**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 appropriately:**

- **Supportive response**
  - Cultural considerations
  - Non-judgmental listening
  - Communicate belief
  - Validate the experience
  - Affirm that violence is unacceptable

**Never Ask**

- Why don’t you leave? Why did he/she hit you?

**Consider child protection concerns**

- Make an initial safety assessment to ensure the safety of the individual and their children/unborn child.

**You can consult with:**

- A domestic and family violence expert in your clinical area
- A social worker
- Call DV Connect or a specialist domestic and family violence service for advice
- 1800RESPECT website for information and tools

**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 is relevant to domestic and family violence risk assessment or will lessen or prevent a serious domestic and family violence threat. Refer to Domestic and Family Violence Information Sharing Guidelines.**

**You can make a referral to:**

- A domestic and family violence expert in your clinical area
- A social worker
- DV connect or a specialist domestic and family violence service/help line
- Legal service
- Victim Assist and victim support services
- Queensland Police Service

**Ensure culturally sensitive care is delivered to Aboriginal and Torres Strait Islander people through referral to Aboriginal and Torres Strait Islander specific services.**

**Ensure CALD people receive appropriate interpreter and support services.** Brief the interpreter about the presence of DFV

**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

**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 3223
- Womensline 1800 811 811
- Mensline 1800 600 636

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.
   - With 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 client’s cultural background may have an influence on decisions.
- Remain patient and supportive, allowing patients to progress at their own pace wherever possible.