

# Telehealth and domestic and family violence

## Factsheet - suggested script

### The safety of victims and their children is a priority

When accessing services and supports via telehealth, health professionals should consider domestic and family violence (DFV) as a factor and know how to safely respond. Every virtual visit is an opportunity to connect with a patient to learn about their health and factors that impact or contribute to their health concerns. There may be times when the patient cannot speak for fear of being heard, so the clinician should be vigilant to a patient's evasiveness or discomfort to participate or to make decisions about their healthcare. Telehealth communication may be the only external point of contact available to some patients experiencing DFV.

- While the language in this document is not gendered, it is important to understand that a gendered analysis of DFV is central to best practice understandings of and responses to DFV. While all genders can be both victims and perpetrators of DFV, there is overwhelming evidence to show that the most harmful and highest risk of DFV (serious harm and homicide) is perpetrated by men against women.
- Where it is known that a patient is currently experiencing DFV, or a clinician has identified concerns related to DFV, where possible, service provision should preference a face-to-face modality.
- This factsheet is for clinicians / health professionals use only.
- Information from any victim must be kept confidential unless consent is provided by the patient to help them contact other services.
- Where possible, review the paper chart, or relevant applications such as ieMR, CIMHA or The Viewer for any alerts prior to contact, as this may direct your actions.
- Seek the support of a social worker, experienced DFV clinician or your line manager if you need help.
- Be familiar with DFV high risk factors which are known to relate to a higher likelihood of violence, injury, or death in the context of DFV.

### High risk factors



This document is provided as a resource to assist health professionals. It accompanies the [Queensland Health Telehealth and domestic and family violence Guideline](#).

# Suggested script for DFV screening in clinical practice

How do I approach a person who is or who may be experiencing DFV?

Explain that the health service is concerned about everyone's health and safety.

Explain that as part of undertaking patient reviews by video or phone, we always ask questions about how things are going at home (normalise).

Establish that the patient is alone and is safe to speak freely.

*Are you safe to talk now?*

yes  no

*Can we talk freely?*

*Is there a better time for us to call you back?*

yes  no

*Can you tell me a better time to call you back?*

*Are you in danger?*

*Would you like me to call police 000?*

If only yes / no replies:

*Is it safer to call you in the morning?*

*Is it safe to call you on Mon...Tues etc...?*

Use the 6 sensitive inquiry steps below to help you

1. Actively listen to what the patient tells you

- Do not blame the patient, be non-judgemental and practice careful and active listening.
- Respectful and non-judgemental communication is key to enabling patients to share their experiences.

2. Communicate belief

- *That must have been frightening for you.*

3. Acknowledge and validate the experience of abuse

- *It must have been difficult for you to talk about this.*
- *Thank you for trusting me with this information.*
- *No one has the right to hurt you.*
- *Your courage to disclose DFV is a major step to us being able to support you and improve your safety.*

4. Affirm that violence is unacceptable behavior and name the violence

- *What you are telling me sounds like domestic violence - have you thought about this?*
- *Violence is unacceptable - you don't deserve to be treated in this way.*
- *DFV is serious and impacts your health. We are here to help you.*
- *It is not your fault - you are not responsible for your partner's / carer's / family member's violence.*
- *You are not alone, there are many others also experiencing DFV who have shared stories like yours.*
- Reinforce that there is always help available.

5. Show support towards the patient

- Take time to listen.
- Provide information about who can further assist.
- Ensure that referral services are offered.

6. Respond to any concern about safety

- Offer referral with consent to specialist support e.g., social work, local domestic violence service, DV Connect and police

## Respond

**If you are concerned about what you hear in the background, ask:**

*I can hear something happening at home right now: are you safe to talk?*

yes  no

*Can we talk freely?*

*Is there a better time for us  
to call you back?*

yes  no

*Can you tell me what a better time  
is to call you back?*

*Are you in danger?*

*Would you like me to call police 000?*

If only yes / no replies:

*Is it safer to call you in the morning?*

*Is it safe to call you on Mon...Tues etc...?*

If they indicate that they are safe to talk

### **Some broad questions to consider asking the patient**

- *How are things at home / in your relationship?*
- *Is there anything else happening (or what else is happening) which might be affecting your health?*
- *Is there anything else we haven't talked about that might be contributing to your condition or circumstances right now?*

### **Some direct questions to consider asking the patient:**

- *Are there times when you are frightened of your partner / carer / family member?*
- *Has your partner / carer / family member ever physically threatened or hurt you?*
- *Are you worried about the safety of your children / dependents / family members?*

### **Communicate belief:**

- *That must have been frightening for you.*
- *That must be very worrying.*

### **Some specific questions to consider asking the patient:**

- *When I see (possible injuries) / hear (arguing, crying) I wonder if someone could have hurt you?*
- *Does your partner put you down, humiliate you or has ever tried to control what you can or cannot do?*
- *Would you like any help with this now?*
- *Is there something we can do to help you at this time?*

## Refer and support

### Safety planning

- Ask if the patient is worried that their device is being monitored or the conversation overheard.
- Ask the patient their assessment of risk. *It sounds like you have been dealing with this for some time, can you tell me how you have been keeping safe?*
- Ask the patient about the quickest and safest place in the house to call 000 or the safest way to leave the house.
- Ask the patient if they know a safe person. How would they get to that person?
- Ask if they have contact numbers of services that can assist them? (taxi, local police, accommodation, [DFV services](#))
- Advise that they can end a call suddenly or change the subject randomly if they are in danger or someone is present or listening. Establish a "safe word" which is documented

in the medical records.

- Remind them that all emergency services are available to them regardless of any state mandates or restrictions.
- [Safety plan](#) to your scope of practice and skill.
- Place a DFV alert on medical records for ongoing assessment.

#### Refer

*I would like to have one of my colleagues who specialises in supporting people in similar DFV circumstances contact you .... would that be okay?*

yes  no

*When is a safe time to contact you?*

Try to obtain two or three options for follow up, including dates and times

*If I give you a contact number for a local DFV specialist agency, are you safe to store this number?*

If no, remind the patient that: *Hospitals are open 24 hours, 7 days a week and you can present to any hospital to seek support and safety at any time. All staff can help you and can arrange for you to speak to with a Social Worker or DFV specialist worker.*

- Remind the patient that there are many services that can support them and their children or family members when they are ready.
- Remind the patient that they can contact police 000.
- Ask what else you can do for them.

#### Support services

Offer the patient support and referral to the local specialist DFV service or helpline to assist them in obtaining legal, practical, financial, housing, and emotional support they may need.

- Each Health Service has a specialist DFV worker - contact them via Social work or Allied health for consultation and support.
- [DV Connect](#)  
Ph: 1800 811 811. A state-wide service offering free 24/7 telephone counselling to anyone affected by DFV. It also helps in developing a safety plan for victims and emergency transport and accommodation if necessary.
- [DV Connect Mensline](#)  
Ph: 1800 600 636. 9am-midnight, 7 days a week.
- [1800 Respect](#)  
Ph: 1800 737 732. Confidential information, counselling, and support service 24/7.
- [Elder Abuse Helpline](#)  
Ph: 1300 651 192. Abuse of Older Persons.

## COVID 19 considerations

Where a patient is accessing telehealth due a [COVID-19](#) requirement to quarantine, the Public Health Act states that it is lawful to leave home quarantine for the purposes of avoiding injury or illness or to escape a risk of harm. This includes a risk of harm related to domestic and family violence; or accessing support from a domestic and family violence support service.

## Technical safety considerations

It's important to consider the patient's [technical safety](#) and assess the possibility that the patient's devices (laptop, phone, computer, tablet) may be monitored. If the patient is concerned that the device is

being monitored or there is suspicion or knowledge of DFV, clinicians should attempt to complete the initial appointment as face-to-face, or via telehealth from the patient's nearest Queensland Health facility, or via telehealth from another safe and suitable location, to assess the safety of the patient using their personal devices for future telehealth appointments.

## Suggested script for perpetrators

You may suspect that your patient is using violence in their family, in intimate relationships or in their role as carer, or someone perpetrating DFV may disclose their violence and seek support from you. Research shows that health professionals are one of the few groups of people that a perpetrator may disclose to about DFV. Perpetrators may state that they are having problems with stress, anger, depression, alcohol, or drugs instead of saying directly that they are committing domestic violence.

The safety of victims and their children is paramount and health professionals should not engage with perpetrators in ways that increase the risk of DFV, or in any way excuse or validate violent behaviour.

If a person discloses that they are using violence, never breach the confidentiality of victims and their children, by sharing any information the victim may have provided to you. Only engage with the person about their own individual circumstances and options.

### How do I respond to a person who has disclosed that they are using violence?

- Acknowledge their disclosure as a first step to ending DFV.
- Consider the risk they are posing to their partner, children, or other family members and steps that can be taken to reduce this.
- Advise that you need to ask a few direct questions to assess risk. Ask:  
*Have ever hurt your partner (pushed, shoved, choked, hit)?*  
*Have you ever threatened to hurt them? With a weapon?*  
*Have the police ever arrived during an argument or fight?*
- Affirm that their violent behaviour is a choice and that they can choose to stop.
- Be respectful, empathic and matter of fact but do not collude.
- Document the details into the medical record and place a DFV alert on medical records for holding them accountable, including ongoing assessment of risk to cause harm.
- You may need to share relevant DFV information with other agencies due to identified risk, direct threats and or observations.

### Refer

- Avoid any form of couple counselling therapy, anger management, family therapy or mediation if DFV is present.
- In readiness for a referral, ask:  
*It sounds like you want to make some changes to your behaviours that would benefit you and your partner / children / family member.*  
*What choices do you think you have?*  
*What can you do about any of these behaviours?*  
*What help would you like from me to assist you to make these changes?*
- Refer to specialist DFV men's programs if there is one available in your area. Ask:  
*Can you see yourself making the call to refer?*  
*What will be helpful for you to remember to make the call?*  
*Can I make the call with you now or make it for you?*
- With consent, complete any referrals for services they may need, in addition to the violent behaviour (support for substance abuse for example).
- Provided detailed information in the referral outlining the DFV and who the victim is and if there are children involved.
- Document disclosure, referrals and supports offered.