

# Information Sharing in Situations of Domestic and Family Violence in Health Care Settings

Recent amendments to the Domestic and Family Violence Protection Act 2012 (DFVP Act) have changed how agencies may share otherwise confidential information in the interests of assessing and managing domestic and family violence risk, with the aim of better protecting people who are experiencing domestic and family violence (DFV).

## GUIDING PRINCIPLES

1. The safety of DFV victims/survivors and their children is paramount.
2. Consent should be obtained where it is safe, possible, and practical to do so, with paramount consideration given to safety including any adverse impacts of seeking consent.
3. Privacy is important and only relevant information should be shared
4. Information sharing under the DFVP Act is not mandatory. All agencies, including Hospitals and Health Services (HHSs), must assess each information sharing request in accordance with the guidance provided below and in the Domestic and Family Violence Information Sharing Guidelines.

## CONSULT

with your line manager before sharing information and/or contact:

HHS Social Worker Ph: \_\_\_\_\_

HHS Legal Services Ph: \_\_\_\_\_

## QUEENSLAND HEALTH EMPLOYEES MAY SHARE INFORMATION:

- Where they reasonably believe that a person is experiencing or at risk of experiencing DFV, and
- With people whose identities can be confirmed, and
- Relevant to **ASSESSMENT OF DFV RISK**: with specialist DFV services and/or any government agency providing services to people who experience or commit DFV, and/or
- Relevant to **managing a SERIOUS DFV THREAT** with specialist DFV services, and/or other government agencies providing services to people who experience or commit DFV, and/or other service providers.

A serious DFV threat may be indicated by a pending or recent separation, non-lethal strangulation, threats to kill, an extended history of DFV, stalking, intimate partner sexual violence, an escalation in intensity and frequency of violence, the extent of coercive control, and a perpetrators access to weapons. Relevant information may include (but is not limited to) history of admissions to hospital for DFV-related injuries, date of admission or discharge of alleged perpetrator, and any information that may indicate high risk or serious threat.

Queensland Health may request/receive information relevant to DFV risk assessment and/or to managing a serious threat from:

specialist DFV services other government agencies providing services to people who experience or commit DFV, and/or other service providers.

## SAFE DOCUMENTATION AND RECORD KEEPING IS ESSENTIAL

Keep a record of the request and a copy of all information shared. Who did you share the information with? Why? How?