



CLINICAL PRACTICE GUIDELINE

# Responding to Family and Domestic Violence

Scope (Staff): Clinicians

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### Reference

1. Government of Western Australia, Department of Finance. Website Terms of Use Statement.

## Acknowledgement

The Women's Health Strategy and Programs Unit would like to acknowledge the following organisations and groups in the review and development of this Guideline.

### **Women and Newborn Health Service Family and Domestic Violence Advisory Group (FDVAG)**

The FDVAG provides leadership for family and domestic violence (FDV) policies, practice, education and training within WA Health with the aim of improving the health of all Western Australians who are affected by FDV. The FDVAG consists of over 35 representatives, from a variety of health professions, across all Health Service Providers and including representatives outside of WA Health.

#### **Specific content experts:**

- Aboriginal Health Directorate, WA Health
- Child and Adolescent Health Service, Community Health, WA Health
- Child and Adolescent Health Service, Child Development Services, WA Health
- Family and Domestic Violence Unit, Department of Communities
- Family Violence Unit, WA Police Force
- Health Consumer Council
- Humanitarian Entrant Health Service, North Metropolitan Health Service
- Mental Health Commission
- Managers of Social Work departments, Perth Children's Hospital, KEMH, Armadale Hospital, Fiona Stanley Hospital, Osborne Park Hospital
- Office of Chief Psychiatrist, WA Health
- Perinatal and Infant Mental Health Program, Women and Newborn Health Service. WNHS
- Preventing Violence Against Women
- Sexual Assault Resource Centre, WA Health
- Statewide Protection of Children Coordination Unit, Child and Adolescent Health Service
- Stopping Family Violence
- WA Country Health Service – various Health Sites
- Women's Community Health Network
- Women's Council for Domestic and Family Violence Services
- Women and Newborn Health Network, WA Health

## Aim

The guideline *Responding to Family and Domestic Violence* (the Guideline) assists clinicians in identifying, responding and referring individuals who present to public health services experiencing family and domestic violence (FDV).

The aim of the Guideline is to:

- Provide minimum standards for health clinicians in regard to identifying and responding to disclosures of FDV.
- Support early detection of clients at risk of FDV.
- Improve the health system's response to FDV.
- Minimise the trauma that adults and children living with FDV experience.
- Promote the safety of both clients and staff, through provision of clear referral pathways.

## Background

FDV is a major public health concern with one in four women experiencing violence in Australia. The Personal Safety Survey (2016) estimates that 37% (3.4 million) of Australian women aged 18 years and above, have experienced violence at some stage in their life since the age of 15 years<sup>1</sup>

Whilst FDV is a gendered issue that overwhelmingly affects women and their children<sup>2</sup>, any person in our community may experience FDV (including men and couples of the same sex). There are certain groups in the community that are at higher risk of being abused. These include Aboriginal people, new migrant and refugee women, pregnant women, women with disabilities, women with mental health issues, women with significant drug and alcohol dependency, women with young children, children, and women living in rural and remote areas. Overall, Intimate partner violence (both in current and former relationships) is the most common form of FDV. Children and adolescents living in a home where there is FDV experience serious negative psychological, emotional, social and developmental impacts to their wellbeing. Whether a child is present or not, they are impacted by family violence<sup>3</sup>.

There is evidence of direct causal relationship for women experiencing FDV and anxiety, suicide and self-inflicted injuries, alcohol-use disorders, homicide and violence, early pregnancy loss and issues related to pregnancy loss, pre-mature births, and low birth weights<sup>4</sup>. Research findings positively associate intimate partner physical violence with drug and mood related disorders<sup>3</sup>, as well as adverse impact

<sup>1</sup> Australian Bureau of Statistics. (2019). Personal Safety, Australia, 2016 (Cat. No. 4906.0). Canberra: ABS.

<sup>2</sup> Family, domestic and sexual violence in Australia, 2018, Australian Institute of Health and Welfare, 2018, AIHW Canberra.

<sup>3</sup> Bernet W, Wamboldt MZ, Narrow WE. Child affected by parental relationship distress. *Journal of the American Academy of Child Adolescent Psychiatry* [Internet]. 2016;55(7):571-9.

<sup>4</sup> Webster K. 2016. A preventable burden: measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women, Sydney, ANROWS [Internet]. 2016.

on development of infants and children<sup>4</sup>. Intimate partner violence has been found to contribute more to the burden of disease for Australian women aged 18-44 years than alcohol use and tobacco use, illicit drug use and being overweight or obese<sup>5</sup>.

The person responsible for the abusive behaviour 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.

FDV is a traumatic experience and can be extremely distressing for a person and any children involved. There are variations in how people react and respond to FDV, and each person responds in their own way. FDV can impact an individual physically, emotionally, psychologically and spiritually and have both long and short-term consequences.

While this Guideline refers to clients it is acknowledged that staff may be personally affected by FDV. Each Health Services Provider will have procedures for leave entitlements following the WA Government Implementation Guidelines. See the Premier's Circular 2017/07 [Family and Domestic Violence, paid leave and workplace support](#).

## Principles

The following principles inform the Guideline:

- FDV is a fundamental violation of human rights that overwhelmingly impacts upon women and their children.
- All forms of abuse 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.
- Clinicians are ideally placed to identify, assess, offer referral and advocate for people who are experiencing or at risk of experiencing FDV.
- The safety and wellbeing of those affected by FDV is the first priority of any response.
- Victims of FDV will not be held responsible for perpetrators' behaviour.
- Children have unique vulnerabilities in FDV situations and all efforts must be made to protect them from harm.
- Clients have the right to privacy and confidentiality, however, the rights of adults and children to be safe and protected will take precedence in those instances where there are competing interests.

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<sup>5</sup> Lum On, M., Ayre J., Webster K., Moon L., 2016, Examination of the health outcomes of intimate partner violence against women: State of knowledge paper, Sydney, ANROWS, 2016

- Clients are deemed to be the experts in their own safety, unless demonstrated otherwise.

## Use of Terms

### Family and Domestic Violence

In the context of these Guidelines, family and domestic violence (FDV) is used as the overarching term which encompasses all forms of intimate-partner and family violence, including, dating violence and honour-based violence. It also encompasses some forms of gender-based violence and sexualised violence including sexual assault.

Family and Domestic Violence is defined as:

*Violent, threatening or other behaviour by a person towards a family member that coerces or controls the family member or causes the family member to be fearful.*<sup>6</sup>

Examples of FDV include violence, threats of violence, sexual assault and abuse, stalking, social isolation, economic abuse, emotional abuse, exposing a child to family violence, and other coercive or controlling behaviour or behaviour which causes fear or humiliation.

Often FDV is not an isolated incident, but a sustained pattern of ongoing abuse that may escalate over a period of time. Victims of FDV are often unable to act on their own choices because of physical restraint, fear and intimidation.

### Family Violence

Aboriginal\* people generally prefer to use the term ‘family violence’ which includes both the extended nature of Aboriginal families and the kinship relationships in which a range of violence can occur<sup>7</sup>. The term ‘family violence’ is considered to be more reflective of an Aboriginal world view of community and family. However, the use of this term should not obscure the fact that Aboriginal women and children are most often the victims. The term ‘family violence’ is also more reflective of type of violence that people in the CaLD community are exposed to.

### Victim/Survivor

This document refers to people who have previously been or currently are abused by a family member as a victim/survivor. This is to acknowledge of the harm caused by FDV and in no way reflects the person’s full identity.

### Perpetrator

This document uses the term ‘perpetrator’ when referring to people that have or are using violence in their relationships. The use of this terminology reflects the importance of holding the person to account for their choice to use violence

<sup>6</sup> Restraining Orders Act 1997 (WA) Section 5A(1)

<sup>7</sup> Day A, Jones R, Nakata M, McDermott D, Indigenous family violence: An attempt to understand the problems and inform appropriate and effective responses to criminal justice system intervention, *Psychiatry, Psychology and Law*, [Internet]. 2012;19(1):104-117.

behaviour and inflict harm. It is not intended to reflect a person's identity or capacity for change.

Relationships can be complex and determining the primary aggressor may be difficult and clients may not always fall neatly into these categories. However, misidentification of the perpetrator as the victim/survivor does occur. Perpetrators can present themselves as victims to manipulate the situation or in line with 'victim stance' thinking, used to justify their behaviour. Perpetrators can also be incorrectly identified when a victim/survivor uses self-defence or violent resistance<sup>10</sup>.

*\* 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.*

## Procedure

There are four steps in the procedure: identify; assess; support and refer; and document. For a brief summary of the procedure, go to *Appendix 4: Responding to Family and Domestic Violence Procedure – Step-by-Step guide*.

### Step 1: Identify

FDV may be identified through:

- Screening;
- Self disclosure; or
- Observed indicators, including injuries or repeat presentations over a period of time. See the Additional Resources section for further information on indicators.

It is recommended that routine FDV screening occurs in the following circumstances:

- Antenatal clinics
- Child Health Centres
- Mental Health services; and
- Anytime a clinician suspects a client may be at risk of FDV or observe possible indicators (such as unexplained or suspicious injuries, co-occurring risk factors such as mental health issues and/or misuse of drugs/alcohol, and/or if the client has recently separated from their partner). See the Additional Resources section for further information on possible indicators.

Refer to your health service for further guidance on your services requirements on mandatory FDV screening.

#### Key Points:

If possible check client records to see if they have previously been screened.

The Screening for Family and Domestic Violence form FDV950 (see Appendix 1) can be used to guide conversation in exploring the possibility of FDV. For some client groups it may not be appropriate to use the screening questions from the FDV950. This form is recommended, however sites may use their own tools or processes.

Staff should use their professional judgement and skills to ask other questions about the relationship, for example, 'How are things in your relationship' and 'Do you feel safe?'

Speak with the client alone and in a private area. Do not screen in the presence of other people (except children under 2 years of age). If a partner or family member insists on being present, attempt to create diversions to see the client alone.

If you ask questions or screening is conducted over the phone, clarify client is alone and it is safe to speak.

The client may or may not disclose FDV. Repeated presentations over time may indicate a pattern of violence or escalation. If possible, ask the client at each presentation about abuse as disclosure may not be obtained at prior contacts.

Communicate in a culturally sensitive manner. Where necessary, engage an accredited interpreter with clients who may not speak English or English is their second language. Where required, consult with the Aboriginal Liaison Officer, to assist with culturally



appropriate communication techniques.

If unable to screen, document and follow up where possible.

If the client **does not disclose** abuse but you suspect they may be at risk:

- Respect their answers and provide local information about help that is available (if safe to do so) if they ever require;
- Offer other appropriate referrals as per the client's presenting issues;
- Make a note in their client record to screen for FDV again at future presentations;
- If safe to do so, provide the appropriate domestic violence helpline (Women's DV Helpline 1800 007 339 or Men's DV Helpline 1800 000 599) and/or information on FDV support services in your area;
- Document (on Screening FDV950) that FDV was suspected but the client did not disclose;
- Consult with your Line Manager, Social Worker, Aboriginal Liaison Officer, or an external agency if required.

If the client **does disclose** FDV, clinicians are to:

- Acknowledge and validate what the client is saying;
- Reinforce the perpetrator is responsible for the FDV;
- If possible refer to a Social Worker or specialist FDV support service;
- Ascertain if the client is in immediate danger (go to step 2).

### **Additional Information**

See the Additional Resources section for further information on:

- FDV in pregnancy
- Mental Health and FDV
- FDV and Children
- Working with Diverse Population Groups; and
- Adolescent Intimate Partner Violence

If you suspect an older person may be at risk of abuse, refer to the [\*WA Health Responding to the Abuse of Older People \(Elder Abuse\) Policy\*](#).

In Adult Mental Health Services use the [Mental Health Risk Assessment and Management Plan](#) (RAMP) to record FDV.

Clients with a disability may require a support person or interpreter. Do not use relatives as interpreters. Interstate interpreters can be utilised if there are concerns about confidentiality within a cultural group. Refer to [WA Health System Language Services Policy](#). Refer to [Aboriginal Interpreting WA](#).

## **Step 2: Assess**

Any clinician can complete an assessment of a client's risk level however utilise support of a Social Worker (if available), Aboriginal Liaison Officer (if appropriate), an external FDV support service, or the appropriate Domestic Violence Helpline.

When a client discloses abuse, clinicians need to ascertain if they are at immediate risk of danger. Seriousness of risk can be assessed by using your professional judgement and by determining:

- client's own assessment of their level of risk, fear and safety
- the presence of evidence-based high risk factors

The *Assessment Family and Domestic Violence (FDV951)* form can be used as a guide to assessing a client's safety (see Appendix 2). This form is optional; sites may use their own tools or processes.

1. Begin the Assessment by having a conversation with the client asking about the history of the abuse, if the abuse is increasing in frequency and/or severity.
2. Identify any **risk factors** present (noting high risk factors). Refer to the FDV951 form and *Explanation of High Risk Factors* in the Additional Resources section, for further explanation on the risk factors.
3. Identify what **protective factors** are in place e.g. other support services which are currently involved with the family? Do they have a safety plan?
4. Identify client's own assessment of their level of risk, fear and safety e.g. how safe do you feel at the moment? How fearful are you of the person using the violence?
5. Are there any other additional factors, which could impact on risk? e.g. disability, substance misuse, mental health issues, cultural / language barriers, willingness to engage with support services etc.
6. Does the client have children in their care? If so – refer to box below.
7. Determine Outcome. A client is assessed as either 'at high risk of serious harm or 'at risk of harm'. At risk of serious harm means there is evidence of a serious risk to the client and urgent action is necessary. At risk of harm means there is evidence of a risk to the client.

A client is identified as **at risk of serious harm** if:

- a number of the high-risk factors are checked 'yes'. The more high risk factors present, the more at risk a client is.
- there is a history of physical violence by the perpetrator towards the adult and child victims; and/or
- in your professional judgement, combined with evidence based high risk factors, the adult (and children if relevant) are likely to be in grave danger if immediate action is not taken.

A client is determined **at risk of harm** if:

- One or more risk factors are checked 'yes';
- There is a history of physical violence by the perpetrator towards the adult and child victims; and / or
- The violence is escalating.

Utilise the following for additional support and/or consultation if required:

- a line manager or health professional experienced in FDV;

- Social Worker;
- Aboriginal Liaison Officer;
- an external agency;
- Aboriginal Medical Service health professional and medical practitioner in local area.

**If client has children in their care:**

To ascertain if the children are in immediate danger see the Risk Factors (Children) section of the Assessment [FDV951](#) form and consider asking the following questions:

- “Are the children involved?”
- “Have they been hurt?”
- “Where are the children now?”
- “Are they safe?”
- “Has xxx (perpetrator) threatened to kill the children?”
- “Are you worried about your children’s safety?”

NOTE: 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).

For further guidance see the information sheet *FDV and Children* in the Additional Resources section, and refer to WA Health [Guidelines for Protecting Children 2020](#).

\*\* Consent may not be required to share risk relevant information

**Additional Information:**

- This may be the first time that a client has talked openly about their abuse. Clients should be asked these questions in private and not in the presence of the suspected perpetrator or any other family member.
- Intoxication may preclude a valid assessment and if possible, an intoxicated person should be detained in an appropriate and safe setting until further assessment can be conducted.
- Assessment should occur with the client’s input. Be alert to risk of vulnerable people such as the young, elderly or disabled people in the family.
- Non-fatal strangulation (NFS) is a known high risk factor. See the information sheet *NFS in the Context of Intimate Partner Violence* in the Additional Resources section for further information and guidance.
- It is not the role of clinicians to undertake an investigation into suspected FDV. This is the responsibility of the WA Police or Department of Communities Child Protection.
- The Assessment FDV951 is consistent with other key agency responders and support services understanding of ‘risk’ in Western Australia such as the Police, Crisis Care, Department Communities Child Protection and Family Support, and women’s Refuges. A shared and consistent approach to risk assessment is essential for effective, integrated and collaborative service responses that keep

victim survivors safe, and perpetrators in view and accountable for their actions and behaviours.

- For further guidance and support on assessing FDV risk, refer to the information sheet *Guide to Assessing a client at risk of Family and Domestic Violence* in the Additional Resources section.

### Step 3: Support and Refer

If an Adult client\* is assessed as **'at risk of harm'**:

- Discuss with client a referral to -
- Social Work (if available);
- Aboriginal Liaison Officer to attend with a Social Worker;
- A local external specialist FDV service (see Appendix 6); and/or
- A relevant domestic violence helpline (see Appendix 6).
- Provide written information about FDV services if safe to do so.
- Develop a safety plan with client (see the information sheet *Safety Planning* in Additional Resources for further information). The Women's and Men's Domestic Violence Helplines can also assist in developing a safety plan.
- Schedule a follow-up appointment if possible.

If Adult client\* is assessed as **"at high risk of serious harm"**:

- Consult with Line Manager and/or Social Worker as required or requested. Consider an Aboriginal Liaison Officer to attend with Social Worker if appropriate.
- Consider immediate referral to:
- Police;
- Crisis Care (for emergency accommodation including Refuges);
- Department of Communities, Child Protection if children are at risk;
- A local FDV Support Service for full risk assessment and safety planning;
- Social admission to hospital if needed.

If the Adult client or their children are in danger and the client is **not willing to accept a referral**:

- Express your concern for the client's and/or children's immediate safety and attempt to gain consent for referral
- Consult with line manager and/or Social Worker. If appropriate consider an Aboriginal Liaison Officer to attend with Social Worker.
- Consider referral without consent as outlined in s.28B of the *Children and Community Services Act 2004*. Escalate to your services delegated authority (refer to your services delegation schedule). If after hours, escalate to your after-hours delegated authority See the information sheet *Inter-agency Information Sharing for High Risk Cases* in the Additional Resources section.
- If you suspect a child is at risk of harm follow the [Guidelines for Protecting Children 2020](#).
- If possible, advise client if disclosing information to a third party.

Document action taken (e.g. in Assessment Family and Domestic Violence FDV951).

### Additional Information

- Ideally referrals should be made in consultation and with the consent of the client.
- Referrals are more likely to be effective if they are ‘warm’. A warm referral involves the staff member initiating the referral on behalf of the client.
- The Referral Family and Domestic Violence form FDV952 is available to print via the WNHS [FDV Toolbox](#). This form is optional - sites may use their own tools or processes.
- If you are concerned a client is at risk of **suicide or self harm**:
  - ⇒ Alert medical staff immediately for prompt assessment and consideration of referral under the Mental Health Act 2014;
  - ⇒ Provide safe environment for client and others;
  - ⇒ In addition, for WA Country Health Service (WACHS) staff - alert community mental health team/RuralLink (Free call 1800 552 002 – TTY 1800 720 101) as appropriate to day, time and site.
- If client discloses a **recent or historical sexual assault**: Contact Sexual Assault Resource Centre (SARC) or a SARC endorsed health practitioner if a sexual assault has occurred recently. Regional sexual assault support services are available in Port Hedland, Kalgoorlie, Geraldton, Bunbury, Broome and Mandurah (see Appendix 6 for contact details).
- Repeat the referral phase if, at any point during intervention, concerns for the immediate harm of the client and/or children emerge as a result of identification of high risk indicators, and/or an escalation of concerns for the client and/or children’s wellbeing.
- Family and Domestic Violence Response Teams (FDVRT) are located in various regions across the state. FDVRT’s aim to facilitate information sharing across all government departments to ensure accurate risk assessment is undertaken. In addition, Health Service Provider staff may be requested at times to provide office space or to facilitate contact between at-risk clients and external agencies.
- Multi-Agency Case Management meetings (MACM) are an integrated, interagency approach to supporting people at high risk of serious injury, harm or death due to family and domestic violence. The approach includes information sharing between agencies and the development of a multi-agency safety plan to reduce the identified risks. A health representative may be called to attend a MACM or alternatively can also call a MACM as required. For further guidance see the information sheet What are Multi-Agency Case Management Meetings in the Additional Resources section.

### Step 4: Document

The following medical record forms can be used to document the outcomes of FDV interventions:

- Screening Family and Domestic Violence ([FDV950](#)) to record disclosures and screening;

- Assessment Family and Domestic Violence ([FDV951](#)) to record assessment and referrals
- Referral Family and Domestic Violence ([FDV952](#)) to record a referral to an external service.

The FDV950 and FDV951 forms are available to order via your online ordering system. The FDV952 is available to print via the [FDV Toolbox](#). See the Appendix section of the Guidelines for samples of these forms. These forms are optional – refer to your health service manuals for correct documentation.

In Adult Mental Health Services, utilise the Mental Health Risk Assessment and Management Plan (RAMP) to record FDV presentations.

### **Additional Information**

- Document disclosures in the client's own words (use verbatim where possible).
- Document any evidence of injuries. Clear documentation of injuries may be used as evidence in Court proceedings. Photographic evidence of injuries is preferable to body maps. A body map template is available in the WNHS [FDV Toolbox](#).
- 
- Document referrals and information provided to the client. Do not document information about disclosures of violence in the client's hand held maternity record/ child's personal health record.
- Advise the client of the content and type of record retained.

## **Additional Resources**

The following information sheets provide further information on specific topics. These sheets are available via the [WNHS FDV Toolbox](#) or alternatively, contact the Women's Health Strategy and Programs for copies ([whcsp@health.wa.gov.au](mailto:whcsp@health.wa.gov.au)).

### **What Does Family And Domestic Violence Look Like?**

#### **FDV In Pregnancy**

#### **Mental Health and FDV**

#### **FDV And Children**

#### **Working With Diverse Population Groups**

#### **Adolescent Intimate Partner Violence**

#### **Engaging With Clients Who Choose to be Abusive To Their Partner Or Families**

**Guide To Assessing A Client At Risk Of FDV**

**Explanation Of High Risk Factors in FDV**

**Non-Fatal Strangulation (NFS) In The Context Of Intimate Partner Violence**

**Interagency Information Sharing For High Risk Cases**

**Safety Planning**

**What Are Multi-Agency Case Management (MACM) Meetings**

**Supporting Employees Experiencing FDV – A Guide For Managers**

## Key Guiding Documents

The following documents have directly informed the Guideline:

[Western Australia's Family and Domestic Violence Prevention Strategy to 2022](#)

[Western Australian Women's Health and Wellbeing Policy](#)

[National Plan to Reduce Violence against Women and their Children 2010-2022](#)

[World Health Organization Responding to intimate partner violence and sexual violence against women](#)

[Australasian College for Emergency Medicine, Policy on Domestic and Family Violence, 2016](#)

[RACGP Abuse and Violence - Working with our patients in general practice, The Whitebook 4th edition](#)

[Australian College of Midwives Position Statement for Domestic Violence 2019](#)

[Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework 2nd edition](#)

## Related WA Health Policies

[Guidelines for Protecting Children 2020](#)


WACHS [Identifying and Responding to Family and Domestic Violence Policy](#)

[Responding to the Abuse of Older People \(Elder Abuse\) Policy](#)

WACHS [Responding to Sexual Assault Policy](#)

[Coordinated medical and forensic and counselling response to patients who experience a recent sexual assault and present to an emergency department](#)

[Clinical Care of People with Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy](#)


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**Appendix 2: Assessment Family and Domestic Violence FDV951 form**

Please use I.D. label or block print

 Government of Western Australia Department of Health  Health Service: _____ <b>ASSESSMENT FOR FAMILY AND DOMESTIC VIOLENCE (FDV 951)</b>	SURNAME	UMRN / MRN	
	GIVEN NAMES	DOB	GENDER
	ADDRESS		POSTCODE

**Purpose of this tool**  
 This risk assessment tool is used to guide health professionals in making a judgement about the level of risk a client is experiencing in the context of family and domestic violence (FDV).  
 Note, if possible, an intoxicated person should be detained in an appropriate and safe setting until assessment can be conducted.

**INTRODUCTION: NATURE AND HISTORY OF ABUSE**  
 Have a conversation with the client about the relationship history including all forms of abuse.  
 Use the risk factors highlighted below to guide your questioning i.e. when the abuse started; frequency; triggers.  
 Advise client of your limited confidentiality i.e. "if we are concerned that you or your children are at immediate risk of harm then we may have to involve the Police or relevant support service. It is our preference to speak about this with you first. We do not want to do anything that would put either yourself or your children further at risk".

**1. IDENTIFY RISK FACTORS**  
 Risk is elevated by the presence of certain evidence based risk factors. These are separated into different categories, victim, perpetrator and children.  
 The risk factors marked with an \* are factors which may indicate that there is an increased risk of the victim being killed or almost killed.  
 Note that not all professionals need to ask about each risk factor. It depends upon the nature of the risk assessment.  
 If time is limited, focus on the immediate serious risk factors highlighted with an asterisk.

RISK FACTORS				
Violence towards the victim	Yes	No	Unknown	Source if not the victim
Has the perpetrator ever physically harmed or threatened to harm adult victim?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the violence getting worse or more frequent?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever tried or threatened to kill the adult victim?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever harmed or threatened to harm or kill children?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever choked, strangled or suffocated the adult victim or attempted to do so?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever forced the adult victim to do anything sexual against their will?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the perpetrator stalking the adult victim (could include harassing and / or monitoring the adult victim using others and / or technology)?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the perpetrator becoming increasingly jealous and / or increasingly controlling towards the adult victim (e.g. verbal and financial abuse, psychologically controlling acts, social isolation)?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has there been a recent separation or a planned separation in the near future?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever harmed or threatened to harm or kill pets or other animals?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was a weapon used by the perpetrator in the most recent event?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the adult victim pregnant or is there a new birth?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator ever harmed or threatened to harm or kill other family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator isolated the adult victim from family, friends and / or other social supports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the perpetrator restricted the adult victim's access to money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Page 1 of 4




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H022PM/R0951


FDV951  
08/19

ASSESSMENT FOR FAMILY AND DOMESTIC VIOLENCE  
FDV 951

Please use I.D. label or block print

 <p>Government of Western Australia Department of Health</p> <p>Health Service: _____</p> <p><b>ASSESSMENT FOR FAMILY AND DOMESTIC VIOLENCE (FDV 951)</b></p>	SURNAME		UMRN / MRN	
	GIVEN NAMES		DOB	GENDER
	ADDRESS			POSTCODE
				TELEPHONE
<b>RISK FACTORS Continued.</b>				
<b>Questions about the alleged perpetrator</b>	<b>Yes</b>	<b>No</b>	<b>Unknown</b>	<b>Source</b> If not the victim
Does he / she have access to firearms or prohibited weapons?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has he / she ever threatened or attempted suicide?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does he / she misuse / abuse drugs and / or alcohol?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has he / she ever experienced mental ill health? #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does his / her family pose a risk to the adult victim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has he / she breached any court orders (i.e. bail, violence restraining order and / or police order conditions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is he / she currently on bail or parole in relations to violent offences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has he / she served time of imprisonment or been released recently from custody in relation to violent offences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does he / she have a history of violent behaviour (not family violence)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is he / she employed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is he / she experiencing financial difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Children</b>	<b>Yes</b>	<b>No</b>	<b>Unknown</b>	<b>Source</b> If not the victim
Has the child ever been in the adult victim's arms when she / he has been attacked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the child ever tried to intervene in the violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there child contact or residency issues and / or are there Family Court proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there children from a previous relationship present in the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i># The presence of mental ill health must be considered in relation to the co-occurrence of other risk factors.</i>				
<b>2. CLIENT'S ASSESSMENT OF RISK</b>				
How unsafe / fearful is the adult victim of the perpetrator?				
What are their concerns / what do they think the perpetrator might do?				
<b>3. PROFESSIONAL JUDGEMENT</b>				
Are you aware of any other additional factors, which could impact on risk? Issues to consider e.g. disability, substance misuse, mental health issues, cultural / language barriers, willingness to engage with support services etc.				
Do you have concerns for the safety of the children in the household?				

Please use I.D. label or block print

 <p>Government of Western Australia Department of Health</p> <p>Health Service: _____</p> <p><b>ASSESSMENT FOR FAMILY AND DOMESTIC VIOLENCE (FDV 951)</b></p>	SURNAME		UMRN / MRN						
	GIVEN NAMES		DOB	GENDER					
	ADDRESS			POSTCODE					
				TELEPHONE					
<b>4. ASSESSMENT</b>									
<input type="checkbox"/> <b>At high risk of serious harm</b> <b>At high risk of serious harm means there is evidence of a serious risk to the client and urgent action is necessary.</b> A client is identified as high risk of serious harm if: <ul style="list-style-type: none"> <li>a number of risk factors with an asterisk (*) are checked "Yes"</li> <li>there is a history of physical violence by the perpetrator towards the client and / or children; and / or</li> <li>in your professional judgement, combined with the evidence based risk factors, the client and / or children are likely to be in grave danger if action is not taken</li> </ul>					<input type="checkbox"/> <b>At risk of harm</b> <b>At risk of harm means there is evidence of a risk to the client.</b> A client is identified as at risk of harm if: <ul style="list-style-type: none"> <li>one or more risk factors are checked "Yes"</li> <li>there is a history of physical violence by the perpetrator towards the adult and child victims; and / or</li> <li>the violence is escalating.</li> </ul>				
<b>5. REFERRAL &amp; OUTCOME</b>									
If client at high risk of serious harm, consider immediate referral to Police, and / or Crisis Care for emergency accommodation, and / or a local FDV support service. Consider social admission to hospital if needed. If client not willing to receive assistance, information can be released without clients consent (See Section 28B, Children and Community Services Act 2004). Refer to your delegated authority schedule. If suicide risk identified, refer for a mental health assessment. If recent sexual assault, teleconsultation with SARC or your local sexual assault service is recommended.									
<input type="checkbox"/> Hospital / Regional Social Worker (internal) <input type="checkbox"/> Police <input type="checkbox"/> Crisis Care <input type="checkbox"/> Aboriginal Liaison Officer (internal) <input type="checkbox"/> Sexual Assault Service <input type="checkbox"/> Aboriginal Medical Service <input type="checkbox"/> Specialist FDV Service: _____ <input type="checkbox"/> Communities (Child Protection) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Women's DV Helpline: 1800 007 339 <input type="checkbox"/> Men's DV Helpline: 1800 000 599									
<b>Consent</b> Client's consent obtained to release information to third party <input type="checkbox"/> Yes <input type="checkbox"/> No If no, approval gained from delegated authority to release information under Section 28B, Children and Community Services Act 2004 <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Consultation Process:</b>									
<b>Other Referrals</b>									
<input type="checkbox"/> Referral for child / children Name/s: _____ Details: _____ <input type="checkbox"/> Referral for child / children Name/s: _____ Details: _____ Is the perpetrator present? <input type="checkbox"/> Yes <input type="checkbox"/> No    Are they likely to attend? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they a Health employee with access to confidential records? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>6. DOCUMENTATION</b>									
Record all relevant injuries that you can see and the patient describes (use verbatim quotes), including historical ones. Photographic evidence is preferable. See your Health Service Policy for further guidance on clinical image photography.									
<b>Discharge Details</b> <input type="checkbox"/> Transfer OR <input type="checkbox"/> Admission    To: _____									
Discharge Address: _____			Contact No: _____						
Follow up arrangements made: _____									
Health Professional Name _____		Designation _____	Signature _____	Date / Time _____	Contact No. _____				

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SAMPLE ONLY - DO NOT PRINT  
 Source: Primary Care Metro - Ordinal WAHS - Ordinal 1863806

**Appendix 3: Referral Family and Domestic Violence FDV952 form**

Please use I.D. label or block print



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FDV952  
08/19

<p>Government of Western Australia Department of Health</p> <p>Health Service: _____</p> <p><b>REFERRAL FOR FAMILY AND DOMESTIC VIOLENCE (FDV 952)</b></p>	SURNAME		UMRN / MRN		
	GIVEN NAMES		DOB	GENDER	
	ADDRESS			POSTCODE	
				TELEPHONE	
<b>REFERRAL TO: (External Service)</b>					
<b>REFERRAL FROM: (Referring Health Service)</b>					
Referrer's Name:					
Designation:					
Contact Details:					
<b>CLIENT DETAILS</b>					
Surname:		Gender:			
Given Names:		Date of Birth:			
Address:					
Telephone:					
<b>CHILDREN (Names and ages)</b>					
Name:		Age:			
Name:		Age:			
Name:		Age:			
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 name) _____ advised that she / he has experienced family and domestic violence.					
Client feels safe / unsafe to return home today					

REFERRAL FOR FAMILY AND DOMESTIC VIOLENCE  
FDV 952

Appendix 4: Step-by-Step Summary

# Appendix 4 Responding to Family and Domestic Violence A step by step guide

## Step 1 - Identify

1. Be aware of factors that increase the risk or likelihood of a person being abused.
2. Look for possible **signs of abuse**.
3. If you suspect a client is being abused; if indicators suggest they are at risk; or they fall into a mandatory screening group, ask suggested screening questions (see Screening for FDV form [FDV950](#)).
4. If client doesn't disclose but you suspect; provide information on support services; screen at future presentations; consult with your Line Manager; and document reasons for your concern.
5. If client discloses: acknowledge abuse; validate their experience; refer on for a Risk Assessment if possible. If not, go to step 2.

**Interview clients alone. Do not use relatives as interpreters.**

## Step 2 - Assess

1. Identify risk factors (see Assessment for FDV form [FDV951](#)).
2. Identify what protective factors are in place e.g. what other support services are currently involved with the family? Do they have a safe place to go? A safety plan?
3. Ask client their own assessment of their level of risk.
4. Consider any other additional factors e.g. substance misuse, mental health issues, cultural/language barriers?
5. Does the client have children in their care? Assess their safety (see [FDV951](#) for guidance).
6. Determine if client and/or children are at risk of harm or at high risk of serious harm.

**Telephone advice from the Women's Domestic Violence Helpline (1800 007 339) may be helpful and can assist with undertaking a risk assessment over the phone.**

## Step 3 - Support and Refer

1. Identify what action is required to address their immediate safety (see [FDV Flowchart](#)).
2. Discuss options with client and make appropriate referrals.
3. Consider release of information without client's consent for high risk cases (refer to delegated authority).
4. If appropriate provide written information about FDV support services available in your area.
5. If recent sexual assault - refer to SARC.
6. If suicide risk – refer for mental health assessment.
7. Schedule a follow-up appointment if appropriate.
8. Consult with your Line Manager/ Social Worker.

**If it is suspected that a possible crime may have been committed (e.g. theft, fraud, neglect, sexual or physical assault) involving the police should be discussed and documented.**

## Step 4 - Document

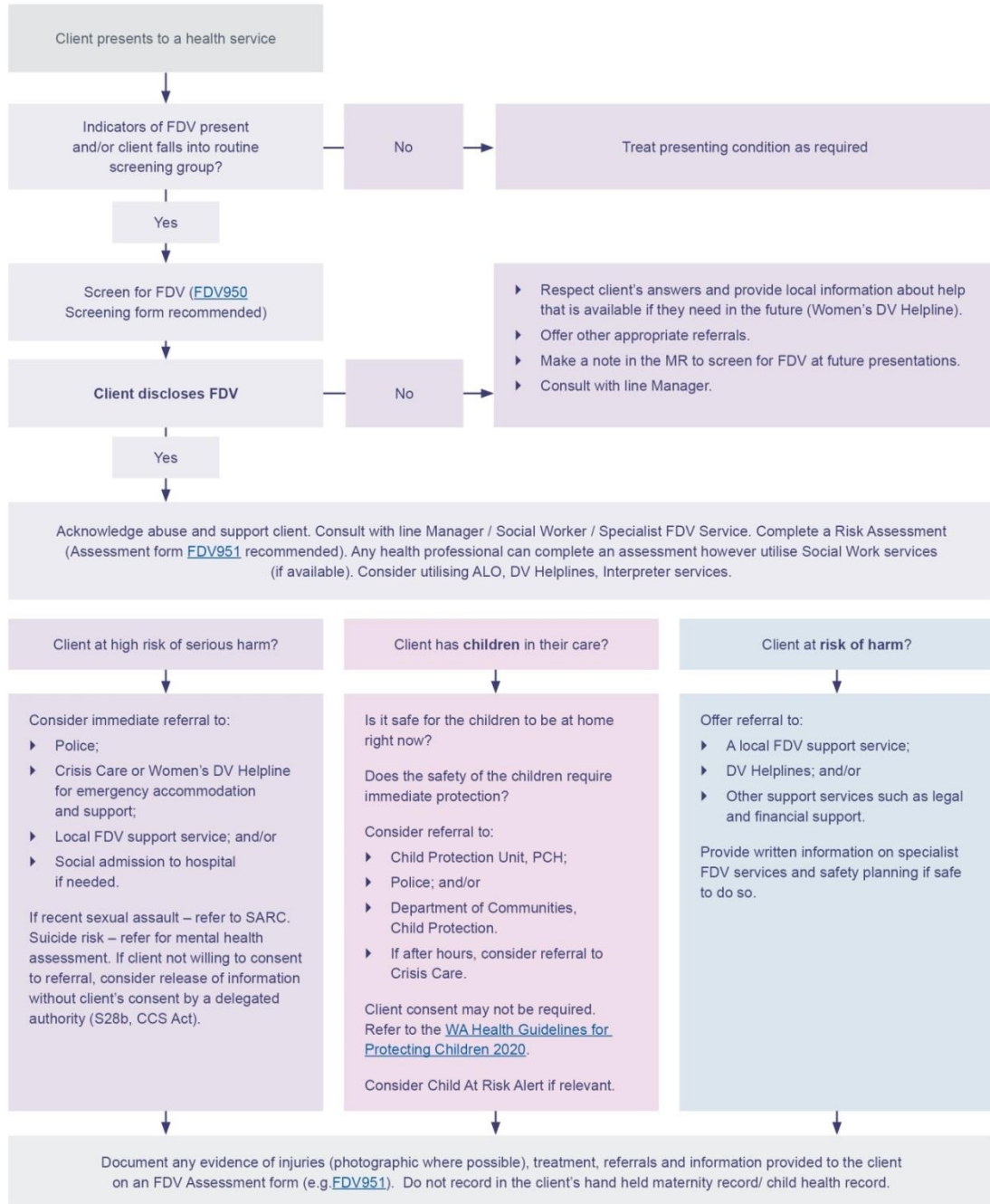
1. Document disclosures in the client's own words (use verbatim where possible).
2. Document any evidence of injuries, treatment, referrals and information provided to the client.
3. Photographic evidence of injuries is preferable.
4. Do not record on the client's hand held record.

**Be aware that records can be subpoenaed to court. Documents may be accessible under FOI to a person who has an appropriate interest.**

**Appendix 5: FDV Referral Flowchart**

**Appendix 5**

**Family and Domestic Violence Flowchart**



**Women's DV Helpline: 1800 007 339 - (24/7) Private and Confidential - Men's DV Helpline: 1800 000 599**

WNHS 0767 FDV Flowchart App.5\_0120

**Appendix 6: FDV Support Services**

Appendix 6

# Family and Domestic Violence Support Services

Last updated: Dec 2019. For the most up to date version go to the WNHS FDV Toolbox.

Service	Contact details	Summary
<b>Emergency</b>		
Ambulance, Fire, Police	000 (24/7)	For emergency responses.
Crisis Care	Crisis Care (08) 9223 1111 (24/7) 1800 199 008 (24/7)	Information and short-term counselling for people in crisis needing urgent help to ensure the wellbeing of a child, escape domestic violence, information on available refuge and accommodation options, emergency financial assistance and general counselling.
Women's Domestic Violence Helpline	9223 1111 or 1800 007 339 (free call)	State-wide 24 hour service. This service provides counselling and support, information, advice, and safe accommodation if required.
Men's Domestic Violence Helpline	9223 1199 or 1800 000 599 (free call)	Provides counselling, information and advice for men who are concerned about becoming violent or abusive. Information and support also available for men who have experienced FDV.
<b>24hr HELPLINES</b>		
Women's Domestic Violence Helpline	9223 1111 or 1800 007 339 (free call)	State-wide 24 hour service. This service provides counselling and support, information, advice, and safe accommodation if required.
Men's Domestic Violence Helpline	9223 1199 or 1800 000 599 (free call)	Provides counselling, information and advice for men who are concerned about becoming violent or abusive. Information and support also available for men who have experienced FDV.
Crisis Care	(08) 9223 1111 1800 199 008	Information and short-term counselling for people in crisis needing urgent help to ensure the wellbeing of a child, escape domestic violence, information on available refuge and accommodation options, emergency financial assistance and general counselling.



1800 RESPECT	1800 737 732	National sexual assault, family and domestic violence counselling line.
Sexual Assault Resource Centre (SARC)	(08) 9340 1828 1800 199 888	Sexual assault service in Perth providing medical care, forensic examination and counselling support to people who have been sexually assaulted within the previous 14 days. Also provides advice and support to Clinicians across the state.
Elder Abuse Helpline	1300 724 679 (free call)	Support and advice for older people and/or family members / carers. Monday – Friday 8:30am – 4:30pm. Confidential.
Kids Helpline	1800 551 800	A confidential telephone counselling service for children.
<b>FDV Support Services</b>		
Victim Support Services	1800 818 988 Various locations throughout the State.	Offers counselling, support in court proceedings, support when making an application for a FVRO etc.
Family Violence Service	1800 600 476 8:30am – 4:30pm, Mon-Fri Located at the Magistrates Court of Western Australia at Armadale, Fremantle, Joondalup, Midland, Perth and Rockingham	Provides information, advocacy and support to people who have experienced violence in their relationships.
DVAS Central	9328 1200	Free service offering support to women who have experienced or at risk of FDV.
Safe at Home	Located throughout the metro area, South West and Wheatbelt.	Provides support for women and children who are referred by Police to stay in their housing, when it's safe to do so.
Women's Health Centres	Located throughout the State. Go to: <a href="http://www.wchrwa.org.au/">http://www.wchrwa.org.au/</a>	Provide counselling, advocacy and therapeutic support for women who have experienced or at risk of FDV.

Legal Support Services		
Domestic Violence Legal Unit, Legal Aid	1300 650 579 8:30am-4:30pm Mon-Fri	Provides legal advice and assistance to women about family violence issues, including help applying for a restraining order. A duty lawyer is present at Perth Magistrates Court and Joondalup Magistrates Court and can provide assistance with Family Violence Restraining Orders (FVRO).
Women's Law Centre	(08) 9272 8800 1800 625 122	Specialist women's legal service.
Aboriginal Legal Service	9265 6666 After hours: 9265 6644 Freecall: 1800 019 900	Provides information, support and referrals for Aboriginal and Torres Strait Islander people affected by FDV including FVRO applications and court support. Locations throughout the state.
Community Legal Centres	Various locations throughout the State. Go to: <a href="https://www.communitylaw.net">https://www.communitylaw.net</a> to find a centre	Provide legal information, advice and representation. Most services are free or very low cost.
Support Services for Perpetrators of Abuse		
MensLine Australia	1300 78 99 78	A 24/7 confidential telephone and online support, information and referral service for men, specialising in family and relationship concerns.
Men's Behaviour Change Programs	Various programs throughout the State. For a full list of providers go to: <a href="http://sfv.org.au/">http://sfv.org.au/</a>	Therapeutic behaviour change program for men who have been abusive to their intimate partner.
Breathing Space	9439 5707 Located metro area	A 3-month therapeutic program for men who have been abusive to their intimate partners.
Centrecare	<ul style="list-style-type: none"> <li>▶ Metro areas</li> <li>▶ Bunbury</li> <li>▶ Esperance</li> <li>▶ Kalgoorlie</li> </ul> <a href="http://www.centrecare.com.au">www.centrecare.com.au</a>	Individual and group programs specifically for men who are engaging in abusive behaviours.

<b>Aboriginal families</b>		
Aboriginal Legal Service	1800 019 900	
Aboriginal Health Council of Western Australia (AHCWA)	(08) 9227 1631 www.ahcwa.org.au	Provides advice on local Primary Health Care Services, including Aboriginal controlled health services.
Aboriginal Interpreting WA (AIWA)	1800 330 331  Aboriginal interpreters are available outside of hours by completing the online booking form Email bookings@aiwaac.org.au	Aboriginal Interpreting Western Australia (AIWA) provide onsite Aboriginal interpreting services at Broome, Derby, Fitzroy Crossing, Halls Creek and Kununurra Hospitals and Mabu Liyan. Interpreters assist in relaying clinical information such as diagnosis, medication, discharge and patient transfer, and assist in family meetings and provision of general information.
Yorgum Aboriginal Corporation	(08) 9218 9477 Perth	Counselling service for Aboriginal children who have experienced family violence.
Djinda Service	(08) 6164 0650	Provides free legal support, counselling, referrals, advocacy and support to Aboriginal and Torres Strait Islander Women and children in the Perth metro area affected by family violence and/or sexual assault.
<b>Culturally and Linguistically Diverse people</b>		
Multicultural Women's Advocacy Service	9328 1200 (metro wide) 1800 998 399 (outside metro area)	Service for women with or without children who have experienced or at risk from FDV.
Office of Multicultural Interests	6551 8700	
Translating and Interpreting Service (TIS)	13 14 50	
Family Safety Packs	<a href="https://www.dss.gov.au/family-safety-pack">https://www.dss.gov.au/family-safety-pack</a>	Information on Australia's laws regarding FDV, sexual assault and forced marriage. Available in 46 different languages.
1800 RESPECT	www.1800respect.org.au	Information on FDV available in multiple different languages.

Older People (Elder Abuse)		
Elder Abuse Helpline	1300 724 679 (free call)	Support and advice for older people and/or family members / carers. Monday – Friday 8:30am – 4:30pm. Confidential.
Advocare	(08) 9479 7566 1800 655 566 <a href="http://www.advocare.org.au">www.advocare.org.au</a>	Support and advocacy for older people who are being abused, or at risk of being abused.
Older People’s Rights Service	Mirrabooka: (08) 9440 1663  Joondalup: (08) 9301 4413  <a href="https://www.nsclegal.org.au/legal-help">https://www.nsclegal.org.au/legal-help</a>	Legal advice, information and legal advocacy; short-term counselling and referral for older people with capacity experiencing abuse or those at risk of abuse.
People of diverse sexuality, sex and gender service		
QLife	1800 184 527	Telephone Counselling Information Line.
Freedom Centre	(08) 9228 0354	Provides a safe space, information, support and referral for young gay, lesbian, bisexual, queer, transgender and questioning youth.
Children and Young People		
The Line	1800 200 526 (24/7)	A 24hr confidential helpline on relationships advice and telephone counselling.
Kids Helpline	1800 551 800	A 24/7 telephone counselling service for children.
Pat Giles Centre Children’s Counselling Service	(08) 9328 1888	Individual and group programmes for children and young people who have witnessed/experienced violence in the family. Located in Perth.
Anglicare WA Young Hearts	Joondalup: 9400 7200 Mandurah: 9583 1400	Provides individual therapy and group work for children

Children's Domestic Violence Counselling Service	Rockingham: 9528 0702	
Waratah Children's Domestic Violence Service	Phone: 9792 4955 (www.waratah.asn.au) Locations: Bunbury, Busselton and Collie	Provides counselling and support to children from 5 - 15 years old who have experienced and/or witnessed domestic violence
Centrecare Specialist Family Violence Service	Perth: 9325 6644 Bunbury: 9721 5177 Esperance: 9083 2600 Joondalup: 9300 7300 Kalgoorlie: 9080 0333 Midland: 9436 0600 Mirrabooka: 9440 0400	Provides individual counselling and group therapy sessions for children and adolescents who have witnessed or have been exposed to violence.
Parent Adolescent Conflict Counselling Service (PACCS)	Perth: 9325 6644 Bunbury: 9721 5177 Mirrabooka: 9440 0400 Joondalup: 9300 7300	A free service for parents/caregivers and young people aged 12 to 18.
Youth Legal Service	Phone: (08) 9202 1688 (Perth) Regional 1800 199 006	Provides accessible and free legal and financial counselling services for young people across Western Australia.
Family Abuse Integrated Response Program (FAIR), Relationships Australia	Phone: 6164 0270	Offers a 6-week program for children and teens who have experienced abuse in the home.
Communicare Children's Therapeutic Services	Phone: 6350 1870 Locations: Cannington and Armadale	Counselling and support service for young people and their families aged 6-17 years.
Mission Australia Open Doors Service	Phone: 9225 0400	Provides case management to young people aged 12-18 who are at risk of homelessness due to adolescent / parent conflict. Mon to Fri, 9am-5pm.

- ▶ For a full list of FDV Support Services across WA, go to the: [WA FDV Referral Guide](#)
- ▶ For a full list of FDV support services outside the metro area by health region, go to the [WACHS FDV Toolbox](#).
- ▶ For further information including resources, support services and useful App's go to the [WNHS FDV Toolbox](#).

**Appendix 7: Local Services Template**

Appendix 7

**Family and Domestic Violence  
Local Referral Pathway**

Site \_\_\_\_\_ Date \_\_\_\_\_

**Delegated authority**  
Release of information without client consent, high risk cases:

**In hours:**

Phone \_\_\_\_\_

**After hours:**

Phone \_\_\_\_\_

(refer to your health services delegated authority schedule)

**Internal Referrals**

**Social Worker**

Phone \_\_\_\_\_

**Aboriginal Liaison Officer**

Phone \_\_\_\_\_

**Mental Telehealth**

Phone \_\_\_\_\_

**External Referrals**

**Police – local station**

Phone \_\_\_\_\_

**Family and Domestic Violence Support Service**

\_\_\_\_\_

Phone \_\_\_\_\_

**Refuge / Crisis Accommodation**

\_\_\_\_\_

Phone \_\_\_\_\_

**Child Protection, Department of Communities – District Office**

Phone \_\_\_\_\_

**Other** \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

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**24/7 Confidential Helplines**

Crisis Care: 1800 199 008

Women’s DV Helpline: 1800 007 339

Men’s DV Helpline: 1800 000 599

Sexual Assault support line: 1800 199 888

WNHS 0767 FDV Local Referral Pathway App.7\_0120