DOMESTIC AND FAMILY VIOLENCE

Referral to specialist support services model
Clinical response to domestic and family violence

Referral to specialist support services model

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The Special Taskforce on Domestic and Family Violence in Queensland was established to examine Queensland’s domestic and family violence support systems and make recommendations on system improvements and ways to prevent future incidents of domestic and family violence. In February 2015 the Taskforce delivered the Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland report to the Premier.

The Not Now Not Ever report contains 140 recommendations for change with a focus on providing practical solutions under three themes:

- changing culture and attitudes
- implementing integrated service responses
- improving the law and justice systems.

The Not Now, Not Ever report recommendation 59 identifies an opportunity to enhance the level and immediacy of support provided to clients experiencing domestic and family violence through referral to specialist support services.

“The Queensland Government and DVConnect work in partnership to develop a model to provide immediate access to specialist domestic and family support and referral services within public and private maternity hospitals and emergency departments”

This referral to specialist support services model has been developed in partnership with DVConnect and health sector partner agencies.

Health professionals have a vital role to play in recognising domestic and family violence and responding to disclosure, including referral of client’s and perpetrators to specialist support services.

It is essential that clients are supported to make their own decisions in relation to referral to specialist support services. If a client chooses not to accept the offer of referral to specialist support services a health professional should provide them with ongoing support and appropriate information. Be sensitive to the client’s wishes and always respect their choice.

The role of health professionals in the referral of clients to specialist support services includes:

- provide the client with information about referral options
- information sharing with specialist support services
- explaining the referral process
- support the client throughout the referral process.

2. BMJ August 2008, 337: a839 – Violence between intimate partners: working with the whole family
3. Department of Human Services Victoria Risk Assessment and Risk Management Framework and Practice
A key step to ensuring the most appropriate response to a disclosure of domestic and family violence is to listen carefully to the client to determine their needs and to offer referral to a range of specialist support services.2

Steps to take when discussing referral options:
• ensure immediate safety
• ensure conversations are conducted alone and in private
• listen carefully to determine the client’s needs
• use language that is easily understood – arrange qualified interpreters if necessary
• convey a non-judgemental attitude
• present your client with the range of options and services available
• document your concerns and actions

It may be beneficial, with consent from the client, to seek support from a colleague who has expertise in domestic and family violence or knowledge of specific clinical or cultural requirements. This may include a social worker, mental health or drug and alcohol clinician, an Aboriginal and Torres Strait Islander health worker or liaison officer, chaplain, counsellor or advocate.

Social workers will assess the client’s needs; provide therapeutic support and share information, so that the client can make an informed decision about their current and future options. Specifically, the social worker’s role is to further provide client centred, psychosocial support and advocacy with and/or on behalf of the client, with their consent, to assist safe discharge.

Your local specialist domestic and family violence service/help line will assist victims to obtain the legal, practical, financial, housing and emotional support they need.3

DVConnect is a statewide service offering free 24/7 telephone counselling to anyone affected by domestic and family violence. It also offers assistance in developing a safety plan for victims and emergency transport and accommodation if necessary.

• DVConnect dedicated line for health professional’s phone: 07 3156 2323
• Womensline: 1800 811 811 (24 hours 7 days a week)
• Mensline: 1800 600 636 (9am – midnight 7 days a week)
Information sharing with specialist support services

Consent

It is best practice to obtain consent before you refer or share information about an individual. Consistent with ethical and legal principles it is the individual’s decision to agree to their health information being shared.

When obtaining consent to share a client’s information, be sensitive to the client’s wishes and respect their choice. Regardless of the client’s decision it is important for health professionals to remain supportive, allowing clients to progress at their own pace where possible.

Confidentiality

Queensland Health is subject to privacy and confidentiality legislation which set the standards for how we handle personal and confidential information.

The two primary pieces of legislation are the Information Privacy Act 2009 (the IP Act) and Part 7 of the Hospital and Health Boards Act 2011 (the HHB Act).

Queensland Health is required to comply with the privacy principles contained within the IP Act which includes the nine National Privacy Principles and provisions regarding contracted service providers and the transfer of personal information out of Australia.

Everyone who accesses Queensland public sector health services has a right to expect that information held about them will remain private. Section 142 Part 7 of the HHB Act sets out the duty of confidentiality and exceptions that permit disclosure of confidential information by ‘designated persons’, including Queensland Health staff.

The Privacy Act 1988 includes thirteen Australian Privacy Principles (APPs) which apply to some private sector organisations, as well as most Australian and Norfolk Island Government agencies.

Private sector health staff should always refer to their local area policies and procedures in relation to privacy, confidentiality and consent if they require further information or guidance.

Information sharing in the Domestic and Family Protection Act 2012 (the Act)

Recent legislative reform changes how agencies may share otherwise confidential information in the interests of undertaking domestic and family violence risk assessments, and to manage serious domestic and family violence threats.

The information sharing provisions in the Act operate as an exception to the duty of confidentiality stipulated in section 142 of the HHB Act and provide guidance and support to health workers (and workers in other agencies) to share information in order to assess, respond to and manage domestic and family violence risk and threat.

Refer to the Domestic and Family Violence Information Sharing Guidelines and/or the factsheet and flowchart for more information about how agencies can share relevant information safely and appropriately.

Limits of confidentiality and child protection

Exposure to domestic and family violence can have psychological and physical impacts on children. Health employees should use their professional judgement when forming a reasonable suspicion regarding harm to children. In forming a reasonable suspicion, staff members may consult with a senior staff member, child protection liaison officer or child protection advisor without breaching confidentiality.

Health professionals are afforded legal protections or exemptions in relation to reporting a reasonable suspicion of child abuse and neglect to Child Safety Services. The legal protections afforded to health professionals reporting child harm, will depend on the specific role of the health professional at the time of reporting or providing the information, and will differ depending upon what legislation applies.

Risks in relation to breach of confidentiality

Health professionals should take extra care to maintain confidentiality if the perpetrator of the violence is also a client at the same health facility. Always ensure confidentiality of records and discussion in relation to domestic and family violence; unless the client provides consent to release information. The client may experience further abuse if the perpetrator believes a disclosure has been made.4

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Explain the referral process

Always introduce yourself and any other colleagues that may need to be part of the discussion.

Provide the client with information that is specific to an individual referral option:
- location of the service
- mode of contact e.g. a phone call or face to face meeting
- written or verbal referral.

Respect decisions and choices the client makes:
- view the client as the expert in their own life
- recognise and respect that the clients cultural background may have an influence on decisions they make
- remain patient and supportive, allowing patients to progress at their own pace wherever possible.

Support the client throughout the referral process

Continuity of care, consumer directed care and transparency will assist in the safe and responsive sharing of information. The following steps will assist to support a referral to a specialist service:
- be non-judgemental and supportive
- consistency of information and support is important
- ensure a safe and private environment for the victim/survivor or perpetrator to conduct a conversation with the support service
- assist the individual to make telephone contact with a specialist domestic and family violence service or crisis service
- with consent of the client offer to speak to the service on their behalf and then support them until the referral is complete
- with the consent of the client provide introduction and preliminary information to the specialist service so the client does not have to repeat their story
- accept the client’s choice about whether to continue with the conversation or the referral.

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Family and Child Connect (FaCC) 13 32 64 is a community based intake and referral centre that helps at-risk and vulnerable families connect with the services they need to safely care for their children at home. Specialist domestic and family violence practitioners work within each FaCC providing advice and assistance on domestic and family violence matters. Practitioners specialising in child protection are also based at each FaCC to assist with identifying and responding to more serious concerns that may require statutory intervention. Website: http://www.familychildconnect.org.au/index.asp

Statewide sexual assault helpline –1800 010 120 can provide counselling and support to anyone who has been abused or assaulted as well as anyone who is concerned about someone else. The statewide sexual assault helpline provides advice and referral to other agencies that are working with survivors of sexual assault and abuse (this service is provided by DV Connect). Website: http://www.dvconnect.org.au/sexual-assault-helpline-2/

Aboriginal and Torres Strait Islander health worker/liaison Understanding how culture, traditions, customs and history can influence health is integral to providing effective and culturally competent healthcare for Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander health workers can assist to strengthen and promote tailored healthcare for Aboriginal and Torres Strait Islander people. Website: http://www.iwss.org.au/

WWILD 07 3262 9877 provides a range of services for men and women with intellectual and/or learning difficulties (over the age of 14) including individual support and counselling. Website: http://wwild.org.au/

The National Disability Abuse and Neglect Hotline 1800 880 052 provides national access for the reporting of abuse and neglect of people with a disability; as well as a free referral service to relevant complaint handling bodies and state services. Website: https://www.jobaccess.gov.au/complaints/visions-statement-national-disability-abuse-and-neglect

The Elder Abuse Prevention Unit (EAPU) 1300 651 192 operates the state-wide telephone information, support and referral service for anyone experiencing abuse or witnessing the abuse of an older person. Website: http://www.eapu.com.au/

QLife 1800 184 527 is a counselling and referral service for LGBTI people of all ages. QLife provides early intervention, peer supported telephone and web based services. Website: https://qlife.org.au/
Queensland Police Service should be contacted if there are immediate safety concerns for a victim. When a crime has been or is likely to be committed a victim should be supported to report the offence to the Queensland Police Service. When protection is required, police and/or courts may need to be involved.
Website: https://www.police.qld.gov.au/

Legal Aid provides victims with legal information which may include describing legal procedures and provision of advice about making a report to police, the role of legal representatives and court processes. Note: Women from CALD backgrounds may face additional barriers to seeking support, such as language barriers, lack of knowledge about local laws and support services and visa status.
Website: http://www.legalaid.qld.gov.au/Home

Women's Legal Service 1800 957 957 is a specialist community legal centre operated by women that provides free legal assistance and social work on a broad range of issues affecting women such as family law, child protection and domestic and family violence.
The Women’s Legal Service also offers a rural, regional and remote advice line on Tuesdays from 9:30am until 1:30pm – 1800 457 117.
Website: https://www.wlsq.org.au/

The Queensland Indigenous Family Violence Legal Service (QIFVLS) 1800 88 77 00 provides a culturally appropriate free legal service, welfare and support, advocacy and community education relating to domestic and family violence, child protection, sexual assault, victim support and more.
Website: http://www.qifvls.com.au/

Court Network 1800 267 671 provides personal support, non-legal information and referral to those in contact with the justice system. The Court Network telephone information and referral service can assist people preparing to attend court. This assistance might involve provision of information about court procedures, referral to legal services, and assist in organising interpreters or making arrangements to ensure someone’s safety when they are at court.

Victim Assist Queensland (VAQ) is the agency within the Department of Justice and Attorney-General that administers the Victims of Crime Assistance Act 2009 (VOCAA). The Scheme commenced on 1 December 2009 and replaced the Criminal Offence Victims Act 1995 (COVA).
All Queensland Government agencies and their officers must comply with fundamental principles of justice for victims of crime detailed in VOCAA (Chapter 2). Fair justice principles are for all victims of crime who have suffered harm due to:
- a crime committed against them
- a family member dying or suffering from harm because of a crime
- a direct result of intervening to help a person who died or suffered harm because of a crime.

An act of violence is a crime that has directly resulted in the death or injury to one or more persons such as:
- homicide or attempted homicide
- grievous bodily harm and other physical assaults
- sexual offence
- domestic and family violence causing injury
- dangerous driving causing death or grievous bodily harm
- burglary with violence or robbery
- stalking, kidnapping or deprivation of liberty.

In most cases the violence needs to be reported to Queensland Police Service but the matter does not have to proceed to conviction before an application can be considered.
How to make a referral

1. Provide the client with information about referral options
   - Ensure immediate safety
   - Ensure conversations are conducted alone and in private
   - Listen carefully to determine the client’s needs
   - Use language that is easily understood – arrange qualified interpreters if necessary
   - Present your client with the range of options and services available
   - Document your concerns and actions

2. Information sharing between agencies:
   - It is best practice to obtain consent before you refer or share information about an individual
   - Refer to the Domestic and Family Violence Information Sharing Guidelines and/or the factsheet and flowchart for more information about how agencies can share relevant information safely and appropriately.

3. Explain the referral process
   - Location of the service
   - Mode of contact e.g. a phone call or face to face meeting
   - Written or verbal referral

   Referral in business hours
   - Refer to a domestic and family violence expert within your clinical area, a social worker, a local specialist domestic and family violence service or helpline such as DVConnect.
   - Additional specific support and local numbers.

   Referral after hours
   - DVConnect
     07 3156 2323
   - Womensline
     1800 811 811
   - Mensline
     1800 600 636

4. Support the client throughout the referral process
   - Be non-judgemental and supportive.
   - Consistency of information and support is important.
   - Ensure a safe and private environment for the victim/survivor or perpetrator to conduct a conversation with the support service.
   - Assist the client to make telephone contact with a specialist domestic and family violence service or crisis service.
   - With consent of the client offer to speak to the service on their behalf and then support them until the call is complete.
   - With the consent of the client provide introduction and preliminary information to the referral service so the client does not have to repeat their story.
   - Accept the client’s choice about whether to continue with the conversation or the referral.

   Respect decisions and choices the client makes
   - View the client as the expert in their own life.
   - Recognise and respect that the clients cultural background may have an influence on decisions.
   - Remain patient and supportive, allowing patients to progress at their own pace wherever possible.