**Response to disclosure flowchart**

**Presentation to health service**
- No abuse disclosed. You recognise domestic and family violence through presence of indicators and/or risk factors.

**An individual discloses domestic and family violence**
- Respond sensitively: • Cultural considerations • Non-judgemental listening • Communicate belief • Validate the experience • A harm that violence is unacceptable

**Is a language or disability interpreter service required?**
- Would the patient like to speak to an Aboriginal and Torres Strait Islander Health Liaison Officer?

**Screen for safety**
- Ensure culturally sensitive care is delivered to Aboriginal and Torres Strait Islander people through offering a referral to Aboriginal and Torres Strait Islander specific services.

**You can consult with:**
- A domestic and family violence expert in your clinical area
- Call DV Connect or a specialist domestic and family violence service for advice
- An Aboriginal and Torres Strait Islander Health Liaison Officer
- 1800RESPECT website for information and tools
- A social worker

**Obtain consent to make a referral to a specialist support service and share information with the support services.**
- In some circumstances health workers may share client information without consent if it will lessen or prevent a serious domestic and family violence threat. Refer to Domestic and Family Violence Information Sharing Guidelines.

**A Queensland Health employee can consult with a Child Protection Advisor.**
- Private health services should consult with their Child Safety Regional Intake Service.

**Consent child protection concerns.**
- Consider child protection concerns.

**You can make a referral to:**
- A domestic and family violence expert in your clinical area
- A social worker
- An Aboriginal and Torres Strait Islander Health Liaison Officer
- DV connect or a specialist domestic and family violence service/help line
- Legal service
- Victim Assist and victim support services
- Queensland Police Service

**If your concerns do not reach the threshold for a report to Child Safety consider referral to Family and Child Connect or Intensive family support services.**

**Document your concerns, referral details and details of any information shared with other agencies in the clinical record.**

**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

4. **Support the client throughout the referral process**
   - Be non-judgmental 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.

**Respect the decisions and choices of the client**
- 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 clients to progress at their own pace wherever possible.