

# The NSW Health Worker's Guide to Identifying and Responding to Domestic and Family Violence



**Health**

Northern Sydney  
Local Health District



The information in this flipchart is accurate at the time of printing.

This flip chart has been produced as a practical information and referral resource for NSW Health workers. Please refer to the NSW Health website for more information on Domestic and Family Violence, Sexual Assault and Child Protection: <https://www.health.nsw.gov.au/parvan/Pages/default.aspx>

The Prevention & Response to Violence, Abuse and Neglect Unit, Government Relations Branch acknowledges the similar earlier publications developed as part of the NSW Government's Response to Domestic and Family Violence, including specific updating done by Local Health Districts.

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## **A note on the use of gendered language**

Victims of domestic violence are referred to as “client”, “patient” or “woman” in this flip chart, with these terms used interchangeably. Gendered language is used throughout the document as the majority of cases of domestic violence are perpetrated by a man against a woman (Australian Bureau of Statistics, 2016). It is important to note, however, that this document is inclusive of all individuals, families and communities — regardless of gender — as anyone can experience and be negatively affected by domestic and family violence.

June 2019

# IDENTIFYING DOMESTIC AND FAMILY VIOLENCE

## What Is Domestic and Family Violence?

**Domestic and Family violence** (DFV) includes any behaviour, in an intimate or family relationship, which is violent, threatening, coercive or controlling, and causing a person to fear for their own or someone else's safety. The majority of victims of DFV are women and children. Perpetrators of DFV are primarily men.<sup>1</sup> There are, however, exceptions to this.

**Domestic violence or intimate partner violence** generally describes violence perpetrated by people who are (or have been) in an intimate partnership whether or not the relationship involves or has involved a sexual relationship, for example, married or engaged to be married, separated, divorced, de-facto partners (whether of the same or different sex), couples promised to each other under cultural or religious tradition, or who are dating.

**Sexual violence** can occur in the context of DFV (up to 40%) and is often part of a larger pattern of coercive control in a relationship. Intimate partner sexual violence should be considered a tactic of DFV, and not a separate phenomenon. Victims of intimate partner sexual violence are less likely to seek help than victims of other forms of DFV.

**Family violence** includes violence between people who are related to one another through blood, marriage or de-facto partnerships, adoption and fostering relationships, sibling and extended family relationships. It includes the full range of kinship ties in Aboriginal communities, extended family relationships, and family within lesbian, gay, bisexual, transgender, intersex or queer communities. People living in the same house, people living in the same residential care facility and people reliant on care may also be considered to be in a domestic relationship if their relationships exhibit family like dynamics.

## Asking about Domestic and Family Violence

Health workers are well placed to identify a risk of DFV, and to take action to intervene early. Irrespective of the health setting, NSW Health workers should respond to DFV, when a disclosure is made or DFV is suspected. Where indicators or inconsistent histories are present, staff should ask direct questions about the cause of injury or the dynamics within relationships. Some clinical areas — Mental Health, Alcohol and Other Drugs, Antenatal and Child and Family Health — are required to routinely screen for domestic violence using the NSW Health Domestic Violence Routine Screening Tool. All NSW Health workers, however are required to ask direct questions about DFV where it is suspected (and it is safe to do so). Research clearly indicates that women in particular, are more likely to make disclosures of DFV if they are asked a direct question about it.

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<sup>1</sup> Approximately one in four women experience violence by an intimate partner. Women are most likely to experience violence in their home at the hands of their partner or ex-partner. Most of the data available on intimate partner violence describes violence by a current or former partner. Intimate partner violence does not just affect women; it is a form of child abuse. Over two million respondents reported witnessing violence towards their mother before the age of 15. Almost all women who had experienced violence by a cohabiting partner reported that this violence was perpetrated by a male. (2016 Personal Safety Survey, Australian Bureau of Statistics).

### NSW Health workers should:

- Only **ask about DFV** when the client is alone (or with an accredited interpreter)
- **Ensure a safe, calm, comfortable and private environment for the client** when talking about DFV
- **Treat all clients with respect**
- **Give the client time** to disclose without pressure to talk
- **Listen carefully** to the client's concerns.

The **Power and Control Wheel** gives examples of behaviour commonly used by perpetrators of DFV as tactics of a pattern of controlling or coercive behaviour.

- **Where it is safe and appropriate and you see signs and indicators that someone may be experiencing DFV ask them about it:** "I am concerned about your health and safety. This looks like someone has hurt you."
- **Acknowledge and validate the victim's experiences:** "This must be very hard to talk about, so thank you for telling me about what's been happening to you."
- **Name the violence:** "What you're telling me sounds like you are experiencing domestic violence... have you thought about this?"; "We often see patients/clients who are experiencing domestic violence."

Show your client the power and control wheel to see if they recognise some of the behaviours. If health workers are unable to provide front line support, they should ensure that someone else (within the health care setting or another that is easily accessible) is immediately available to do so.



### Domestic Abuse Intervention Programs

202 East Superior Street  
Duluth, Minnesota 55802  
218-722-2781

[www.theduluthmodel.org](http://www.theduluthmodel.org)

## SECTION 2

### HEALTH INDICATORS OF DOMESTIC AND FAMILY VIOLENCE

There are a number of health indicators associated with DFV. One indicator in isolation may not mean that DFV is occurring. Each indicator needs to be considered in the context of the individual situation and the presence of other indicators.

PHYSICAL INDICATORS	SOCIAL/PSYCHOLOGICAL INDICATORS
Unexplained bruising and other injuries	Social isolation
'Accidents' occurring during pregnancy	Never making a decision without referring to partner
Repeated, suspicious presentations at Emergency Departments	No access to transport
Injuries to bone or soft tissues	Frequent absences from work or studies
Signs of attempted strangulation	Anxiety/depression/postnatal depression
Head injuries	Suicidal ideation/suicide attempts/anorexia or bulimia
Abdominal, breast or perineal bruising, especially if pregnant	Behaviour/withdrawn or submissive behaviour/low self esteem
Bite marks	Alcohol or drug abuse
Unusual burns caused by cigarettes/ top of stove/ hot grease/ acids	Fears of reprisal
Injuries sustained do not fit the history given/ client appears after hours/ client delay in coming in for treatment	Psychosomatic and emotional complaints
Nutritional/ sleep deprivation	
Sexually transmitted diseases	
Vaginal and/ or rectal bruising	
Issues in pregnancy such as stillbirths/ miscarriages	
Pre-term babies/ low birth weight babies	
Repeat visits to facilities and history of injuries over time	

**Note:** It is important in gathering a social history to assess victimisation and cause of injuries. Be aware that some presenting physical injuries may have been sustained from a victimised partner acting in self-defence. A person's ongoing experience of coercion, control and fear are markers of DFV.

## Sexual Assault

Sexual violence can occur in the context of DFV (up to 40%) and is often part of a larger pattern of coercive control in a relationship. Intimate partner sexual violence should be considered a tactic of DFV and not a separate phenomenon. It is a risk factor associated with a higher likelihood of the violence re-occurring, serious injury or death for women experiencing DFV. Victims of intimate partner sexual violence are also less likely to seek help than victims of other forms of DFV.

People who have been sexually assaulted may have health concerns such as fear of pregnancy or a fear of contracting sexually transmitted infections. People who have been sexually assaulted may experience shock, denial, disbelief, numbness, fear and acute stress response. These feelings and other barriers to disclosing sexual assault mean some victims do not seek help to address the effects of the assault or report it to the police. Sexual assault often has an enormous impact on victims and their families. Sexual assault is a crime, however the client may or may not want to report the assault to the police at that time.

NSW Health Sexual Assault Services provide free information, support, counselling, court support, medical treatment and forensic examinations for anyone who has been sexually assaulted. They can provide sexual health services including testing, treatment and prevention of pregnancy and sexually transmitted infections. These services are based in certain hospitals and community health services across NSW. There is a sexual assault service in all areas open 24 hours a day. Contact numbers are available in **SECTION 4: CONTACTS AND REFERRALS**.

### NSW Health workers should:

- **Provide rapid responses** to victims of sexual assault as an acute crisis period which warrants a prompt and coordinated response
- **Support a client's choice** in relation to criminal justice action. Although sexual assault is a crime, if the victim is over 16 years old, it should always remain the choice of the victim whether he/she proceeds with a formal complaint to the police
- **Believe and support the victim**, assign responsibility for the sexual assault to the perpetrator and address shame, fear, guilt or other reactions prompted by the perpetrator or others
- **Consult with the victim** about including non-offending family members/significant others in appropriate service responses to assist them to provide useful support to the client and help facilitate recovery.

SERVICE	DESCRIPTION	WEB	PHONE
NSW Health Sexual Assault Services	24/7 sexual assault crisis response; Information, counselling and support during business hours	<a href="https://www.health.nsw.gov.au/parvan/sexualassault/Pages/health-sas-services.aspx">https://www.health.nsw.gov.au/parvan/sexualassault/Pages/health-sas-services.aspx</a>	Refer to weblink or page 13 for your local service's phone number
NSW Rape Crisis	24/7 telephone or online crisis counselling	<a href="http://www.nswrapecrisis.com.au">www.nswrapecrisis.com.au</a>	1800 424 017
1800 RESPECT National Sexual Assault, DFV Counselling Service	24/7 telephone or online crisis counselling	<a href="http://www.1800respect.org.au">www.1800respect.org.au</a>	1800 737 732
NSW Police Force	24/7 Police assistance	<a href="http://www.police.nsw.gov.au/crime/sex_crimes/adult_sexual_assault">http://www.police.nsw.gov.au/crime/sex_crimes/adult_sexual_assault</a>	131 444 or your local police station

## SECTION 3

# DIFFERENT EXPERIENCES OF DOMESTIC AND FAMILY VIOLENCE

**Aboriginal** family violence occurs in the context of intergenerational trauma, past and current colonial violence, institutional racism and other intersecting oppressions such as living with a disability or chronic health problem. These profound injustices are known to create significant health inequalities and to exacerbate family violence for Aboriginal families and communities. Getting help for DFV is difficult for anyone; however mistrust of the service system and experiences of poor responses in the past can make taking action more difficult.

### NSW Health workers should:

- **Work to create a relationship of trust** between themselves, the service and the client
- **Give time and allow silence** to give the client the space to disclose
- **Be aware of what Aboriginal specific services** are in their area, and that some, but not all Aboriginal people, may prefer to talk to an Aboriginal worker and access information from an Aboriginal specific service
- **Ask what information will be the most helpful** for the woman and her family to be safe
- **Respect Aboriginal culture** including the importance of family and kinship, cultural commitments and community ties
- **Take time to listen** to and respect concerns of the impact on family, children, the perpetrator and community responses if they take action to be free from violence
- **Be aware of the impact of fears** the client may have about police, government agencies and/or the legal system.

SERVICE	DESCRIPTION	WEB	PHONE
Indigenous Women's Legal Contact Line	Mon, Tues, Thurs 10am-12.30pm	<a href="http://www.wlsnsw.org.au/contact-us/">http://www.wlsnsw.org.au/contact-us/</a>	1800 639 784
Wirringa Baiya Aboriginal Women's Legal Centre	Legal advice, court support	<a href="http://www.wirringabaiya.org.au">www.wirringabaiya.org.au</a>	1800 686 587
Aboriginal Victims of Crime Contact Line	Victims of violent crime counselling/compensation	<a href="http://www.victimsservices.justice.nsw.gov.au/">http://www.victimsservices.justice.nsw.gov.au/</a>	1800 019 123

See **SECTION 4: CONTACTS AND REFERRALS** for additional information on Aboriginal Medical Services, Aboriginal Family Wellbeing and Violence Prevention Workers and Aboriginal Maternal Infant Health Services.

**Pregnant Women** are at an increased risk of experiencing violence from an intimate partner. If DFV already exists, it is likely to increase in severity during pregnancy. Young women, aged 18-24 years, and Aboriginal women are more likely to experience DFV during pregnancy. Poor birth outcomes (such as low birth weight, premature birth, traumatised baby, miscarriage) and post-natal depression are associated with DFV during and after pregnancy. There can also be short and long-term effects of exposure to DFV for a baby in utero.

**NSW Health workers should:**

- **Know** pregnancy is a critical window of opportunity for interventions
- **Be aware of indicators** of violence and abuse
- **Undertake Domestic Violence Routine Screening** to support further disclosures
- **Frequently assess the woman's needs** and provide relevant DFV information, support, counselling and access to safety and protection services during antenatal visits
- Be aware of **child protection mandatory reporting responsibilities**
- **Share information under Chapter 16A about an unborn child's safety**, welfare or wellbeing when they have been reported to the Child Protection Helpline or a Child Wellbeing Unit
- Work in **collaboration with Department of Family and Community Services** caseworkers if a case is allocated perinatally.

**Children** can experience DFV in many ways including witnessing the violence; having to hide or run from abuse; hearing the abuse from another room; attempting to protect a parent or sibling from the violence and being directly abused themselves. NSW Health recognises that children's exposure to DFV constitutes maltreatment, even if they are not directly subject to the abuse. Health workers are uniquely placed to identify and respond to risk factors for child abuse and neglect. **The Child Wellbeing and Child Protection Policies and Procedures for NSW Health (PD2013\_007)** applies to all NSW Health workers.

The harmful effects on the health, developmental and emotional wellbeing of children due to exposure to DFV are clear. There is increasing attention on children and young people as victim-survivors in their own right, with their own unique risks and service needs. In addition to having a significant impact in childhood, the impacts of DFV can affect a child as he/she moves into adulthood, and continue to affect them when they are adults.

Exposure to DFV poses a risk to a child's physical, emotional and psychological safety. Where a risk of harm to a child or young person is suspected, NSW Health staff will use the online NSW Mandatory Reporter Guide (<https://reporter.childstory.nsw.gov.au/s/mrg>). It guides decision-making about the level of risk to a child, young person or unborn child, and initial actions health workers should take. This includes whether or not a suspected risk of significant harm (ROSH) report to the Child Protection Helpline is required. It is important to respond to the health, safety and wellbeing needs of children and young people, even after making a ROSH report.



#### NSW Health workers should:

- **Ask the client about the safety of children** when DFV is suspected or disclosed
- **Take the time to listen** to the child's story, and be empathic, caring and supportive
- **Complete the online NSW Mandatory Reporter Guide and take the recommended** decision outcome whenever children, young people or pregnant women are living in the context of DFV
- **Contact the NSW Health Child Wellbeing Unit** for advice in determining the level of risk of harm and responding to the needs of vulnerable children, young people, pregnant women and families
- **Report risk of significant harm** to the Child Protection Helpline
- **Collaborate** with interagency partners and comply with information exchange provisions (Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998) to promote the safety, welfare and wellbeing of children and young people
- **Continue to actively support the child**, young person or family, including after making a report to the Child Protection Helpline
- **Follow the child wellbeing and child protection policies and procedures** for NSW Health (PD2013\_007)
- **Participate** in mandatory and/or other child protection training for NSW Health workers.

If you suspect a child or young person is at **ROSH**, contact the Child Protection Helpline. If a child or young person is below the **ROSH threshold**, additional supports can be implemented. If you are unsure of what to do or would like additional support and advice, you can seek assistance from the NSW Health Child Wellbeing Unit. The Unit can provide support and assistance in determining the level of risk of harm and responding to the needs of vulnerable children, young people, pregnant women and families. After hours, you can leave a message or use the after hours contact form.

SERVICE	DESCRIPTION	WEB	PHONE
<b>FACS Child Protection Helpline</b>	To report suspected risk of significant harm after completing the MRG	<a href="http://www.community.nsw.gov.au/preventing-child-abuse-and-neglect">http://www.community.nsw.gov.au/preventing-child-abuse-and-neglect</a>	132 111 (24/7) or eReport from the MRG decision screen
<b>NSW Health Child Wellbeing Unit</b>	For assistance in determining what actions to take to address safety, welfare or wellbeing concerns	<a href="http://www.health.nsw.gov.au/kidsfamilies/protection/Pages/CWU.aspx">http://www.health.nsw.gov.au/kidsfamilies/protection/Pages/CWU.aspx</a>	1300 480 420 (Monday to Friday, 8.30am to 5pm)

**Young People** can experience DFV within their own interpersonal relationships. One in four children and young people may be living in a home where DFV is occurring. Exposure to DFV affects young people's behaviour and emotional wellbeing. The effects can be internalised and manifest in symptoms such as depression, anxiety, being socially withdrawn and having low self-esteem. Effects of DFV can also be seen as externalised behaviours, such as aggression, sudden changes in relationships, engagement in self-harm or substance abuse and homelessness. Violence can impact on the development of cognitive abilities, which may affect school performance and social skills. Young people can also view DFV as conflict 'between parents' or as an 'adult issue'.

#### NSW Health workers should:

- **Take seriously**, the young person's opinions and experiences
- **Allow time** to assess and build trust, safety and respect
- **Share power** with the young person to maximise their choice, control and participation in decisions
- **Avoid falsely reassuring** the young person that nothing bad will happen
- **Apply the online NSW Mandatory Reporter Guide to determine how to respond** whenever there are safety, welfare or wellbeing concerns for a child or young person (<https://reporter.childstory.nsw.gov.au/s/mrg>).

SERVICE	SERVICES PROVIDED	WEB	PHONE
<b>Kids Helpline</b>	Free, private and confidential phone counselling service for young people ages 5-25. Call 24/7	<a href="http://kidshelpline.com.au">http://kidshelpline.com.au</a>	1800 551 800
<b>The Line</b>	Counselling, information, and referrals 24/7 for young people ages 12-20	<a href="http://www.theline.org.au/">http://www.theline.org.au/</a>	
<b>Bursting the Bubble</b>	Information for children and young people who are experiencing DFV	<a href="http://www.burstingthebubble.com">http://www.burstingthebubble.com</a>	

**People from Culturally and Linguistically Diverse Backgrounds** (CALD) who are experiencing or have experienced DFV can face specific challenges which create barriers to access help, support and safety. People from CALD backgrounds, particularly those who are newly arrived migrants may not have information on their right to be protected from DFV in Australia. Experiences in their country of origin may create additional fear of authorities for clients who are refugees and the trauma from experiences such as torture, abuse and interrogation may exist alongside trauma from DFV. People from CALD backgrounds may also experience social isolation, lack of support from family and friends and may not have access to information regarding what support services exist and where to get help. They may fear deportation or separation from their children if they have arrived in Australia on a spousal visa and then leave a violent partner.

#### NSW Health workers should:

- **Provide information** to the client that they have the right to live free from violence and that there is support available
- **Respect the client's culture**, the importance of family and community ties and the fears the client may have about police, governments or the legal system
- **Be aware** that the woman may want support from services outside of their culture for reasons of confidentiality; and let the client know they have a right to access mainstream services and to an accredited interpreter
- **Develop a shared understanding** and accurate interpretation of what is being said, written and observed between the client and the health worker
- **Think about where and how** to speak with the client. For example, check in about whether they feel safe in the room where the conversation is occurring and avoid yes/no questions.

## Interpreters

For many clients, English is a second language. In times of crisis or emotional situations, it may be more difficult for a person to understand and communicate in English. When clients who are not fluent in English or who are Deaf access health care services, they must be provided with access to a health care interpreter. **Family or carers should not interpret for clients when DFV is being discussed.** Having the assistance of a professionally trained, trauma-informed interpreter is critical to help victims make first contact with front line services, feel safe to disclose the abuse, and access help for themselves and their children. NSW Health has Standard Procedures for Working with Health Care Interpreters ([https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017\\_044](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017_044)).

SERVICE	DESCRIPTION	WEB	PHONE
Telephone Interpreter Service (TIS)	Phone and onsite interpreting	<a href="http://www.tisnational.gov.au">www.tisnational.gov.au</a>	13 14 50
Health Care Interpreting Services (HCIS)	24/7 onsite and phone interpreting services	<a href="http://www.health.nsw.gov.au/multicultural/Pages/Health-Care-Interpreting-and-Translating-Services.aspx">http://www.health.nsw.gov.au/multicultural/Pages/Health-Care-Interpreting-and-Translating-Services.aspx</a>	Log in for relevant phone numbers for your District
Immigration Rights and Advice Centre	Legal advice: Tues & Thurs 2.00-4.00pm	<a href="http://www.iarc.asn.au">www.iarc.asn.au</a>	8234 0799
Legal Aid Immigration Service	Advice and representation for visas, migration agents	<a href="http://www.legalaid.nsw.gov.au/what-we-do/civil-law/immigration-service">http://www.legalaid.nsw.gov.au/what-we-do/civil-law/immigration-service</a>	9219 5790

**People Identifying as Lesbian, Gay, Bisexual, Transgender, Intersex and Queer** (LGBTIQ) people can experience DFV in their relationships. Although research and most information on DFV uses gendered language, there does not need to be a gender difference for DFV to occur. DFV occurs at approximately the same rate in LGBTIQ relationships as it does in heterosexual relationships. Previous experiences of discrimination and stereotyping may serve as barriers to LGBTIQ people accessing health and support services. LGBTIQ clients may experience exclusion, invisibility and fear as a result of their gender or sexual identity and this may impact the support systems they feel are available to them. Clients may also be concerned that a disclosure of DFV may lead to unwanted 'outing' regarding gender identity or sexuality and/or isolation from within their LGBTIQ community.

**NSW Health workers should:**

- Be **respectful in the use of gendered language** and are informed by the client about their identity
- **Offer referrals to appropriate LGBTIQ services** (where they exist), police and DFV support agencies.

SERVICE	DESCRIPTION	WEB	PHONE
ACON	For information, support, referrals, advice and advocacy for victims of DFV. Online reporting 24/7 day	<a href="http://www.acon.org.au/what-we-are-here-for/domestic-family-violence/">www.acon.org.au/what-we-are-here-for/domestic-family-violence/</a>	1800 063 060
Inner City Legal Centre	Free LGBTIQ legal advice statewide	<a href="http://www.iclc.org.au/srp/">http://www.iclc.org.au/srp/</a>	9332 1966
QLlife	LGBTIQ counselling, support and webchat. Phone support 3.00pm-12.00am/7days	<a href="http://www qlife.org.au/support">www.qlife.org.au/support</a>	1800 184 527
Safe Relationships Project	Court assistance, practical assistance with ADVOs and support, advocacy	<a href="https://youthpoint.com.au/inner-city-legal-centre-safe-relationships-project-2/">https://youthpoint.com.au/inner-city-legal-centre-safe-relationships-project-2/</a>	1800 244 481
Say it out LOUD	Abuse in LGBTIQ relationships — getting help	<a href="http://sayitoutloud.org.au/relationships/abusive-relationships/getting-help/">http://sayitoutloud.org.au/relationships/abusive-relationships/getting-help/</a>	

**People Living in Rural and Remote Areas**, predominantly women, face challenges in being safe and supported from DFV. There are greater distances to travel and less availability of services. In some country towns victims and perpetrators can have social or familial relationships with service providers including police, counsellors and health staff, raising concerns for victims about confidentiality. The greater presence of guns in rural areas increases the danger, as does the perpetrator potentially knowing where refuges are located. Geographical and social isolation can mean there are no witnesses and greater opportunities for violence to occur. Aboriginal women living in rural and remote communities are particularly at risk.

**NSW Health workers should:**

- **Provide a safe, private and confidential place** to meet, considering transport, distance and isolation
- **Refer to accessible services** such as 1800RESPECT for confidential counselling, support and information 24/7 if no local services are available
- **Refer to accessible services** such as 'Ask Lois' or 'Women's Legal Service' for free online legal information if no local services are available
- **Refer to Women's Domestic Violence Court Advocacy Service — Local Coordination Point** if **serious concerns of safety** for your client.
- **Assist the client** to access and use technology safely
- **Assess and discuss safety** including developing a safety plan with the woman if safe to do so (see **SECTION 4: CONTACTS AND REFERRALS**).

**People with Disabilities** are particularly vulnerable to physical, sexual and psychological violence. In addition to the dynamics of DFV, people with disabilities may experience particular tactics of DFV including the removal of an accessibility device, withdrawal of care, forced sterilisation, withholding medication and threatening forced removal from a person's home into care. Indicators may include sleep disturbance, unexpected or unexplained changes in behaviour, anxiety, obvious signs of physical abuse or injury and self-harming behaviour. Be aware that clients with a disability may live in a group home or other care setting with little access to visitors or engagement with people outside the home, or may be dependent on carers, partners or family members who may also be the perpetrators. Carers of people with disabilities may be identified as perpetrators of abuse or be vulnerable to abuse themselves. NSW Health staff need to consider the safety of all parties and ensure appropriate support is available when responding to people with disabilities experiencing DFV.

People with disability are often blamed or disbelieved, and not seen as a 'credible witness'. As a result, they may fear that in reporting the violence, nothing will be done and instead, the abuse may worsen or they will have nowhere to live or no one to care for them. Difficulties in communicating their needs and the abusive situation may also result in challenges for both the client and the health worker.

**NSW Health workers should:**

- **Ask about the best communication method and give time and support** to allow for two way communication and adequate understanding to occur
- **Identify and consider the client's practical and emotional needs** to enable them to secure safety and to access medical assistance, police and support services with an advocate should they choose to
- **Allow clients to make decisions** in their own time
- **Ensure the client knows that the violence is not their fault** and they have a right to live free from violence.

SERVICE	DESCRIPTION	WEB	PHONE
Intellectual Disability Rights Service	Legal advice, court support, support with police	<a href="http://www.idrs.org.au">www.idrs.org.au</a>	1800 666 611
Multicultural Disability Advocacy Association	Advocacy; Safer Lives: Respectful Relationship peer education project	<a href="http://www.mdaa.org.au">www.mdaa.org.au</a>	1800 629 072
National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission	Complaints about NDIS providers	<a href="http://www.ndiscommission.gov.au">www.ndiscommission.gov.au</a>	1800 035 544
Disability Advocacy Finder	Helps find local disability advocacy services	<a href="https://disabilityadvocacyfinder.dss.gov.au/disability/ndap/">https://disabilityadvocacyfinder.dss.gov.au/disability/ndap/</a>	
Spinal Cord Injuries Australia	Advocacy for people experiencing spinal cord injuries	<a href="http://www.scia.org.au">www.scia.org.au</a>	1800 819 775
Blind Citizens NSW	Advocacy for people experiencing blindness or vision impairment	<a href="https://www.bca.org.au/">https://www.bca.org.au/</a>	02 9744 1516
Carers NSW	Support and information for carers	<a href="http://www.carersnsw.org.au">www.carersnsw.org.au</a>	1800 242 636
People with Disability Australia	Advocacy and representation for disability rights	<a href="https://pwd.org.au">https://pwd.org.au</a>	1800 422 015
Ageing and Disability Commissioner	Investigate concerns and allegations of abuse, neglect and exploitation	<a href="https://ageingdisabilitycommission.nsw.gov.au">https://ageingdisabilitycommission.nsw.gov.au</a>	1800 628 221

**Older People**, particularly older women, may be vulnerable to violence and abuse due to factors including a lifetime of DFV, reduced level of self-care, level of mobility, and need for help from others. The person abusing them may also be the person caring for them including their husband, child, a relative, paid care worker or practitioner. Indicators of DFV may be present but there may also be other signs of coercive control such as the granting of a Power of Attorney under unusual circumstances, significant or sudden withdrawal of money from bank accounts and anxiety around their spouse, partner or abusive family member. Additional indicators of abuse of older people may include the dismissal of physical injuries, anxiety or depression as age related, a lack of adequate medications and other health supports and isolation, neglect and alcohol and/or drug abuse. Older people who are abused may be reluctant to seek assistance due to shame, the belief that they have to live with the violence or because the abuser is their carer. Older people with decreased cognitive capacity are particularly vulnerable to experiencing abuse and also face barriers to disclosing and being believed.

**NSW Health workers should:**

- **Provide reassurance to clients about their fears** such as being blamed, being placed in a nursing home, or loss of security and about who will care for them
- **Assist with referral** for safe living arrangements, respite carer or for an aged care assessment if needed. Priority should be given to the client's wishes including staying in their own home if safe and appropriate.

SERVICE	DESCRIPTION	WEB	PHONE
NSW Elder Abuse Helpline and Resource Unit	Information for clients and workers	<a href="http://www.elderabusehelpline.com.au">www.elderabusehelpline.com.au</a>	1800 628 221

**Men who are Victims of DFV**, although smaller in number than women who experience violence, may do so in a number of contexts including from male intimate partners; witnessing DFV as a child; being abused by young or adult offspring or a carer and a small number experience DFV from female partners. Men who are victims of DFV may fear being shamed, ridiculed or not believed if they disclose the violence. In the context of men experiencing violence within a same sex relationship, they may additionally fear unwanted 'outing', homophobia and discrimination (see LGBTIQ section above).

**NSW Health workers should:**

- **Consider** the client's concern of being a victim of DFV
- **Use DFV principles and practices** which are the same regardless of gender
- **Refer** for support, counselling and protection to police and any appropriate DFV support services.

SERVICE	DESCRIPTION	WEB	PHONE
Men's Referral Service	Telephone counselling, information and referral service	<a href="http://www.mrs.org.au">www.mrs.org.au</a>	1300 766 491 (24/7)
Mensline Australia	Telephone and online support	<a href="http://www.mensline.org.au">www.mensline.org.au</a>	1300 78 99 78 (24/7)
1800RESPECT National Sexual Assault, DFV Counselling Service	Telephone or online crisis counselling	<a href="http://www.1800respect.org.au/">www.1800respect.org.au/</a>	1800 737 732 (24/7)

## SECTION 4

### CONTACTS AND REFERRALS

All Local Health Districts have a central, senior contact point for questions about DFV. NSW Health services provide a respectful and non-judgemental response to all persons who have experienced DFV, and will work to identify the best options to support the client's immediate and long-term needs, regardless of the number of presentations. Safety issues for the victim and any children need to be considered as a priority and where necessary, reports should be made to the Department of Family and Community Services (FACS) and NSW Police as per NSW Health policies and guidelines. Victims should be encouraged and assisted to make such reports on their own in addition to health staff reports about risk and safety to children. The following provides a guide to responding to disclosures of DFV.

#### Acknowledge Disclosure and Attend to Clinical Needs

NSW Health staff provide safe and supportive responses when indicators of DFV are identified or disclosure is made by victims accessing health services. NSW Health workers provide a range of services in response to DFV including crisis and non-crisis intervention, medical treatment, counselling, information and referral services to victims of DFV, predominantly women and children, and non-offending family members. Once a person has disclosed experiencing or being exposed to DFV, NSW Health is committed to providing a comprehensive response that includes consideration of safety, protection and support for the person and any children living with DFV. NSW Health provides a trauma informed response to DFV which, in addition to meeting core health needs, includes the list of actions below.

When talking with your client about their experience of DFV, **NSW Health workers should:**

- Treat all clients with **respect**
- Ensure the client is **alone**
- **Respond** in a supportive and accepting manner
- Explain the **confidentiality** related to your discussion, while informing the client of the limits of confidentiality (e.g. when there is mandatory reporting to FACS or police)
- Provide **non-judgemental** support and **validation** of the person's account of DFV
- Give the client **time to disclose** and provide responses that indicate you believe them
- Use **simple language** that everyone understands when providing information to clients
- **Engage an interpreter** if your client has English as a second language
- Ask about the **history of violence** and carefully **listen** without pressure to talk
- Ask your client what kind of help they would like from you and **empower** them to make decisions and choices
- **Not assume** you know what they need. Many clients choose at this time to stay in the relationship and it is important to explore the practical and safety options in doing so
- Ask about client's **immediate safety**
- **Ask about any children** and their safety, what their worries are about the children, and what they think the children worry about
- Ask the client about their **support network** e.g. family or friends, if any, and offer practical resources e.g. use of phone or email, to help facilitate contact if he/she wants this
- **Participate** in mandatory and/or other child protection training for NSW Health workers.

If health workers are unable to provide frontline support, they should ensure that someone else, within the health care setting or another that is easily accessible, is immediately available to do so.

#### Document Disclosure in Clinical File

All services delivered to any patient or client of a NSW Health service must be fully documented including mandatory reports to FACS and Police. This includes services delivered to victims of DFV. In order to provide a full and accurate record for each case in which DFV has been reported by the client/patient, DFV must be specified as part of the information recorded. Case notes should be accurate and clearly separate presentations and observations (e.g. injuries) from professional opinion. Wording such as 'the client/patient states...', 'injuries are consistent with...' should be used when describing the situation. It is also important to document concerns about possible DFV, including the indicators that lead workers to suspect this may be the case.

## Offer Psychosocial Support Referrals

Crisis counselling and support is usually available through Social Work services within the Local Health District. Other support services for those who have experienced DFV are listed below. Some of these services are provided for women only — you cannot refer a male to these services. Males can be referred to other services including the **MensLine** Phone: 1300 78 99 78 (24 hours a day, 7 days a week).

## Plan for Safety

It is important to remember that risk often escalates when a person who is experiencing DFV makes the decision to leave the violent situation/separate from a violent partner. The HELPLINE numbers are able to assist staff and clients in safety planning. The phone numbers are free and people experiencing DFV are able to access support, crisis counselling and referrals through these phone lines.

If you need to discuss safety planning with a client, the following advice is an indication of issues to discuss with the client:

- Keep all important documents, some money and other important papers in a safe place that will be easy to get to in a hurry — perhaps at the home of a trusted friend or family member. For example, *birth certificates, Medicare card, health care card, bank key card/credit cards, passports, Centrelink documents, a copy of their ADVO, spare car and house keys, prescriptions for any medication, important numbers and school records.*
- Put aside even a small amount of money in case of an emergency if safe to do so.
- If safe to do so, prepare hand luggage — just essentials so they can move quickly.
- Decide where to go and who to contact if they need a safe place to go in an emergency.
- Ask the neighbours to call the police if they hear the abuse starting.
- Know the exits in your house including windows that you are able to climb safely through if needed.
- Download the free *Aurora, Daisy or Penda* apps to their phone via the app store.

Always consider children/young people in risk assessment and safety planning. Remember that the children's safety is linked to the victimised parent's safety.

**In depth Safety Planning should only be conducted by trained staff who are confident in DFV work. For clients who are at serious threat and may benefit from referrals to the Safer Pathway Program, please refer to your Local Health District's DFV Managers and Coordinators or local referral protocols.**

**Note: Women and their children will be put at risk if the perpetrator is made aware of a domestic violence disclosure. Health workers should not share any information about the client and her children with the perpetrator under any circumstances (even where police and/or FaCS may have been contacted).**

### STATEWIDE COUNSELLING, INFORMATION AND SUPPORT SERVICES

SERVICE	DESCRIPTION	WEB	PHONE
1800RESPECT National Sexual Assault, DFV Counselling Service	Online and phone counselling	<a href="http://www.1800respect.org.au">www.1800respect.org.au</a>	1800 737 732 (24/7)
NSW Rape Crisis Centre	Telephone counselling, information and referral for victims of sexual assault	Online Counselling <a href="http://www.nswrapecrisis.com.au">http://www.nswrapecrisis.com.au</a>	1800 424 017 (24/7)
NSW Domestic Violence Line	Telephone counselling, information and referral for women and same sex partners	<a href="http://www.community.nsw.gov.au/parents,-carers-and-families/domestic-and-family-violence/domestic-violence-line">www.community.nsw.gov.au/parents,-carers-and-families/domestic-and-family-violence/domestic-violence-line</a>	1800 656 463 (24/7)
Victims Services	Support services, including free counselling and financial assistance to victims of crime	<a href="http://www.victimsservices.justice.nsw.gov.au/">www.victimsservices.justice.nsw.gov.au/</a>	1800 633 063
Telephone Interpreter Service (TIS)	Phone and onsite interpreting	<a href="http://www.tisnational.gov.au">www.tisnational.gov.au</a>	13 14 50
Health Care Interpreting Services (HCIS)	24/7 onsite and phone interpreting services	<a href="http://www.health.nsw.gov.au/multicultural/Pages/Health-Care-Interpreting-and-Translating-Services.aspx">www.health.nsw.gov.au/multicultural/Pages/Health-Care-Interpreting-and-Translating-Services.aspx</a>	Log in for relevant phone numbers for your district



## LOCAL REFERRALS

### NSW HEALTH SEXUAL ASSAULT SERVICES

Northern Sydney	9462 9477	9926 7111 (AH)
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### WOMEN'S HEALTH AND RESOURCE CENTRES

Women's Resource Centre	Manly Warringah	9971 4499
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### INFORMATION, COUNSELLING AND SUPPORT

Domestic Violence After Hours Response Service	After hours emergency accommodation and counselling support. 5.00pm–10.00pm, 7/365	Northern Suburbs	9488 2580 (AH)
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Relationships Australia	Macquarie Park	1300 364 277	Dee Why	1300 364 277
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Ku-ring-gai Neighbourhood Centre				9988 4966
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Manly/Warringah Women's Resource Centre				9334 0111
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Mission Australia – Northern Sydney Area				9971 4499
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Lower North Shore Domestic Violence Network		<a href="http://www.northshoredomesticviolence.org.au">www.northshoredomesticviolence.org.au</a>		9480 2500
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### COMMUNITY HEALTH CENTRES

Child and Family Health Service	Chatswood	9462 9200	Hornsby	9987 3044
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Dalwood Children's Services	Seaforth	9951 0300	Brookvale	9388 5000
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	Royal North Shore CHC	9926 7111	Top Ryde	9448 6877
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Social work service	Royal North Shore Hospital	9926 7111	Hornsby Ku-ring-gai	9477 9123
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	Ryde Hospital	9858 7888	Northern Beaches Hospital	9105 5000
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### FAMILY SUPPORT AND DFV CASE MANAGEMENT SERVICES

Family Referral Services	Referral to a wide range of local support services for children, young people and their families including family support, counselling and post-separation services	Northern Sydney, Ryde, North Sydney, Warringah, Willoughby, Hornsby, Hunters Hill, Lane Cove, Ku-ring-gai, Mosman, Pittwater	1800 066 757
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Catholic Care Family Support	People with dependent children Individual DFV support, DFV groups and counselling	Hornsby Ku-ring-gai area	9488 2400
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Catholic Care Men and Family Relationships Service	Waitara	9488 2400
	Naremburn	8425 8700
	Brookvale	8968 5100

Northern Beaches Family Support	Manly Warringah	9971 4499
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Ryde Family Services	Ryde	9334 0111
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### SAFE BEDS FOR PETS

Temporary housing for pets of people who are seeking refuge from domestic violence	<a href="http://www.rspcansw.org.au/our-work/programs-community-services/safe-beds-for-pets">www.rspcansw.org.au/our-work/programs-community-services/safe-beds-for-pets</a>	9782 4408 or 1800 811 811
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## Ask About Specific Needs

### Safety and Legal Support

Most forms of DFV are crimes in NSW. Not all victims choose to report DFV to the police.

Ask your client:

*“Have the police already been involved?”*

If the answer is YES, ask:

*“Did the police apply for an ADVO? Did the police charge the perpetrator for assault or another DFV related crime?”*

If the answer is NO, ask:

*Do they want the police to provide ADVO protection for them?*

**Apprehended Domestic Violence Order (ADVO):** Police can initiate an ADVO application or a provisional order can be applied for urgent protection when they have concerns for someone’s immediate or future safety. Police make an ADVO application which is finalised by the local court. The ADVO restricts the behaviour of the person the victim fears. An ADVO is not a criminal charge unless the violent person breaches the order. Alternatively a person can apply for a private ADVO through the **Local Court**. The Registrar can provide legal assistance in court related matters, take applications for ADVOs and Family Law matters. It is always recommended that victims seek legal advice when applying for a private ADVO.

**The Women’s Domestic Violence Court Advocacy Service** provides support and advocacy around applying for an ADVO, whether it is a Police or a private application and navigating any court procedures. Court support and advocacy is provided in a safe, private room at each local court house. Court support staff can explain what happens in court, including court procedures, and give personal and emotional support to women attending court. They may also provide information and referral to other support services, such as counselling, accommodation and financial support.

### STATEWIDE LEGAL SUPPORT SERVICES

Domestic Violence Legal Advice Line	Information advice and referrals for DFV and ADVOs: Mon & Thurs 1.30–4.30pm, Tues & Fri 9.30am–1.30pm	<a href="http://www.wlsnsw.org.au">www.wlsnsw.org.au</a>	8745 6999
Women’s Legal Advice Line	Advice & referrals: Mon & Thurs 9.30am–12.30pm, Tues 1.30–4.30pm	<a href="http://www.wlsnsw.org.au">www.wlsnsw.org.au</a>	1800 801 501
Legal Aid NSW	Call your local Legal Aid Office or LawAccess NSW Monday to Friday between 9am and 5pm (excluding public holidays).	<a href="http://www.legalaid.nsw.gov.au">www.legalaid.nsw.gov.au</a>	1300 888 529
Law Access NSW	DFV information and brochures online	<a href="http://www.lawaccess.nsw.gov.au">www.lawaccess.nsw.gov.au</a>	1300 888 529
Victims of Crime Assistance League	Victim support, emotional and practical support	<a href="http://www.vocal.org.au">www.vocal.org.au</a>	4926 2711

### LOCAL POLICE PHONE NUMBERS AND LOCATIONS – OPEN 24/7

Eastwood	9858 9228	Gladsville	98799611	Ryde	9808 7401	Mona Vale	9998 0699
Gordon	9418 5399	Hornsby	9476 9799	Chatswood	9414 8499	Manly	9976 8099
Dee Why	9971 3399	Frenchs Forest	9452 9599				
Domestic Violence Liaison Officers (DVLO) Gay and Lesbian Officers (GLO)		Aboriginal Liaison Officer (ACLO) Multicultural Liaison Officer (MCLLO)		Contact your local police station for specific contacts			

### LOCAL COURTS

Hornsby Mon – Fri 9.00am–4.30pm		Ryde	1300 679 272	North Sydney	1300 679 272
Manly Mon – Fri 9.00am–4.30pm	1300 679 272	Burwood Mon – Fri 9.00am–4.30pm	1300 679 272	Sydney Downing Centre Mon – Fri 9.00am–4.30pm	

### WOMEN’S DOMESTIC VIOLENCE COURT ADVOCACY SERVICE

Macquarie	Ryde	8833 0922
Northern Sydney	Hornsby, Manly, North Sydney	8425 8707

### LOCAL LEGAL SUPPORT SERVICES

Legal Aid	Manly	9219 5000	Dee Why	By appointment	Parramatta	8688 3800 TTY 9687 7538
Community Legal Centre	Macquarie/Parramatta	8833 0911	8831 0911			
	Sydney North advice clinic Northmead			Advice 9890 1203 Admin: 9890 1208		
Family Relationships Centre: Family Dispute resolution around Family Law issues. Information, referral and counselling services		Macquarie Park Northern Beaches				8874 80088 9981 9799

## Housing and Accommodation

When a woman is in a crisis situation because of DFV, check to see if they have friends or family they can safely stay with. If emergency accommodation assistance is required, the DV helpline can put victims in touch with emergency, temporary housing for those escaping DV. Caravan parks should be considered only as a last resort. Some women feel safe staying in their own home so the police may include an 'exclusion condition' within an ADVO to exclude the perpetrator from residing in the home with the victim and from approaching the victim's home. Refer these women to *'Staying Home, Leaving Violence'* for support and increased security but note that it may take some time for security measures to be put in place.

Below are some services that may be able to assist with accommodation.

STATEWIDE SERVICES			
NSW Domestic Violence Helpline		For emergency accommodation in a refuge or motel	1800 656 463 (24/7)
Link2Home		Homelessness and referral	1800 152 152 (24/7)
Housing NSW	Assists with affordable housing, emergency accommodation, and assistance with bond	<a href="http://www.housingpathways.nsw.gov.au">www.housingpathways.nsw.gov.au</a>	1800 422 322 Mon – Fri 9.00am–5.00pm
LOCAL ACCOMMODATION SERVICES			
There are two refuges located in the NSLHD which can be accessed via NSW DV Helpline or Link 2 Home			
Dee Why Women & Children's Refuge (Bringa)		Dee Why	9971 4499
Lane Cove Women & Children's Refuge (Delvina)		Lane Cove	9971 4499
Manly Community Centre (Women's Shelter)		Manly	99771066
Erin's Place Refuge	9488 2400	Mary's House Women's Domestic Violence Refuge	89372094
Hornsby Ku-ring-gai Women's Shelter		Hornsby Ku-ring-gai	8411 2046
Homelessness Services		Hornsby / Ku-ring-gai/ Ryde / Hunters Hill	9488 2400
Northside Women's Services		Brokerage for emergency accommodation	9411 7728
Catholic Care Specialist Homelessness Service – Going Home, Staying Home	Temporary supported accommodation, outreach and early intervention for single parents and families who are homeless or at risk of homelessness	Waitara Pennant Hills	9488 2400 9481 2600
NSW Department of Housing	Ryde	9809 8444	Dee Why 9971 3600
Link Housing	Housing for low income applicants who are on the Housing NSW Register and who have very high needs		9412 5111
Northern Area Tenants Services	Tenancy legal advice		8198 8650

## Financial Assistance

To apply for ongoing and emergency payment, contact Centrelink. An emergency payment is only available in the first seven days after the violence has occurred. The Centrelink social worker can help make an application. Other options for emergency financial assistance can include local neighbourhood centres, community aid and charities.

STATEWIDE FINANCIAL SUPPORT			
Centrelink	Social Worker Access Line: Income support, referral for domestic violence	<a href="http://www.humanservices.gov.au/customer/subjects/family-and-domestic-violence">www.humanservices.gov.au/customer/subjects/family-and-domestic-violence</a> <a href="http://www.humanservices.gov.au/customer/services/social-work-services">www.humanservices.gov.au/customer/services/social-work-services</a>	136 150
	Financial information		132 300
	Multilingual Phone Service, 8.00am-5.00pm weekdays	<a href="http://www.humanservices.gov.au/customer/services/centrelink/multilingual-phone-service">www.humanservices.gov.au/customer/services/centrelink/multilingual-phone-service</a>	131 202
	TTY		1800 810 586

NAB Bank provides emergency financial assistance to existing customers of up to \$2500 (Call NAB Assist on 1800 701 599). Commonwealth Bank provides crisis support \$1000 debit cards and a \$500 debit card to specifically be used to purchase food items and a Westnet phone (Call 1800 222 387). Victims Services provides up to \$5000 for the safety, health and wellbeing of the victim and must be lodged within 2 years of crime but can be used for up to 5 years.

## Perpetrators of Domestic and Family Violence

Perpetrators of DFV may be referred to an accredited Men's Behaviour Change Program. NSW Health provides a full range of health services to perpetrators of DFV. However NSW Health Services do not provide DFV perpetrator programs (either individual or group). Domestic, family and sexual violence is an abuse of power and control and most often a crime. Responses to perpetrators need to focus on safety of victims and children.

**Where you receive information that indicates a person may be at imminent risk, call police on 000.**

### STATEWIDE SERVICES

Men's Referral Service	Telephone counselling, information and referral	<a href="http://www.ntvmrs.org.au">http://www.ntvmrs.org.au</a>	1300 766 491 (24/7)
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### ACCREDITED MEN'S BEHAVIOUR CHANGE PROGRAMS

Men's DFV Behaviour Change Programs	Lane Cove	9418 8800/ 1300 364 277
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## Aboriginal Specific Services

**Aboriginal Family Health Workers** are employed under the NSW Health Aboriginal Family Health Strategy. The majority of these workers are located in Aboriginal Controlled Community Health Organisations.

**Aboriginal Maternal Infant Health Services** (AMIHS) provide culturally appropriate maternity care to Aboriginal women and those with Aboriginal partners. AMIHS midwives and Aboriginal Health Workers provide antenatal and postnatal care, as early as possible after conception through to eight weeks postpartum.

### STATEWIDE ABORIGINAL LEGAL SERVICES

Indigenous Women's Legal Contact Line	Legal advice: Mon, Tues, Thurs 10:00am-12:30pm	<a href="http://www.wlsnsw.org.au">www.wlsnsw.org.au</a>	1800 639 784
Warringa Baiya Aboriginal Women's Legal Centre	Legal advice, court support	<a href="http://www.wirringabaiya.org.au">www.wirringabaiya.org.au</a>	1800 686 587
Aboriginal victims of crime contact line	Victims of violent crime counselling/compensation	<a href="http://www.victimsservices.justice.nsw.gov.au/">http://www.victimsservices.justice.nsw.gov.au/</a>	1800 019 123

### ABORIGINAL INFANT HEALTH SERVICES

Benevolent Society 'Aboriginal Early Years worker'	Supported playgroup, parenting support, home visiting, child care placements	Ryde	9814 5100
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### ABORIGINAL MEDICAL SERVICES

Bungee Bidge! Aboriginal Health Clinic	<a href="http://www.nslhd.health.nsw.gov.au/Services/Directory/Documents/Bungee%20Bidge!%20Aboriginal%20Health%20Clinic_NSLHD.pdf">http://www.nslhd.health.nsw.gov.au/Services/Directory/Documents/Bungee%20Bidge!%20Aboriginal%20Health%20Clinic_NSLHD.pdf</a>	9485 6200
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# RESPONSE CHECKLIST

## NSW Health workers should:

### Step 1: Acknowledge disclosure

- **Provide information** about DFV
- **Name the violence** and validate that it is not their fault
- **Use language that is easily understood** when providing information to clients
- **Offer written information** on DFV, such as a z-card where safe to do so
- **Ask the client** what other information they want and need.

### Step 2: Assess and plan for safety

- **Determine the immediate safety** of the client
- **Assess any risks to children** and family and make a child protection report where indicated
- **Assess the need for emergency accommodation**
- **Ask the client about their support network** e.g. family friends and contacts, if any.

### Step 3: Offer referrals

- **Call the police if there is an immediate threat**
- **Respond to issues of safety** (this is **usually** undertaken by a social worker or trained DFV health worker)
- **Offer to make warm referrals** for clients to NSW Health and domestic violence support services
- **Help the client to contact relevant legal** and other services if needed.

### Step 4: Document in file

- **Record the disclosure** in the medical record
- **Use the client's own words** to record the disclosure
- **Document any injuries** you observe
- **Document referrals** and actions made.

## Further information

Please refer to NSW Health Policy Directive 2006\_084 Domestic Violence - Identifying and Responding. NSW Health Policy Directives can be accessed at <https://www1.health.nsw.gov.au/pds/Pages/pdslanding.aspx>

### HELP AND SUPPORT: 24 HOURS/7 DAYS A WEEK

Police	000 (Emergencies only)
NSW Domestic Violence Line	1800 656 463 (24/7)
NSW Rape Crisis Centre	1800 424 017 (24/7)
National Sexual Assault, DFV Counselling Service	1800 RESPECT (24/7) (1800 737 732)
Telephone Interpreter Service	131 450
National Relay Service (for the hearing impaired)	1800 555 660

**If someone is in immediate danger, call 000 and ask for Police.**



**Health**  
Northern Sydney  
Local Health District