24 February 2025

Coroner McGregor
Coroners Court of Victoria
65 Kavanagh Street
Southbank VIC 3006

Dear Coroner McGregor

Investigation into the death of [redacted]
Court reference: 3935 / 2021

I am writing on behalf of Austin Health in response to the recommendations made in the findings of Coroner McGregor dated 9 January 2025. The response is provided in accordance with s72(3) of the *Coroners Act 2008*.

Recommendations directed to Austin Health:

Recommendation b: That Austin Health further considers the integration of risk 'flags' or other notifications into and across their patient record system where serious risk of family violence has been identified.

The Coroner's recommendation has been implemented.

The integration of specific 'Family Violence Alerts' (risk flags) commenced in May 2024 and have now been implemented in family violence revised policies.

We have introduced the following changes;

Additional education sessions

- E-learn updates - (Family Violence Alerts section) - to be finalised February 2025
- Face to face clinical education plan delivered by Family Violence Leads in hospital, for Emergency Department clinical staff commencing March 2025 (within these sessions we present the current suite of family violence policies and application of the current Family Violence Alerts)
- Family Violence specialists support clinical staff via consult process, to ensure Family violence alerts placed on patient files, if assessed as necessary.

New Emergency Department Family Violence working group

- Established and commencing 11 March 2025 to further support staff to identify, complete risk assessment and support patients who are at risk of family violence.

Policy Alterations:

Current policy "**Family Violence Identification and Response".** This was revised, August 2024 and the new direction on Family Violence Alerts has been included.
We attach a copy of the updated policy. Please refer to page 11.

Should any further information be required please do hesitate to contact me.

Yours sincerely

Cameron Goodyear
Chief Executive Officer (Interim)

AUSTIN HEALTH

CLINICAL PROCEDURE

FAMILY VIOLENCE IDENTIFICATION AND RESPONSE PROCEDURE

Staff this document applies to:

Austin Health staff identified as holding family violence identification and response responsibilities. Classification of 'identified staff' will depend on the needs of specific practice environments.

Staff identified as *responsible* for family violence identification and response include, but are not limited to:

- Identified clinical staff in Emergency Department, Paediatric Medicine, and Specialist Clinics
- Nurse Unit Managers, Associate Nurse Unit Managers, Clinical Nurse Specialists
- Mental Health clinicians
- Allied Health clinicians

This document is also relevant to clinical staff who hold additional responsibilities for assessing and responding to family violence risk beyond identification. This includes, but is not limited to:

- Identified Mental Health clinicians.
- Social Workers
- Northern Centre Against Sexual Assault (NCASA) practitioners

These clinicians should refer to the specific procedure relevant to their level of practice in addition to this procedure.

This guideline *does* not apply to:

- employees experiencing family violence. Instead refer to Family Violence: Workplace Support Procedure

If staff are requiring further supports, please contact EAP. The EAP is an external, confidential and professional counselling service available at no cost to all Austin Health employees and their immediate family members. It is provided by Converge International.

Contents:

OPPIC Document ID: PRC-22202 **Date of last major update: 2/08/2024** **Review Date:** 02/08/2027

Related Austin Health policies, procedures, or guidelines:

Family Violence Policy

Family Violence: Workplace Support Procedure

Patient Information Privacy Policy

Use and Release of Patient Information Guidelines

Managing and Responding to Disclosures of Sexual Assault

NCASA Family Violence Information Sharing and Child Information Sharing Procedure

Responding to children who are at risk of abuse or neglect or where abuse neglect is suspected

Family violence Information sharing procedure

Dealing with Police Procedure

Purpose:

This document provides information to assist Austin Health staff who are required to identify and respond to family violence.

It provides procedural guidance on the steps these staff need to take when family violence is suspected or disclosed, in line with relevant legal and professional responsibilities.

Responsibilities:

At this level of practice, the focus is on identifying whether family violence is occurring, identifying any immediate risks and connecting with internal or external services.

Addressing family violence requires staff to consider the impact of the family violence for the patient, and any others directly affected by the family violence, such as other adults and or children.

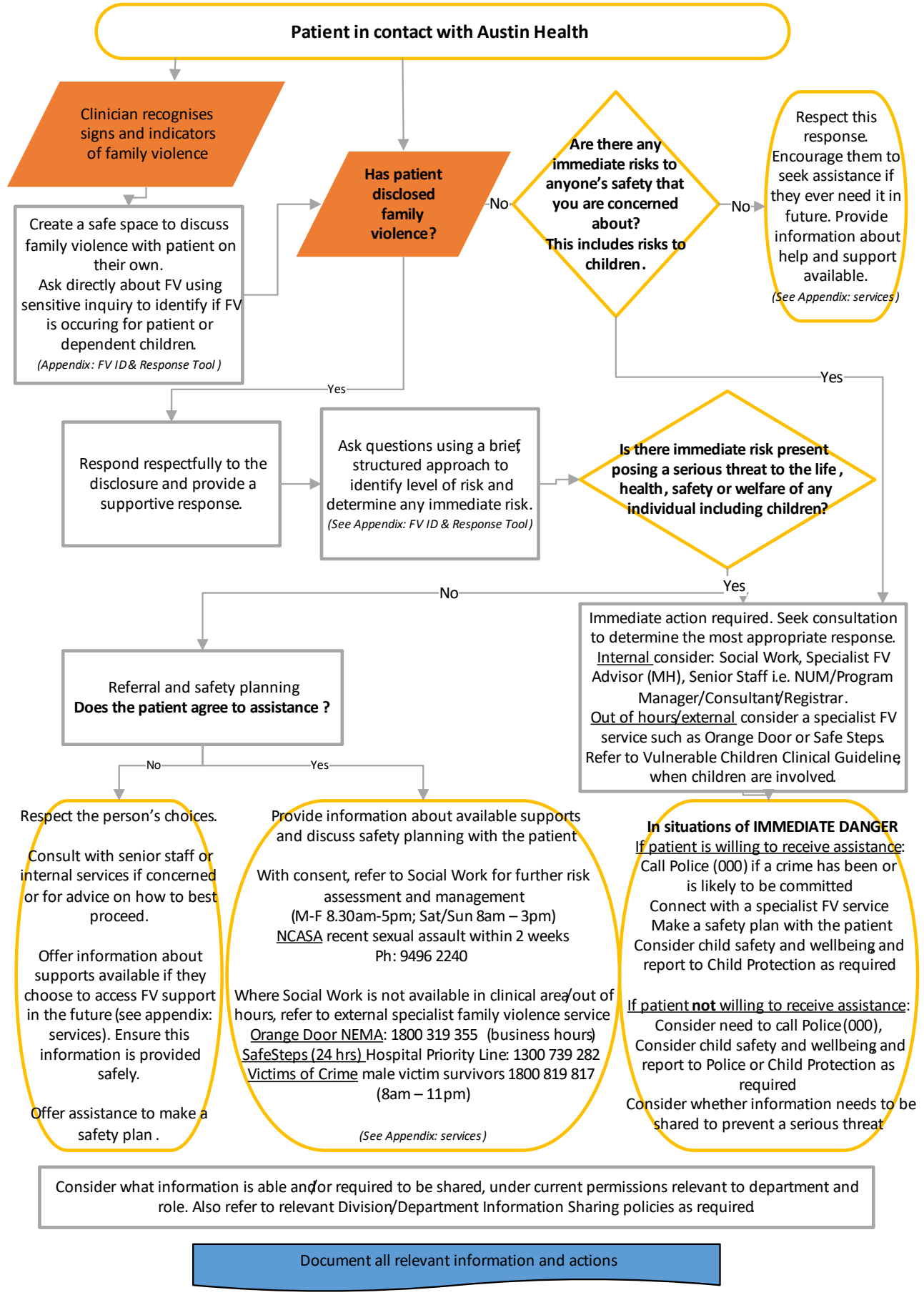
The Victorian Multi-Agency Risk Assessment and Risk Management Framework (MARAM) outlines ten responsibilities of organisations and workforces which combine to create an effective response to family violence across the integrated service system. Staff at the level of practice outlined in this procedure are required to fulfill MARAM responsibilities 1 and 2, and contribute to 5, 6, 9 and 10. For further details of these responsibilities and their legislative basis see **Appendix 1 – Authorising legislation and responsibilities at Austin Health.**

The Family Violence Identification and Response Tool

Staff with Identification and Response responsibilities should use the **Family Violence Identification and Response Tool**. The tool guides a structured conversation about family violence. The tool is designed to identify family violence *experienced* by adults and children and should be used when you suspect someone may be experiencing family violence or discloses family violence.

The **ATLAS E-Learn** Module *'Identifying and Responding to Family Violence'* provides detailed guidance on using this tool. This module builds on the ATLAS module '*What is Family Violence?*' which is recommended learning for all staff.

Flowchart: Identification and response to family violence



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Step 1: Engage Effectively

A shared understanding of the nature and dynamics of family violence underpins a respectful, sensitive, and safe conversation.

To support effective engagement with victim survivors (adult and children), clinicians should:

a) Recognise the signs and indicators of family violence.
b) Ask directly about family violence.
c) Respond respectfully to disclosures.

a) Recognise the signs and indicators of family violence

It is important for staff to be aware of the possible indicators and risk factors for family violence. You may suspect that someone is experiencing family violence through observing signs or indicators related to physical or emotional presentation, behaviour, or circumstances. Indicators may be expressed differently across a person's lifespan, from infancy, childhood, and adolescence, through to adulthood and old age.

See **Appendix 3 – Observable signs of trauma that may indicate family violence (adults and children).**

Adults and children experiencing family violence may also not exhibit any of these signs and indicators. If you do not observe any signs or indicators but think that something is 'not quite right', you should continue with the following steps to explore whether family violence might be occurring.

Where clinicians identify one or more family violence indicators or risk factors are present, they should start a conversation (sensitive inquiry) to find out whether or not family violence is occurring.

b) Ask directly about family violence using sensitive inquiry

Creating a safe space to discuss family violence.

All staff are responsible for facilitating an appropriate, accessible, culturally responsive environment for all patients. This is to ensure that patients feel safe to make a disclosure of family violence and receive a response that is respectful, sensitive, and safe, which ensures they can access support to enhance their safety.

Before you start asking questions, ask yourself whether the conditions are right to proceed. The discussion must not increase risk for the victim survivor (adult or child) and should only occur if it is safe to do so. You should consider **privacy, communication needs, culture and identity**, and the **presence of children.**

See **Appendix 4 – Considerations in creating a safe space to disclose family violence**

If the conditions are not right to proceed, you should take steps to address these barriers before proceeding, and/or seek consultation with a senior staff member or social work. If the conditions are right to proceed, continue with the steps below.

Asking about family violence using sensitive inquiry

A sensitive inquiry establishes whether a patient is experiencing family violence and the patient's level of risk. The Identification and Response tool supports your conversation. You should be clear with the patient about confidentiality and its limitations, such as your child risk mandatory reporting and (Family Violence and Child information sharing obligations)

- Example of statement to a victim survivor with children: "Information you disclose is confidential. However, there may be times where your information is shared without your consent, for example, if relevant to assessing or managing family violence risk to a child/ren. We would discuss this with you, if safe to do so."
- E.g.: of statement if Victim Survivor who does not have children; "Information you disclose is confidential. However, there may be times where your information is shared without your consent, for example, if relevant to assessing or managing significant family violence risk."

Introductory/framing questions are recommended to begin the conversation. Exploratory questions should be gentle, respectful but direct. Examples include:

- "When we are concerned about someone, we ask a set of questions to find out if they are safe in their relationships, which helps us connect people with support. Is it ok if I ask you a few things about how things are going at home?"
- "I am a little concerned about you because (list family violence indicators present). How are things for you at home?"

Asking the following question helps identify if family violence is present:

- "Has anyone in your family done something to make you (and/or your children) feel unsafe or afraid?"

If family violence is present, it is important to identify who is using violence. A victim survivor may identify multiple perpetrators.

- "Who is making you feel unsafe or afraid?"
- "Is there more than one person making you feel unsafe?"

c) Respond respectfully to disclosures

How clinicians respond to a disclosure of family violence is crucial to eliciting feelings of safety, respect, and control for the patient. Clinicians should;

- Actively listen to their experience
- Be empathic and non-judgmental.
- Validate the person's experience.
- Communicate that you believe them.
- Assure the person that they are not to blame.
- Acknowledge the courage it has taken for the person to talk about their experiences.
- Empower and support the person to identify ways to keep themselves safe.

If a patient discloses family violence:

- Reflect: Reflect back family violence behaviours.
  "What I'm hearing is…"
- Validate: Respond to the person with empathy before you respond to the situation.
  "It sounds like that was really scary for you…"
- Key Message: Affirm that it is not the victim survivor's fault that the choice to use violent behaviour is not acceptable.
  "It's not okay that he chose to act this way towards you. You have the right to feel safe".
- Opening Statement:

"Have you thought about what you would like to do/ would you like to talk about some of the options for support that are available?".

<u>If a patient answers NO to questions about family violence:</u>
If responses to the questions indicate no family violence is occurring and the clinician has no further concerns, no further action is required. Respect this response, thank the person for responding to your questions and encourage them to seek assistance if they ever need it in future. If you have concerns about safety, seek further consultation with senior staff, internal services (e.g., social work) and/or external specialist family violence agencies. See step 3 for further details.

Step 2: Identify Immediate Risks

Once it has been established that a person is experiencing family violence the next step is to ask further questions to understand the level of risk and determine if there is immediate risk present.

- Clinicians should use the **Family Violence Identification and Response Tool**. This approach should **consider evidence-based risk factors** and a **victim survivor's own self-assessment** of their fear and safety.
- Evidence based risk factors are factors that, where present, are associated with greater likelihood and/or severity of family violence based on reliable research.
- A victim survivor's own self-assessment of their fear and safety is a strong indicator of the current level of risk.

See **Appendix 5 – Evidence-based risk factors**

<u>Asking questions to understand the level of risk of family violence.</u>

- *"Has this person controlled your day-to-day activities (e.g., who you see, where you go, or how you spend your money) or put you down?"*
- *"Has this person threatened to hurt you (or your children) in any way?"*
- *"Has this person physically hurt you and/or your children in any way?"*

If the person answers 'yes' to these questions, it is important to assess changes in the recent **frequency** and/or **severity** of each of these behaviours. Escalation in frequency or severity is indicative of more serious risk:

- *"Has the frequency changed, or the experience increased in severity?"*

<u>Asking questions to determine immediate risk:</u>

- *"Do you have any immediate concerns about the safety of your children or someone else in your family?'*

If the person responds 'yes' to this question, this indicates that there is immediate risk, and an immediate action is required to promote safety (see Step 3).

- *"Do you feel safe leaving here today?"*

If the person responds 'no' to this question, this indicates that there is an immediate risk, and an immediate action is required to promote safety (see Step 3).

Step 3: Promote Safety & Support

To promote safety and support, clinicians should:

a) Respond to immediate risk, if identified
b) Offer referrals to internal or external supports.
c) Conduct basic safety planning.
d) Share information, if required

Support and safety responses should utilise internal or external consultation as required.

a) Respond to immediate risk, if identified

The safety and support response required will depend on what you have identified through your structured questioning.

Responding when family violence identified – **immediate risk present:**
If family violence is disclosed and there is an immediate and serious risk of harm identified to an adult victim survivor and/or child, immediate action is required to promote the person's safety.
This should include:

- Consulting with senior staff and internal services (e.g. Social Work or Mental Health Specialist Family Violence Advisor) during business hours, or:
- Consulting with a specialist family violence service, such as The Orange Door (Ph: 1800 319 355) in hours or Safe Steps (Ph: 9322 3544) out of hours, and
- Developing a safety plan.

Dependent on the outcomes of consultation, further steps required may include:

- Notifying police (if a crime has been, or is likely to be, committed)
- Reporting to Child Protection (see policy : Responding to children who are at risk of abuse or neglect or where abuse neglect is suspected)
- Connection with a specialist family violence response service such as Safe Steps
- Sharing information with relevant services as permitted by relevant legislation.

Responding when family violence identified – **no immediate risk present:**
If family violence is disclosed and there is no immediate danger, and the person is willing to receive further assistance:

- Provide information about available supports.
- With consent, refer to social work or an external specialist family violence service for further risk assessment and management.
- Consider and act on child wellbeing concerns. Also, see policy: Responding to children who are at risk of abuse or neglect or where abuse neglect is suspected

Responding when family violence is identified **- no immediate risk, person has declined further assistance/referral**:

- Respect the person's choices.
- If you have concerns, consult with senior staff and internal services (e.g. social work or Mental Health Specialist Family Violence Advisor)
- Offer information about available supports in a safe way. If providing information about services, it is essential to discuss whether providing leaflets or written information could compromise their safety.
- Offer the person assistance to make a safety plan.

b) Referral

Connecting the victim survivor to support services both internal and external can be an important strategy for providing a pathway to safety. These services can provide family violence risk assessment and provide specialist family violence support. All referrals require the direct involvement or **consent** of the victim survivor.

Clinical staff are encouraged to refer to the following internal services/roles, when responding to a presentation of family violence:

- Social Work Department, including Family Violence and Child Safe Program Lead
- Northern Centre Against Sexual Assault
- Specialist Family Violence Advisor (Mental Health)

- Aboriginal Health Program (Ngarra Jarra)

At times clinical staff may consult with **external services** or make direct referrals. See **Appendix 6 – External support services**

In the case that a more specialised referral is not available, clinicians should ensure their responsibilities to perform family violence identification and response at this level are fulfilled. Additionally, if a referral for more specialist support is offered but declined, it remains the responsibility of the primary clinician to inquire about family violence and offer basic safety planning, at a minimum.

c) Safety planning

- A safety plan is a plan for staying safe from violence, which is personalised to the needs of the victim survivor/s.
- **A referral** can be made to Social Work Department (Inpatient- General Hospital) or if Specialist clinic patient (see Social Work pulse page procedure guidelines)
- All MH units, programs, and services direct secondary consult with Snr Specialist Family Violence Advisor (M- F 9-5)
- The **Orange Door** during business hours, to conduct more comprehensive safety planning.
- After hours, contact can be made with Safe Steps or 1800 Respect.
- If a victim survivor *declines* a referral, or a referral is unavailable, it is important to discuss basic safety planning. The **Family Violence Identification and Response Tool** includes some key elements of a safety plan, to assist you to develop a safety plan with the patient. This may include:
  - Where to go
  - Who to contact (emergency supports and support people)
  - How to get there
  - What to bring
  - Considerations for children
  - Considerations for pets
  - Safe communication

d) Information sharing

Effective and appropriate sharing of information is crucial in keeping victim survivors safe and holding perpetrators to account for their use of violence.

FVISS & CISS

Austin Health is prescribed as an **Information Sharing Entity (ISE)** under the Family Violence Information Sharing Scheme (FVISS) and Child Information Sharing Scheme (CISS).

1. The **FVISS** allows for the sharing of relevant information between authorised services to ensure the safety of individuals experiencing family violence and to hold perpetrators to account.

2. The **CISS** aims to promote the safety and wellbeing of children who may be at risk of harm.

Further information can be found in the Family Violence Information Sharing Scheme Procedure.

*To locate completed current or historic information sharing on UR number – check SMR (tab) and/or Cerner form browser section.

NCASA clinicians are required to refer to the NCASA Family Violence Information Sharing and Child Information Sharing Procedure

Health Records Act

The Health Records Act 2001 (Vic) permits the **collection and disclosure** of information in certain circumstances including:

- Where there is consent
- Where it is necessary to collect health information to **prevent or lessen a serious threat to the life, health, safety, or welfare of any individual.**
- To use or disclose personal or health information for a secondary purpose if it reasonably believes that doing so is necessary **to lessen or prevent a serious threat to an individual's life, health, safety or welfare, or a serious threat to the health, safety, or welfare of the public.**
- Where disclosure is required or authorised by law.

In making an assessment as to whether a threat is **'SERIOUS'** clinicians should consider and consult with a senior staff member regarding the following factors:

- **Likelihood** – What is the chance of the threat actually happening?
- **Severity** – How significant are the consequences of the threat?

Health Information Services should be consulted for clarification of procedures relating to release of information to external agencies.

See Austin Health Patient Information Privacy Policy and Austin Health Use and Release of Patient Information Guidelines.

Step 4: Documentation

Documentation in the **patient's medical file** (in addition to Austin Health Family Violence Identification and Response Tool) needs to be impartial, accurate and complete.

The following information should be recorded.

- **FOI Exempt** (stated at commencement of any Family Violence documented information)
- Family violence indicators, outcomes of discussions, including referral options and information provided,
- Family violence history provided by the patient/child,
- Details of other family members, adults, and children in the home,
- Consent from the victim survivor to refer for a specialist family violence agency,
- Consent from the victim survivor to refer to the Orange Door (statewide specialist family violence service)
- Referrals made to all services including police, social work, specialist family violence services or Child Protection or the Orange Door
- Consultations with social work, Family Violence internal senior advisors, senior staff and/or external agencies and the outcomes of these consultations,
- Any relevant/key information provided directly by the victim survivor that can be quoted directly.

Cerner – Powerform (Commenced Sept 2023) - replica of Form on SMR:
Creating new Cerner Form

Cerner Form –Powerform (Family Violence and Child Wellbeing) :

- If a current encounter
  - Find form in Form Browser (Blue Panel on left side of screen) or Ad Hoc section (Grey Panel at top of screen) **Admitted patients:**
- The Family Violence Identification and Response Tool powerform, to be completed on a patient's file if a current encounter on Cerner

Outpatients:

- Patients who do not have a *current* encounter, record information in the Family Violence Identification and Response Tool, SMR form.
- Complete the FV ID and Response Tool to store on patient files.
- Send to HIS, to store on patient file and record a progress note on patient file (completed FV ID and Response Tool) to store on patient files. However, *at times*, outpatients can have current encounters on Cerner. Therefore, power form to be completed on a patient's file, on Cerner.
  - For e.g. Liver Transplant Unit can have an outpatient with a current encounter on Cerner

Non admitted person or family member (Consumer – Gen Hospital) and/or Mental Health Family Member or Carer

If completing, a Family Violence ID and Response tool, with the ***Non-admitted*** person, and is (identified as a Victim Survivor) - for e.g. intimate partner of a current admitted patient.

If the consumer, (General Hospital) has an UR number, or in the case of a Mental Health patient's family member or carer; please do the following:

- 1. Log on to Cerner Powerchart
- 2. Look for PM Conversation application at the top of the screen and click on ***'Patient Not in Attendance'*** encounter
- 3. Search for client using patient search window
- 4. Add encounter – Under Facility name (Type Austin, or Heidelberg Repat or Royal Talbot and click on search and ok.
- 5. Select the Clinical Unit from drop down list
- 6. Select Yes to open chart and commence documentation

No UR Number

- If *no* UR number recorded at Austin Health. Request identifiers from the person (Vic Survivor) to create a new UR. Once UR no created, add Identification Assessment Tool as above.

Alerts: (Family Violence alerts on Cerner):

Alerts should primarily be placed on Victim Survivors patient files. Please consult with your line manager, if unsure. And/or (Family Violence and Child Safe Program Lead -General Hospital) or (Specialist Family Violence Advisor – Mental Health Division)

- Dedicated Family Violence alert (Within Free text section for this alert:)
  - Who is Victim Survivor- (name)
  - Who is person using violence (name)
  - Who is Adolescent using Violence (if applicable- name)
  - Intervention Order status (if applicable)
  - E.g.: state task – Social work referral to be made if Victim Survivor re-admitted

Sample documentation

Don't Write	**Do Write**
Her husband is clearly abusive	The woman says that her husband "yells at me for no reason", "I can never do anything right" and "I am scared of him".
The woman was nervous and afraid of her partner	The patient presented as distracted and hyper vigilant whilst her partner was present, often deferring questions to her partner, lowering her gaze and spoke softly.
The children are at risk, or the child is in danger.	The woman says that she is worried "that my husband will hurt my kids to get back at me"
The patient looked like she'd been bashed.	The patient presented with physical injuries to their face, neck, and hands.
Woman still hasn't contacted family violence worker.	The patient says that she hasn't contacted the family violence worker. Writer offered to assist with this.

Family Violence – Identification and Response Tool, can now also be accessed on Cerner if inpatient with current encounter. See Form Browser or Ad Hoc Charting – Go to Family Violence Forms

If there are indications of Family Violence forms completed in previous episodes. Please review these risk assessments or information sharing power forms

- Review in Form Browser.
- Launch from the blue navigation bar or from a filter in the document viewing.
- See sort by Form section.
- Document viewing from blue menu and select advanced filters.
- This section, expand Disclosure Exempt Documents, and select each of the family violence forms.
- Select save as and name the filter Family Violence Docs (now filter accessible from drop down box

*Continue to use **Family Violence Tool Form** (FAH027250) on SMR, if a patient or consumer does not have a current encounter on Cerner (see appendix 2). Send to HIS to upload on patient's file and place alert if needed.

Appendices:

Appendix 1. Authorising legislation and responsibilities at Austin Health

Appendix 2. Austin Health Identification and Response Tool

Appendix 3. Observable signs of trauma that may indicate family violence (adults and children)

Appendix 4. Considerations in creating a safe space to discuss family violence.

Appendix 1: Authorising Legislation and Responsibilities at Austin Health

Family Violence legislation in Victoria requires many workforces, including hospitals, to take steps to **identify** and **respond** to family violence. Responsibilities: for identifying, assessing, and responding to family violence are assigned to staff groups within a workforce. This supports an effective collaborative response to family violence, designed to support enhanced outcomes for victim survivors of family violence who have contact with the hospital system.

The Multi Agency Risk Assessment and Management Framework (MARAM) is the Victorian framework for assessment and management of family violence risk.

Part 11 of the Family Violence Protection Act 2008 (FVPA) establishes the authorising environment for the MARAM framework through creation of a legislative instrument and enabling prescription of organisations through regulation. This legislative instrument includes a description of four 'framework pillars' and the requirements for alignment, guiding principles, ten responsibilities for practice and evidence-based risk factors.

'Framework Organisations' and 'section 191 agencies' are prescribed under the Family Violence Protection (Information Sharing and Risk Management) Regulations 2018. Prescribed organisations are required to progressively align their policies, procedures, practice guidance and tools to the Framework legislative instrument.

Responsibilities at Austin Health

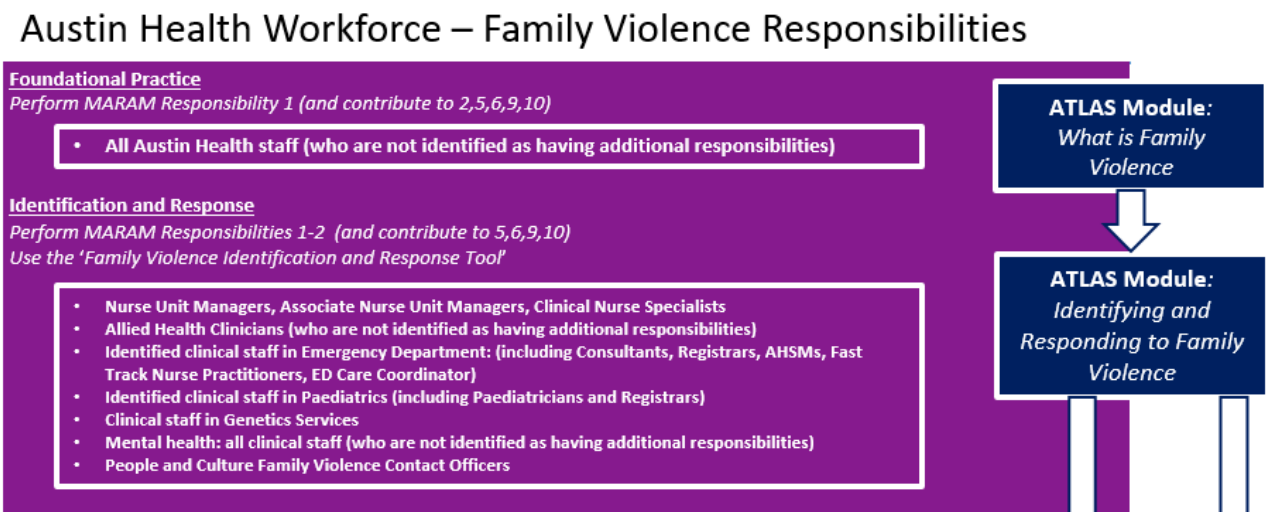
MARAM sets out roles and 10 responsibilities for practice. These responsibilities are:

- R1: Respectful, sensitive, and safe engagement
- R2: Identification of family violence
- R3: Intermediate risk assessment
- R4: Intermediate risk management
- R5: Seek consultation for comprehensive risk assessment, risk management and referrals.
- R6: Contribute to information sharing with other services (as authorised by legislation)
- R7: Comprehensive assessment
- R8: Comprehensive risk management and safety planning
- R9: Contribute to coordinated risk management.
- R10: Collaborate for ongoing risk assessment and risk management.

Family violence is everyone's business, and everyone has a role to play in responding effectively to family violence in the hospital setting. However, not all roles across the hospital are required to hold the same level of responsibility.

Austin Health has mapped their workforce to the responsibilities established under MARAM to align to the framework legislative instrument.

Mapping of Identification Level



There are 4 levels of family violence practice relevant to the Austin Health workforce:

- Foundational Practice Level
- **Identification and Response Level**
- Intermediate Risk Assessment and Response Level (Intermediate Practice)
- Comprehensive Risk Assessment and Response Level (Comprehensive Practice)
-

Staff at an Identification and Response level of practice (this procedure) are required to fulfill MARAM responsibilities 1 and 2, and contribute to 5, 6, 9 and 10. At this level, under MARAM staff have a responsibility to:

- Have a shared understanding of the nature and dynamics of family violence.
- Provide first-line support to individuals who are identified as experiencing or at risk of experiencing family violence.
- Engage respectfully, sensitively, and safely.
- Competently and confidently assess for the presence and risk of family violence as part of sensitive enquiries.
- Competently and confidently address immediate risk and safety concerns.
- Undertake basic safety planning.
- Provide a pathway to specialist family violence support.
- Recognise and addressing barriers that impact a person's support and safety options.
- Contribute to the organisation's responsibility to share information and collaborate at a multi-agency level.

Appendix 2: Austin Health Identification and Response Tool Form outpatient.
(Find in Forms SMR) and (* Use Cerner power form if Inpatient*)

Austin HEALTH

Family Violence Identification & Response Tool

U.R Number.....

Surname.....

Given Name(s) .....

Date of Birth.....

AFFIX PATIENT LABEL HERE

FAMILY VIOLENCE IDENTIFICATION & RESPONSE TOOL

Xxx.xx

Victim survivor details

Do you identify as:
☐ Aboriginal and/or ☐ Torres Strait Islander.....
☐ Culturally and/or linguistically diverse Language: .....
☐ LGBTIQ+ Pronouns:.....
☐ Person with a disability .....
☐ Other (age, rurality, mental health, etc) .....

Cultural and safety considerations for interview:	☐ Private area (perpetrator not present) ☐ Accompanying children in safe place ☐ N/A ☐ Interpreter utilised ☐ N/A ☐ Aboriginal Liaison Officer present ☐ N/A ☐ Other (security/police alerted if immediate threat) .....

Dependent children details ☐ N/A (no dependent children)

Child 1 Name: ..... DOB: ..... Gender: ..... Relationship to you: ..... Relationship to perpetrator: ..... Primary address: .... Current location: .... Identifies as: ☐ Aboriginal ☐ Torres Strait Islander ☐ CALD ☐ LGBTIQ+ ☐ Person with a disability	Child 2 Name: ..... DOB: ..... Gender: ..... Relationship to you: ..... Relationship to perpetrator: ..... Primary address: .... Current location: .... Identifies as: ☐ Aboriginal ☐ Torres Strait Islander ☐ CALD ☐ LGBTIQ+ ☐ Person with a disability
Child 3 Name: ..... DOB: ..... Gender: ..... Relationship to you: ..... Relationship to perpetrator: ..... Primary address: .... Current location: .... Identifies as: ☐ Aboriginal ☐ Torres Strait Islander ☐ CALD ☐ LGBTIQ+ ☐ Person with a disability	Child 4 Name: ..... DOB: ..... Gender: ..... Relationship to you: ..... Relationship to perpetrator: ..... Primary address: .... Current location: .... Identifies as: ☐ Aboriginal ☐ Torres Strait Islander ☐ CALD ☐ LGBTIQ+ ☐ Person with a disability

Identifying family violence

"Has anyone in your family done something to make you (and/or your children) feel unsafe or afraid?"	☐ No ☐ Chose not to answer ☐ Yes ☐ Yes and escalation (recent increase in severity and/or frequency) Details: ....

Presence of family violence identified?
☐ Yes – Proceed to next section ☐ No – Proceed to *Outcome* section.

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OPPIC Document ID: PRC-22202 **Date of last major update: 2/08/2024** **Review Date:** 02/08/2027

Austin HEALTH Family Violence Identification & Response Tool	U.R Number..... Surname..... Given Name(s) ..... Date of Birth..... **AFFIX PATIENT LABEL HERE**
Perpetrator details	
"If yes, who is making you feel unsafe?" *(if more than one person, complete separate form for each perpetrator identified)*	Name: ..... DOB: ..... Gender: ..... Relationship to you: ..... Primary address: ..... Identifies as: ☐ Aboriginal ☐ Torres Strait Islander ☐ CALD ☐ LGBTIQ+ ☐ Person with a disability
"Do you know where this person is right now?"	☐ No ☐ Yes ☐ Chose not to answer Current location: ....
"Does this person know where you are right now?"	☐ No ☐ Yes ☐ Chose not to answer Details: ....
Understanding the level of risk of family violence	
(a) "Has this person controlled your day-to-day activities (e.g., who you see, where you go, or how you spend your money) or put you down?"	☐ No ☐ Chose not to answer ☐ Yes ☐ Yes and escalation (increase in severity and/or frequency of controlling behaviours) Details: ....
(b) "Has this person threatened to hurt you (or your children) in any way?" "What have they threatened to do, to whom and when?" (e.g., threats to kill, sexual assault, or harm pets?)	☐ No ☐ Chose not to answer ☐ Yes ☐ Yes and escalation (current threat of harm) Details: ....
(c) "Has this person physically hurt you and/or your children in any way? "If so, how?" (e.g., tried to choke you, hit, slapped, or kicked you?)	☐ No ☐ Chose not to answer ☐ Yes ☐ Yes and escalation (increase in severity and/or frequency of physical violence Details: ....

Austin HEALTH **Family Violence Identification & Response Tool**	U.R Number..... Surname..... Given Name(s) ..... Date of Birth..... **AFFIX PATIENT LABEL HERE**
Determining immediate risk	
"Do you have any **immediate** concerns about the safety of your children or someone else in your family?" "If yes, what are these concerns?"	☐ No ☐ Chose not to answer ☐ Yes Details: ....
"Do you feel safe leaving here today?"	☐ No ☐ Chose not to answer ☐ Yes ☐ N/A – not leaving the hospital today Details: ....
Has an immediate risk been identified? (One or more questions answered 'Yes') ☐ Yes – Proceed to next section ☐ No – Proceed to next section	
Willingness to engage in support	
"Would you like help with this right now?" "If yes, what type of support would you like to receive?"	☐ No ☐ Yes ☐ A social worker ☐ A clinician with training in sexual assault ☐ A community-based family violence worker ☐ A crisis service ☐ Police ☐ Already engaged with service/s (specify) Details: .....
Outcome	
No indication of family violence at this time:	
☐ No disclosure but clinician has concerns about immediate risk to safety (seek immediate consultation, consider reporting to Child Protection and/or proactively sharing information)	☐ No disclosure and clinician has no further concerns (no further action required; advise the person that supports are available if this occurs in the future)
Family violence identified:	
☐ **Immediate and serious risk of harm to adult victim survivor**	☐ **Family violence indicated, and no immediate danger to adult victim survivor**
☐ AND is **willing** to receive further assistance IMMEDIATE ACTION REQUIRED TO ENSURE SAFETY (Consult internally, specialist FV service, police, safety planning)	☐ AND has **declined** further assistance at this time IMMEDIATE ACTION REQUIRED TO ENSURE SAFETY (Consult internally, specialist FV service, police)
☐ AND is **willing** to receive further assistance (Internal and/or external referrals, safety planning)	☐ AND has **declined** further assistance at this time (Consult internally, offer information about available supports in safest way possible)
☐ **Immediate and serious risk of harm to child** IMMEDIATE ACTION REQUIRED TO ENSURE SAFETY (Contact Police and/or Child Protection)	☐ **Family violence indicated, and no immediate danger to child** (Consider referral to The Orange Door or child-specific support service)

Austin HEALTH Family Violence Identification & Response Tool	U.R Number..... Surname..... Given Name(s) ..... Date of Birth..... **AFFIX PATIENT LABEL HERE**

Actions – Referrals, consultation and information sharing

☐ Information/brochures safely provided to victim survivor

Internal referrals made:	External services contacted:
☐ Social Work referral (in hours) ☐ NCASA referral (recent sexual assault within 2 weeks) ☐ Mental Health	☐ Police Ph: 000 ☐ Orange Door Ph: 1800 319 355 ☐ SafeSteps Ph: 9322 3544 ☐ Child Protection Ph: 13 12 78 ☐ Victims of Crime (male victims) Ph: 1800 000 055

Further details of actions taken: .....
.....
.....

Actions – Safety planning

☐ Safety plan completed in collaboration with victim survivor
☐ Victim survivor declined to participate in safety planning at this time
☐ Safety plan to be completed by another professional (specify): .....

"Do you have a safe place where you can go?"	Details: ....
"Would you engage with a trusted person or police (000) if you felt unsafe or in danger?"	☐ No ☐ Yes Details: ....
"Do you need to make any immediate arrangements for children, other people, and/or pets in your care?"	Details: ....
"Do you have access to a phone for emergencies?" "When is a safe time for you to receive a call or text message?"	☐ No ☐ Yes Details: ....
"Do you have access to a vehicle or public transport?"	☐ No ☐ Yes
"Do you have access to money, documents, keys, clothes, or other things that you need?	Details: ....

Additional comments or information (e.g., IVO, court orders, legal proceedings, support services involved, tech safety concerns, child supports, housing, education and/or material aid needs etc):

.....
.....
.....

Completed by

Name	Signature .....
Designation.....	Date.....

Appendix 3: Observable signs of trauma that may indicate family violence (adults and children)

Family violence risk factors may be identified through observing signs or indicators related to an individual's physical or emotional presentation, behaviour, or circumstances. These signs or indicators may indicate that family violence is occurring.

The indicators of family violence are not always obvious. Identifying family violence early, by enquiring when you notice indicators, can prevent future violence.

Form	Signs of trauma that may indicate family violence is occurring for adult victims	
Physical	... bruising ... fractures ... chronic pain (neck, back) ... fresh scars or minor cuts ... terminations of pregnancy	... complications during pregnancy ... gastrointestinal disorders ... sexually transmitted diseases ... strangulation
Psychological	... depression ... anxiety ... self-harming behaviour ... eating disorders ... phobias ... somatic disorders	... sleep problems ... impaired concentration ... harmful alcohol use ... licit and illicit drug use ... physical exhaustion ... suicide attempts
Emotional	... fear ... shame ... anger ... no support networks	... feelings of worthlessness and hopelessness ... feeling disassociated and emotionally numb
Social/financial	... homelessness ... unemployment ... financial debt	... no friends or family support ... isolation ... parenting difficulties
Demeanour	... unconvincing explanations of any injuries ... describe a partner as controlling or prone to anger ... be accompanied by their partner, who does most of the talking	... anxiety in the presence of a partner ... recent separation or divorce ... needing to be back home by a certain time and becoming stressed about this ... reluctance to follow advice

General observable signs of trauma for a child or young person that may indicate family violence is occurring

Signs of trauma can manifest as either physical, emotional or behavioural and can include:

... Being very passive and compliant
... Showing wariness or distrust of adults
... Demonstrating fear of particular people and places
... Poor sleep patterns and emotional dis-regulation
... Becoming fearful when other children cry or shout
... Developmental regression (i.e. reverting to bed-wetting)
... Bruises, burns, sprains, dislocations, bites, cuts
... Fractured bones, especially in an infant where a fracture is unlikely to have occurred accidentally
... Poisoning
... Internal injuries
... Wearing long-sleeved clothes on hot days in an attempt to hide bruising or other injury
... Being excessively friendly to strangers
... Being excessively clingy to certain adults
... A strong desire to please or receive validation from certain adults
... Excessive washing or bathing
... Unclear boundaries and understanding of relationships between adults and children
... Excessive sexualised behaviour/advanced sexual knowledge
... Violence or sexualised behaviour to other children.

Family Safety Victoria (2020), *Family Violence multi-agency risk assessment and management framework: Practice Guides,* State Government of Victoria, Melbourne.

Appendix 4: Considerations in creating a safe space to discuss family violence

Consider the following:

Privacy

- Is the perpetrator present in the hospital?
- Does a senior staff member (NUM/ANUM) need to be made aware?
- Does security need to be made aware of any immediate risk or threats to the patient?
- Is it a suitable time to ask about family violence? It may not be if the patient is in pain or anxious about their medical care.
- Can the conversation be overheard? You must use a private environment when asking about sensitive and personal information.
- *Do not* ask questions in the presence of a perpetrator.
- Make the person feel safe and ask about the things they need to feel comfortable.

Culture & Identity

- Ask or acknowledge a person's identity and sensitively enquire about their individual needs.
- Uphold all people's right to receive a culturally safe and respectful service.
- Ensuring a patient's identity and experience are not challenged or denied.
- Show respect for culture.
- Clinicians are mindful of one's own potential biases and reflect on how it may influence practice or reinforce stigma, stereotypes, or discrimination.
- The environment is one where the patient feels safe and respected to talk about their experience of family violence.
- Responses are tailored to the individual's identity and needs.
- Barriers to accessing appropriate support are recognised and addressed.
- Recognising the patient as the expert in their own experience and responses are patient led; this includes respecting an Aboriginal and Torres Strait Islander's right to self-determination.
- Offer Aboriginal patients support from the Aboriginal Health Liaison Officer.
- Ensure disability access.
- Consider if mainstream referral may be more appropriate rather than a culturally specific service- in smaller communities, as the patient may have concerns around privacy or the perpetrator finding out

Communication

- Consider any barriers to communication. Organise an **interpreter** or other communication tools. When using an interpreter, ask the person whether they would prefer an interpreter of the same gender or whether an interstate interpreter would provide them further anonymity.
- Has the patient been informed about the limits of confidentiality and how their information can be shared? You must clearly explain your role, information sharing requirements and confidentiality.
- Inform the patient any disclosure of family violence is voluntary.

Children

- It is important to acknowledge the experiences of each child and young people as victim survivors in their own right.
- Where children are present, consider the age and stage of each child to determine whether it is appropriate to enquire about family violence in their presence.

Appendix 5: Evidence-based risk factors

The risk factors below reflect the current evidence-base relating to family violence risk.
There are evidence-based risk factors which may indicate an increased risk of the victim being killed or almost killed. These **serious risk factors** are highlighted in **bold**/orange shading in the tables below.

Factors that are emerging as evidence-informed family violence risk factors are indicated with a hash (#)
This table comes from the MARAM Framework Document, available at
https://www.vic.gov.au/sites/default/files/2019-02/MARAM-policy-framework-24-09-2018.pdf

Risk factors relevant to an adult victim's circumstances	Explanation
Physical assault while pregnant/following new birth	Family violence often commences or intensifies during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death. Family violence during pregnancy is regarded as a significant indicator of future harm to the woman and child victim. This factor is associated with control and escalation of violence already occurring.
Self-assessed level of risk #	Victim are often good predictors of their own level of safety and risk, including as a predictor of re-assault. Professionals should be aware that some victims may communicate a feeling of safety, or minimise their level of risk, due to the perpetrator's emotional abuse tactics creating uncertainty, denial or fear, and may still be at risk.
Planning to leave or recent separation	For victims who are experiencing family violence, the high-risk periods include when a victim starts planning to leave, immediately prior to taking action, and during the initial stages of or immediately after separation. Victims who stay with the perpetrator because they are afraid to leave often accurately anticipate that leaving would increase the risk of lethal assault. Victims (adult or child) are particularly at risk during the first two months of separation.
Escalation — increase in severity and/or frequency of violence	Violence occurring more often or becoming worse is associated with increased risk of lethal outcomes for victims.
Imminence #	Certain situations can increase the risk of family violence escalating in a very short timeframe. The risk may relate to court matters, particularly family court proceedings, release from prison, relocation, or other matters outside the control of the victim which may imminently impact their level of risk.
Financial abuse/difficulties	Financial abuse (across socioeconomic groups), financial stress and gambling addiction, particularly of the perpetrator, are risk factors for family violence. Financial abuse is a relevant determinant of a victim survivor staying or leaving a relationship.

Risk factors for adult or child victim survivors caused by perpetrator behaviours	Explanation
Controlling behaviours	Use of controlling behaviours is strongly linked to homicide. Perpetrators who feel entitled to get their way, irrespective of the views and needs of, or impact on, others are more likely to use various forms of violence against their victim, including sexual violence. Perpetrators may express ownership over family

	members as an articulation of control. Examples of controlling behaviours include the perpetrator telling the victim how to dress, who they can socialise with, what services they can access, limiting cultural and community connection or access to culturally appropriate services, preventing work or study, controlling their access to money or other financial abuse, and determining when they can see friends and family or use the car. Perpetrators may also use third parties to monitor and control a victim or use systems and services as a form of control over a victim, such as intervention orders and family court proceedings.
Access to weapons	A weapon is defined as any tool or object used by a perpetrator to threaten or intimidate, harm or kill a victim or victims, or to destroy property. Perpetrators with access to weapons, particularly guns and knives, are much more likely to seriously injure or kill a victim or victims than perpetrators without access to weapons.
Use of weapon in most recent event	Use of a weapon indicates a high level of risk because previous behaviour is a likely predictor of future behaviour.
Has ever harmed or threatened to harm victim or family members	Psychological and emotional abuse are good predictors of continued abuse, including physical abuse. Previous physical assaults also predict future assaults. Threats by the perpetrator to hurt or cause actual harm to family members, including extended family members, in Australia or overseas, can be a way of controlling the victim through fear.
Has ever tried to strangle or choke the victim	Strangulation or choking is a common method used by perpetrators to kill victims. It is also linked to a general increased lethality risk to a current or former partner. Loss of consciousness, including from forced restriction of airflow or blood flow to the brain, is linked to increased risk of lethality (both at the time of assault and in the following period of time) and hospitalisations, and of acquired brain injury.
Has ever threatened to kill victim	Evidence shows that a perpetrator's threat to kill a victim (adult or child) is often genuine and should be taken seriously, particularly where the perpetrator has been specific or detailed, or used other forms of violence in conjunction to the threat indicating an increased risk of carrying out the threat, such as strangulation and physical violence. This includes where there are multiple victims, such as where there has been a history of family violence between intimate partners, and threats to kill or harm another family member or child/children.
Has ever harmed or threatened to harm or kill pets or other animals	There is a correlation between cruelty to animals and family violence, including a direct link between family violence and pets being abused or killed. Abuse or threats of abuse against pets may be used by perpetrators to control family members.
Has ever threatened or tried to self-harm or commit suicide	Threats or attempts to self-harm or commit suicide are a risk factor for murder–suicide. This factor is an extreme extension of controlling behaviours.

Stalking of victim	Stalkers are more likely to be violent if they have had an intimate relationship with the victim, including during, following separation and including when the victim has commenced a new relationship. Stalking when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking behaviour and obsessive thinking are highly related behaviours. Technology-facilitated abuse, including on social media, surveillance technologies and apps is a type of stalking.
Sexual assault of victim	Perpetrators who sexually assault their victim (adult or child) are also more likely to use other forms of violence against them.
Previous or current breach of court orders/intervention orders	Breaching an intervention order, or any other order with family violence protection conditions, indicates the accused is not willing to abide by the orders of a court. It also indicates a disregard for the law and authority. Such behaviour is a serious indicator of increased risk of future violence.
History of family violence #	Perpetrators with a history of family violence are more likely to continue to use violence against family members and in new relationships.
History of violent behaviour (not family violence)	Perpetrators with a history of violence are more likely to use violence against family members. This can occur even if the violence has not previously been directed towards family members. The nature of the violence may include credible threats or use of weapons and attempted or actual assaults. Perpetrators who are violent men generally engage in more frequent and more severe family violence than perpetrators who do not have a violent past. A history of criminal justice system involvement (e.g. amount of time and number of occasions in and out of prison) is linked with family violence risk.
Obsession/jealous behaviour toward victim	A perpetrator's obsessive and/or excessive behaviour when experiencing jealousy is often related to controlling behaviours founded in rigid beliefs about gender roles and ownership of victims and has been linked to violent attacks.
Unemployed / Disengaged from education	A perpetrator's unemployment is associated with an increased risk of lethal assault, and a sudden change in employment status — such as being terminated and/or retrenched — may be associated with increased risk. Disengagement from education has similar associated risks to unemployment.
Drug and/or alcohol misuse/abuse	Perpetrators with a serious problem with illicit drugs, alcohol, prescription drugs or inhalants can lead to impairment in social functioning and creates an increased risk of family violence. This includes temporary drug-induced psychosis.
Mental illness / Depression	Murder–suicide outcomes in family violence have been associated with perpetrators who have mental illness, particularly depression. Mental illness may be linked with escalation, frequency and severity of violence.

Isolation	A victim is more vulnerable if isolated from family, friends, their community (including cultural) and the wider community and other social networks. Isolation also increases the likelihood of violence and is not simply geographic. Other examples of isolation include systemic factors that limit social interaction or facilitate the perpetrator not allowing the victim to have social interaction.
Physical harm #	Physical harm is an act of family violence and is an indicator of increased risk of continued or escalation in severity of violence. The severity and frequency of physical harm against the victim, and the nature of the physical harm tactics, informs an understanding of the severity of risk the victim may be facing. Physical harm resulting in head trauma is linked to increased risk of lethality and hospitalisations, and of acquired brain injury.
Emotional abuse #	Perpetrators' use of emotional abuse can have significant impacts on the victim's physical and mental health. Emotional abuse is used as a method to control the victim and keep them from seeking assistance.
Property damage #	Property damage is a method of controlling the victim, through fear and intimidation. It can also contribute to financial abuse, when property damage results in a need to finance repairs.

Risk factors specific to children caused by perpetrator behaviours	**Explanation** (these are in addition to 'Risk factors for adult or child victims caused by perpetrator behaviours', above)
Exposure to family violence #	Children are impacted, both directly and indirectly, by family violence, including the effects of family violence on the physical environment or the control of other adult or child family members.[6] Risk of harm may be higher if the perpetrator is targeting certain children, particularly non-biological children in the family. Children's exposure to violence may also be direct, include the perpetrator's use of control and coercion over the child, or physical violence. The effects on children experiencing family violence include impacts on development, social and emotional wellbeing, and possible cumulative harm.
Sexualised behaviours towards a child by the perpetrator #	There is a strong link between family violence and sexual abuse. Perpetrators who demonstrate sexualised behaviours towards a child are also more likely to use other forms of violence against them, such as:[7] • Talking to a child in a sexually explicit way • Sending sexual messages or emails to a child • Exposing a child to sexual acts (including showing pornography to a child) • Having a child pose or perform in a sexual manner (including child sexual exploitation). Child sexual abuse also includes circumstances where a child may be manipulated into believing they have brought the abuse on themselves, or that the abuse is an expression of love, through a process of grooming.
Child intervention in violence #	Children are more likely to be harmed by the perpetrator if they engage in protective behaviours for other family members or become physically or verbally involved in the violence. Additionally, where children use aggressive language and behaviour, this may indicate they are being exposed to or experiencing family violence.

Behaviour indicating non return of child #	Perpetrator behaviours including threatening or failing to return a child can be used to harm the child and the affected parent.[8] This risk factor includes failure to adhere to, or the undermining of agreed childcare arrangements (or threatening to do so), threatened or actual removal of children overseas, returning children late, or not responding to contact from the affected parent when children are in the perpetrator's care. This risk arises from or is linked to entitlement-based attitudes and a perpetrator's sense of ownership over children. The behaviour is used as a way to control the adult victim, but also poses a serious risk to the child's psychological, developmental and emotional wellbeing.
Undermining the child-parent relationship #	Perpetrators often engage in behaviours that cause damage to the relationship between the adult victim and their child/children. These can include tactics to undermine capacity and confidence in parenting and undermining the child-parent relationship, including manipulation of the child's perception of the adult victim. This can have long-term impacts on the psychological, developmental and emotional wellbeing of the children and it indicates the perpetrator's willingness to involve children in their abuse.
Professional and statutory intervention #	Involvement of Child Protection, counsellors, or other professionals indicates that the violence has escalated to a level where intervention is required and indicates a serious risk to a child's psychological, developmental and emotional wellbeing.

[6] This can occur where family violence by a perpetrator causes the emotional or physical absence of other adult or child family members who would normally care for that child.

[7] These examples of sexualised behaviour toward children are crimes.

Risk factors specific to children's circumstances	**Explanation**
History of professional involvement and/or statutory intervention #	A history of involvement of Child Protection, youth justice, mental health professionals, or other relevant professionals may indicate the presence of family violence risk, including that family violence has escalated to the level where the child requires intervention or other service support.[9]
Change in behaviour not explained by other causes #	A change in the behaviour of a child that can't be explained by other causes, may indicate presence of family violence or an escalation of risk of harm from family violence for the child or other family members. Children may not always verbally communicate their concerns, but may change their behaviours to respond to and manage their own risk, which may include responses such as becoming hyper vigilant, aggressive, withdrawn or overly compliant.
Child is a victim of other forms of harm #	Children's exposure to family violence may occur within an environment of polyvictimisation. Child victims of family violence are also particularly vulnerable to further harm from opportunistic perpetrators outside the family such as harassment, grooming, and physical or sexual assault. Conversely, children who have experienced these other forms of harm are more susceptible to recurrent victimisation over their lifetimes, including family violence, and are more likely to suffer significant cumulative effects. Therefore, if a child is a victim of other forms of harm, this may indicate an elevated family violence risk.

Appendix 6: External support services

Please note: Service contact details are subject to change. Please review service websites for most up to date service information.

After Hours Crisis Response Services (where immediate risk is identified)

ORGANISATION	SERVICES	CONTACT DETAILS
Victoria Police	Police provide immediate crisis response, to maximise safety and support those involved. Police identify and investigate incidents of family violence and prosecute persons accused of criminal offences arising from family violence.	24 hours (including public holidays) PH: **000** or Heidelberg Police Station on 03 9450 8000 Website: https://www.police.vic.gov.au/family-violence
Safe Steps	Safe steps is the state-wide 24-hour crisis response service for women and children experiencing family violence. Safe Steps connects women and their children with specialist support workers who can assess current safety, support them explore their options, develop a safety plan and access supports that allow them to live safe from family violence.	24 hours (including public holidays) PH: **1800 015 188** (03) 9928 9600 Hospital Priority Line (24 hours): (03) 9322 3544 or 1300 739 282 Website: www.safesteps.org.au
Child Protection	Specifically targeted to those children and young people at risk of harm or where families are unable or unwilling to protect them. Contact details for other regions and states, available on website: https://services.dhhs.vic.gov.au/child-protection-contacts	24 hours (including public holidays) North Division Intake Mon – Fri 8.45am – 5pm PH: 1300 664 977 After hours Child Protection Emergency Service 5pm – 9am Mon to Fri, 24 hours on weekends and public holidays PH: 13 12 78
Sexual Assault Crisis Line (SACL)	SACL is the state-wide, after-hours, confidential, telephone crisis counselling service for people who have experienced both past and recent sexual assault. Contact SACL to access NCASA after hours Crisis Care Response for victims of recent sexual assault (within the last 2 weeks).	Operates between 5pm weeknights to 9am, and throughout weekends and public holidays. PH: 1800 806 292 Website: https://www.sacl.com.au/

Austin Health Internal Support Services

DEPARTMENT	SERVICES	CONTACT DETAILS
Austin Health Social Work	Mon – Fri, 8.30am -5.00pm Sat-Sun, 8am-3.30pm See Pulse Page Social Work	PH: As per ward/unit SW contact details, or via switch
Family Violence and Child Safe Program Lead	Mon - Fri, 9:00am – 5.00pm Secondary consultation	PH: 0481 467 269 (Ext 2402)
Specialist Family Violence Advisor (Mental Health Division)	Mon – Fri, 9am – 5.30pm Secondary consultation	PH: 0466 584 835
Northern Centre Against Sexual Assault (NCASA)	Provides counselling and 24-hour crisis care for women, men, people who identify as gender	PH: 9496 2240 Northern Centre Against Sexual Assault (NCASA)

DEPARTMENT	SERVICES	CONTACT DETAILS
	diverse as well as young people over 12 years old who have experienced sexual assault.	
Emergency Psychiatry Services (EPS)	Provides a responsive mental health assessment for people who present to the Austin Hospital Emergency Department.	
Austin Health Ngarra Jarra Aboriginal Health Service	Mon - Fri, 8.30 to 5pm. We recommend that a referral is first made to social work prior to contact with the Ngarra Jarra team. The Ngarra Jarra staff are able to provide cultural support and consultation (only).	PH: 9496 5638 or 9496 5834 Website: http://hub/Aboriginal_program
Families where a Parent has a Mental Illness program (FaPMI)	Austin Health's North East Area Mental Health Service employs a coordinator of the Families where a Parent has a Mental Illness program.	Current details on Austin Health intranet.
Employee Assistance Program	The EAP is a confidential and professional counselling service provided through Converge International available for all Austin Health employees and their direct family members. A Domestic and Family Violence Specialist Helpline is also available.	PH: 1300 687 327 https://austinhealth.sharepoint.com/sites/People/SitePages/EAP.aspx

Specialist Family Violence Support Services

ORGANISATION	SERVICES	CONTACT DETAILS
The Orange Door – North East Metro Area (NEMA)	The Orange Door is a free service for adults, children and young people who are experiencing or have experienced family violence and families who need extra support with the care of children. **Orange Door available statewide**	Mon – Fri 9am to 5pm (excluding public holidays) PH: **1800 319 355** Address: 56 Burgundy Street, Heidelberg 3084 Email: nema@orangedoor.vic.gov.au Website: www.orangedoor.vic.gov.au
Berry Street's Northern Specialist Family Violence Service (NSFVS)	Berry Street's Northern Specialist Family Violence Service (NSFVS) team provides free family violence services to people who live in the local government areas (Hume & Moreland).	Mon - Fri 9am to 5pm (excluding public holidays) PH: 03 **9450 4700** Address: 677 The Boulevard, Eaglemont VIC 3084 Website: https://www.berrystreet.org.au/what-we-do/family-violence-services
Victims of Crime (Victims Assistance Program)	Victims of Crime Helpline offers information, advice, and support to help individuals manage the effects of crime; with referral onto the Victims Assistance Program when further practical assistance and/or support is required.	8am – 11pm, everyday PH: **1800 819 817** Website: https://www.victimsofcrime.vic.gov.au/
1800 RESPECT	National counselling helpline, information, and support (24 hours).	PH: **1800 737 732** Website: www.1800respect.org.au/
InTouch Multicultural	State- wide service, providing services, programs and responses to women and children from Culturally and Linguistically	PH: 1800 755 988 Website: https://intouch.org.au/

ORGANISATION	SERVICES	CONTACT DETAILS
Centre Against Family Violence	Diverse (CALD) communities, who are experiencing family violence.	

Sexual Assault Services

ORGANISATION	SERVICES	CONTACT DETAILS
Northern Centre Against Sexual Assault (NCASA)	Provides counselling and 24 hr. crisis care for women, men, people who identify as gender diverse as well as young people over 12 years old who have experienced sexual assault. See Pulse Page Northern Centre Against Sexual Assault (NCASA)	PH: **9496 2240** Website: http://hub/departments/907/northern-centre-against-sexual-assault-ncasa-
Sexual Assault Crisis Line (SACL)	SACL is the state-wide, after-hours, confidential, telephone crisis counselling service for people who have experienced both past and recent sexual assault. Contact SACL to access NCASA after hours Crisis Care Response for victims of recent sexual assault (within the last 2 weeks).	Operates between 5pm weeknights to 9am, and throughout weekends and public holidays. PH: **1800 806 292** Website: https://www.sacl.com.au/

Child Safety Support Services

ORGANISATION	SERVICES	CONTACT DETAILS
The Orange Door – North East	The Orange Door is a free service for adults, children and young people who are experiencing or have experienced family violence and families who need extra support with the care of children. The Orange Door incorporates the intake services for specialist family violence services, Family services, and includes workers from Aboriginal services. Also **available statewide** – Go to website to check region.	Mon – Fri 9am to 5pm (excluding public holidays) PH: **1800 319 355** Address: 56 Burgundy Street, Heidelberg 3084 Email: nema@orangedoor.vic.gov.au Website: www.orangedoor.vic.gov.au
Child Protection	Specifically targeted to those children and young people at risk of harm or where families are unable or unwilling to protect them. Contact details for other regions and states, available on website: https://services.dhhs.vic.gov.au/child-protection-contacts	North Division Intake Mon – Fri 8.45am – 5pm PH: 1300 664 977 **After hours Child Protection Emergency Service** 5pm – 9am Mon to Fri, 24 hours on weekends and public holidays PH: **13 12 78**
VACCA –Victorian Aboriginal Childcare Agency	VACCA's purpose is supporting culturally strong, safe, and thriving Aboriginal communities. Our services can also be accessed by non-Aboriginal people who have an Aboriginal family member, such as children or a partner	Mon – Fri 9-5 pm **9287 8800** (Preston Office-Head Office) vacca@vacca.org

Support Services for Older Adults

ORGANISATION	SERVICES	CONTACT DETAILS
Seniors Rights Victoria	Provides information, support, advice, and education to help prevent elder abuse and safeguard the rights, dignity, and independence of older people.	PH: **1300 368 821** Website: www.seniorsrights.org.au

Aboriginal Family Violence Support Services

ORGANISATION	SERVICES	CONTACT DETAILS
The Orange Door – North East	The Orange Door incorporates the intake services for specialist family violence services (including intake services for responding to perpetrators), Family services, and includes workers from Aboriginal services.	Mon – Fri 9am to 5pm (excluding public holidays) PH: **1800 319 355** Address: 56 Burgundy Street, Heidelberg 3084 Email: http://www.orangedoor.vic.gov.au
Elizabeth Morgan House Aboriginal Women's Services	Family violence crisis accommodation, case management and support for Aboriginal women and non-Aboriginal partners of Aboriginal men.	PH: **9482 5744** Website: www.emhaws.org.au/
Aboriginal Centre for Males Referral Service (VACSAL)	VACSAL provide intake, assessment, referrals, intensive case management, and crisis accommodation for Aboriginal men who have perpetrated family violence.	PH: **9487 3000** Website: www.vacsal.org.au
Dardi Munwurro	Dardi Munwurro offers a Koori Men's Behaviour Change Program with an intensive residential diversion response.	PH: **1800 435 799** Website: www.dardimunwurro.com.au
Djirra	Legal support and case management for Aboriginal people experiencing domestic and family violence.	PH: **1800 105 303** Website: https://djirra.org.au/

Perpetrator Intervention Services

ORGANISATION	SERVICES	CONTACT DETAILS
The Orange Door – North East	The Orange Door incorporates the intake services for specialist family violence services (including intake services for responding to perpetrators), Child FIRST services, and includes workers from Aboriginal services.	Mon – Fri 9am to 5pm (excluding public holidays) PH: **1800 319 355** Address: 56 Burgundy Street, Heidelberg 3084 Email: nema@orangedoor.vic.gov.au Website: www.orangedoor.vic.gov.au
Men's referral service	Anonymous and confidential state-wide telephone counselling, information and referral service for men who use controlling and violence behaviours in the context of their families.	Mon – Fri 8am to 9pm Weekends 9am to 5pm PH: **1300 766 491** Website: www.ntv.org.au
MensLine Australia	Professional telephone and online support and information service for men (24 hours).	PH: **1300 789 978** Website: www.mensline.org.au

Male Victim Survivors

Victims of Crime Helpline	Information and support for adult male victims of family violence and victims of violent crime.	**1800 819 817** (8-11pm) daily https://www.victimsofcrime.vic.gov.au/information-men-family-violence-and-abuse-relationships

LGTBIQ+ Family Violence Support Services

ORGANISATION	SERVICES	CONTACT DETAILS
w/respect	w|respect is a specialist LGBTIQ family violence service, providing counselling, case management and recovery programs for LGBTIQ victim/survivors of family violence. They also have programs for LGBTIQ people using violence with the goal that they stop using violence and abuse.	PH: **1800 542 847** Website: https://www.withrespect.org.au/
Thorne Harbour Health	Thorne Harbour Health (previously VAC) provides a same sex attracted Men's Behaviour Change program, called ReVisioning. Thorne Harbour Health also provides a one-on-one counselling service to LGBTIQ people who are experiencing or who have experienced family/relationship violence.	PH: 9865 6700 Website: www.thorneharbour.org/

Legal Services

ORGANISATION	SERVICES	CONTACT DETAILS
Victoria Legal Aid	Provides free information about family violence intervention orders and may be able to assist with free legal advice.	Mon- Fri , 8.45 - 5.15pm PH: 1300 792 387 Website: www.legalaid.vic.gov.au
Women's Legal Services Victoria	Free and confidential legal information, advice, referrals, and representation to women in Victoria.	Tues & Fri only 5.30pm – 7.30pm PH: **1800 133 302** (03) 8622 0600 Website: www.womenslegal.org.au
West Heidelberg Community Legal Service (WHCLS)	Based at Banyule Community Health Service, WHCLS provides a range of free legal services, including the area of family violence, to the local community.	PH: 9450 2002 Website: www.bchs.org.au
Darebin Community Legal Centre	Based in Reservoir, DCLC provides a range of free legal services, including the area of family violence, to the local community.	PH: 9484 7753 Website: www.fclc.org.au/

Appendix 7 - Definitions:	
Aboriginal definition of family violence	The Victorian Indigenous Family Violence Task Force defined family violence in the context of Aboriginal communities as 'an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological, and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury, and suicide.' The definition also acknowledges the spiritual and cultural perpetration of violence by non-Aboriginal people against Aboriginal partners which manifests as exclusion or isolation from Aboriginal culture and/or community.
Child	Has the meaning set out in section 4 of the FVPA, being a person who is under the age of 18 years (which includes infants and adolescents).
Family Violence	Family violence is defined by the Family Violence Protection Act 2008 (Vic) as behaviour that occurs in family, domestic or intimate relationships that is: • Physically, sexually, emotionally, psychologically, or economically abusive, threatening, coercive; or is in any other way controls or dominates and causes a person to feel fear for their safety or wellbeing or that of another person. • Causes a child to hear or witness, or otherwise be exposed to the effects of the behaviour. The act recognises that family violence can occur in family relationships between spouses, domestic or other current or former intimate partner relationships, in other relationships such as parent/carer–child, child–parent/carer, relationships of older people, siblings and other relatives, including between adult-adult, extended family members and in-laws, kinship networks and in family-like or carer relationships.
FVPA	Family Violence Protection Act 2008.
Imminence of risk	Likelihood of risk of harm or death escalating immediately or within a short timeframe.
Intersectionality	Refers to the structural inequality and discrimination experienced by different individuals and communities, and the impact of these creating barriers to service access and further marginalisation. Intersectionality is the complex, cumulative way in which the effects of multiple forms of identity-based structural inequality and discrimination (such as racism, sexism, ableism, and classism) combine, overlap, or intersect, in the experiences of individuals or communities. These aspects of identity can include gender, ethnicity and cultural background, language, socio-economic status, disability, sexual orientation, gender identity, religion, age, geographic location, or visa status.
Information Sharing Entity (ISE)	Information sharing entity as defined in the FVPA to be a person or body prescribed, or a class of person or body prescribed, to be an information sharing entity.
MARAM Framework	The Family Violence Multi-Agency Risk Assessment and Management Framework.
Perpetrator/	Has the same meaning as the words "a person of concern" in s 144B of the FVPA. The FVPA provides an individual is a person of concern if an information sharing

(Person using violence –PUV) (Adult using violence - AUV	entity reasonably believes that there is a risk that they may commit family violence. This will have been identified by undertaking a Framework-based family violence risk assessment.
Risk Identification	Recognising through observation or enquiry that family violence risk factors are present, and then taking appropriate actions to refer or manage the risk.
Risk factors	Evidence-based factors that are associated with the likelihood of family violence occurring or the severity of the risk of family violence.
Risk Management	Any action or intervention taken to reduce the level of risk posed to a victim and hold perpetrators to account. Actions taken and interventions that are implemented appropriate to the level of risk identified in the risk assessment stage.
Safety Planning	Process of implementing a strategy or identifying steps to be taken, subject to timelines agreed with relevant parties, to reduce the likelihood of further family violence occurring and ensure safety for the victim/s.
Serious Risk	Risk factors associated with the increased likelihood of the victim survivor being killed or nearly killed.
Victim Survivor	Has the same meaning as the words "a primary person" (adult or child) in the FVPA. The FVPA provides a person is a primary person if an information sharing entity reasonably believes there is risk that the person may be subjected to family violence.

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Legislation

Family Violence Protection Act 2008

Child Youth and Families Act 2005

Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015

Health Records Act 2001

Family Violence Protection (Information sharing and risk management) Regulations 2018 (Vic)

Child Wellbeing and Safety (Information Sharing) Regulations 2018 (Vic)

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