PROTOCOL

Family and domestic violence

<table>
<thead>
<tr>
<th>Scope (Staff):</th>
<th>Child Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope (Area):</td>
<td>CACH, WACHS</td>
</tr>
</tbody>
</table>

This document should be read in conjunction with this DISCLAIMER

Aim

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

To ensure the safety of clients, Community Health Nurses (CHNs) and health professionals working with families in the community health setting.

Background

FDV is the repeated and purposeful use of physical, emotional, social, psychological, financial and/or sexual abuse; used by one person to control and have power over another person, in an ‘intimate’ or family relationship.\(^1\), \(^2\) FDV is a fundamental violation of basic human rights and can be unlawful in the cases of assaults, threats, property damage and theft, stalking and breaching intervention orders.\(^3\) WA Health does not accept any justification for FDV; and the rights of children and adults to be safe and protected, takes precedence over competing interests.\(^2\)

FDV exposure has a significant impact on the physical, psychological and emotional wellbeing of infants, children and adults living with FDV. FDV can occur in any family and is more likely to be committed by males against women and children.\(^3\) Aboriginal people and families experience FDV at greater rates than the general population.\(^1\) Women from culturally and linguistically diverse (CaLD) communities, rural communities and women with disabilities or mental illness, are at increased risk of FDV and may have factors that impact on their options and outcomes associated with FDV.\(^3\)

Key FDV risk indicators are listed in Assessment Family and Domestic Violence (Appendix B) for CHNs to familiarise themselves with. Signs that may indicate FDV are physical injuries, incongruent emotional state of family members, and incongruent body language of family members, restrictions placed on the ability of an individual to move freely around the home or community, and the freedom to meet with a CHN. However, it may not be unusual for there to be no visible signs to indicate someone may be experiencing FDV.

All children exposed to violence in the home are considered to be at some degree of risk, whether it be direct, including physical harm, or indirect, including emotional distress or worry.\(^1\) Protecting children from FDV exposure in the home has been specifically highlighted in recent changes to legislation.

When children have been exposed to, or are experiencing FDV, sharing this information with the Department for Child Protection and Family Support (CPFS) is recommended and
Family and domestic violence

may lead to a formal referral. When there is reasonable belief a child has experienced or is at risk of sexual abuse, there is a legal requirement for nurses to report this to CPFS.

Whilst CHNs are well placed to universally screen clients for FDV, they are not responsible for determining the level of risk to the individual or family. When CHNs have concerns with suspected or disclosed FDV, they are expected to consult with their line manager. Where available, the CHNs may further consult with staff such as Clinical Nurse Specialists or Social Workers who have FDV expertise. For more information The Reference Manual for Health Professionals Responding to Family and Domestic Violence (2014) and the Guidelines for Protecting Children (2015) outline the responsibility of Department of Health Western Australia (WA) professionals. CHNs are encouraged to refer to these resources for detailed information, along with this protocol for the identification and actions required for clients experiencing FDV.

Risk

FDV impacts parents’ emotional availability for their children; reduces trust, safety and nurturing; increases fear and anxiety; instils unpredictability; normalises violence; and can prevent generations of people from forming safe, trusting and healthy relationships.1

Key Points

• FDV is a fundamental violation of basic human rights and can be unlawful.1

• All infants and children exposed to FDV are at risk of physical harm, emotional distress, and are more likely to be abused or neglected than children from non-violent homes.1

• Key risk indicators include pregnancy, a recent birth, recent separation, isolation, depression or mental health issue, suicidal ideology, drug and/or misuse/abuse, threats or a history of FDV, breaching of violence restraining orders, and repeat or multiple presentations to a health service.3, 4

• CHNs can identify FDV and determine the actions required by:
  o Identifying key risk indicators (Appendix C).
  o Asking FDV screening questions (Appendix B).
  o Considering the client’s own assessment of their safety.
  o Using professional judgement, evidenced-based frameworks and reflecting on individual family circumstances and presentation.5

Tools

• The Family and Domestic Violence Pathway for Child Health (Appendix A) summarises the identification and actions required when working with families experiencing FDV.

• Screening For Family and Domestic Violence SAMPLE (Appendix B) includes points for asking FDV questions.
• **Assessment Family and Domestic Violence** SAMPLE (Appendix C) includes **Key Risk Indicators** to consider when identifying FDV and determining actions.

• **Referral For Family and Domestic Violence** SAMPLE (Appendix D) for adults.

• **Child Protection Concern Referral Form** SAMPLE (Appendix E) for children.

• **Family and Domestic Violence Support Services** (Appendix F).

### Process

<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Observation</td>
<td>Observing for FDV is recommended for all clients, to increase early identification and provide opportunities to offer assistance, if desired by the client. It is critical that the CHN/client relationship is based on respect and confidentiality. CHNs are encouraged to use the principles of working in partnerships with families and communicate in a culturally sensitive manner. Trained interpreters may be required for clients from CaLD backgrounds and for Aboriginal clients. If FDV is disclosed the CHN will acknowledge and validate what the client is saying. The CHN can provide information, support and referrals for families experiencing FDV.</td>
</tr>
<tr>
<td>• At all contacts observe for FDV including injuries, emotional state, body language and child development. Document key information as soon as possible. The universal postnatal visit provides an opportunity to observe family relationships and behaviours within the home setting. <strong>Due to the anticipated presence of other family members at this contact, this may not be an appropriate time to ask the client about FDV.</strong> Consult with the line manager to discuss the situation and need for follow up.</td>
<td></td>
</tr>
<tr>
<td>2. Screening</td>
<td>Asking the FDV questions (if it is safe to do so) after the EPDS provides a holistic approach to emotional health and wellbeing. The CHN will discuss the EPDS responses, and explore psychosocial factors associated with mental health issues. This may include the identification of FDV in response to asking the FDV questions. The <strong>Screening for Family and Domestic Violence</strong> provides points for using this tool. This tool is standardised for Health Department employee use. CHN need to be aware of the boundaries of their professional practice and</td>
</tr>
<tr>
<td>• Ask the <strong>Screening For Family and Domestic Violence</strong> questions (Appendix B) at the 8 week and 4 month contacts, after the Edinburgh Postnatal Depression Screening (EPDS) has been completed. Ask the FDV questions verbatim and when the client is alone. Document client responses on the <strong>Screening For Family and Domestic Violence</strong> tool and file in the Child Health Record. At other contacts when professional judgement warrants, the CHN will ask</td>
<td></td>
</tr>
</tbody>
</table>
### Steps

<table>
<thead>
<tr>
<th>The <strong>Screening For Family and Domestic Violence</strong> questions.</th>
<th>availability of local resources to support the family.</th>
</tr>
</thead>
</table>

### 3. Assessment

- CHNs should use their professional judgement to conduct the assessment.
- CHNs and clients will work together to determine safety needs and the most appropriate referral options.
- A client’s own assessment of their level of fear or risk is usually accurate.
- The **Assessment Family and Domestic Violence** (Appendix C) may be used to document assessment outcomes.
- Consult with the line manager to discuss the situation and need for follow up.

### 3. Assessment

Professional judgement means using a combination of clinical judgement, consideration of risk indicators identified, and seeking information and feedback from clients.

Where available the support of social work departments and FDV specialists (agencies) should be enlisted. Where these services are not available it may be appropriate to consult with Crisis Care.

The **Assessment Family and Domestic Violence** is standardised for Health Department employee use.

It is not the role of CHNs to undertake an investigation into suspected FDV. This is the responsibility of the WA Police Service, or CPFS where children are involved.

### 4. Actions required

#### 4a NO FDV disclosed and NO concerns identified

- At all contacts observe for FDV.
- Highlight the importance of positive parent/infant relationships.

#### 4a NO FDV disclosed and NO concerns identified

Offer the **Finding help before and after baby arrives** resource.

#### 4b NO FDV disclosed: However concerns identified

- Offer information and support to meet individual client circumstances.
- At subsequent contacts the CHN will ask the **Screening For Family and Domestic Violence** questions.
- Consult with the line manager to discuss the situation and need for follow up.
- Consider sharing information with CPFS.

#### 4b NO FDV disclosed: However concerns identified

Initial disclosure of FDV may not occur, however disclosure may occur at subsequent community health contacts, if given the opportunity to do so.

Offer the **Finding help before and after baby arrives** resource, pointing out the Domestic violence section.

#### 4c FDV disclosed stating NO immediate safety concerns

#### 4c FDV disclosed stating NO immediate safety concerns
### Family and domestic violence

<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establish if any FDV services and supports are already in place.</td>
<td>When FDV is disclosed the CHN will acknowledge what the client is saying, establish the client’s own assessment of safety, and support any actions they feel able to make.</td>
</tr>
<tr>
<td>• Offer verbal or written FDV information, if it is safe to do so.</td>
<td>Offer the <strong>Finding help before and after baby arrives</strong> resource, pointing out the Domestic violence section.</td>
</tr>
<tr>
<td>• When a safety plan does not exist, either assist the client to develop a safety plan and/or engage with specialist services.</td>
<td>The <strong>Guideline for Responding to Family and Domestic Violence (2014)</strong> provides further information on safety planning. Where the CHN has specialist training they may assist in the development of a safety plan.</td>
</tr>
<tr>
<td>• Consult with line manager to discuss the situation, actions required and outcomes.</td>
<td>Regular client contact will enhance the CHN/client relationship and provide opportunities for discussion on changes to FDV risk levels.</td>
</tr>
<tr>
<td>• Continue with the universal schedule and offer additional contacts to provide individual client support.</td>
<td>Regular liaising and sharing information with FDV services will result in effective and timely intervention, to ensure the ongoing safety and protection from FDV.</td>
</tr>
<tr>
<td>• Advise the client of the CHN obligation to contact the CPFS, to enquire if the family is known to CPFS and to determine what role CPFS will have.</td>
<td>Encourage contact with support services which include:</td>
</tr>
<tr>
<td>• Consider a referral to a target program such as Enhanced Home Visiting and the Enhanced Aboriginal Child Health Schedule, where available.</td>
<td>- Women’s Domestic Violence Helpline.</td>
</tr>
<tr>
<td>• Discuss the option of the client notifying the Western Australian Police if a crime has been committed and/or to discuss safety options. Police districts have dedicated Child Protection and Family Violence Officers available to consult with.</td>
<td>- Men’s Domestic Violence Helpline</td>
</tr>
<tr>
<td>• Establish CHN safety.</td>
<td>- Social Workers where available.</td>
</tr>
<tr>
<td></td>
<td>- Crisis Care provides a register of Refuge vacancies.</td>
</tr>
<tr>
<td></td>
<td>- Sexual Assault Resource Centre for recent sexual assaults.</td>
</tr>
<tr>
<td><strong>4d. FDV disclosed stating immediate safety concerns</strong></td>
<td>- Mental Health Service and/or General Practitioner if there is a high risk of suicide or self-harm.</td>
</tr>
<tr>
<td>• Establish if any FDV services and supports are already in place.</td>
<td></td>
</tr>
</tbody>
</table>
| • Establish CHN safety.                                                | 4d. FDV disclosed stating immediate safety concerns  
  - Establish if any FDV services and supports are already in place.  
  - Establish CHN safety.  
  When FDV is disclosed the CHN will acknowledge what the client is saying, establish the client’s own assessment of safety, and support any actions they feel able to make.  
  CHN should establish their own safety by referring to local protocols related to Working Alone and Home Visiting.                                                                 |
<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Offer verbal or written FDV information as required, and if it is safe to do so.</td>
<td>When the client is seeking assistance, the CHN will outline the options available and obtain consent for referrals. The CHN may consult with relevant support services for more information and assistance. Refer to FDV Support Services (Appendix F). The <a href="#">Guideline for Responding to Family and Domestic Violence (2014)</a> provides further information on safety planning.</td>
</tr>
<tr>
<td>• When a safety plan does not exist, either assist the client to develop a safety plan and/or engage with specialist services.</td>
<td>Following immediate line manager consultation, telephone CPFS to determine if the family is known to them. Complete a <a href="#">Child Protection Concern Referral Form</a> within 24 hours (SAMPLE Appendix E). Where there is concern of risk to the children and immediate protection is required, the CHN has a duty of care to ensure their safety. Consent to referral agencies is not required in this instance. Refer to the <a href="#">Guidelines for Protecting Children (2015)</a> for further information.</td>
</tr>
<tr>
<td>• Consult with line manager to discuss the situation, actions required and outcomes.</td>
<td>CHN have a legal requirement for the mandatory reporting of child sexual abuse. Refer to the <a href="#">Guidelines for Protecting Children (2015)</a> for further information.</td>
</tr>
<tr>
<td>• Advise the client making a disclosure, of the CHN obligation to report concern to CPFS when:</td>
<td>When referring an adult client complete the <a href="#">Referral for Family and Domestic Violence</a>, standardised for Health Department employee use. (Appendix D). The CHN will continue to provide child health services as required, in a safe setting.</td>
</tr>
<tr>
<td></td>
<td>o it is unsafe for children to be at home and/or o there is reasonable belief that the child has been emotionally or physically abused or neglected, or is currently at clear risk.</td>
</tr>
<tr>
<td>• Provide information, ongoing support, follow up and referral to meet individual client circumstances.</td>
<td>Encourage contact with support services:</td>
</tr>
</tbody>
</table>
| • Discuss the option of notifying the Western Australian Police if a crime has been committed and/or to discuss safety options. Police districts have dedicated Child Protection and Family Violence Officers to consult with. | • Women’s Domestic Violence Helpline. • Men’s Domestic Violence Helpline. • Social Workers where available. • Crisis Care provides a register of Refuge vacancies and emergency hotel or motel accommodation. • Sexual Assault Resource Centre for recent sexual assaults. • Mental Health Service and/or General }
<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Practitioner if there is a high risk of suicide or self-harm.</td>
</tr>
<tr>
<td></td>
<td>• Aboriginal Health Team.</td>
</tr>
</tbody>
</table>
**Documentation**

Client records must be current, complete, accurate and objective as per guidelines. It is important to record when and where you had contact with the client, who was present, your observations of the client and relevant information about the condition of the client, relevant information provided by the client that you can quote, what steps you took, who you consulted and what was the outcome of these conversations and any actions.

**Clinical handover**

Whilst clients have a right to privacy and confidentiality, the rights of children and adults to be safe and protected will take precedence in those instances where there are competing interests.¹

CHN will exchange information between health professionals and agencies according to local protocols and by adhering to the:

- WA Health Clinical Handover Policy (iSoBAR)
- Clinical Handover – Nursing procedure (CAHS-CH)
- Memorandum of Understanding – Information Sharing between agencies with responsibility for preventing and responding to family and domestic violence in Western Australia

Where there is an admission to hospital where FDV has been identified as an issue, and the CHN becomes aware of the admission, the CHN will inform CPFS and other health services as appropriate, as this will contribute to building the picture of the family.

**Compliance monitoring**

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

### Related internal policies, procedures and guidelines

- Clients of concern management protocol ([Clinical Nursing manual](#))
- Clinical Handover – Nursing ([Clinical Nursing manual](#))
- Memorandum of Understanding – Information Sharing between agencies with responsibility for preventing and responding to family and domestic violence in Western Australia
- Guidelines for Protecting Children 2015
- Guidelines for Responding to Family and Domestic Violence 2014

### Useful resources

#### Staff Training

- CACH Learning and Development
- Women’s Health Clinical Support Programs
- Statewide Protection of Children Coordination (SPOCC) Unit

#### Professional Resources and Support Services

- Women’s Health Clinical Support Programs
  - Lanyard-size Screening Prompter: FDV Screening questions on one side, and some helpful hints and referral numbers on the back. This resource is designed to be printed, cut, and laminated, and fits conveniently in a lanyard.
- Department for Child Protection and Family Support Home page
- Department of Child Protection and Family Support Referral Guide for Domestic Violence Services Western Australia
- WA Department of Child Protection District Offices locations
- Mandatory reporting of child sexual abuse
- Perpetrator accountability in Family and Domestic Violence

#### Parent Resources

- Finding help before and after baby arrives
- Are you in a safe relationship? What does a Safe and an Unsafe relationship look like?
- Being safe: Making a safety plan.
- Being safe with technology: How to keep safe using your computer, mobile phone, and on social media.
References

Appendices

Appendix A: Family and Domestic Violence Pathway for Child Health

**Family and Domestic Violence Pathway for Child Health**

Screening questions are completed at 8 weeks and 4 months using the *Screening For Family Domestic Violence* tool, after the EPDS has been administered, scored and discussed.

At each contact observe for FDV and when professional judgement warrants, ask the FDV Screening questions.

- **NO**
  - NO concerns
    - Universal scheduled contacts
      - Offer anticipatory guidance, information and support.
      - Documentation.
  - Concerns identified
    - Information, support and follow up
      - Offer information, and support.
      - Consider additional CHN contacts.
      - Notify the manager to discuss the situation.
      - Consider sharing information with CPFS.
      - Documentation.
- **Disclosure**
  - Client has NO safety concerns
    - Ongoing support and follow up
      - Offer information and support.
      - Discuss safety plans.
      - Notify manager.
      - Consider additional CHN contacts.
      - Consider referral to Enhanced Home Visiting or EACHS, support services or CPFS.
      - Discuss the option of notifying Police.
      - Share information with CPFS.
      - Documentation.
  - Client has immediate safety concerns
    - Urgent protection required
      - Consider immediate family and staff safety.
      - Discuss safety plans.
      - Notify Manager as soon as possible.
      - Notify CPFS.
      - Discuss the option of notifying Police.
      - Offer information, support.
      - Offer additional CHN contacts in a safe setting.
      - Documentation.
Appendix B: Screening For Family and Domestic Violence (FDV950)
Liaise with Manager for online ordering through Print Media Group
### Appendix C: Assessment Family and Domestic Violence (FDV 951) Page 1

Liaise with Manager for online ordering through Print Media Group

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**ASSESSMENT FAMILY AND DOMESTIC VIOLENCE**

**Health Service**

<table>
<thead>
<tr>
<th><strong>CLIENT DETAILS</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Professional:</strong> &amp; <strong>Date:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Address:</strong> &amp; <strong>Tel:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status:</strong> &amp; <strong>Disability:</strong></td>
<td></td>
</tr>
<tr>
<td>□ Married</td>
<td>□ Separated</td>
</tr>
<tr>
<td>□ Defacto</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ Separated</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Aboriginal or TSI:</strong></td>
<td><strong>Skin / Language Group:</strong></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Ethnicity:</strong> &amp; <strong>Country of birth:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**PERSON BELIEVED RESPONSIBLE FOR HARM**

<table>
<thead>
<tr>
<th><strong>Name:</strong></th>
<th><strong>Age:</strong></th>
<th><strong>Gender:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnicity:</strong> &amp; <strong>Country of birth:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Relationship to client:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Partner</td>
<td>□ Ex-Partner</td>
<td>□ Son</td>
</tr>
<tr>
<td>□ Son</td>
<td>□ Daughter</td>
<td>□ Caregiver</td>
</tr>
<tr>
<td>□ Caregiver</td>
<td>□ Other</td>
<td></td>
</tr>
</tbody>
</table>

**Are they present today in the Health Service?**

□ Yes | □ No

**Are they likely to come to the Health Service?**

□ Yes | □ No

**Do they know anyone where you are?**

□ Yes | □ No

**Are they at risk of violence?**

□ Yes | □ No

**CHILDREN**

<table>
<thead>
<tr>
<th><strong>Current DCPI / Placement:</strong></th>
<th><strong>Office:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name:</strong></th>
<th><strong>Age:</strong></th>
<th><strong>Being abused:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Witnessing abuse:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE AND HISTORY OF ABUSE**

Practice Points: Consider all forms of abuse, including Physical, Sexual, Psychological, Emotional, Neglect, Threats, Social Isolation, Financial; When the abuse started; Frequency; Triggers

**PHYSICAL EXAMINATION**

Practice Points: Record all relevant injuries that you can see and that the patient describes, even historical ones. A Body Map recording may be completed or requested.
### Risk Indicators

Practice Points: Consider the attached list of risk indicators referenced from the WA Government CRARMF (next page)

### Protective Factors

Practice Points: Consider agencies already involved with the family; new referrals made; Safety Planning; Family; friends and other supports

### Police Involvement

<table>
<thead>
<tr>
<th>Did the police attend the home?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have charges been laid against the person believed responsible?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does client want the police notified?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does client have a current Violence Restraining Order (VRO)?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Referral to a Support Agency

<table>
<thead>
<tr>
<th>Initial and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital / Regional Social Worker</td>
</tr>
<tr>
<td>Specialist FDV Service</td>
</tr>
<tr>
<td>Counselling Service</td>
</tr>
</tbody>
</table>

Client’s assessment of their safety:

Client’s Signature: (Indicate reason if client declines to sign)

### Outcome

Practice Points: Document discharge destination (address and contact number); Transfer or Admission; Follow up arrangements made. Include details of the person you consulted with, and the decisions that resulted.

Health Professional’s assessment of client’s safety:

Consultation Process:

Health Professional’s Signature:

(Sketch of a form with handwritten notes and a stamp)
Appendix C: Assessment Family and Domestic Violence (FDV 951) Page 3

KEY RISK INDICATORS

Consider these factors in assessment. This list contains sensitive information and is not for use in direct questioning. A client may raise any of the following issues in your discussion with them and during the assessment process. Record as necessary.

Client Risk Indicators

☐ Pregnancy or recent birth of a child
☐ Depression / mental health illness
☐ Threatened or attempted suicide or serious self harm
☐ Drug and / or alcohol use
☐ Isolation
☐ Repeat or multiple presentations to the health service

Person Believed Responsible Risk Indicators

☐ Access to and use of weapons
☐ Type of weapon
☐ Arson
☐ Vandalism
☐ Theft or breaking
☐ Financial difficulties

Actions / Events

☐ Incidents of property destruction
☐ Incidents where a Violence Restraining Order has been broken
☐ Incidents of rape or sexual assault
☐ Incidents of strangulation or choking
☐ Threats to kill
☐ Threats to kill children / other family
☐ Threats to kill or killing a pet or other animals.
☐ Escalation of violence
☐ If separated, when did separation occur?

Adapted from the WA Family and Domestic Violence Common Risk Assessment and Risk Management Framework (2011)
## Appendix C: Assessment Family and Domestic Violence (FDV 951) Page 4

### Body Maps

#### Indicate findings on body diagrams:

- **A:** Abrasion
- **AU:** Amputation
- **B:** Bruise
- **D:** Deformity / fracture
- **FO:** Fracture Open
- **L:** Laceration
- **P:** Pain
- **PW:** Penetrating Wound
- **PA:** Pressure Area
- **R:** Redness
- **S:** Swelling
- **T:** Tenderness

#### Specify other:

Note: People of diverse sexuality and gender may identify with either a male or female body map. Ask what they identify with before recording.

---

**Ref:** OD 0923/14 Responding to Family and Domestic Violence (Guideline and Reference manual for Health Professionals version May 2015)
Indicate findings on body diagrams:

- A: Abrasion
- AU: Amputation
- B: Bruise
- D: Defority / fracture
- FO: Fracture Open
- L: Laceration
- P: Pain
- PW: Penetrating Wound
- PA: Pressure Area
- R: Redness
- S: Swelling
- T: Tenderness

Specify other: __________________________
Appendix C: Assessment Family and Domestic Violence (FDV 951) Page 7

Family and domestic violence

Please use I.D. label or block print.

BODY MAPS

Health Service

Indicate findings on body diagrams:

A: Abrasion  AU: Amputation  B: Bruise  D: Deformity / fracture  FO: Fracture Open  L: Laceration
P: Pain  PW: Penetrating Wound  PA: Pressure Area  R: Redness  S: Swelling  T: Tenderness

Specify other: ____________________________

EXAMPLE
Appendix D: Referral For Family and Domestic Violence (FDV952) Page 1
Liaise with Manager for online ordering through Print Media Group
Appendix E: Child Protection Concern Referral Form SAMPLE Page 1

Department for Child Protection and Family Support
Child Protection Concern
Referral Form
(not to be used by mandatory reporters to report sexual abuse that is occurring or has occurred after 1 January 2009)

(Please attach any additional information not included in this form)

District Name: ____________________________
Email: ____________________________

Phone: ____________________________ Fax: ____________________________
Date: ____________________________ Name of Referrer: ____________________________
Contact Number: ____________________________ Organisation: ____________________________
Email: ____________________________

Child Details

<table>
<thead>
<tr>
<th>Surname</th>
<th>Firstname</th>
<th>DOB</th>
<th>Address</th>
<th>Contact Phone</th>
<th>ATSI/CalD</th>
</tr>
</thead>
</table>

Person Involved

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child/ren</th>
<th>DOB/Age</th>
<th>Address</th>
<th>Contact Phone</th>
<th>ATSI/CalD</th>
</tr>
</thead>
</table>

Do you have concerns for the immediate safety of this children?
If so please call the duty officer on ____________________________
(District phone number)

What is your involvement with the family?
How long have you known the family?
What is your expectation of DCP in response to your concerns?
Appendix E: Child Protection Concern Referral Form SAMPLE Page 2

What is the Reason for Referral?
What are the worries regarding the child/ren that has led you to make contact with the Department at this time?

Have you discussed your concerns with the parents?

What has happened to the child/ren that worries you?

Do you have any idea of who may have caused the harm to the child/ren? What gives you this idea?

What are you worried will happen to the child if no one takes action about these problems?

What do you think is going well for this family?
What else do you think is going well for the children?

What do you need to see happen to be satisfied the children will be safe in the future?

Are you aware of other services involved with the family?

Signature: ___________________________ Date: ___________________________

Name: ___________________________ Title: ___________________________
## Appendix F: Family and Domestic Violence Support Services

Department of Child Protection and Family Support Referral Guide for Domestic Violence Services Western Australia: [click here](#)

This resource provides a comprehensive state-wide list of referral agencies and other relevant services.

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<th>Phone 1</th>
<th>Phone 2</th>
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<tbody>
<tr>
<td><strong>Child Protection Unit PMH</strong>&lt;br&gt;Monday to Friday 0830 to 1700.</td>
<td>9340 8646</td>
<td></td>
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<tr>
<td><strong>Statewide Protection of Children Coordination (SPOCC) Unit</strong>&lt;br&gt;Monday to Friday 0830 to 1630.</td>
<td>9224 1932</td>
<td>9224 1615</td>
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<tr>
<td><strong>Sexual Assault Resource Centre (SARC)</strong>  &lt;br&gt;Metropolitan: 9340 1828&lt;br&gt;Rural/Remote: 1800 199 888</td>
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<td></td>
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<td><strong>Department for Child Protection and Family Support</strong>  &lt;br&gt;9222 2555&lt;br&gt;TTY 9325 1232</td>
<td>1800 622 258</td>
<td></td>
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<tr>
<td><strong>24 Hour Services</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Women’s Domestic Violence Helpline</strong></td>
<td>9223 1188</td>
<td>1800 007 339</td>
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<tr>
<td><strong>Men’s Domestic Violence Helpline</strong></td>
<td>9223 1199</td>
<td>1800 000 599</td>
</tr>
<tr>
<td><strong>Crisis Care</strong></td>
<td>9223 1111</td>
<td>1800 199 008</td>
</tr>
<tr>
<td><strong>1800 RESPECT</strong>&lt;br&gt;National telephone and online counselling for people who have experienced or are at risk of family and domestic violence and/or sexual assault.&lt;br&gt;<a href="http://www.1800respect.org.au/">http://www.1800respect.org.au/</a></td>
<td>1800 737 732</td>
<td></td>
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<tr>
<td><strong>Family Helpline</strong></td>
<td>9223 1100</td>
<td>1800 643 000</td>
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<tr>
<td><strong>Kids Helpline</strong></td>
<td>1800 551 800</td>
<td></td>
</tr>
<tr>
<td><strong>Police</strong></td>
<td>Emergency: 000</td>
<td>Police Operations: 131 444</td>
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<tr>
<td><strong>Translating and interpreting service</strong></td>
<td>13 14 50</td>
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Family and domestic violence

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