

Domestic and Family Violence

Referral to specialist support services model





Domestic and Family Violence—Referral to specialist support services model

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Acknowledgment

The development of the training program was guided by members of the Domestic and Family Violence Expert Advisory Group in 2016, and revisions to the program were guided by an Evaluation Reference Group in 2019. The Department of Health acknowledges members' commitment to the development of a health workforce in Queensland that responds safely and appropriately to suspicions and disclosures of domestic and family violence and extends its appreciation for the time and expertise provided.

Cultural acknowledgement

We acknowledge Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country, and their continuing connection to land, wind, water and community. We pay our respects to their cultures and to elders past, present and future of Queensland.

Warning

Aboriginal and Torres Strait Islander viewers are warned that the following information may link to or contain images and voices of deceased persons.

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Introduction

The health system is often the first point of contact for many people who have experienced domestic and family violence (DFV). Health professionals have a vital role to play in recognising DFV and in responding sensitively, respectfully and safely to prevent further harm.

In February 2015 the Special Taskforce into Domestic and Family Violence in Queensland delivered their final [Not Now, Not Ever: Putting an end to domestic and family violence in Queensland \(Not Now, Not Ever\)](#) report to the Premier making 140 recommendations for cultural, systemic and legislative change. In October 2019 all of these recommendations had been implemented.

The Queensland Government maintains a firm commitment to ending DFV. The [Domestic and Family Violence Prevention Strategy 2016–2026](#) (the Strategy) and action plans outline a shared vision and approach to furthering change across government and the community. Reform work outlined in the Strategy and its action plans incorporate a range of activities that build on *Not Now, Not Ever* recommendations.

Queensland Health is committed to continuing to support its workforce to recognise and respond to domestic and family violence presentations in the health system. This referral model is one part of the Domestic and Family Violence Toolkit of Resources for the health workforce. It is recommended that all health workers undertake the online eLearning module [Understanding Domestic and Family Violence](#), and that all clinicians complete the eLearning and face-to-face components of the [Clinical Response to Domestic and Family Violence](#) training resources.

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.¹ 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:

- engaging sensitively and respectfully with clients to understand their safety needs
- providing the client with information about referral options
- sharing information appropriately to support safety
- explaining the referral process
- supporting the client throughout the referral process.

1. Baird, K. Price, S. Salmon, D. (2005), Bristol Pregnancy and Domestic Violence Programme Training Pack, University of the West of England



Provide the client with information about referral options

1

A key step to ensuring the most appropriate response to a disclosure of DFV 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 DFV 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 DFV 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 DFV. 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 (9 am—midnight 7 days a week)

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

Information sharing with specialist support service

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.

Getting consent from clients is particularly important when responding to DFV as breaches of confidentiality can impact on client safety in ways health clinicians may not be aware.

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 seven 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 13 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 Violence Protection Act (2012)*

There are information sharing provisions in the [Domestic and Family Violence Protection Act 2012](#) (the Act) that enable some agencies to share otherwise confidential information for the purposes of assessing or managing serious DFV threats. These provisions operate as an exception to the duty of confidentiality stipulated in section 142 of the HHB Act. Refer to the [Domestic and Family Violence Information Sharing Guidelines](#) and/or the [Information Sharing Factsheet](#) and [Flowchart](#) in the [Domestic and Family Violence Toolkit of Resources](#) for more information about how agencies can share relevant information safely and appropriately.

Limits of confidentiality and child protection

Exposure to DFV 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 Department of Child Safety, Youth and Women. 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 be aware that the perpetrator, or family members of perpetrators, may be an employee or a client at the same health services. This means that extra care should be taken to maintain confidentiality and that informed consent should be sought prior to sharing client information with colleagues or other service providers. This is particularly important in small cultural and geographic communities. Breaches of confidentiality may put the victim at risk of further harm.

3

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.
- People living in small cultural and geographic communities may need to know the name of the service and the person to whom the referral is being made. For both safety and cultural reasons this is particularly important when referring a client onto an Aboriginal and/or Torres Strait Islander worker.

Respect decisions and choices the client makes:

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

4

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.
- Ensure that the space is both safe and accessible for people with disability and provide a culturally safe environment for First Nations people.

- Assist the individual to make telephone contact with a specialist DFV 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.
- Respect the client's choice about whether to discuss DFV and their choice regarding a referral.

Other relevant services

Family and Child Connect (FaCC)

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 DFV practitioners work within each FaCC providing advice and assistance on DFV 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.

Phone: 13 32 64

Website: <http://www.familychildconnect.org.au>

Statewide sexual assault helpline

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 DVConnect).

Phone: 1800 010 120

Website: <http://www.dvconnect.org/queensland-sexual-assault-helpline>

'Living Well' Sexual assault service for men

An organisation that provides a range of resources and support services including telephone and face to face counselling, community awareness and education, as well as training and consultation, to men who have experienced childhood sexual abuse or adulthood sexual assault. 'Living Well' also provides assistance to supporters of these men; their partners, friends, family and service providers.

Phone: 1300 114 397 or 07 3435 4358

Website: <https://www.livingwell.org.au>

Women's Infolink

Provides resources, information and links to services and organisations across the state including confidential support and referral options via a free-call telephone service or online, on issues affecting women's wellbeing including health, employment, legal services and DFV.

Phone: 1800 177 577

Website: <https://www.qld.gov.au/community/women/womens-infolink>

Gallang Place

Provides a range of advocacy, counselling and support services to First Nations people across a range of issues including family violence. While the service is located in Brisbane, staff can help people across the state to link in to their local services for support.

Phone: 07 3899 5041

Website: <https://www.gallangplace.org.au/services>

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 First Nations people. Aboriginal and Torres Strait Islander health workers can assist to strengthen and promote tailored healthcare for First Nations people.

Immigrant Women's Support Service (IWSS)

Offers free confidential support to immigrant and refugee women from non-English speaking backgrounds who have experienced domestic and/or sexual violence.

Phone: 07 3846 3490

Website: <http://www.iwss.org.au>

WWILD

Provides a range of services for men and women (over the age of 14) with intellectual and/or learning difficulties, including individual support and counselling.

Phone: 07 3262 9877

Website: <http://wwild.org.au>

The National Disability Abuse and Neglect Hotline

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.

Phone: 1800 880 052

Website: <https://www.jobaccess.gov.au/complaints/hotline/vision-statement-national-disability-abuse-and-neglect>

The Elder Abuse Prevention Unit (EAPU)

Operates the state-wide telephone information, support and referral service for anyone who experiences, witnesses or suspects the abuse of an older person.

Phone: 1300 651 192

Website: <http://www.eapu.com.au>

QLife

A counselling and referral service for lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) people of all ages. QLife provides early intervention, peer supported telephone and web based services.

Phone: 1800 184 527

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 advice about making a report to police, the role of legal representatives and court processes. Note: Women from culturally and linguistically diverse (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>

Women's Legal Service

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 DFV. The Women's Legal Service also offers a rural, regional and remote advice line on Tuesdays from 9:30am until 1:30pm.

Phone: 1800 957 957

Phone: 1800 457 117 (rural, regional and remote)

Website: <https://www.wlsq.org.au>

The Queensland Indigenous Family Violence Legal Service (QIFVLS)

Provides a culturally appropriate free legal service, welfare and support, advocacy and community education relating to DFV, child protection, sexual assault, victim support and more.

Phone: 1800 88 77 00

Website: <http://www.qifvls.com.au>

Court Network

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 help organising interpreters or making arrangements to ensure someone's safety when they are at court.

Phone: 1800 267 671

Website: <http://www.courtnetwork.com.au>

Victim Assist Queensland (VAQ)

The agency within the Department of Justice and Attorney-General that administers the [*Victims of Crime Assistance Act 2009*](#) (VOCAA).

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
- DFV causing injury
- dangerous driving causing death or grievous bodily harm
- burglary with violence or robbery
- stalking, kidnapping or deprivation of liberty.

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 such as 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.
- Provide culturally safe and physically accessible spaces in which to support people with diverse needs.
- With the 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 the decisions and choices of the client

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

