Family and domestic violence (FDV) occurs amongst all groups in our society. It is an issue that is often hidden yet has a profound and lasting impact on the mental, social, emotional, physical and financial wellbeing of many Western Australians. It affects individuals, their children and families, as well as whole communities and has intergenerational consequences.

FDV can be a direct or underlying reason why people seek assistance from health services. In order to effectively address family and domestic violence, we need to know more about its incidence and nature and also the barriers health professionals can face when working with victims or perpetrators. WA Health’s [Guideline for Responding to Family and Domestic Violence](#) and [Reference Manual for Health Professionals](#) will serve as major contributors to understanding its nature and impact, as well as providing a platform for a better response by health professionals.

Family and domestic violence in any form is not acceptable. This policy is a step toward redressing this widespread and complex problem. By outlining the role of health professionals and WA Health generally, it aims to better enable people who are victims of violence and abuse to receive appropriate client centred care. It is also anticipated that the early identification of family and domestic violence through targeted screening and preventative strategies will reduce the burden on the acute health system.

The aim of the policy is:

1. To reduce the incidence of FDV through early identification and consistent care by adequately trained health professionals;
2. To minimise the trauma that adults and children living with FDV experience; and
3. To ensure safety of clients, their children and staff

**Professor Bryant Stokes**

**Acting Director General of Health**
**Introduction**

Family and domestic violence is a widespread health and social problem occurring across all cultural and religious groups, age, gender, sexual diversity groups and socio-economic levels of the Western Australian community. FDV is associated with other adverse social issues including child abuse, homelessness, physical and mental health issues, poverty and drug and alcohol misuse.

FDV is not a ‘private’ or ‘family’ matter; it is a major public and community health concern.

FDV is a gendered crime of violence, most often against women, when it is between men and women. It is also inclusive of other ‘intimate’ relationships such as in same sex partnerships, parent/child and extended family relationships where it enables a person to control and have power over another.

FDV is usually not an isolated event but is a pattern of ongoing and purposeful use of physical, emotional, social, psychological, financial and/or sexual abuse which is used to intimidate and instil fear.

FDV seriously impacts on health and wellbeing. It decreases a parent’s emotional availability to their children, reducing bonds of trust, safety and nurturing while instilling a legacy of fear, anxiety, unpredictability and ‘normalised violence’ into both adults and children at risk.

FDV can have an intergenerational pattern, threatening the ability of whole generations of people to form safe and trusting relationships and to raise and nurture a confident and healthy family.

The long-term impact on families and children of living in constant fear and anxiety is acknowledged at both State and Federal Government levels as a public health concern.

If the behaviour of the person responsible for the FDV goes unchallenged and unchanged, it can be normalised into family and community culture.

**Purpose**

This policy sets out WA Health’s approach to responding to FDV. It provides the foundation for the development of FDV related policies and procedures for each area health service. It also addresses the role of health professionals and the training, support, data collection and evaluation processes which combine to ensure that WA Health has a competent workforce to support adults and children at risk in addressing the physical and emotional costs, as well as for the person responsible.
Governance
The Family and Domestic Violence Advisory Group (FDVAG) is comprised of senior representatives from each health service, and other relevant government services and non-government agencies, who are accountable to the Executive Director, Women and Newborn Health Service (WNHS). The FDVAG provides advice, coordinates and oversees WA Health policies and processes with regard to FDV.

Relevant Legislation
- The Restraining Orders Act 1997 provides a legal definition of family and domestic violence.
- The Children and Community Services Act 2004 is the relevant Act concerning child protection.
- Family Law Amendment (Family Violence and Other Measures) Bill.

This policy is to be read in conjunction with the following frameworks and guidelines:

WA Health:
- Operational Directive OP 0286/10 - Memorandum of Understanding: Information Sharing between agencies with responsibilities for preventing and responding to family and domestic violence in Western Australia. [Link]
- Guidelines for Protecting Children 2009. [Link]
- WA Department of Health Protection of Children Check and Policy. [Link]
- Operational Circular OP 1821/04: Prevention of Workplace Aggression and Violence. [Link]

All WA Health professionals must act in accordance with these documents.

Other:

Scope

This policy applies to all health professionals employed within WA Health, which incorporates the following entities:

- Department of Health
- Metropolitan Health Services
- WA Country Health Services
- Peel Health Services.

Principles Underpinning WA Health’s response and approach to Family and Domestic Violence

The following principles apply across WA Health:

1. FDV is a violation of basic human rights. Adults and children are entitled to live in dignity, free from fear and harm in their own home or domestic environment.
2. All forms of FDV are unacceptable and some acts are unlawful. WA Health does not condone any form of violence or abuse and does not accept any justification for its use.
3. The person responsible for the FDV is the only person to be held accountable. No blame or responsibility for FDV is to be attributed to any person harmed or at risk and there is no excuse to minimise the intent, extent or degree of harm caused.
4. The safety of adults and children experiencing FDV is paramount. The safety of a child takes precedence.
5. Parents, families and other caregivers have the primary role in safeguarding and promoting the wellbeing of their children.
6. Any clients who are responsible for FDV are supported to make decisions and take actions which promote the safety of the people they harm and their own ability to cease their violent and abusive behaviour.
7. People have a right to the support of someone from their cultural and linguistic background. Services need to be accessible and equitable for all people.
8. Clients have a right to privacy and confidentiality*. However the right of adults and children to be safe and protected will take precedence in those instances where there are competing interests.
9. Effective service provision relies on WA Health Professionals having an understanding of the impact of trauma on clients and the many detrimental effects of FDV on individuals and families.
10. Effective intervention in FDV requires openness, collaboration and partnerships. WA Health will provide a better service when agencies, families and individuals work together with a focus on safety and creating opportunities for clients to rebuild a sense of control over their lives.

**Operational Directive 0286/10** - Memorandum of Understanding – Information Sharing between agencies with responsibility for preventing and responding to family and domestic violence in Western Australia.

**Information Circular 0022/07** – Guidelines for Transmission of Client Identifiable Health Information by Facsimile Machine.

**Operational Procedure 2050/06** – Patient Confidentiality and Divulging Patient Information

### Role of WA Health and Health Professionals

**The Role of WA Health**

WA Health aims to ensure that responses to individuals at risk of, or having experienced or perpetrated FDV, will be appropriate and well-informed by policies, procedures and staff professional development and training opportunities.

WA Health supports, and is not limited to, the following strategies:

- All clinical staff have access to training*. The workforce is supported to achieve and maintain relevant competencies and skills through professional development opportunities so that they can provide a competent and effective health service to those clients affected by FDV.
- A commitment to prioritising FDV as a preventable health issue, given the acknowledged cost to the Western Australian community in terms of direct health costs, including public health system costs associated with treating the immediate and ongoing effects of violence and abuse and pain, suffering and premature mortality.
- Undertaking routine screening amongst identified high risk groups and having clear pathways for ongoing service provision and/or referrals.
- Working in a trauma informed and client centred way with clients experiencing FDV.
- Undertaking health promotion on the prevention, early identification and intervention of FDV, including inter-sectoral cooperation with government, non-government and community organisations.
- Ensure that staff safety is a priority.
- Establish the ongoing systematic collection of data that will contribute to the development of strategies to address FDV.

*WA Health supports the premise of the World Health Organisation, “Violence Against Women: Global Picture Health Response, recommends that health providers receive training as a minimum requirement.*
Health professionals are well placed to engage in early identification and prevention and undertake referrals. Early intervention can reduce the immediate and longer-term impact of FDV and can decrease the cyclical and intergenerational nature of FDV.

The role of health professionals in the identification of FDV is to:

- Have knowledge in FDV issues and skills on managing and interventions.
- Ensure that pathways for follow-up service provision and/or referrals are known and adhered to.
- Ensure that client service areas are conducive to the acknowledgement and disclosing of FDV, through the provision of safe, confidential areas that can facilitate safe discussion with the person alone; display of FDV material that promotes the view of WA Health on FDV as set out in this policy.

The role of health professionals with clients experiencing FDV is to:

- Focus on ensuring their immediate physical and psychological safety and initiate strategies to address present and future safety.
- Provide services in a respectful, non-judgemental and non-blaming manner.
- Work in a trauma informed and client centred way to create opportunities for clients to rebuild a sense of control over their lives.
- Ensure provision of medical treatment, appropriate crisis and non-crisis counselling, information, referral and accommodation services, as necessary.
- Ensure that services are provided in a manner that is culturally and linguistically appropriate and that recognise the different needs and circumstances of diverse populations, while never accepting that different cultural norms are an excuse for FDV.
- In consultation with line manager/social work/specialist FDV agency, notify the WA Police service when it is suspected or there is concern that a crime has been committed (as per the Restraining Orders Act 1997) and/or when extreme and immediate risk to the client (or children) has been identified.
- Endeavour to engage the person at risk in all aspects of decision-making and actively seek their input in steps necessary to manage their present and future health and well-being and/or that of any children.
- Keep the client fully informed of all processes and outcomes.
- Engage in effective collaboration, coordination and information sharing within WA Health and between health and other government and non-government departments and agencies.
- Ensure that the necessary training, supervision and other support is available and utilised in order to enable effective practice.
The role of health professionals working with children is to:

- Recognise the obligation to take action on behalf of a child believed to be harmed or is likely to be harmed, as a result of FDV.
- Endeavour to engage with the child/children’s caregivers to support and strengthen their capacity to provide adequate care and protection for that child. Remember, the best interests of the child are paramount.
- If necessary, report concerns to the Department for Child Protection and Family Support and/or the WA Police.

The role of health professionals with person responsible for FDV is to:

- In consultation with line manager/social work or specialist FDV agency, notify the WA Police when it is suspected or there is concern that a crime has been committed (as per the Restraining Orders Act 1997) and/or when extreme and immediate risk to the client harmed (or children) has been identified.
- Engage in effective collaboration, coordination and information sharing within WA Health and between health and other government and non-government departments and agencies.
- Make referrals as necessary or provide information.

**Monitoring and Evaluation**

Women and Newborn Health Service takes leadership in the development of this policy which will be reviewed every three years to ensure content is consistent with current research findings on methods and models for responding to family and domestic violence.

The collection of relevant data is paramount to inform policy and practice for best health outcomes.