

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Domestic and Family Violence (DFV)
TYPE OF DOCUMENT	Clinical Business Rule
DOCUMENT NUMBER	RHW CLIN079
DATE OF PUBLICATION	9 August 2024
NATIONAL STANDARDS	<ul style="list-style-type: none">• Standard 2- Partnering with Consumers• Standard 5 – Comprehensive Care• Standard 6 - Communicating for Safety
RISK RATING	Medium
REVIEW DATE	2027
FORMER REFERENCE(S)	Domestic Violence
EXECUTIVE SPONSOR	Midwifery Clinical Co-director of Maternity Services
AUTHOR	S Heffernan (Social Work Department Head)
SUMMARY	Screening, Identifying and responding to Domestic and Family Violence (DFV) to reduce trauma for those living with it.
KEY WORDS	Domestic and Family Violence, perpetrators, violent behaviours

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

Domestic and Family Violence (DFV) is a crime and refers to a range of abusive and violent behaviours perpetrated by one partner/family member against another³.

Approximately one in four women will experience some form of abuse by a partner in their lifetime^{1,3}, with the incidence of DFV increasing during the perinatal period. Aboriginal and Torres Strait Islander women are six times more likely to be victims of DFV than non-Aboriginal Torres Strait Islander women. Screening for DFV is mandatory in all maternity and early childhood services in NSW.

The aim of this CBR is to provide guidance on screening and early intervention/support to a woman experiencing DFV through a trauma informed approach.

2 RESPONSIBILITIES

- 2.1 **Medical, Midwifery, Nursing, Allied health staff** – screen, support and refer woman to Social Work, other support staff and Department of Community and Justice (DCJ)
- 2.2 **All other hospital staff** – report and refer any concerns

3 PROCEDURE

3.1 Clinical Practice

Antenatal Woman

- Complete the DFV screening questionnaire with the woman at booking visit or as soon as practical. This should not be undertaken in the presence of partner or other family members
- Offer the woman a DFV information card when DFV questionnaire is attended
- Recommend referral to the Social Work Department if DFV is identified or disclosed
- Refer to Multidisciplinary Case Discussion (MCD)
- Contact the Social Work Department for urgent response if the woman does not feel safe to return home and/or call the DFV line 1800RESPECT (1800 737 732)

- Complete the [Mandatory Reporter Guide \(MRG\)](#) tool for child protection if the woman has children in her care and is returning to unsafe circumstances where the violence is likely to continue
- Make a report of the unborn child to Department of Communities and Justice (DCJ) by calling the **Helpline 132 111** or **e-reporting** if prompted by the [MRG](#) or on your clinical judgement. Record reference number and outcome in e-Maternity/medical record

Any woman disclosing DFV

- Offer the DFV information card to any woman who discloses DFV if safe to do so
- Recommend a referral to the Social Work Department for counselling and resources
- Complete the [MRG](#) for child protection if the woman has disclosed DFV and is caring for children in unsafe circumstances, follow-up as advised
- Register the woman who requests to be admitted with a restricted identity, to prevent a DFV perpetrator knowing she is an inpatient in RHW. In this situation, please refer to [Patient Registration – Patient Administration System \(PAS\)](#) SESLHDPR/490
- Contact Security immediately on **ext. 22847** if you have immediate concerns for the safety of the woman, staff or visitors and seek their advice regarding involving the police
- Activate duress alarm and call Code Black (2222) if there is a personal threat situation
- Contact NSW Police immediately on 000 if the woman discloses serious injuries, the perpetrator is threatening serious injury, or has access to firearms, even if the woman does not consent

3.2 Documentation

- Medical record
- Patient Administration system (PAS)

3.3 Education Notes

- *It Stops Here – The NSW Government’s Domestic and Family Violence Framework for Reform* was implemented in 2014 and updated February 2024
- Local hospitals, such as RHW are represented at the local Safety Action Meetings (SAM) which are chaired by NSW Police and attended by staff from health, education, DCJ and non-government agencies supporting victims of domestic and family violence. The aim of the SAM is the collaboration of local services, sharing appropriate information used to develop a plan to keep the victim and her children safe.⁵
- A 2009 study of screening in SESLHD found that screening prompted the first disclosure of DFV in 20% of women. 34% of the women who had disclosed DFV,

reported a positive impact from their disclosure, e.g. evaluation of their situation and access to supports⁴

3.4 Implementation, communication and education plan

This revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access

3.5 Related Policies/procedures

- [Integrated Prevention and Response to Violence, Abuse and Neglect Framework](#) NSW Health PD 2019_041
- [Domestic Violence Identifying and Responding](#) NSW Health PD 2006_084
- [Domestic Violence Routine Screening](#) NSW Health PD 2023_009
- [Aboriginal Family Health Workers - Operational Guidelines](#) NSW Health GL2009_001

3.6 References

- 1 Spangaro J, Zwi A & Poulos R (2009). The elusive search for definitive evidence on routine screening for intimate partner violence. *Trauma, Violence and Abuse* 10:1 55-68
- 2 Kramer A (2007). Stages of change: surviving intimate partner violence during and after pregnancy. *Journal of Perinatal and Neonatal Nursing* 21:4 285-95
- 3 Tiwari A et al (2008). The impact of psychological abuse by an intimate partner on the mental health of pregnant women. *British J obstetrics and Gynaecology* 115:3 377- 384
- 4 Webster, K., Diemer, K., Honey, N., Mannix, S., Mickle, J., Morgan, J., Parkes, A., Politoff, V., Powell, A., Stubbs, J., & Ward, A. (2018). Australians' attitudes to violence against women and gender equality. Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS) (Research report, 03/2018). Sydney, NSW: ANROWS

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017 044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
		Reviewed and endorsed Maternity Services LOPs 23/3/21 Approved Quality & Patient Care Committee 6/10/16 Reviewed and endorsed Maternity Services LOPs group 26/9/16 Approved Quality & Patient Safety Committee 16/5/13 Titled <i>Identifying and Responding to Domestic Violence</i> approved Quality Council 20/8/04 Reviewed Obstetric Clinical Guidelines Group September 2010 (new title) Approved Quality & Patient Safety Committee 21/10/10 Updated to comply with new legislation May 2013 Approved Quality & Patient Safety Committee 16/5/13
29 August 2024	5	BRGC