safety assessment and plan. Specialist family violence services are best placed to develop a tailored safety plan and this is the preference.

- Provide referrals in response to any risk factors and additional barriers to safety disclosed by the woman.

If a woman is not ready to consider and take action regarding safety, advise that it is highly recommended as any family violence intervention can increase risk. However, it is also important to keep in mind that the person who is experiencing violence is usually best placed to assess the complexity of their own situation and their level of risk.

### *Safety planning*

Where the client prefers not to seek specialist support, is not eligible to receive support from a specialist service, or is waiting to gain access to a specialist service, our organisation will support the woman to develop a simple safety plan. Planning for safety involves looking at the client's situation, creating a plan relevant to her needs and adapting it when the situation changes. Plans need to incorporate an escape plan as well as practical strategies to improve the home and personal safety. See Appendix 4: Safety Planning.

When supporting the woman with safety planning, it is important that:

- what the woman is already doing to ensure her safety and the safety of their children is included;
- the safety of children and young people is included;
- safety plans are available in a preferred format that is accessible (staff need to be mindful of the potential risks of providing written material); and
- Safety Plans are regularly reviewed.

### **2.3 Declined offers of Support and Concerns for Child Safety**

See Appendix 1: Identifying and Responding to Family Violence Flowchart.

If a) There are indicators of family violence present or

b) A woman discloses family violence

but she declines assistance or states that she is not experiencing family violence, and staff *do not have serious* concerns for the woman's or children/others' safety or well-being, staff should:

- provide information about help and services available;
- consider discussing safety planning;
- offer the option of returning for another appointment now or in the future; and
- monitor closely.

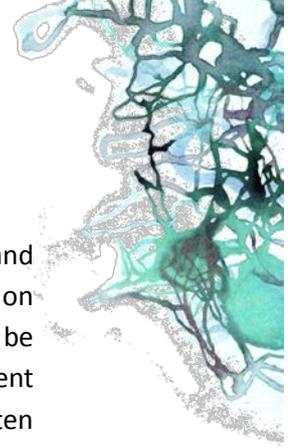
If a) There are indicators of family violence present or

b) A woman discloses family violence

but she declines assistance or states that she is not experiencing family violence, and staff *have serious* concerns for the woman's or children/others' safety or well-being, staff should:

- consider calling the police: 000;
- consider reporting to a Child Protection office (if the child is at risk of physical, emotional or other types of harm and neglect); and
- consider referral to Child FIRST (if there are significant concerns for the wellbeing of the child/young person in the present or future).

Ideally, any referrals will be made alongside the woman and/or with her knowledge.



## 2.4 Referrals

Ideally staff should support clients by making ‘warm referrals’ to family violence specialist (and other) services. Warm referrals involve staff obtaining consent to initiate the referral process on behalf of the woman, and calling the service when the woman is present. These are likely to be more effective. Staff can also make a telephone available in a safe and private space for the client to call and self-refer to support services. If safe to do so, clients should be provided with written family violence support services and referral information.

## 2.5 Consultation

Staff are encouraged to consult with their team leader/manager or a specialist family violence service for further direction/advice when supporting a woman experiencing family violence.<sup>2</sup>

This support should be sought in a timely manner. Issues to be discussed may include:

- safety and risk factors;
- whether a referral should be made to a family violence service;
- whether police should be called; and
- whether a consultation or a referral should be made to Child Protection or Child FIRST.

## 2.6 Confidentiality and Information Sharing

### *Confidentiality*

When discussing family violence, staff must specify the limits of confidentiality/privacy. The Information Privacy Act 2000 and Health Records Act 2001 permit the disclosure of information in certain circumstances including:

- Where there is consent from the client.
- Where the information shared is necessary to be used or disclosed to lessen or prevent either a serious and imminent threat to an individual’s life (the client’s or anyone else’s), health, safety or welfare; or a serious threat to public health, safety or welfare.
- Where disclosure is required or authorised by law.

### *Information sharing*

Part 5A of the Family Violence Protection Act 2008 now includes a family violence Information Sharing Scheme for risk assessment and risk management. This scheme has a number of iterations for service types to be prescribed as information sharing entities as part of this sharing scheme. (This sharing scheme sits outside the Information Privacy Act 2000 and the Health Records Act 2001).

For more information: Victorian Government [Family Violence Reform: Information Sharing and Risk Management](#)

## 2.7 Provision of services to the woman and the perpetrator

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 the same staff member does not see both the perpetrator and the woman, so that each person is able to receive a safe service. In this situation it is important that staff share information about each client with each other/their team but there should be no discussion about suspected or

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<sup>2</sup> Consultation can be gained from state-wide service Safe Steps (1800 015 188) or national service 1800RESPECT (Tel: 1800 7377328).

confirmed abuse with the perpetrator unless the woman consents to this and there is a safety plan in place.

It is also recommended that one of the clients is referred to another organisation, but not if this would require a breach of privacy of the other client or put anyone in danger. Relationship counselling for couples/families where violence has been disclosed is not undertaken (as it is not appropriate and could put the woman at further risk).

### 3. Documentation and incident reporting

#### *Documentation*

Documentation (e.g. case notes) should be clear, concise and differentiate what is observed and what is reported by the woman, child or other persons. Documentation may assist the current and future identification and response to family violence and may be significant if the woman/child is involved in legal proceedings related to family violence.

Staff must document:

- disclosures of family violence;
- family violence indicators, outcomes of discussions, including referral options and information provided;
- observations and processes engaged in if staff suspect family violence but there is no disclosure;
- family violence history provided by the patient/child;
- any relevant/key information provided directly by the client that can be quoted directly;
- details of other family members, adults and children in the home;
- process taken, plans discussed and outcomes;
- consent from the client in order to share information;
- referrals made to all services including: police, specialist family violence services or Child Protection or Child FIRST; and
- consultations, and outcomes of consultation, with senior staff and external agencies.

#### *Incident reporting*

An incident report is required if there is a risk of harm to staff or harm to a client, staff member or any other individual while on site.

### 4. Appointment times

[Insert name of organisation] endorses staff to book longer appointments and has mechanisms to support this. Longer appointments may be necessary for:

- family violence enquiry and identification;
- responding to family violence disclosures;
- responding to safety and safety planning; and
- supporting referrals.

## 5. Staff self-care (including OHS measures)

Responding to family violence can be stressful and overwhelming. [Insert name of organisation] ensures that staff involved are offered the opportunity to debrief and access support within their usual work hours. Staff can access debriefing and support from their team leader/manager, Employee Assistance Program (EAP) and/or 1800RESPECT.

[Insert name of organisation's] service agreement with our EAP provider outlines that:

- they have skills and experience to support staff who work with clients experiencing family violence;
- EAP information is readily available to staff; and
- staff are able to access flexible working arrangements through the support of their manager.

Staff should regularly assess their own safety while working off-site and on-site and respond accordingly (assessment may involve using organisational documentation). Staff may be especially vulnerable to perpetrators of violence when or if they find out about any possible disclosures made. Safety concerns, threats or violence to staff must be reported to management immediately and documented (consider also setting up a safety alert on the client's file). Strategies/plans will be developed and implemented in a timely manner to manage this.

## 6. Training and skill development

[Insert name of organisation] requires new employees to familiarise themselves with our Identifying and Responding to Family Violence Policy and Procedure during orientation. We also require staff to complete Identify to Family Violence training in their first year of employment. Training, including refresher courses, is facilitated by a knowledgeable and skilled trainer and is on our organisations' training calendar. Relevant training that is offered externally is actively promoted within [insert name of organisation]. [Insert name of organisation] records staff that attend training and actively invites staff who have not previously attended to do so.

## 7. Policy promotion

The Identifying and Responding to Family Violence Policy and Procedure (and relevant materials) are promoted on our organisations' computer-based staff platform.

[Insert name of organisation] promotes resource material on family violence throughout [insert name of organisation], such as posters, pocket cards or leaflets. This helps to create a supportive environment for women to disclose family violence.

## 8. Policy review

This policy and associated procedure are reviewed and updated every three years.

## 9. Policy evaluation, monitoring, and reporting of compliance

Compliance to, and usability of, this policy and procedures will be monitored, evaluated and reported annually through:

- the number of staff trained to identify and respond to family violence;
- training records;
- training feedback surveys; and
- monitoring of the Victorian Health Incident Management System (VHIMS) report.

## 10. Legislation and references

### Legislation

- Family Violence Protection Act 2008 (Victoria)
- Child Youth and Families Act 2005
- Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015

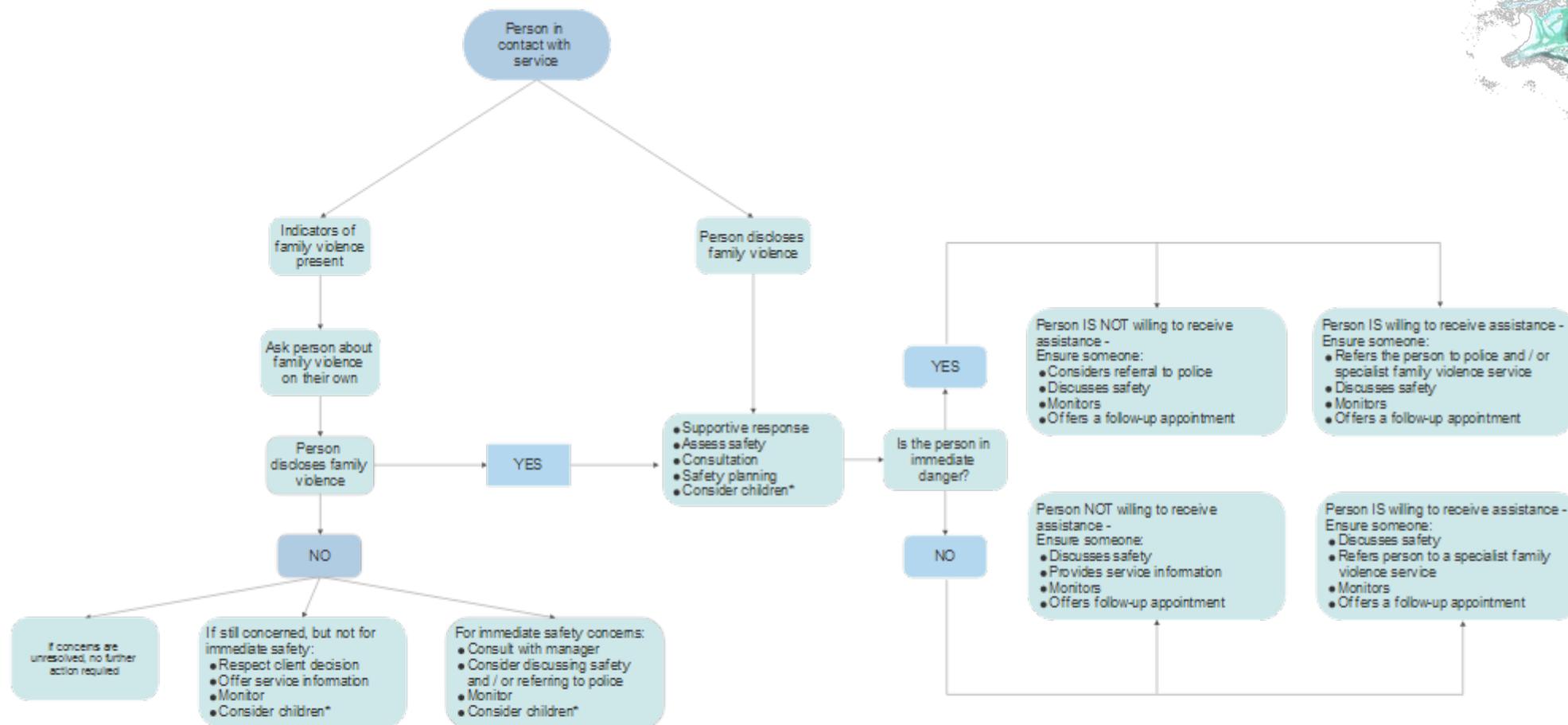
### References

- Inner North West Metropolitan Region Primary Care Partnerships (2016), Identifying Family Violence and Responding to Women and Children (Client Policy Template)
- Department of Health and Human Services (2012), Family Violence Risk assessment and risk management framework and Practice Guides 1-3
- Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth, 2015, Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia, Our Watch, Melbourne.
- Austin Health Family Violence Family Violence Clinical Policy and Procedure.
- The Victorian Government, Royal Commission into Family Violence.
- The Women's Hospital (2017), Strengthening Hospital Response to Family Violence: Identifying and Responding to Family Violence Procedure

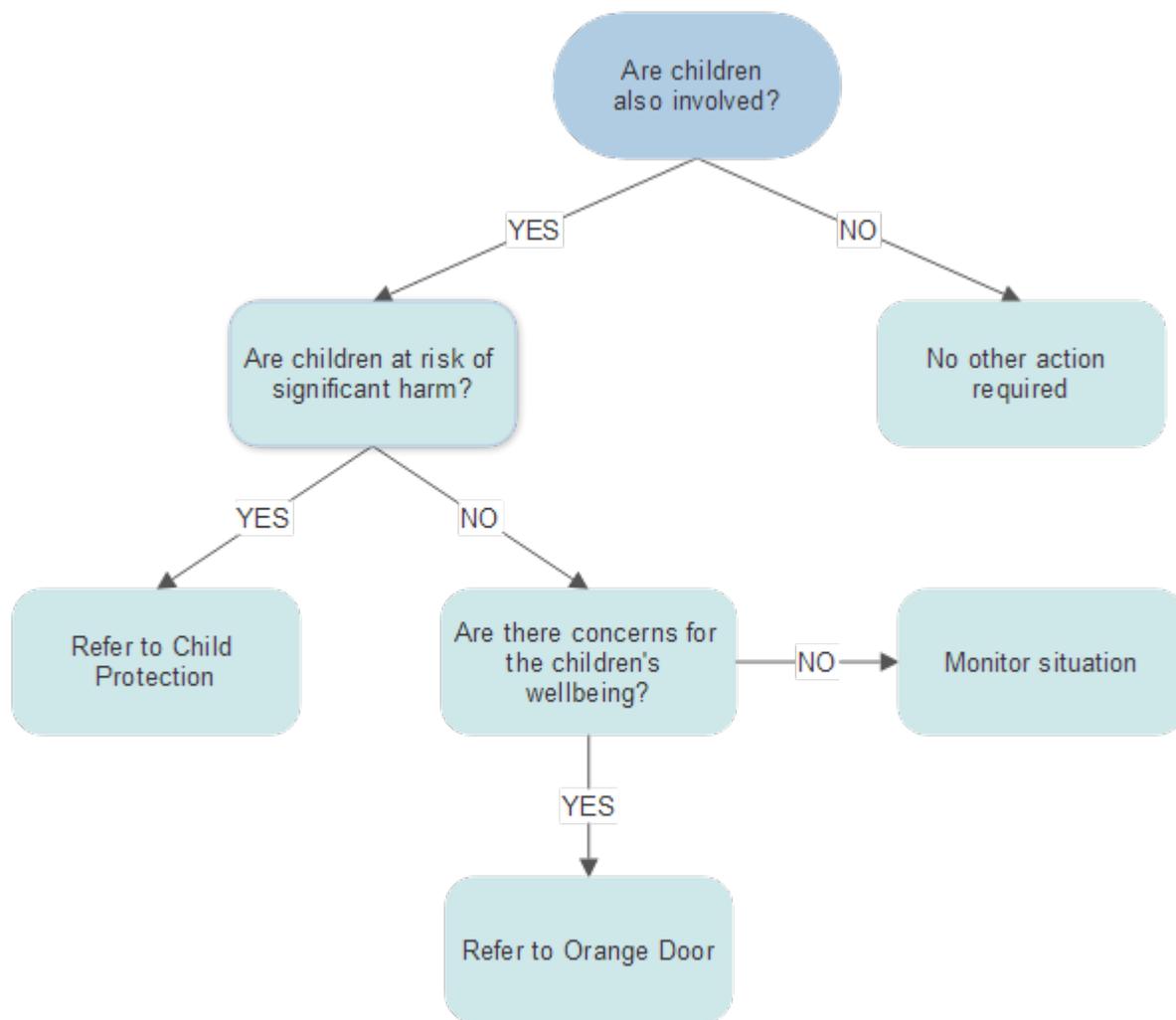
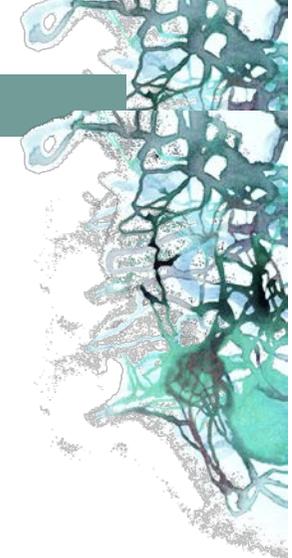
## 11. Related organisational policies

- Child Safe Policy and Procedures
- Privacy and Confidentiality Policy and Procedures
- Workplace Family Violence Policy and Procedures

# Appendix 1. - Identifying and Responding to Family Violence



\*Consult the "Are children also involved?" flowchart on page below for further direction



## Appendix 2 – Indicators of Family Violence in Adults and Children

The table below outlines some indicators of family violence that you may see, hear or observe. Indicators of family violence are not always obvious. Identifying family violence early, by enquiring when you notice indicators, can prevent future violence.

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>

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

## Appendix 3 – Risk Factors and Barriers Impacting on the Likelihood and Severity of Family Violence

There is reliable research indicating that some factors are associated with greater likelihood and/or severity of family violence. These are summarised in the tables below. It is important to keep in mind that these factors might interact in many and complex ways. Despite the co-occurrence of certain factors with family violence, none is causal. It must be recognised and accepted that family violence occurs in a diverse range of households across the entire Victorian community and remains largely undetected and unreported.

### Risk factors for women experiencing family violence:

Risk Factor	Explanation
Pregnancy/new birth*	Family violence often commences or intensifies during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death. Family violence during pregnancy is regarded as a significant indicator of future harm to the woman and her child.
Depression/mental health Issue	Victims with a mental illness may be more vulnerable to family violence.
Drug and/or alcohol misuse/abuse	Victims may use alcohol or other drugs to cope with the physical, emotional or psychological effects of family violence; this can lead to increased vulnerability.
Has ever verbalised or had suicidal ideas or tried to commit suicide	Suicidal thoughts or attempts indicate that the victim is extremely vulnerable and the situation has become critical.
Isolation	A victim is more vulnerable if they are isolated from family, friends and other social networks. Isolation also increases the likelihood of violence and is not simply geographical. Other examples of isolation include systemic factors that limit social interaction or support and/or the perpetrator not allowing the victim to have social interaction.

\* May indicate an increased risk of the victim being killed or almost killed.

### Barriers for women experiencing family violence

When identifying risk factors, it is also important to consider that some people and communities are known to experience additional barriers to safety leading to increased risks of family violence that may indicate further risk, including:

- Women in pregnancy and early motherhood
- Aboriginal and Torres Strait Islander women
- Women from culturally and linguistically diverse communities
- Women in rural communities
- Women living with disability
- Older women
- Women experiencing mental health issues
- Gay, lesbian, bisexual, transgender and intersex people (Our Watch, 2017)

## High risk perpetrator behaviours

Risk Factor	Explanation
Use of weapon in most recent event*	Previous behaviour is a likely predictor of future behaviour. A weapon is defined as any tool used by the perpetrator that could injure, kill or destroy property.
Access to weapons*	Access to weapons, particularly guns, are much more likely to seriously injure or kill a victim than perpetrators without access to weapons.
Has ever harmed or threatened to harm victim	Psychological and emotional abuse is a good predictor of continued abuse, including physical abuse. Previous physical assaults also predict future assaults.
Has ever tried to choke the victim*	Strangulation or choking is a common method used by male perpetrators to kill female victims.
Has ever threatened to kill the victim*	Evidence suggests that a perpetrator's threat to kill a victim is often genuine.
Has ever harmed or threatened to harm or kill children*	Where family violence is occurring, there is an increased risk of direct abuse of children in the family. Children are adversely affected through experiencing violence directly and by the effects of violence, including hearing and/or witnessing violence, or through living in fear due to a violent environment
Has ever harmed or threatened to harm or kill other family members	Threats by the perpetrator to hurt or cause harm to family members can be a way of controlling the victim through fear.
Has ever harmed or threatened to harm or kill pets or other animals*	There is a direct link between family violence and pets being abused or killed. Abuse, or threats of abuse against pets may be used by perpetrators to control family members.
Has ever threatened or tried to commit suicide*	Threats or attempts to commit suicide have been found to be a risk factor for murder–suicide
Stalking of the victim*	Stalkers are more likely to be violent if they have had an intimate relationship with the victim. Stalking, when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking behaviour and obsessive thinking are highly related behaviours.
Sexual assault of the victim (including rape, coerced sexual activity or unwanted sexual touching)*	Men who sexually assault their partners are also more likely to use other forms of violence against them.
Previous or current breach of Intervention Order	Breaching Intervention Order conditions indicates the defendant is not willing to abide by the orders of a court. Such behaviour should be considered a serious indicator of increased risk of future violence.
Drug and/or alcohol misuse/abuse*	A serious problem with illicit drugs, alcohol, prescription drugs or inhalants leads to impairment in social functioning and creates a risk of family violence. This includes temporary drug-induced psychosis.
Obsession/jealous behaviour towards victim*	Obsessive and/or excessive jealous behaviour is often related to controlling behaviours and has been linked with violent attacks.



<p>Controlling behaviours (for example, the perpetrator telling the victim how to dress, who they can be friends with, controlling how much money they can access, and determining when they can see friends and family or use the car)*</p>	<p>Men who think they 'should be in charge' are more likely to use violence against their partner.</p>
<p>Unemployment*</p>	<p>Unemployment is associated with an increased risk of lethal assault. A sudden change in employment status (such as being terminated and/or retrenched) may be associated with increased risk.</p>
<p>Depression/mental health issue</p>	<p>Murder-suicide outcomes in family violence have been associated with perpetrators who have mental health problems, particularly depression.</p>
<p>History of violent behaviour</p>	<p>Perpetrators with a history of violence are more likely to use violence against family members. This can occur even if the violence has not previously been directed towards family members. Other victims may have included strangers, acquaintances and/or police officers. Violence may include credible threats or use of weapons, and attempted or actual assaults. Violent men generally engage in more frequent and severe family violence, than perpetrators without a violent past.</p>
<p>Recent separation*</p>	<p>For women who are experiencing family violence, the high risk periods include immediately prior to taking action, during or immediately after separation. Victims who stay with the perpetrator because they are afraid to leave often accurately anticipate that leaving would increase the risk of lethal assault. Evidence suggests that women are particularly at risk within the first two months.</p>
<p>Escalation-increase in severity and/or frequency of violence*</p>	<p>Violence occurring more often or becoming worse has been found to be associated with lethal outcomes for victims.</p>
<p>Financial difficulties</p>	<p>Low income (less than that required to provide for basic needs) and financial stress including a gambling addiction are risk factors for family violence.</p>

\* May indicate an increased risk of the victim being killed or almost killed.

Source: Department of Health and Human Services: "Family Violence and Risk Assessment and Risk Management Framework and Practice Framework." Version 2 . 2012. p 26-28

## Appendix 4 – Safety Planning

It is recommended that women are provided with referral information for accessing a specialist family violence service to undertake a full risk assessment and develop a comprehensive safety plan. However, organisations should support a woman to develop a basic safety plan in instances where the client has not had contact with a specialist service due to the client preferring not to seek support, is not eligible to receive support from a specialist service, or is waiting to gain access to a specialist service.

Safety planning involves supporting a woman to think about the things she can do to be safer when living with violence or abuse, leaving the abuser or after she has left the relationship. Every plan is different because every person has different needs. A new safety plan should be developed as things change, for example if the woman moves house or leaves the relationship. Staff should discuss the safest way to remember/record the information in the safety plan with the client. It is important to stress that the woman is not responsible for the violence.

The checklist below suggests some of the things that might be included in a safety plan.

### Safety Plan

If the woman is choosing to remain in the relationship, below are some suggested tips that she could use to enhance her own safety in line with her situation. It is important to explore the safety strategies she is currently utilising as well. Not all 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 might affect your workplace (Note: This should be handled carefully as some employers may take adverse action against employees who they think are not able to do their job due to impacts of family violence).
- 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.<sup>3</sup>
- 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 and certify 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.

<sup>3</sup> See Smartsafe for technology safety planning, accessed at <http://www.smartsafe.org.au/tech-safety-hub/technology-safety-planning>



- 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.

### Violence escalation

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

<b>Who</b>	is involved in the plan?	E.g. woman, children, pets, support people, schools, other family members
<b>What</b>	do you need to take with you if you leave?	E.g. money, identification, children's essential belongings, prescriptions and medications
<b>Where</b>	is a safe place to go?	E.g. safe room in the house, neighbour, support person, police, petrol station, hospital
<b>When</b>	should the plan be enacted?	E.g. before the violence escalates
<b>How</b>	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

## Appendix 5 – Family Violence Support Services

If someone is in immediate danger or threat call Police: 000

Specialist Family Violence Services		
Organisation	Services	Contact details
<b>1800 RESPECT</b>	National sexual assault, domestic and family violence counselling helpline, information and support for people who are at risk of, or experiencing, these issues. Also offer secondary consultation to professionals.	T: 1800 737 732 <a href="http://www.1800respect.org.au/">www.1800respect.org.au/</a> <a href="tel:1800737732">24/7</a>
<b>Safe Steps Family Violence Response Centre</b>	A statewide family violence response phone line. Connects women and children with specialist support workers to explore options, develop safe plan and access supports that allow them to live safe from family violence.	T: 1800 015 188 9928 9600 <a href="http://www.safesteps.org.au">www.safesteps.org.au</a> <a href="tel:1800015188">24/7</a>
<b>Orange Door</b>	The Orange Door, or Support and Safety Hubs, help women, children and young people experiencing family violence and families who need assistance with the care and wellbeing of children. They help connect people directly to services and provide a coordinated response to a range of different needs. It is free to access help and support and you do not need a referral.  <u>Orange Door is in the process of being established across Victoria.</u>	M - F: 9 – 5  <u>*Please use the Orange Door service search to find the specialist family violence services in your area.</u>  North Eastern Melbourne Orange Door - Banyule, Darebin, Nillumbik, Whittlesea, Yarra  T <a href="tel:1800319355">1800 319 355</a>  <a href="mailto:nema@orangedoor.vic.gov.au">nema@orangedoor.vic.gov.au</a>
<b>Berry Street Northern Family and Domestic Violence Service</b>	<b>Berry Street supports victims of family violence across Northern and Western areas of Victoria.</b> Services are free and are accessible to all women and their children regardless of their financial status.	T: (03) 9450 4700 M – F: 9 - 5  <b>*Berry Street are the providers of Family Violence support in Hume and Moreland (not Orange Door at this time).</b>
<b>Sexual Assault Crisis Line</b>	The Sexual Assault Crisis Line Victoria is a State-wide, after-hours, confidential, telephone crisis counselling service for people who have experienced both past and recent sexual assault.	T: 1800 806 292 5pm - 9am weeknights, and throughout weekends and public holidays



Child Services		
Organisation	Services	Contact details
<b>Child First</b>	Each Child and Family Information, Referral and Support Team (Child FIRST) provides a central referral point to a range of community-based family services and other supports within each of the Child FIRST catchment areas. Child FIRST links vulnerable children (who do not require child protection involvement), young people and their families into the relevant services they need.	Child FIRST, as the access point for family services, is progressively transitioning to The Orange Door. Find your local Child FIRST or The Orange Door referral phone number <a href="#">here</a> .
<b>Child Protection</b>	Child Protection is specifically targeted to those children and young people at risk of harm or where families are unable or unwilling to protect them. You should make a report to Child Protection if you have formed a reasonable belief that a child has suffered or is likely to suffer significant harm as a result of abuse or neglect and their parent has not or is unlikely to protect them from harm of that type.	After hours emergency T: 131 278 5pm – 9am M – F 24 hours weekends 9 – 5: M – F Contact the <a href="#">child protection intake service</a> that covers the area in which the child lives
<b>Kids Helpline</b>	Free, 24 hour private and confidential counselling service for young people aged 5 – 25 years.	T 1800 551 800  Kidshelp.com.au

Elder Services		
Organisation	Services	Contact details
<a href="#">Seniors Rights Victoria</a>	Provides information, support, advice and education to help prevent elder abuse and safeguard the rights, dignity and independence of older people.	T: 1300 368 821  <a href="http://www.seniorsrights.org.au">www.seniorsrights.org.au</a>

Aboriginal Family Violence Services for Women		
Organisation	Services	Contact details
<b>DJirra (Formally Aboriginal Family Violence Prevention and Legal Service)</b>	Advice and assistance for indigenous people experiencing domestic and family violence. Information is also available from the Secretariat of National Aboriginal and Islander Child Care (SNAICC).	T 1800 105 303 <a href="http://www.fvpls.org">www.fvpls.org</a> T (03) 9419 1921 <a href="http://www.snaicc.org.au">www.snaicc.org.au</a>



<b>Elizabeth Morgan House Aboriginal Women's Family Violence Services</b>	Crisis accommodation, counselling and support for Aboriginal women and spouses of Aboriginal men experiencing family violence.	T (03) 9482 5744 <a href="http://www.emhaws.org">www.emhaws.org</a> M-F: 9-5
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<b>Family Violence Services for Men</b>		
<b>Organisation</b>	<b>Services</b>	<b>Contact details</b>
<b>MensLine Australia</b>	Professional telephone and online support and information service for men with family and relationship concerns.	T: 1300 789 978 24/7
<b>Men's referral service</b>	A men's family violence telephone counselling, information and referral service operating in Victoria, New South Wales and Tasmania and is the central point of contact for men taking responsibility for their violent behaviour. They also provide support and referrals for women and men seeking information on behalf of their male partners, friends or family members, and workers in a range of agencies seeking assistance for their clients who are men.	T: 1300 766 491 <a href="http://www.mrs.org.au">www.mrs.org.au</a> NSW and TAS Open 24/7 ACT NT QLD SA VIC and WA M - F 8am - 9pm Weekends 9 - 5
<b>Men's Behaviour Change</b>	A men's behaviour change program is a program for men wanting to end their use of controlling and abusive behaviours (including violent incidents) and other problematic behaviour in their relationships.	Men's behaviour change programs are facilitated by a range of different providers across the state. For a list of Men's Behaviour Change providers click <a href="#">here</a> .
<b>Victorian Aboriginal Community Services Assoc. Ltd. (VASCAL)</b>	Services for Aboriginal and Torres Strait Islander male perpetrators.	T: (03) 9416 4266 M - F: 9 - 5



### Lesbian, Gay, Bisexual, Transgender, Intersex Services

Organisation	Services	Contact details
<b>Another Closet</b>	Online resources and links to assist people in lesbian, gay, bisexual, transgender, intersex relationships who are, or may be, experiencing domestic and family violence.	<a href="http://www.anothercloset.com.au">www.anothercloset.com.au</a>
<b>Switchboard</b>	Provides free, confidential and anonymous telephone counselling, referral and information service for the Victorian and Tasmanian lesbian, gay, bisexual, transgender, intersex and queer communities and their supporters.	T: 1800 184 527 <a href="http://www.switchboard.org.au">www.switchboard.org.au</a>
<b>Thorne Harbour Health</b>	Provides <u>counselling services</u> to LGBTI communities and provide <u>Family Violence Flexible Support Packages</u> for those who are considering leaving or have recently left a relationship violence circumstance.	T: (03) 9865 6700 M-F: 9-5

### Legal Services

Organisation	Services	Contact details
<b>Court Network</b>	Voluntary non-legal court support service operating throughout Victoria and Queensland that provides guidance and information on how the courts work.	T: 1800 681 614 <a href="http://www.courtnetwork.com.au">www.courtnetwork.com.au</a>
<b>Victoria Legal Aid</b>	Provides free information about family violence intervention orders and may be able to assist with free legal advice.	T: 1300 792 387 <a href="http://www.legalaid.vic.gov.au">www.legalaid.vic.gov.au</a> M – F: 8.45 - 5.15
<b>Women’s Legal Services Victoria</b>	Free and confidential legal information, advice, referrals and representation to women in Victoria.	T: 1800 133 302 (03) 8622 0600 <a href="http://www.womenslegal.org.au">www.womenslegal.org.au</a>



## Other Useful Websites and Resources

Organisation	Services	Contact details
<b>InTouch Multicultural Centre Against Family Violence</b>	State- wide service, providing services, programs and responses to issues of family violence in Culturally And Linguistically Diverse (CALD) communities.	T: 1800 755 988 <a href="http://www.intouch.asn.au">www.intouch.asn.au</a>
<b>Northern Centre Against Sexual Assault</b>	The Northern Centre Against Sexual Assault (Northern CASA) is one of 15 centres against sexual assault in Victoria funded by the Department of Human Services. Northern CASA is a Department of Austin Health.	T: 9496 2240
<b>Pets in Peril and Emergency accommodation for pets</b>	Service provided by Animal Aid and Eastern Domestic Violence Outreach Service (EDVOS) and can assist in emergency situations. You must obtain a referral from a caseworker through EDVOS, an emergency housing program or a community health service.	T: (03) 9259 4200 (EDVOS) <a href="http://www.edvos.org.au">www.edvos.org.au</a> <a href="http://www.animalaid.org.au">www.animalaid.org.au</a>
<b>Domestic Violence Resource Centre Victoria (DVRCV)</b>	A state-wide service that provides initial telephone support, information and referral to services to assist people who have experienced family violence. Online information, resources and training is also available.	T: (03) 9486 9866 M - F: 9 - 5 <a href="http://www.dvrcv.org.au">www.dvrcv.org.au</a>
<b>The Lookout</b>	An online resource where you can find information, resources and services aimed at preventing and responding to family violence.	<a href="http://www.thelookout.org.au">www.thelookout.org.au</a>
<b>Women's Information and Referral Exchange (WIRE)</b>	Provides Victorian women with free and confidential support, information and referrals on any issues.	T: 1300 134 130 M - F: 9 - 5 <a href="http://www.wire.org.au">www.wire.org.au</a> E: <a href="mailto:inforequests@wire.org.au">inforequests@wire.org.au</a>