

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Apprehended Violence Orders (AVOs): Health Staff Responsibilities
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KEY TERMS	Domestic violence, legal, reporting
SUMMARY	This policy outlines the responsibilities of SESLHD staff in situations where there is an Apprehended Violence Order in place for patients, either the protected person or the defendant.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

This procedure outlines the responsibilities of SESLHD staff in situations where there is an Apprehended Violence Order in place, whether the protected person or the defendant is a patient.

2. BACKGROUND

An Apprehended Violence Order (AVO) is a court order that aims to protect a person from another person that causes them to fear for their safety. An AVO can protect a person from violence or threats of violence, stalking, intimidation and harassment. It can also protect the property of the “protected person”.

There are two types of AVOs:

Apprehended Domestic Violence Order (ADVO) – An ADVO protects a person from violence committed by someone that they are, or were, in a domestic relationship with. A domestic relationship includes a relationship between people who:

- were or are married, in a de facto relationship, or in an intimate personal relationship
- are living together or have lived together
- are or have been living in the same residential facility (with some exceptions) or a detention centre
- are or have been relatives
- have or had a relationship where one person provides unpaid care for the other person
- in the case of an Aboriginal person or a Torres Strait Islander, have been part of each other's extended family or kin (according to the Indigenous kinship system of the person's culture).

Domestic relationship also covers the relationship between someone's current partner and their former partner.

Apprehended Personal Violence Order (APVO) – is made where the people involved do not have, and have not had, a domestic relationship, e.g. they are neighbours, friends or work together.

From 25 November 2017, all ADVOs are now nationally recognised and enforceable. This means NSW Police can enforce ADVOs made on or after this date in other Australian States and Territories and other States and Territories can enforce ADVOs made in NSW.

APVOs are not nationally recognised and enforceable. You must register an APVO interstate to have it recognised.

All AVOs contain three mandatory orders. These are often referred to as 'standard conditions' or orders 1a, b & c. The orders state:

Apprehended Violence Orders (AVOs) – Health Staff Responsibilities

SESLHDPD/309

1. You must not do any of the following to the protected person or anyone the protected person has a domestic relationship with:

a) assault or threaten them

b) stalk, harass or intimidate them, and

c) intentionally or recklessly destroy or damage any property that belongs to or is in the possession of them.

There are a number of additional orders that a court can include in an Apprehended Violence Order (AVO). Additional orders are listed under the headings:

- Orders about contact
- Orders about family law and parenting
- Orders about where the defendant cannot go
- Orders about weapons.

An AVO is not a criminal charge and will not appear on a defendant's criminal record. However, breaching a condition of an AVO is a criminal offence, the breach may be listed on the defendant's criminal record.

3. DEFINITIONS

Domestic and family violence generally refers to violent, abusive or intimidating behaviour carried out by an adult against a partner, former partner or family member to control or dominate that person.

This procedure generally refers to the victims as females and the perpetrators as males, given the greater prevalence of domestic violence experienced by women and the subsequent health impacts, but the principles can be applied for anyone experiencing domestic and family violence.

Throughout this document, the terms patient, client and consumer may be used interchangeably to acknowledge the varying preferences of people who give and receive services.

Partner is the person's spouse or domestic partner irrespective of gender.

Defendant is the person against whom an AVO is made.

Protected Person is the person for whose protection an AVO is made (including associated people such as children)

A Breach of an AVO occurs when the **defendant** acts in a way that is not allowed under the orders in the AVO.

4. RESPONSIBILITIES

4.1 Employees will:

- Where staff become aware an AVO is in place, they will clarify the conditions of the AVO and confirm if the patient is the protected person or defendant. Staff will document known details of the AVO clearly in the clinical record.
- Report to their line manager/supervisor seeking further guidance on the matter, which could include further consultation with appropriate health staff, services and relevant authorities and if appropriate making referrals.
- Where patients are identified as being defendants in an AVO, there is a duty of care towards the protected person to promote safety for them and any associated people (including children).
- Protect the confidentiality of the protected person and not compromise their safety.
- Not knowingly facilitate a breach of an AVO.

4.2 Line Managers will:

- Support staff in identifying and managing any issues in relation to AVOs for example contact arrangements that are not in breach of the orders.

4.3 District Managers/ Service Managers will:

- Ensure this procedure is circulated and implemented.

4.4 Engagement with Aboriginal people:

Aboriginal family violence occurs in the context of the ongoing effects of past and current colonial violence, dispossession, devastation of families through the removal of children and other intersecting oppressions such as living with a disability or chronic health problem. These profound injustices are known to create significant health inequalities and to exacerbate family violence for Aboriginal families and communities.

Flowing from the resulting intergenerational trauma and cumulative harm from this institutional violence, Aboriginal women are over-represented as victims of domestic and family violence and experience greater health impacts. An appreciation of these factors is critically important to closing the health gap between Aboriginal and non-Aboriginal people and achieving a significant and sustained reduction in violence and abuse against Aboriginal

SESLHD PROCEDURE

Apprehended Violence Orders (AVOs) – Health Staff Responsibilities

SESLHDPD/309

and Torres Strait Islander women and children towards zero ([NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026](#))

Health services are to:

- Ask all patients: 'Are you of Aboriginal or Torres Strait Islander origins?' [NSW Health Policy PD2012_042 Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients](#)
- Ensure they are providing culturally respectful and secure health service provision.
- Ask all patients if they have any cultural needs Health staff need to incorporate.
- Be aware of the impact of fears the client may have about police, government agencies and/or the legal system.
- Cultural safety has been found to be central to Aboriginal women's decision to disclose or not disclose intimate partner violence [3].
- Establish and promote consultation and referral pathways to the Aboriginal Health Liaison Officer and/or other relevant Aboriginal Health Services [Aboriginal Health Worker Contacts South Eastern Sydney Local Health District \(SESLHD\)](#)
- Support families and carers. Provide flexible visiting arrangements, accommodation, transport, social support. Social Work can assist.
- Use appropriate Aboriginal Terminology [NSW Health Guideline GL2019_008 Communicating Positively: A Guide to Appropriate Aboriginal Terminology](#)
- Ensure they are demonstrating principles in line with the NSW Aboriginal Health Plan 2013-2023 including Trust and Cultural Respect, Recognition of the cultural values and traditions of Aboriginal communities, Holistic approaches to the health of Aboriginal people and The valuable and unique role of Aboriginal Community Controlled Health Services. [NSW Aboriginal Health Plan 2013-2023](#)
- Explain to patients how to provide feedback on their care.

5. PROCEDURE

- 5.1** If an AVO is identified, ask the patient (both protected persons and defendants) about the conditions of the AVO. Patients may wish to provide a copy of the order to staff. Details of the AVO must be recorded in the clinical record and any copies of AVO's obtained must also be held in the clinical record.
- 5.2** Where an AVO is in place, risk assessment and safety planning are to be undertaken as guided by policy [NSW Health Policy PD2006_84 Domestic Violence - Identifying and Responding](#) details are to be clearly documented in the clinical record.
- 5.3** Where professional judgement identifies significant risk is posed as outlined in [NSW Health Policy PD2006_84 Domestic Violence - Identifying and Responding](#) (**Section 4.2**)

SESLHD PROCEDURE

Apprehended Violence Orders (AVOs) – Health Staff Responsibilities

SESLHDPD/309

Reporting to police) staff are required to respond accordingly to policy. Staff are encouraged to discuss with the patient (if they are the protected person) whether they would like support in notifying the police. Consent should be sought where possible unless the risk assessment indicates consent should be overridden. For example if there is an immediate and serious threat to the protected person, their children, members of the public and/or staff.

5.4 All risk assessments need to consider the safety and wellbeing of children and young people as outlined in [NSW Health Policy PD2006 84 Domestic Violence - Identifying and Responding \(Section 4.5 Children and Domestic Violence\)](#). Health staff must consult the Mandatory Reporters Guide (MRG), the Child Wellbeing Unit (CWU) or make a report to the Department of Communities and Justice (DCJ) where staff have reasonable grounds to suspect a child or young person is at risk of harm and document on the clinical record.

5.5 **For a protected person**, if appropriate consult with them to identify any actions that staff could take to support their safety. For example develop a safety plan to be placed in the clinical record with identified actions.

5.6 **For a defendant**, it is the responsibility of staff to not knowingly assist a defendant to breach an AVO.

6. DOCUMENTATION

A progress note is to be completed to document any relevant AVO conditions and actions of staff.

7. AUDIT

N/A

8. REFERENCES

1. [NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026](#)
2. [NSW Health Policy Directive PD2012 042 Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients](#)
3. Spangaro, J., Herring., S, Koziol-Mclain., Rutherford., A., & Frail. M. (2016). 'They aren't really black fellas but they are easy to talk to': Factors which influence Australian Aboriginal women's decision to disclose intimate partner violence during pregnancy, Midwifery: Vol. 40, pp.79-88.
4. [Aboriginal Health Worker Contacts South Eastern Sydney Local Health District \(SESLHD\)](#)
5. [NSW Health Guideline GL2019 008 Communicating Positively: A Guide to Appropriate Aboriginal Terminology](#)
6. [NSW Aboriginal Health Plan 2013-2023](#)

SESLHD PROCEDURE

Apprehended Violence Orders (AVOs) – Health Staff Responsibilities

SESLHDPD/309

7. [NSW Health Policy PD2006_84 Domestic Violence - Identifying and Responding](#)
8. [NSW Health Policy PD2013_007 Child Wellbeing and Child Protection Policies and Procedures for NSW Health](#)
9. [Crimes \(Domestic and Personal Violence\) Act 2007](#)
10. [Just a Piece of Paper: Making your AVO work for you](#)
11. [NSW Charter of Victims' Rights](#)

9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
August 2018	1	Minor review undertaken (updated with new number to align with SESLHD policy numbering – former reference PD 206)
August 2018	1	Endorsed by Executive Sponsor
August 2020	2	Updated Executive Sponsor from Director, Primary Integrated Community Health to Director, Population and Community Health. Approved by Executive Sponsor. Published by Executive Services.
January 2022	3	Minor review undertaken by Violence, Abuse and Neglect Coordinator (updated Child Protection Agency name to Department of Communities and Justice from Family and Community Services, inclusion of reference to NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026)
March 2022	3	Endorsed by Executive Sponsor. Processed and published by SESLHD Policy.