

# Health workforce domestic and family violence training

## 1. Statement

This Guideline provides information about resources and training programs available, to promote consistency and best practice, and to ensure that all health service employees are aware of their role and responsibilities in recognising and responding to domestic and family violence.

## 2. Scope

This Guideline applies to all health service employees. More specifically, it applies to health service employees who as part of their normal duties are likely to work in clinical areas more likely to interact with victims/survivors and /or perpetrators of domestic and family violence.

Compliance with this guideline is not mandatory, but sound reasoning must exist for departing from the recommended requirements within this guideline.

## 3. Background

The Special Taskforce on Domestic and Family Violence in Queensland (the Taskforce), chaired by The Honourable Quentin Bryce AD CVO, was established on 10 August 2014 to examine Queensland's domestic and family violence support systems and make recommendations on system improvements and ways to prevent future incidents.

The Taskforce provided the Premier of Queensland with their report *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland* (the NNNE report) on 28 February 2015. The Government response to the report was released in August 2015 supporting or accepting all 140 recommendations.

The NNNE report outlines three key themes – community culture and attitudes; integrated service responses to support victims; and the need for police and court systems to protect victims and hold perpetrators to account.

Health professionals typically enjoy non-judgemental relationships of trust and confidence with client's and a professional interest in their health and well-being. These factors give the health sector a unique capacity to identify and provide support to client's impacted by domestic and family violence.

Recommendations 52, 55, 56 and 58 of the NNNE Report required the development of a toolkit of resources and a train-the-trainer program.

## 4. What is domestic and family violence?

In the Queensland *Domestic and Family Violence Protection Act 2012*, domestic violence means behaviour by a person (the first person) towards another person (the second person) with whom the first person is in a relevant relationship that—

- a) is physically or sexually abusive; or
- b) is emotionally or psychologically abusive; or
- c) is economically abusive; or
- d) is threatening; or
- e) is coercive; or
- f) in any other way controls or dominates the second person and causes the second person to fear for the second person's safety or wellbeing or that of someone else.

## 5. Requirements

This guideline provides information on the domestic and family violence education and training program and supports best practice in recognising and responding to domestic and family violence.

### 5.1 Education and training program

#### 5.1.1 Newly employed health service employees

- All newly employed health service employees are provided with introductory information on domestic and family violence. This information is accessible through completing the *Understanding Domestic and Family Violence* online module or reviewing the supporting *Understanding Domestic and Family Violence* booklet available at <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/patient-safety/duty-of-care/domestic-family-violence>
- For information on support for employees experiencing domestic and family violence (refer 5.1.4)
- This can be managed through the inclusion of a broad overview of domestic and family violence as a component of the Hospital and Health Service clinical induction program.

#### 5.1.2 Health professionals working in specific clinical areas

- Health professionals who work in the following clinical areas, including: Maternity services, emergency departments, community child health, paediatrics, allied health, mental health, alcohol and other drug services, Aboriginal and Torres Strait Islander health and multicultural health services are required to complete the *Clinical response to Domestic and Family Violence* blended learning package.
- Health professionals working in the above named clinical areas are required to complete the *Clinical response to Domestic and Family Violence* blended learning package within six months of commencing their role and refresh the training every three years.

- The *Clinical response to Domestic and Family Violence* blended learning package has two components an online module and a face to face training session to embed adult learning concepts in relation to effective communication with clients experiencing DFV and to address sensitive and complex materials.
- The face to face session can be delivered flexibly either in a single session or a series of short sessions.
- To complete the *Clinical response to Domestic and Family Violence* blended learning package clinicians are required to complete the following steps:
  - **Step 1** - Complete the *Clinical response to Domestic and Family Violence* online module. The online module is available at <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/patient-safety/duty-of-care/domestic-family-violence>
  - **Step 2** - Print the 'certificate of completion' at the end of the online module.
  - **Step 3** – Within one month of completing the online module attend a face to face training session delivered by a trainer who has completed the *Clinical response to Domestic and Family Violence* train-the-trainer program.
  - **Step 4** - Present the 'certificate of completion' to the trainer to authorise by signing the certificate and recording your attendance.
- Trainers should follow local Hospital and Health Service procedure when maintaining a record of:
  - the number training sessions delivered
  - the names of the clinicians who have completed the *Clinical response to Domestic and Family Violence* blended learning package
  - the pre and post training evaluation survey to identify areas for improvement in the delivery of future training sessions

### 5.1.3 Train the trainer program

- The train-the-trainer program aims to build on existing knowledge and expertise to enable clinical leads and educators to confidently deliver the *Clinical response to Domestic and Family Violence* training sessions to clinicians in relevant clinical areas.
- The *Clinical response to Domestic and Family Violence Facilitator Guide* and training presentation (Power Point) supports the delivery of the train-the-trainer program by outlining the requirements of the train the trainer session including:
  - preparation for the train-the-trainer session
  - topics for discussion
  - key messages
  - facilitator notes and suggested activities
- The facilitator of the *Clinical response to Domestic and Family Violence* train-the-trainer program should have knowledge and expertise on the topic of domestic and family violence and experience in facilitating groups.

- It is highly desirable for the facilitator to have completed the *Recognise and respond appropriately to domestic and family violence* nationally accredited training course.
- It is considered best practice to deliver the *Clinical response to Domestic and Family Violence* train-the-trainer session in collaboration with the local domestic and family violence specialist service; and a person with lived experience of domestic and family violence. It is the responsibility of the facilitator to ensure invited guests are engaged through consumer engagement principles, offered support and remuneration if applicable.

#### 5.1.4 Responsibilities of the train-the-trainer facilitator

- The train-the-trainer program facilitator is responsible for:
  - ensuring participants are aware of the prerequisite requirement of the program which includes completion of the *Clinical response to Domestic and Family Violence* online module
  - conducting *Clinical response to Domestic and Family Violence* train-the-trainer sessions at regular intervals to maintain adequate numbers of trainers
  - ensuring participants are aware of how to contact EAP or DVConnect in case they need additional confidential support
  - ensuring participants awareness of, the Human Resources 'Support for employees affected by domestic and family violence' directive, policy and guideline are available at: <http://qheps.health.qld.gov.au/hr/domestic-violence/html/supporting-someone.htm>
  - maintaining a record of train the trainer sessions delivered and a register of participants names, position and clinical service
  - outlining an expectation that participants deliver the *Clinical response to Domestic and Family Violence* to clinical staff in a range of clinical areas as described in section 5.1.2.

#### 5.1.5 Support for employees affected by domestic and family violence

- The Department of Health has worked in partnership with the Public Service Commission to develop and implement a training package and an intranet web page to provide guidance for management of victims of domestic and family violence in the workplace. (<http://qheps.health.qld.gov.au/hr/domestic-violence/html/supporting-someone.htm>)
- The Domestic and Family Violence e-learning program – Recognise, Respond, Refer was jointly developed by the Queensland Government and Australia's CEO Challenge and is available to Queensland Health employees on QHEPS. (<http://qheps.health.qld.gov.au/hr/domestic-violence/html/training.htm>)
- The 'Support for employees affected by domestic and family violence' directive, policy and guideline outline the roles and responsibilities of managers and the Queensland Health workforce.

- Employees affected by DFV are supported through provision of flexible working arrangements, a minimum of 10 days paid special leave and counselling support services.

## 6. Legislation

- *Domestic and Family Violence Protection Act 2012*
- *Child Protection Act 1999*
- *Information Privacy Act 2009*
- *Hospital and Health Boards Act 2011*
- *The Privacy Act 1988*

## 7. Supporting documents

- *National Plan to reduce violence against women and their children 2010 - 2022*
- *Not Now Not Ever: Putting an End to Domestic and Family Violence in Queensland*
- *Domestic and Family Violence Prevention Strategy 2016 – 2026 (Queensland)*
- *Australia’s CEO Challenge Recognise Respond Refer: Domestic Violence in the workplace*
- *Understanding Domestic and Family Violence online module and booklet*
- *Clinical response to Domestic and Family Violence online module and Facilitator Guide*
- *Aboriginal and Torres Strait Islander resource booklet*

## 8. Definitions

Term	Definition
Domestic and Family Violence	<p>In the Queensland <i>Domestic and Family Violence Protection Act 2012</i>, domestic violence means behaviour by a person (the first person) towards another person (the second person) with whom the first person is in a relevant relationship that—</p> <ol style="list-style-type: none"> <li>is physically or sexually abusive; or</li> <li>is emotionally or psychologically abusive; or</li> <li>is economically abusive; or</li> <li>is threatening; or</li> <li>is coercive; or</li> <li>in any other way controls or dominates the second person and causes the second person to fear for the second person’s safety or wellbeing or that of someone else.</li> </ol>
Disclosure	Any occasion when an adult or child who has experienced or perpetrated DFV informs a health employee or any other third party.

Term	Definition
Health professional	The <i>Hospital and Health Boards Act 2011</i> defines a health professional as -  a) a person registered under the Health Practitioner Regulation National Law; or  b) a person, other than a person referred to in paragraph (a), who provides a health service, including, for example, an audiologist, dietician or social worker.
Perpetrator	A person who carries out a harmful, illegal or immoral act.
Survivor	A person regarded as resilient or courageous enough to be able to overcome harm, hardship or a series of events that threatens safety.
Victim	A person harmed, injured, or killed as a result of a crime, accident, or other event or action.

## Version Control

Version	Date	Comments
V1.0	17.10.2016	Draft for consultation – DFV EAG
V2.0	8.11.2016	Draft for endorsement – HHS CE
V3.0	8.12.2016	Draft for DFV EAG and HHSCE feedback.  Updated template.
V4.0	7.02.2017	Final