Guideline
for Responding to Family and Domestic Violence 2014
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### Intervention with clients who have been identified or suspected of experiencing family and domestic violence

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Aims

- To reduce the incidence of family and domestic violence (FDV) through early identification and consistent care by health professionals.
- To minimise the trauma that adults and children living with family and domestic violence experience.
- To ensure the safety of both clients and staff.

Key Points

The following definition for FDV is based on the *WA State Strategic Plan for Family and Domestic Violence 2009-2013*.

FDV is usually not an isolated event but is a pattern of ongoing, repetitive and purposeful use of physical, emotional, social, financial and/or sexual abuse used to intimidate and instil fear. Such behaviour enables the one person to control and have power over another person in an ‘intimate’ or family relationship.

It is behaviour which results in physical, sexual and/or psychological damage, forced social isolation, economic deprivation, or behaviour which causes the victim to live in fear. The term is usually used where abuse and violence take place in intimate partner relationships including same sex relationships, between siblings, from adolescents to parents or from family carers to a relative or a relative with a disability. A key characteristic of family and domestic violence is the use of violence or other forms of abuse to control someone with whom the person responsible has an intimate or family relationship. However, abusive behaviours may occur without the intention to control another, particularly in the case of neglect or a mental health issue.
Use of Terms

Use of terms such as ‘victim’ or ‘perpetrator’ may be unhelpful in a health setting, both in terms of stigmatisation of the parties involved and the potential for mislabelling in the case of complex interaction or what appears to be mutually abusive behaviours.

Both the terms ‘violence’ and ‘abuse’ are used in the Reference Manual for Health Professionals. ‘Violence’ is often equated with physical contact, whilst ‘abuse’ reflecting the broader scope of FDV in terms of neglect, financial, psychological and emotional trauma.

Aboriginal* people generally prefer to use the term ‘family violence’. This concept describes a matrix of harmful, violent and aggressive behaviours and is considered to be more reflective of an Aboriginal world view of community and family healing. However, the use of this term should not obscure the fact that Aboriginal women and children bear the brunt of family violence.

The person responsible for FDV is the only person to be held accountable. No blame or responsibility for FDV is attributed to any client at risk and there is no rationale acceptable as an excuse to minimise the intent, extent or degree of harm caused by the person responsible.

The Western Australian Government has established a state-wide WA Strategic Plan for Family and Domestic Violence 2012-2015 in recognition that responding to FDV requires a holistic and integrated response across government and community sector agencies.

WA Health is also signatory to the across-government Memorandum of Understanding: Information Sharing between agencies with responsibilities for preventing and responding to family and domestic violence in Western Australia (WA Health Operational Directive 0286/10) and as such, is committed to working cooperatively with other signatory agencies to enhance the safety of adults and children who are assessed to be at high risk of harm and to increase accountability of the person responsible.

* In Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition of Aboriginal people as the original inhabitants of WA. No disrespect is intended to our Torres Strait Islander colleagues and community.
Identification and Assessment

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Identification</strong></td>
<td><strong>Aboriginal Clients – See practice points below and Reference Manual for Health Professionals.</strong></td>
</tr>
<tr>
<td>A client experience of family and domestic violence may be identified through:</td>
<td>The client may or may not disclose FDV.</td>
</tr>
<tr>
<td>• FDV Screening</td>
<td>Repeated presentations over time may indicate a pattern of violence or escalation. Ask the client at each presentation about abuse as disclosure may not be obtained at early interviews.</td>
</tr>
<tr>
<td>• Disclosure</td>
<td>See the attached FDV Screening Tool - Universal screening for clients is recommended but may not be possible.</td>
</tr>
<tr>
<td>• Observed indicators, including injuries or repeated presentations over a period of time.</td>
<td>Identification may be undertaken by any health professional. Communicate in a culturally sensitive manner. Where necessary, engage a trained interpreter for clients from a CaLD background and Aboriginal clients. Clients with a disability may require a support person or interpreter. Do not use relatives as interpreters if you suspect FDV. Interstate interpreters can be utilised if there are concerns about confidentiality within a cultural group.</td>
</tr>
<tr>
<td>Speak with the client alone and in a private area. Ask direct questions.</td>
<td>Refer to WA Health Language Services Policy. Remember that Aboriginal clients may also require an interpreter.</td>
</tr>
<tr>
<td>Listen to and acknowledge what the client is saying.</td>
<td>Validate their experience through reassurance that the violence is not their fault, they have a right to feel safe, and that help is available.</td>
</tr>
<tr>
<td>Consult with:</td>
<td>Consult with:</td>
</tr>
<tr>
<td>• a line manager or health professional experienced in FDV or</td>
<td>• a line manager or health professional experienced in FDV or</td>
</tr>
<tr>
<td>• social work department or</td>
<td>• social work department or</td>
</tr>
<tr>
<td>• an external agency (Crisis Care can be contacted on 1800 199 008) or</td>
<td>• an external agency (Crisis Care can be contacted on 1800 199 008) or</td>
</tr>
<tr>
<td>• Aboriginal Medical Service health professional and medical practitioner in local area.</td>
<td>• Aboriginal Medical Service health professional and medical practitioner in local area.</td>
</tr>
</tbody>
</table>

| 2. Assessment | Assessment should occur with the client’s input. |
| Assess and identify: | Be alert to risk of vulnerable people such as the young, elderly or disabled people in the family. |
| • children and others at risk | See the attached FDV Assessment Outcome Recording Report. |
| • the client’s current level of safety | Client consent for referral may not be required if there is a degree of risk for children – See Guidelines for Protecting Children 2009. |
| • the history of abuse | All children exposed to violence in the home are considered to be at some degree of risk, whether it be direct (for example: physical harm) or indirect (for example: emotional distress or worry). |
## Referral and Documentation

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Additional Information</th>
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<tbody>
<tr>
<td><strong>3. Referral</strong>&lt;br&gt;<strong>Requires Immediate Protection</strong>&lt;br&gt;Where immediate protection for client and/or children is required, consult with line manager/social work department or FDV specialist agency and consider referrals to:&lt;br&gt;• Police Service – local station or Police&lt;br&gt;• Communications; and/or&lt;br&gt;• Department for Child Protection and Family Support (after hours contact Crisis Care) if children are at risk. Child may require a medical examination.&lt;br&gt;• Seek refuge/emergency accommodation.&lt;br&gt;• Contact Sexual Assault Resource Centre or a SARC endorsed health practitioner if a sexual assault has occurred recently. Check for regional SARC service in Port Hedland, Kalgoorlie, Geraldton, Bunbury and Mandurah.&lt;br&gt;• Mental health service if client is at high risk of suicide or serious self harm.&lt;br&gt;<strong>Requires Information and Support</strong>&lt;br&gt;If you believe the client is at high risk yet chooses to remain in violent circumstances or some supports are already in place.&lt;br&gt;• Provide written and verbal information about FDV and services available.&lt;br&gt;• Refer client to health service social worker or an external specialist FDV service.&lt;br&gt;• Develop a Safety Plan with the client.&lt;br&gt;• Schedule a follow-up appointment if appropriate.&lt;br&gt;<strong>Non Disclosure</strong>&lt;br&gt;• If FDV is suspected but not disclosed:&lt;br&gt;  • Offer written information on specialist FDV services.&lt;br&gt;  • Offer to develop a Safety Plan with the client.&lt;br&gt;  • Document that FDV was suspected but the client did not disclose.&lt;br&gt;<strong>4. Documentation</strong>&lt;br&gt;Document outcome of the assessment and referrals made in client records.&lt;br&gt;Use Body Maps to indicate injuries.&lt;br&gt;Maintain copies of all referral forms and assessment forms completed.&lt;br&gt;• Referrals should be made in consultation and with the consent of the client. Where consent is not provided by the client at risk, consult with line manager and/or social work department, as some information can be exchanged under the - 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. <a href="http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=12649">http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=12649</a>&lt;br&gt;See the attached Agency to Agency Referral form:&lt;br&gt;• Clients identified as high risk of suicide or serious self harm WA Country Health Service (WACHS) staff must:&lt;br&gt;  o Alert medical staff immediately for prompt assessment and consideration of referral under the Mental Health Act.&lt;br&gt;  o Alert community mental health team/RuralLink (Free call 1800 552 002 – TTY 1800 720 101 ) as appropriate to day, time and site.&lt;br&gt;  o Provide safe environment for client or others.&lt;br&gt;Prepare a list of local services and information – see the attached Local Service Information sheet.&lt;br&gt;See the attached Safety Plan Checklist.&lt;br&gt;A client who does not disclose FDV may still require information or referral to an external agency. This is particularly so when there is evidence of a crime or assault with a weapon.</td>
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</table>
All children living in families where there is FDV are direct or indirectly affected victims of the violence and abuse.

When FDV is identified or suspected by staff working in community or tertiary settings where a child is the client, the Guidelines for Protecting Children 2009 should be referred to.
Aboriginal People and Families

Any intervention with Aboriginal clients needs to take into account and not diminish or threaten cultural rights, expectations or practices. The causes of family violence in Aboriginal communities are complex and must be understood in the context of a long history of racism, dispossession, marginalisation, poverty and separation of children from their parents.

Aboriginal families view family structures and relationships differently to the mainstream community. It is important to consider this when discussing intervention options and supports.

FDV is not part of traditional Aboriginal cultural practice.

Practice points:
• In general Aboriginal people take longer to trust people and they can quickly identify if there is no care or commitment. Ideally and in order to achieve the best outcome, a long term involvement with the client and/or family is recommended.
• Determine whether the language of the risk assessment appropriate for the client. Consider the use of an interpreter.
• Consult with Aboriginal / Aboriginal liaison staff where available and wherever possible, offer the choice of an Aboriginal health professional.
• It is critical that any potential referral to other services is flexible and adaptable to understand and meet the needs of the community and individual. A range of services should be offered and any choices made need to be respected.
• There may be a preference for group or family approaches rather than individual ‘counselling’.
• Always look at the ‘big picture’. Be aware that FDV may not be the client’s primary problem, but part of an underlying bigger problem.
• Clients will fully disengage if the subject is raised too early. The health professional may never actually reach a stage where the client is willing to talk on these matters.
• Aboriginal women may leave a health service before they are medically well, because of fear of reprisal or because of concern for their children. A historical lack of trust in ‘the welfare’ and the fear of having children removed is a key constraint for many Aboriginal women reporting FDV.
• Leaving a violent relationship or going to the police may result in reprisal for a Aboriginal woman by extended family members. Consider whether the client at risk of family retribution or ostracism from the community if legal intervention is initiated?

When working with Aboriginal people it is important to remember:
• **Whole-of-life view of health** – social, emotional and cultural wellbeing of not just the individual but the whole community.
• **Self-determination**.
• **Working in partnership** – building capacity to recover, re-empower and rebuild family and cultural relationships.
• **Recognition of trauma and loss** – acknowledgement of historical losses and grief.

Check the *Reference Manual for Health Professionals* for further practice points and risk issues to consider.
Client presents through a health service

No FDV disclosed
No signs or symptoms identified

- Treat presenting condition as required

FDV not disclosed but signs and symptoms identified, including any children

- Undertake a screening interview - Interview the client alone

Client discloses family and domestic violence

- Acknowledge abuse and support client. Consult with line manager/social worker/specialist FDV agency

FDV still not disclosed

- Consult with line manager/social worker/specialist FDV agency

Complete an “Outcome Assessment Recording” - any health professional can complete an assessment, however utilise Social Work Services if available

If the client has children in their care:

Is it safe for the children to be at home right now? Does the safety of the children require immediate protection?

- Consider referral to Child Protection Unit/PMH; Police and/or Department for Child Protection and Family Support (after hours Crisis Care). Client consent may not be required.

Refer to the ‘Guidelines for Protecting Children 2009’

- Consult with line manager/social worker/specialist FDV agency. In consultation with client: Refer to Police; Seek refuge/emergency accommodation; Sexual Assault – refer to SARC; Suicide risk – Refer for mental health assessment. Client consent may not be required if a major crime has been committed.

Requires Immediate Protection / Referral

- Consult with line manager/social worker/specialist FDV agency. In consultation with client: Refer to Police; Seek refuge/emergency accommodation; Sexual Assault – refer to SARC; Suicide risk – Refer for mental health assessment. Client consent may not be required if a major crime has been committed.

Requires information and support

- Consult with line manager/social worker/specialist FDV agency. Provide written information on specialist FDV services. Develop a safety plan.

Long term management - follow up as appropriate, including participation in local, multi-agency coordinated care meetings

Document steps taken in client records. Use site specific paperwork where appropriate. Examples of paperwork are attached.
SCREENING AND REFERRAL FOR FAMILY AND DOMESTIC VIOLENCE

HEALTH SERVICE: Area:

Points for the use of this tool:

- Interview the client alone.
- Ask if it is safe to provide written information about family and domestic violence to take home. Clients experiencing domestic violence may not report it until after they have been asked a number of times at more than one appointment or presentation.
- File this record in the hospital medical record – This form may require application for an MR identification number.

Before assessing the client, the health professional should use their own words to explain that:

- In this health service we are concerned about the health and safety of all, therefore we ask everyone the same question about violence in the home.
- This is because violence in the home can occur or escalate at anytime, for example during pregnancy or a separation, and we want to improve our response to families experiencing violence.
- If the client answers “Yes” to any of the questions below explain that they will be referred to another professional so that information and support can be offered. In many areas this will be a Health Service Social Worker, but if this service is not available referral may be to an external agency. Emphasise that this will be discrete.
- For clients who answer “No” to all questions screening should be repeated at subsequent appointments.

Ask the Client – Record answers as ‘Yes’ or ‘No’

<table>
<thead>
<tr>
<th>1st Contact</th>
<th>2nd Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has someone in your family or household ever put you down, humiliated you or tried to control what you can or can not do?</td>
<td></td>
</tr>
<tr>
<td>Has anyone in your family or household ever hurt or threatened to hurt you?</td>
<td></td>
</tr>
<tr>
<td>Are you worried about the safety of your children or someone else in your family or your household? Would you like help with this now?</td>
<td></td>
</tr>
</tbody>
</table>

Result

No screening because:

- Partner present
- Family/friends present
- Interpreter not available
- Client declined

FDV not identified

FDV identified, referral accepted

FDV identified, referral declined

The health professional should consult with a line manager/social worker/specialist FDV agency to determine the course of action. If there is a reasonable impression of significant risk of harm to the client or their children, client consent to referral may not be required.

- For further information on working with children at risk of harm, refer to the WA Health Guidelines for Protecting Children 2009.

Consultation Process/ Action Taken

Consultation with line manager/social work department/FDV specialist agency (including management plan/action):

No further action required

Social Work Department referral arranged and details provided

Contact number for external FDV support agencies provided

Other (please state):

Children (name and ages)

Signature

Date

Designation
FDV Assessment Outcome Recording

This sample assessment outcome recording form is for use by all health professionals. It is designed to assist and guide the assessment process when required. Complete each section as appropriate and with consideration to safety. This form may require application for a site specific MR identification number if it is to be filed in client records.

<table>
<thead>
<tr>
<th>Health Service:</th>
<th>Surname:</th>
<th>addressograph sticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Professional:</td>
<td>URN:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>Sex:</td>
<td>DOB: / /</td>
</tr>
</tbody>
</table>

**Client Details**

Address: 

Tel: 

Marital Status (circle): Married | Defacto | Separated 

Disability (circle one): YES / NO | Disability: 

Aboriginal or TSI (circle one): YES / NO | Skin/Language Group: 

Ethnicity: Country of birth: 

**Person Believed Responsible for Harm**

Name: 

Age: Sex: 

Ethnicity: Country of birth: 

Relationship to client (circle): Partner Ex-Partner Son Daughter Carer Other 

Are they present today in the Health Service? (circle): Yes No 

Are they likely to come to the Health Service? (circle): Yes No 

Do they know client’s whereabouts? (circle one): Yes No 

Are they a WA Health employee with access to confidential records? Yes No 

**Children**

Children living in the home?: YES / NO | Current DCPFS Involvement: YES / NO 

Name: Name: 

Age: Being abused/ Witnessing abuse circle | Age: Being abused/ Witnessing abuse circle 

**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*

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

## Referral to a support agency (initial and date)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Police</th>
<th>DCPFS/Crisis Care</th>
<th>Sexual Assault Service</th>
<th>Women’s Refuge</th>
<th>Aboriginal Medical Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital/Regional Social Worker</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Specialist FDV Service</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselling service</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>GP</td>
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</tbody>
</table>

## Client’s assessment of their safety

**Client’s Signature:** Indicate reason if pt 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:
### 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
- Controlling behaviour
- Stalking behaviours
- Depression/mental health illness
- Threatened or attempted suicide or serious self harm
- Drug and/or alcohol use
- History of violent behaviour (not family violence)
- Unemployment
- 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)
### Referral

<table>
<thead>
<tr>
<th>Referral to: (Family and Domestic Violence Service Provider)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: (Referring Agency)</td>
</tr>
<tr>
<td>Referring Agency:</td>
</tr>
<tr>
<td>Referrer’s Name:</td>
</tr>
<tr>
<td>Contact Details:</td>
</tr>
<tr>
<td><strong>Client Details:</strong></td>
</tr>
<tr>
<td>Surname:</td>
</tr>
<tr>
<td>Given Names:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Tel:</td>
</tr>
<tr>
<td><strong>Children: (Names and Ages)</strong></td>
</tr>
</tbody>
</table>

Presented on: (date)

For assistance with:

Preferred language:

An interpreter was / was not used in our interview

**Interpreter details: (TIS, other)**

In the course of our assessment *client’s name* advised that she/he has experienced family and domestic violence

Client feels safe / unsafe to return home today

**Ages of children in the client’s care:**
As an interim measure and with full consent, this agency has put the following interim arrangements in place to assist with safety until a comprehensive assessment of risks and support needs is undertaken:

Client’s name has agreed that I make this referral to your service for the purpose of assessing the level of risk, and advice on options that are available to assist her/him and to keep her/him and any children safe.

I have already advised (name of contact spoken to by phone) in your agency that I am making this referral today.

A copy of the Screening/Risk Assessment Tool completed by our agency is attached.

Thank you for your assistance

Referrer Name and Signature
Indicate findings on body diagrams:
A  Abrasion  P Pain
AU  Amputation  PW Penetrating Wound
B  Bruise  PA Pressure Area
D  Deformity/Fracture  R Redness
FO  Fracture Open  S Swelling
L  Laceration  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.
Body Maps
Body Maps

R posterior

R anterior

R dorsum

R palmar
Body Maps
## Local Service Information

<table>
<thead>
<tr>
<th>Hospital Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital:</strong></td>
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<tr>
<td><strong>Telephone:</strong></td>
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<tr>
<td><strong>Social Worker:</strong></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Police</th>
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<tbody>
<tr>
<td><strong>Station:</strong></td>
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<td><strong>Contact:</strong></td>
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<td><strong>Telephone:</strong></td>
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<thead>
<tr>
<th>Department for Child Protection and Family Support – District Office</th>
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<td><strong>Contact:</strong></td>
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<td><strong>Telephone:</strong></td>
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<tr>
<th>Legal Service</th>
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<td><strong>Contact:</strong></td>
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<td><strong>Telephone:</strong></td>
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<tr>
<th>Crisis Accommodation</th>
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<tbody>
<tr>
<td><strong>Refuge:</strong></td>
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<td><strong>Contact:</strong></td>
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<td><strong>Telephone:</strong></td>
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<tr>
<th>Family and Domestic Violence/Crisis Services</th>
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<td><strong>Name:</strong></td>
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<td><strong>Contact:</strong></td>
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<th>Family and Domestic Violence/Crisis Services</th>
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<th>Counselling Services</th>
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<th>Perpetrator Programmes</th>
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Steps you can take:

- Believe the violence is not your fault
- Keep a diary of events
- Talk to someone you trust
- Seek support and counselling
- Have any injuries documented by your doctor
- Notify the police
- Seek legal advice
- Apply for a Violence Restraining Order or Family Court Order

Safety at home

- Plan to do what you can to avoid serious injury
- Leave if you can. Know the easiest escape route including windows and doors and obstacles to avoid in a speedy exit
- Identify a safe place to go and how to get there in an emergency. This includes your nearest 24 hour police station, refuge, friend or family member
- Identify supportive friends and family willing to provide assistance
- Rehearse an escape plan with someone you trust
- Keep a spare key to the car in a safe, easily accessible place
- Keep a list of emergency telephone numbers, e.g. police, friends, refuge, FDV hotline
- Program the telephone number for the police and other emergency telephone numbers into the telephone
- Keep some money, medication, clothing and important documents in a safe and easily accessible place or with someone you trust in case you need to leave in a hurry
- Tell a neighbour or someone you trust about the situation and arrange a signal if in danger
- If the person you fear or are worried about has firearms tell the police
- Talk to the children about getting help. Depending on the age and ability of the children this could include:
  - running to a neighbour and asking them to call the police
  - calling 000
  - identifying a safe place outside the house where the children can hide
In certain circumstances, you may think the only way to feel safe is to leave the home yourself. Many people have found that violence increases at the time of separation. The person you fear or are worried about may feel a loss of control over you because you are making your own choices.

- Make a safety plan
- Gather information about the support that is available to you. Find out about specialist family violence services and what they can offer you. Contact as many of these organisations as you need to until the abuse stops or you feel safe
- Seek legal advice
- Apply for a Violence Restraining Order or Family Court Order
- Save some money. A small amount of money can be useful for emergency transport – and afterwards. Contact Centrelink to find out about your entitlements and what emergency assistance is available
- Arrange transport in advance and know where you will go
- Tell one or two trusted friends or a refuge worker about your plans and rehearse the details together
- Consider purchasing a phone card – long distance calls are itemised on telephone bills.
- Make arrangements for pets
- Make a list of the important documents you will need and collect them together
- Pack irreplaceable personal items, family and photograph albums
- Open a new bank account and arrange a new address for statements
- Remove your name from telephone, electricity and gas accounts and house leases

**What to take**

- **Important documents**: marriage certificates, birth certificates for yourself and children, Medicare and concession cards, passport, citizenship papers, school reports, medical records, prescriptions, driver’s licence, vehicle registration papers, insurance policies, bank cards, credit cards, address books, rental agreement or deed to house, your will
- **Keys**: house, car, office
- **Clothing** and personal needs
- **Phone card** and address and phone numbers
- **Children’s essential needs**: favourite toy or comforter
- **Photograph of your partner** so that people protecting you know what he looks like

**Playing it safe**

- Keep **spare copies of documents** and essentials such as medication with a trusted friend
- **Try not to react** to the person you fear or are worried about in a way that might make him suspicious about your plans
- Tell children what they need to know only when they need to know so that they don’t worry about keeping a difficult secret
Some people remain in their family home after separation. Consider the following to ensure safety for yourself and your children.

- Apply for a Violence Restraining Order or Family Court Order
- Change the locks, install security doors, a security system, smoke detectors, and an external security lighting system
- Inform trusted people/neighbours that your partner no longer lives with you and ask that they call the police if that person is observed near your home or the children
- Liaise with the school principal and child care centres and advise them of the names of people who have your permission to collect the children
- Ask your employer for your phone calls to be screened
- Avoid shops, banks, etc that you used when residing with your partner
- Attend an educational program or counselling to strengthen your confidence, freedom and support to deal with your ex-partner
- Identify a support person you can call when you feel down and want to return to the potentially abusive situation
- For some people, it is safer to hide their whereabouts from the person they fear or are worried about. In addition to the above, also consider the following
  - Change your name
  - Obtain a silent telephone number
  - Change your mobile number and email address
  - Have your name removed from the electoral role
  - Obtain a new Tax File number, Medicare and Centrelink number
  - Obtain a post box address and redirect mail to it
  - Change your vehicle registration
  - Change the children’s name
  - Remove details of inter-school transfers from school records
References


Women’s Health Policy and Projects Unit
Women and Newborn Health Service
Department of Health
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