PROCEDURE

Family and domestic violence – child and school health

Scope (Staff):	Community health
Scope (Area):	CACH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

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Aim

To guide community health nurses working in child and school health settings to identify (through screening, observation or self-disclosure) and assist individuals and families affected by family and domestic violence, by providing appropriate and timely response and referral to support services.

Risk

Family and domestic violence (FDV) can impact the growth and health of children, which can result in developmental delays, behavioural problems, learning difficulties and mental health issues.[1] FDV, including adolescent intimate partner violence, can have significant impacts on a young person's emotional, social and physical wellbeing, education and school engagement.[2]

Missed opportunities for early identification of FDV can increase the ongoing experience of FDV in the home for clients and families, and increase the negative impacts on an individual's long term health and well-being.[1]

Background

The Child and Adolescent Health Service - Community Health (CACH) and WA Country Health Service (WACHS) recognise and support the principles outlined in the following:

- *National Plan to End Violence against Women and Children 2022-2032* Commonwealth of Australia (Department of Social Services)
- *Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020– 2030* Department of Communities, WA

Family and domestic violence can occur in any family and disproportionately affects women and children.[3] [4]

FDV has a significant impact on the physical, psychological and emotional wellbeing of families. Babies and children living in a home with FDV are at risk of physical harm, mental health impacts including complex post traumatic stress disorder [5], and they are more likely to be abused or neglected. Adolescents who have experienced FDV are significantly more likely to use violence against family members or with intimate partners. In the school health setting, FDV may be identified in young people who;

- experience family and domestic violence in the home
- are victims-survivors of adolescent intimate partner violence (IPV)
- use violence towards their family or intimate partner.

Children living in homes with FDV can experience long term effects relating to physical, and psychological health, and social competencies. Their school readiness may be impacted, and an increased risk of poor school attendance and school suspensions.[2]

FDV impacts a family in many ways, it reduces parents' ability to provide emotional and physical security for their children. It instils unpredictability and anxiety for family members; normalises violence; increases fear and can have generational impact on people forming safe, trusting and healthy relationships.[6]

FDV risk factors include pregnancy, a recent birth, recent separation, isolation, depression or mental health issue, suicidal ideation, drug and/or misuse/abuse, a history of FDV, violence restraining orders, and repeat or multiple presentations to a health service.[1]

Aboriginal[1*] women experience FDV at greater rates than the general population. Women from culturally and linguistically diverse (CaLD) communities, rural communities and women with disabilities or mental illness are at increased risk of FDV and further, may experience limitations in options for services and support. Adolescents from CaLD backgrounds, who experience FDV in the home, may have extra cultural barriers including not recognising non-physical forms of FDV, language barriers, stigma and fear of authority that may be barriers in seeking out support.[7]

It is important to note that whilst lesbian, gay, bisexual, transgender, intersex, queer and other (LGBTIQ+) families experience FDV at similar rates to the general population, there is less research available, and gaps exist in services that provide safe and inclusive care for those in these communities experiencing FDV. A quarter of young LGBTIQ+ people experienced verbal and physical abuse in the family home.[8]

Consideration must also be given to the risks, needs and choices for men who experience FDV, especially if they are primary carers for children. Risk assessments that incorporate the client's assessment of their level of risk are the most effective.[9]

Young people experiencing their first relationship may not recognise the initial signs of IPV or may be confused about what constitutes abuse.[10] Adolescent intimate partner violence is a major source of abuse, mainly affecting young women but young men can also have abusive partners.[11]

Research has shown that young people who have experienced FDV are more likely to use violence in the home. Adolescents who use violence need a supportive school environment, someone to talk to and education on abusive behaviour and its impact.[12]

[1*] MP 0097/18 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Definitions

Family and domestic violence: An ongoing pattern of behaviours intended to coerce, control or create fear within a family or intimate relationship. This includes physical harm or threats of physical harm, financial, emotional and psychological abuse, sexual violence or any other behaviour which causes the victim to live in fear. [1]

Intimate partner violence: Behaviour within an intimate relationship (including a current partner, girlfriend or boyfriend or date) that causes physical, sexual or psychological harm.[13]

Screening: A consistent use of standard questions to ascertain if a client is experiencing FDV.

Principles

- Child and family centred care – the child or young person is at the centre of all care, delivered in partnership with families and those involved in the life and care of the child or young person (see Child and Family Centred Care).
- Culturally secure care - ensuring cultural diversity, rights, views, values and expectations of Aboriginal people, and those of other cultures, are recognised and respected.[14]
- Victims of family and domestic violence will not be held responsible for perpetrators' behaviour
- Nurses need to be sensitive and client-focused and consider trauma and its associated effects on physical health, development, social and emotional wellbeing, and educational outcomes when working with children and young people. These factors are considered holistically rather than in isolation.
- All Nurses will refer to the Nursing and Midwifery Board AHPRA Decision-making framework in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.

Key Points

- Nurses screen for FDV, at the 8 week, 4 month and 12 month and 2 year Universal contact if it is safe to do so, using Screening for Family and Domestic Violence (FDV 950) form. This tool is standardised for WA Health Department employee use.
- Nurses must familiarise themselves with risk factors for FDV (see Useful resources section).
- Nurses working in the school health setting must follow the legal requirements according to the young person's age and the nature of disclosure, mandatory reporting of child sexual abuse and child protection guidelines.

- Nurses must check if the family, child or young person is known to Department of Communities (via CDIS or CHIS), as this information will assist the nurse with care planning to meet client needs.
- Nurses are responsible for liaising with other team members providing a service to the family to identity if there are any FDV concerns in the child's environment and act appropriately.
- When a child or young person is thought to be at significant risk, limited specific information may be shared between agencies to ensure the child's safety and wellbeing (see *MEMORANDUM OF UNDERSTANDING between Department of Education and Child and Adolescent Community Health and WA Country Health Service for the delivery of school health services for students attending public schools)*.
- The Child Protection Unit at Perth Children's Hospital and the CAHS Child Safeguarding Unit can be contacted for information and support.

Procedure

Child Health settings - Family domestic violence

Observation and Screening

FDV concerns can be identified through observation, screening and/or disclosure.

Nurses must be familiar with risk factors and signs of FDV, these may include injuries, emotional state, body language and concerns with child development. Observing for signs of FDV is recommended for all clients at **all** contact visits to increase early identification and provide opportunities to help. It is important to note that there may be no visible signs to indicate that someone is experiencing FDV.

Screening for FDV is conducted with clients at the universal contact **8 week, 4 month and 12 month** visits, after the Edinburgh Postnatal Depression Screening (EPDS) has been completed. Asking questions about FDV after the EPDS provides a holistic approach to emotional health and wellbeing, to discuss the EPDS responses and explore psychosocial factors associated with mental health issues (See Appendix 1: FDV Pathway for Child Health). At the universal contact 2 years visit, FDV screening is to be conducted as per the Family and health wellbeing guidance in the Universal Contact 2 years guideline.

Nurses must undertake the following.

- Ask screening questions, **only** if it safe to do so, using the Screening for Family and Domestic Violence (FDV 950) form to screen clients.
    - Accredited interpreters may be required for clients of Aboriginal or CaLD backgrounds (do not use relatives).

- Refer to the Guidelines for Protecting Children 2020 (Table 4. Indicators of family and domestic violence) or Physical assessment 0-4 years for guidance if there are concerns around bruising/injuries.
- Ask questions when the client is alone or with children less than about 2 years old (at the 2 year old check, use discretion).

  Whilst face to face delivery of FDV screening questions is preferred, telehealth or phone consults are alternative methods of providing appointments. It is important to ensure these questions are only asked IF it is safe and appropriate to do so, if you cannot clearly ascertain if the client is alone (with children aged under 2 years old), do not conduct the FDV screening, rather provide generic information about healthy relationships and available helplines.
- Consider information received from other team members where relevant (e.g. from Aboriginal health staff).
- Document responses on Screening for Family and Domestic Violence (FDV 950) form and scan into electronic health record. WACHS may use the FDV clinical item in the Maternal record dropdown box in CHIS and complete the information online.
- Document key information as soon as possible.
- **DO NOT** record information in Personal Health Record (PHR).
- Acknowledge and validate client's experience.
- Recognise indicators for child abuse.

Consider the child's age, level of mobility and development. If there are observations or concern relating to bruising without reasonable explanation (i.e. bruising in a non-mobile baby including facial, torso, ears and neck bruising) or patterned bruising (i.e. slap, grab or loop marks) nurses must take the following action;

- identify any immediate safety concerns
- discuss concerns with parent/caregiver if safe to do so
- if a belief is formed that the child has been harmed or is likely to be harmed a formal report to the Department of Communities is required as soon as possible
- document discussion, actions, referrals and plans in CDIS/CHIS, including discussions with relevant CNM/CNS and document further action and plan of follow up
- staff can use the TEN-4-FACESp tool to improve recognition of potentially abused children with bruising who require further evaluation
- see Guidelines for Protecting Children 2020, CAHS Child Safeguarding and Protection and WACHS Child Safety and Wellbeing Policy.

Disclosure

If a client discloses they are experiencing abuse then Nurses need to determine if there are immediate safety concerns. This is to be determined using a combination of clinical judgement, consideration of risk indicators and client's assessment of their level of risk.

If FDV is disclosed the Nurse will:

- acknowledge and validate what the client is saying.
- ask further about the nature of the abuse including severity, frequency, client's assessment of their level of risk and protective factors
- complete the Screening for Family and Domestic Violence (FDV 950) form to document disclosure and actions by the Nurse.
- work together with the client to determine safety needs and the most appropriate referral options
- consider using the information on the Assessment for Family and Domestic Violence (FDV 951) form to assist with identifying risk factors and assessing level of risk
- document summary risk factors, assessment, action taken and safety planning undertaken in CDIS/CHIS.

Actions

NO FDV disclosed and NO concerns identified

If FDV is not disclosed and no concerns are identified, Nurses;

- offer anticipatory guidance, information and support.
- consider offering the *Finding help before and after baby arrives* booklet and child health magazine for local resources to support the family.
- re-screen at subsequent universal contacts.

NO FDV disclosed but concerns identified

If FDV is not disclosed but concerns are identified, Nurses;

- offer information and support to meet individual client circumstances, including accessible FDV services (see Appendix 3).
- offer the *Finding help before and after baby arrives* booklet and child health magazine for local resources to support the family.
- check if the family is known to Department of Communities, as this information will assist the nurse with care planning to meet client needs.

- consult with the line manager and/or CNS or social worker (WACHS) to discuss the situation as required, for shared decision making in identifying appropriate client care planning.
- use professional judgement to;
    - consider offering the Universal Plus or referral to Partnership level (CACH-CH) to the client
    - consider offering the Universal Plus or the Enhanced Child Health Schedule (WACHS) to the client
    - consider adding the client to the Clients of concern group
    - consider adding an alert in electronic record;
        - CDIS Flags (CACH)
        - WebPAS Child at Risk Alert Procedure (WACHS)
- Disclosure of FDV may take time, it is important to provide opportunities for clients to disclose FDV at each contact.
- Record in the client record to **re-screen** at subsequent universal contacts and document concerns.

FDV identified stating NO immediate safety concerns

If FDV is disclosed and no immediate safety concerns are identified, the Nurse should;

- Acknowledge and validate what the client is saying and reassure them that help is available.
- Provide information and/or referral on available FDV services to ensure ongoing safety and protection, see Appendix 3.
- Check if the family is known to Department of Communities, as this information will assist the nurse with care planning to meet client needs.
- Consult with the line manager and/or CNS or social worker (WACHS) to discuss the situation as required, for shared decision making in identifying appropriate client care planning.
- Offer and discuss the *Finding help before and after baby arrives* booklet.
- Outline the options available and obtain consent for referrals to ensure ongoing safety and protection.
- Use professional judgement to;
    - consider offering the Universal Plus or referral to Partnership level (CACH-CH) to the client
    - consider offering the Enhanced Child Health Schedule (WACHS) to the client
    - consider adding the client to the Clients of concern group

- consider adding an alert in electronic record
  - CDIS Flags (CACH)
  - WebPAS Child at Risk Alert (WACHS).

- Discuss the option of the client contacting the Police on 131 444 to discuss safety options. WA Police employ dedicated Child Protection and Family Violence Officers who can be contacted for consultation (see Family and Domestic Violence Response Team).
- Enquire if the client has a safety plan and if they would like assistance to engage with specialist services to undertake safety planning. Discussing the need for a safety plan with the client, provides guidance in the event that safety does become a concern in the future.
- Record detailed notes in the client record to follow up and re-screen at subsequent universal contacts.

FDV disclosed and immediate safety concerns identified

If FDV is disclosed and immediate safety concerns are identified, the Nurse will;

- Ensure personal and client safety in the first instance. Refer to local protocols related to working alone and home and community visits.
- Check if the family is known to Department of Communities (via CDIS or CHIS), as this information will assist the nurse with care planning to meet client needs.
- Establish if the client is already in contact with FDV services and/or a safety plan are already in place. If not in place, discuss safety with the client for the immediate future and assist to engage with specialist services to develop a safety plan.
- Discuss the option of notifying the Police if a crime has been committed and/or to discuss safety options. Police districts have dedicated Child Protection and Family Violence Officers with whom to consult (see Family and Domestic Violence Response Team).
- If a client (or other person) is in immediate danger and is NOT willing to provide consent, information may legally be disclosed to the Department of Communities or Police. Whilst clients have a right to privacy and confidentiality, information may be shared without consent to protect the safety of children. Regional managers and staff are to identify the local positions that are at Tier 6 or higher and that can authorise disclosure (WACHS).
- Consult with the line manager and/or CNS or social worker (WACHS) to discuss further client care planning and work cover for other appointments if urgent action is required.
- Support the client to contact any of the following;
  - Police – 131 444
  - FDV services listed in Appendix 3
  - Crisis Care for crisis accommodation

- if a recent sexual assault, refer to Sexual Assault Resource Centre or local Support Service
- if there is a high risk of suicide or self-harm refer to emergency department, mental health service and/or general practitioner
- other relevant teams, including student services team or the principal at the school, if there are siblings.

- Advise the client of the nurse's obligation to report concerns to Department of Communities when it is unsafe for children to be at home or if there is reasonable belief that the child has been (or is at risk of) emotional or physical abuse or neglect.
- Outline the options available and obtain consent for referrals to ensure ongoing safety and protection.
- Use professional judgement to;
  - offer the Universal Plus or referral to Partnership level (CACH) of service to the client
  - offer the Universal Plus or Enhanced Child Health Schedule (WACHS) to the client
  - add the client to the Clients of concern group
  - add an alert in electronic record;
    - CDIS Flags (CACH)
    - WebPAS Child at Risk Alert (WACHS)
- Complete Child Protection Concern Referral Form within **24 hours**.
- ensure completed documentation of notes and referrals, and storage in CHIS (WACHS) or CDIS (CACH).

School Health setting: FDV identified in the home

Observation and disclosure

FDV concerns can be identified through observation, and/or disclosure.

Observation

Nurses must be familiar with risk indicators and signs of FDV, these may include injuries, emotional state, body language and concerns with child and/or adolescent development. Observing for signs of FDV is recommended for all contacts to increase early identification and provide opportunities to help. Nurses are to;

- Make an assessment about a young person's mature minor status. At all contacts the Nurse will explain the limits of confidentiality. They will explain options available and gain consent for referrals.
- Refer to the Guidelines for protecting children 2020 (Table 4. Indicators of family and domestic violence), for guidance.

- Establish if the child/ young person is already linked to the Student Services Team (SST) and has a Risk Management Plan (RMP) or support plan in place. If in a primary school setting, contact Principal.
- Check if the family/child/young person is known to Department of Communities (via CDIS or CHIS), as this information will assist the nurse with care planning to meet client needs
- Ask the FDV screening questions on the FDV 950 form modified to suit the age of child or young person in order to clarify the observation or disclosure. It is **not** appropriate to ask the child or young person about FDV if family members or other people are present. Ask questions about FDV in your own words, and when client is alone.
- Consider information received from other health team members where relevant, for example from Aboriginal health team members.
- See Appendix 1B FDV Pathway for School Health.

Contemporaneous recording of key information is recommended.

If FDV is disclosed the Nurse should acknowledge and validate what the child or young person is saying.

Disclosure

If disclosure occurs through follow up of observation of injuries, emotional state or through another method (referral, self-disclosure, SEHA report – follow up for more information, follow up of previous, concerns as per HEEADSSS Adolescent Psychosocial Assessment) then nurses should decide using a combination of clinical judgement, consideration of risk indicators and information from child for the next steps.

If FDV is disclosed, the Nurses;

- acknowledge and validate what the child or young person is saying
- establish if the child is already linked to the SST and has a RMP or support plan in place.
- check if the family/child/young person is known to Department of Communities (via CDIS or CHIS), as this information will assist the nurse with care planning to meet client needs
- work together with the young person to determine needs and the most appropriate referral options.
- consult with the line manager and/or CNS or social worker (WACHS) to discuss the situation as required, for **shared** decision making in identifying appropriate family care planning.

Actions

NO FDV disclosed but concerns identified

If no FDV is disclosed but concerns are identified, Nurses;

- offer relevant information and ongoing support to meet individual young person's circumstances including accessible FDV services, see Appendix 3
- check if the family/child/young person is known to Department of Communities (via CDIS or CHIS), as this information will assist the nurse with care planning to meet client needs
- establish if the child/ young person is already linked to the SST and has a RMP or support plan in place
- consult with the line manager and/or CNS or social worker (WACHS) to discuss the situation as required, for **shared** decision making in identifying appropriate client care planning
- use professional judgement, the Nurse **may**;
    - inform the Student Services Team (SST) at the school and/or principal
    - consider Child Protection Concern Referral Form
    - consider adding the client to the Clients of concern group
    - consider adding an alert in electronic record;
        - CDIS Flags (CACH)
        - WebPAS Child at Risk Alert (WACHS)
- Disclosure of FDV may take time, it is important to provide opportunities for clients to disclose FDV at each contact.
- Use professional judgement about any risk to the student. Always consider the child at the centre of care.

FDV identified stating NO immediate safety concerns

If FDV is identified but no immediate safety concerns, the Nurse should;

- acknowledge and validate what the child/ young person is saying and reassure them that help is available
- check if the family/child/young person is known to Department of Communities (via CDIS or CHIS), as this information will assist the nurse with care planning to meet client needs
- establish if the child/ young person is already linked to the SST and has a RMP or support plan in place
- provide information and/or referral on available FDV services to ensure ongoing safety and protection, see Appendix 3
- enquire if the young person has a safety plan and if they would like assistance to engage with specialist services to undertake safety planning. Discussing the need for a safety plan with the young person, provides guidance in the event that safety does become a concern in the future

- When the young person is seeking assistance, the nurse will outline the options available and obtain consent for referrals to ensure ongoing safety and protection
- Using professional judgement, the Nurse **may**;
    - inform the SST and/or principal
    - consider Child Protection Concern Referral Form
    - consider adding the client to the Clients of concern group
    - consider adding an alert in electronic record;
        - CDIS Flags (CACH)
        - WebPAS Child at Risk Alert (WACHS)
- consult with the line manager and/or CNS or social worker (WACHS) to discuss the situation as required, for shared decision making in identifying appropriate care planning
- discuss the option of the young person notifying the Police if a crime has been committed. WA Police employ dedicated Child Protection and Family Violence Officers who can be contacted for consultation (see Family and Domestic Violence Response Team).

FDV disclosed and immediate safety concerns identified

If FDV is disclosed and there are immediate safety concerns, the Nurse will;

- ensure personal and client safety in the first instance
- establish their own safety by referring to local school risk escalation protocols related to working in schools
- acknowledge and validate what the young person is saying and reassure them that help is available
- check if the family/child/young person is known to Department of Communities (via CDIS or CHIS), as this information will assist the nurse with care planning to meet client needs
- establish if the child/ young person is already linked to the SST and has a RMP or support plan in place
- establish if the young person is already in contact with FDV services and/or a safety plan are already in place. If not in place, discuss safety with the young person for the immediate future and engage with specialist services to develop a safety plan
- support the young person to contact a safe supportive guardian. Nurse may need to discuss with line manager, CNS or principal if no safe supportive guardian is available
- discuss the option of notifying the Police if a crime has been committed and/or to discuss safety options. Police districts have dedicated Child Protection and Family Violence Officers with whom to consult (see Family and Domestic Violence Response Team)
- where appropriate, support the young person to contact any of the following;
    - FDV services listed in Appendix 3

  - Crisis Care for crisis accommodation
  - if a recent sexual assault, see Sexual Assault Response – School-aged clients Procedure, and refer to Sexual Assault Resource Centre or local support service
  - if there is a high risk of suicide or self-harm see Suicide Risk and Non-Suicidal Self-Injury (NSSI) Response
  - Police – 131 444
- inform the line manager and/or CNS to discuss the situation, including the care planning, decisions and actions
- complete Child Protection Concern Referral Form within **24 hours**
- use professional judgement to;
  - consider referring to SST
  - add an alert in electronic record
    - CDIS Flags (WACHS)
    - WebPAS Child at Risk Alert (WACHS)
  - add the client to the Clients of concern group
- ensure completed documentation of notes and referrals, and storage in CHIS (WACHS) or CDIS (CACH).

School Health setting: Adolescent Intimate Partner Violence (AIPV)

Identify

Nurses must be familiar with risk indicators and signs of AIPV- these may include injuries, emotional state, body language and disclosure of unhealthy relationships. Observing for signs of AIPV is recommended for all contacts to increase early identification and provide opportunities to help (See Appendix 1B FDV pathway for School Health).

If you have concerns or suspect the young person is experiencing or at risk of AIPV see Appendix 2 for suggested ways to find out more information from the young person.

Disclosure

If disclosure occurs through follow up of observation of injuries, emotional state or through another method (i.e. concerns as per HEEADSSS Adolescent Psychosocial Assessment) then nurses should decide using a combination of clinical judgement, consideration of risk indicators and information from the young person for the next steps.

The Nurse must make an assessment about a young person's mature minor status. At all contacts the Nurse will explain the limits of confidentiality. They will explain options available and gain consent for referrals.

Actions

If AIPV is not disclosed, but concerns are identified the nurse should;

- discuss with the young person what a healthy, happy and respectful relationship looks like
- discuss with the young person how to access information or services (Appendix 3)

If AIPV is disclosed the Nurse should;

- acknowledge and validate what the young person is saying
- make an assessment about a young person's mature minor status. At all contacts the Nurse will explain the limits of confidentiality. They will explain options available and gain consent for referrals.
- check if the young person is known to Department of Communities (via CDIS or CHIS, as this information will assist the nurse with care planning to meet client needs
- consider information received from other health team members where relevant, for example from Aboriginal health team members
- establish if the young person is already linked to the SST and has a RMP or support plan in place
- work together with the young person to determine needs (including establishing if young person is safe) and the most appropriate referral options
- consult with the line manager and/or CNS or social worker (WACHS) to discuss the situation as required, for **shared** decision making in identifying appropriate care planning
- where appropriate, support the young person to contact any of the following;
    - Services listed in Appendix 3
    - Crisis Care for crisis accommodation
    - if recent sexual assault, see Sexual Assault Response – School-aged clients Procedure, and refer to Sexual Assault Resource Centre or local support service
    - if there is a high risk of suicide or self-harm see Suicide Risk and Non-Suicidal Self-Injury (NSSI) Response
    - Police – 131 444

Training and Education

Nurses working in the child and school health setting are required to complete the following training

For CACH staff, see Practice Frameworks;

- Introduction to Family and Domestic Violence e-learning package

- Non-Fatal Strangulation eLearning (Module 1&7)

For WACHS staff, visit MyLearning LMS to access;

- Family and Domestic Violence: WA Health Program Declaration (RDVWA EL2)
- Screening and responding to Family and Domestic Violence training (FDVC EL2)

Professional Support

Following consultation with a young person and/or after responding to a disclosure with immediate safety concerns, the nurse should seek to debrief, as required. This includes;

- discussion with their Line Manager/ CNS on the availability of professional support and debriefing strategies
- for crisis situations seek debriefing as soon as possible after the event
- employees may seek assistance directly from the Employee Assistance Program provider.

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 (injuries), relevant information provided by the client that you can quote (verbatim), allocation of mature minor status, what steps you took, who you consulted and the outcome of these conversations, planning and any actions.

Do not document information about disclosures of violence in the client's hand held maternity record / child health record (PHR) as the alleged perpetrator may access these.

Scan any relevant documents, including completed FDV 950 forms, into CDIS (CACH) or CHIS (WACHS).

Compliance monitoring

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 the *Health Services Act 2016* (WA) and is binding on all CAHS and WACHS staff as per section 27 of the same act.

Compliance monitoring methods may include observation of clinical practice, clinical incident review, client health record documentation audit and/or attendance at identified training sessions.

References

1. Department of Communities. Family and Domestic Violence Strategy - Path to Safety. In: Department of Communities, ed. Path to Safety Western Australia's strategy to reduce family and domestic violence 2020-2030. Fremantle, WA; 2020
2. Orr C, Fisher C, Bell M, et al. Exposure to family and domestic violence is associated with lower attendance and higher suspension in school children. *Child Abuse Negl* 2022:105594
3. Department of Communities. Emotional abuse – Family and domestic violence policy. In: Government of Western Australia, ed.; 2021
4. Australian Institute of Health and Wellbeing. Family, domestic and sexual violence. 2023
5. Department of Health Western Australia. Reference Manual for Health Professionals Responding to Family and Domestic Violence. In: Department of Health Western Australia, ed. Perth: Women's Health Clinical Care Unit, Women and Newborn Health Service; 2014
6. Department of Social Services. National Plan to End Violence against Women and Children 2022-2032. Canberra, ACT: Commonwealth of Australia; 2022
7. Annabelle Allimant. Supporting women from CALD backgrounds who are victims/survivors of sexual violence Challenges and opportunities for practitioners. In: Australian Institute of Family Studies, ed. Melbourne, Victoria; 2011
8. Hillier L, Jones Y, Monagle M, et al. The third national study of the sexual health and wellbeing of same sex attracted and gender questioning young people. Melbourne, Victoria: Australian Research Centre in Sex Health and Society, La Trobe University; 2010
9. National Domestic Family and Sexual Violence Counselling Service. Risk assessment and safety planning. Australian Government Department of Social Services 2023
10. Carlisle E, Coumarelos C, Minter K, et al. It depends on what the definition of domestic violence is": How young Australians conceptualise domestic violence and abuse. ANROWS; 2022
11. Women and Newborn Health Services. Adolescent intimate partner violence. In: North Metropolitan Health Service, ed. Perth: Government of Western Australia; 2020
12. Fitz-Gibbon K, Meyers S, Boxall H, et al. Adolescent family violence in Australia: A national study of service and support needs for young people who use family violence. Queensland, Australia: Australia's National Research Organisation for Women's Safety; 2022
13. Our Watch. Change the story: A shared framework for the primary prevention of violence against women in Australia (2nd ed.). . 2021
14. Government of Western Australia Child and Adolescent Health Service WA Country Health Service. WA School Health Program Guide. In: Child and Adolescent Health Service, ed. Perth, Western Australia: CAHS-CH Policy - School-aged Health Services; 2022

Related internal policies, procedures and guidelines

The following documents can be accessed in the CH Clinical Nursing Manual: HealthPoint link or Internet link or for WACHS staff in the WACHS Policy link

Child health services

Clients of concern management

Clinical Handover - Nursing
Factors impacting child health and development
HEEADSSS Adolescent Psychosocial Assessment
Infant and perinatal mental health
Mental Health in Adolescents
Physical Assessment 0-4 years
School-aged health services, School-aged health services – primary, school-aged health services - secondary
Sexual Assault Response – school-aged clients
Suicide Risk and non-suicidal self-injury (NSSI) Response
Universal contact 0-14 days
Universal contact 8 weeks
Universal contact 4 months
Universal contact 12 months
The following documents can be accessed in the CACH Operational Policy Manual
Consent for services
Client Information – Requests and Sharing
Home and Community Visits
Working alone
The following documents can be accessed in the CAHS Policy Manual
Child and Family Centred Care
Child Safeguarding and Protection
Confidentiality, Disclosure and Transmission of Health Information
The following documents can be accessed in the WACHS Policy Manual
Child Safety and Wellbeing

Consent for Sharing of Information: Child 0-17 years Procedure - Population Health
Identifying and Responding to Family and Domestic Violence Policy
WebPAS Child at Risk Alert Procedure
The following documents can be accessed in the Department of Health Policy Frameworks
Integrity Policy Framework
Clinical Handover Policy (MP 0095/18)
Clinical Incident Management Policy (MP 0122/19)
Consent to Treatment Policy (MP 0175/22)
Consent to Treatment Procedure (MP 0175/22)

Related external legislation, policies, and guidelines
Child Protection in Department of Education Sites Procedures for Allied Professionals
Children and Community Services Act 2004 (*WA*)
Guidelines for Protecting Children 2020
Health Services Act 2016
Mandatory Reporting of Child Sexual Abuse in WA
National Plan to End Violence against Women and Children 2022-2032
Nursing and Midwifery Board AHPRA Decision-making framework
Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020– 2030
School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury (DoE)
Students at Educational Risk in Public Schools Procedures

Related internal resources (including related forms)
CDIS Flags

CAHS Child Safeguarding Unit
Clinical Handover/Referral from Community Health Services (CHS663)
MEMORANDUM OF UNDERSTANDING between Department of Education and Child and Adolescent Community Health and WA Country Health Service for the delivery of school health services for students attending public schools
Practice Frameworks
WACHS – Family and Domestic Violence Toolbox includes information on; • Policies • FDV forms • Referral information • Resources for clinicians • Helplines/external FDV support agencies • Sexual assault • Resources for clients Education and training resources

Related external resources (including related forms)
Assessment Family and Domestic Violence (FDV 951)
Child Protection Concern Referral Form
Child Protection Unit (Perth Children's Hospital)
Crisis Care
Family and domestic violence resources WNHS – information sheets including; Adolescent intimate Partner Violence
Family and Domestic Violence Response Team
FDV950 Translated: FDV Screening flipchart translated into 20 languages for screening all clients at universal contact visits
Finding help before and after baby arrives WNHS, order via spimhp@health.wa.gov.au or by calling 6458 1786
Growing and Developing Healthy Relationships (GDHR)
High Risk Factors in Family Domestic Violence (Women and Newborn Health Services)

Screening For Family and Domestic Violence form (FDV 950)
Sexual Assault Resource Centre
TEN4FACESp- Bruising Clinical decision rule for children <4 Years of Age **Note: For staff use only. Not for use in client facing areas.**
Working with Youth: A legal resource for community-based health professionals

This document can be made available in alternative formats on request.

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Reviewer / Team:	Clinical Nursing Policy Team		
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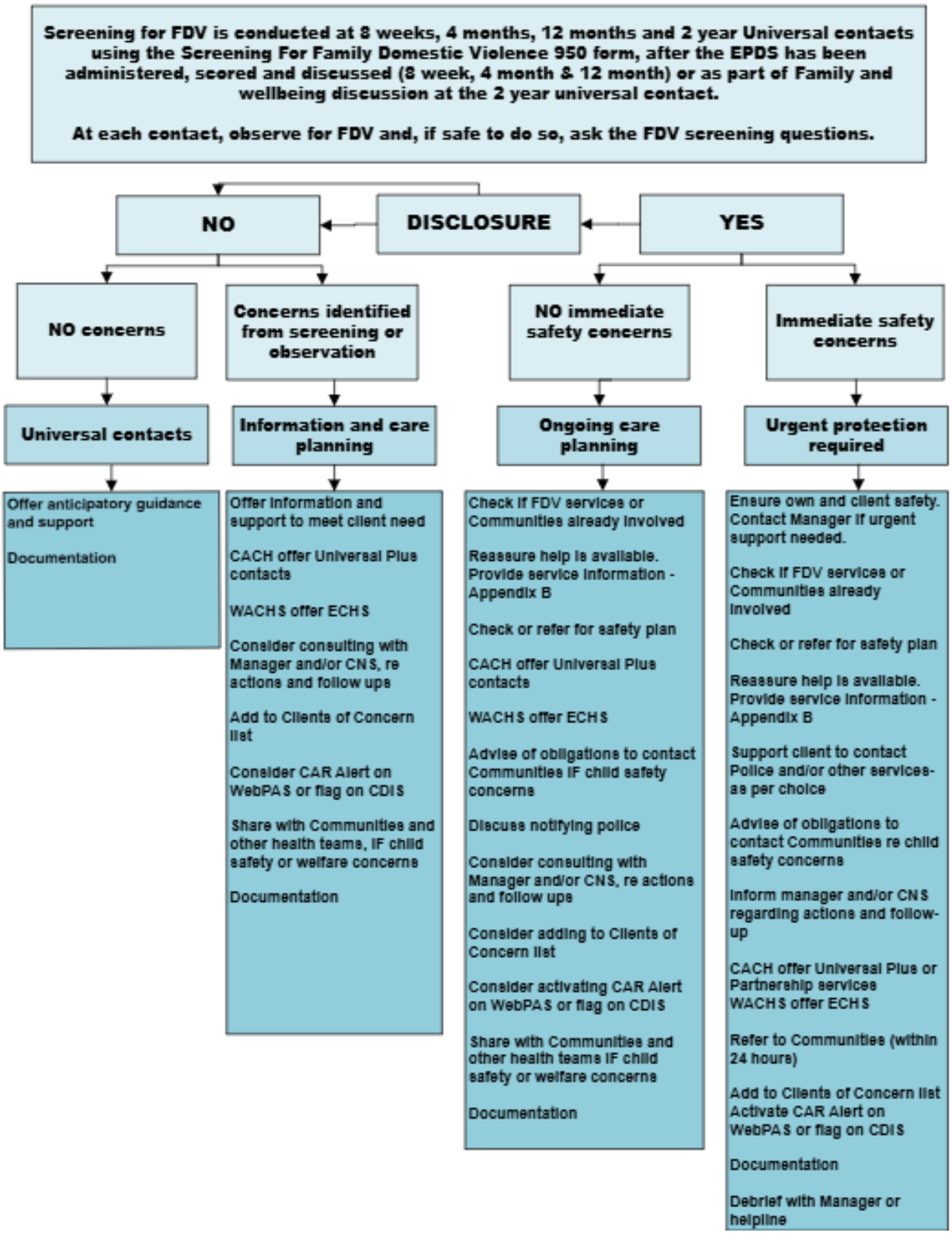
Healthy kids, healthy communities

Compassion | Excellence | Collaboration | Accountability | Equity | Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

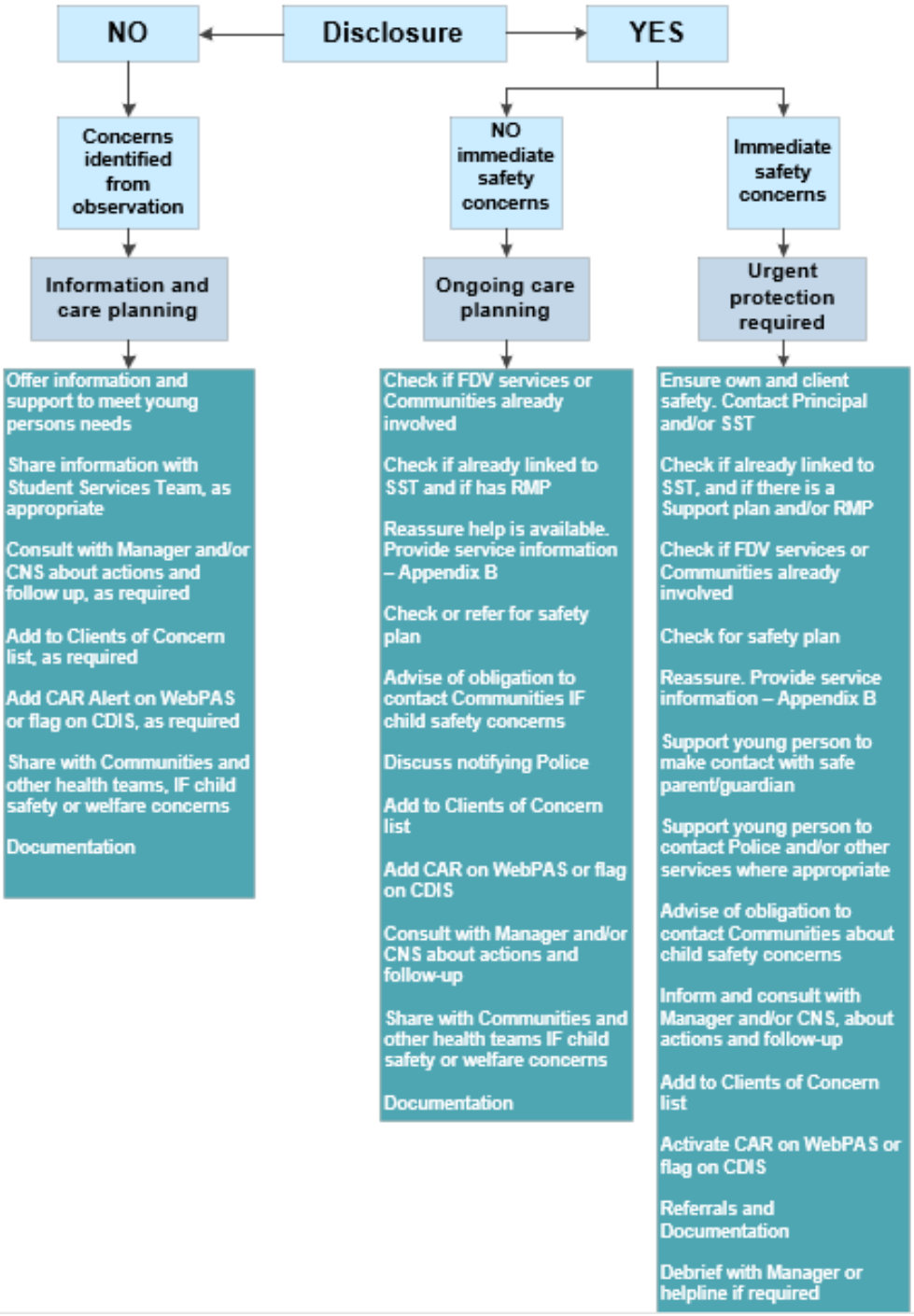
Appendix 1: FDV Pathway for Child Health



Appendix 1B: FDV Pathway for School Health

At each contact, observe for FDV and if concerned ask FDV screening questions, IF it is safe to do so.

Disclosure for FDV may come from a referral, SEHA or HEADSS assessment, or directly from the family or child/ young person. Nurses working in the primary or high school-age health setting will use their professional judgement to follow either the child health or school health pathway, depending on the age of the child and circumstances.



Appendix 2: Suggested questions for young person around IPV

- Prevent you from hanging out with friends and family?
- Check up on you, make you check in with them, go through your purse?
- Act extremely jealous or possessive, want to know where you've been and who you've been with, accuse you of cheating on them?
- Use aggressive behaviour in other areas of their life (punches holes in walls, gets into fights)?
- Hit, kick, push, shove, punch, slap, hold you down, treat you roughly?
- Blame you for bringing out the worst in them, convince you it's all your fault, blame you for how they feel or act?
- Make you feel you can't do anything right, and no one else would want you?
- Tell you how to dress or how much makeup to wear?
- Embarrass or make fun of you in front of your friends?
- Use drugs or alcohol excessively?
- Use intimidation or threats to get their way?
- Threaten to hurt you or somebody you care about?
- Pressure you into having sex or going further than you want to?
- Threaten suicide if you break up?
- Try to keep you from leaving after a fight or leave you somewhere to teach you a lesson?
- Act romantic after each violent argument and promise never to hurt you again?

Appendix 3: Family and Domestic Violence Support Services

Statewide Services	
24 Hour Helplines and after hours services	**Phone numbers**
Women's Domestic Violence Helpline- a statewide 24 hour helpline providing support for women and children (and health professionals supporting them) experiencing FDV. This includes information and advice, referral to local advocacy and support services, liaison with police if necessary, assessing the child's experience and support in escaping situations of FDV. The service can refer women to safe accommodation if required. If you are assisting someone who does not speak English, first call the Translating and Interpreting Service (TIS) on 13 14 50 to connect you with the service of your choice and interpret for you.	1800 007 339
Men's Domestic Violence Helpline - a state-wide 24-hour service. This service provides telephone information and referral to ongoing face to face services for men who are concerned about their violent and abusive behaviours.	1800 000 599
1800 RESPECT National Domestic Family and Sexual Violence Counselling Service 24 hour National FDV counselling, information and support service for people experiencing FDV, safety planning, and support services. Also assist health professionals in supporting someone. See video: What to expect when you contact 1800RESPECT	1800 737 732 (RESPECT)
Crisis Care provides Western Australia's **after-hours** response to reported concerns for a child's safety and wellbeing and information and referrals for people experiencing crisis.	1800 199 008
Kids Helpline is a 24 hour free, private and confidential, telephone and online counselling service specifically for young people aged between **5 and 25 years** in Australia.	1800 551 800
Lifeline helpline for 24/7 crisis support and suicide prevention services.	13 11 14
MensLine Australia: 24/7 support for men and boys dealing with family and relationship difficulties. Support for men who are concerned that their behaviour is hurting the people they care about.	1300 78 99 78
Sexual Assault Resource Centre (SARC) is a free service located in Perth providing crisis services to people who have experienced a recent sexual assault (rape) in the last two weeks and counselling for sexual assault / abuse experienced recently or in the past. Services are available for people of all sexualities and gender identities aged 13 years and above.	Metropolitan: 6458 1828 1800 199 888

Other helplines and after-hours services	
Child Protection Unit PCH Specialised hospital-based service that provides services when there is a concern of child abuse, also provides after hours care for acute sexual assault. PCHcpuDuty@health.wa.gov.au	6456 4300 6452 2222 (A/H)
Department of Communities - Child Protection Concern for a child's wellbeing: If you are concerned about a child's wellbeing contact the Central Intake Team. Website also has child protection information and resources.	1800 273 889 (Central Intake team) TTY 133 677
Western Australian Police Force- Family Violence	Emergency: 000 Police Operations: 131 444
Websites	
Department of Communities- Family and Domestic Violence Services and Resources A comprehensive website with information and support for those experiencing family and domestic violence including: • Understanding family and domestic violence • Coercive control • Safety tools • Promoting respectful relationships Department of Communities- Family and domestic violence support and advice A list of crisis support helplines for those experiencing family and domestic violence including: • Services for Aboriginal and Torres Strait Islander people • Services for children and young people • Services for culturally and linguistically diverse people • Services for people of diverse sex, sexuality and gender • Legal advice and assistance	
The Kids Helpline website is a free, private and confidential, telephone and online counselling service specifically for young people aged between 5 and 25 years in Australia.	
The Line- website for young people (aged 14 and above) and practitioners focusing on healthy, happy and respectful relationships. The Line focuses on what's ok and what's not ok when it comes to sex, dating and relationships.	
WACHS – Family and Domestic Violence Toolbox (intranet)	
Women and Newborn Health Service- Family and domestic violence- Information sheets • Adolescent Intimate Partner Violence	
Apps	
Daisy: Daisy is 1800RESPECT's app to connect people experiencing violence or abuse to services in their local area.	App
Sunny: Sunny is 1800RESPECT's app for women with disability who have experienced violence and abuse. Sunny has been co-designed with women with disability	App