

DOMESTIC VIOLENCE (DV)

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Woman who is experiencing DV is supported to disclose and take appropriate action
- Health workers comply with NSW and SESLHD Policies on DV
- Identification of “at risk” children

2. PATIENT

- Woman receiving health care at the Royal Hospital for Women (RHW)

3. STAFF

- Medical, nursing and midwifery staff
- Allied Health Staff

4. EQUIPMENT

- Nil

5. CLINICAL PRACTICE

Antenatal Woman

- Complete the DV 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 DV information card when DV questionnaire is attended
- Recommend a referral to the Social Work Department if DV is identified or disclosed
- Present booking questionnaire at weekly Psychosocial Multidisciplinary Meeting
- Contact the Social Work Department for urgent response if the woman does not feel safe to return home and/or call the DV line **1800 656 463**
- 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. The link for MRG is: <https://reporter.childstory.nsw.gov.au/s/mrg>
- Make a report of the unborn child to Family and Community Services (FACS) by calling the **Helpline 132 111**, or **e-reporting** if prompted by the MRG or on your clinical judgement. The e-reporting link is: <https://kidsreport.facs.nsw.gov.au/captchalmagePROD/default.aspx>. e-reporting is more efficient.
- Print out e-report reference and file in Integrated Clinical Notes

All Patients Disclosing DV

- Offer the DV information card to any woman who discloses DV
- Recommend a referral to the Social Work Department for counselling and resources
- Complete the Mandatory Reporter Guide (MRG) for child protection if the woman has disclosed DV and is caring for children in unsafe circumstances, and follow up as advised

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
6/10/16

DOMESTIC VIOLENCE (DV) cont'd

- Register the woman who requests to be admitted with a restricted identity, to prevent a DV perpetrator knowing she is an inpatient in RHW. In this situation, please refer to and follow the RHW Clinical Business Rule: *Client Registration – Identity Restricted Client/Patient*.
- Contact Campus Security immediately on **ext. 22847** if you have immediate concerns for the safety of patients, staff or visitors and seek their advice regarding involving the police
- Activate duress alarm and call Code Black (777) 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

6. DOCUMENTATION

- Integrated Clinical Notes
- Domestic Violence Screening Questionnaire
- Mandatory Reporter Guide for child protection

7. EDUCATIONAL NOTES

- Routine screening for DV is mandatory in all Maternity and Early Childhood Services in NSW
- The incidence of DV is increased during the perinatal period
- DV refers to a range of abusive and violent behaviours perpetrated by one partner/family member against another. It is a crime.
- The definition of DV includes physical abuse, sexual abuse, psychological/verbal abuse and threatening behaviour, control of finances and imposed isolation
- *It Stops Here – The NSW Government's Domestic and Family Violence Framework for Reform* was implemented in 2014. RHW is represented at the local Safety Action Meetings (SAM) which are chaired by NSW Police and attended by staff from health, education, FAC and non-government agencies supporting victims of domestic and family violence. The aim of the SAM is to share appropriate information needed to develop a plan to keep the victim and her children safe. This new level of collaboration between local services is very positive and helpful in supporting families experiencing domestic and family violence.
- A 2009 study of screening in SESLHD found that screening prompted the first disclosure of DV in 20% of women. 34% of the women who had disclosed DV, reported a positive impact from their disclosure, e.g. evaluation of their situation and access to supports.

8. RELATED POLICIES / PROCEDURES /CLINICAL PRACTICE LOPS

- The NSW Government's Domestic and Family Violence Framework for Reform 2014: *It Stops Here – Standing together to end Domestic and Family Violence in NSW*
- NSW Health PD 2006_084 Domestic Violence, identifying and responding
- NSW Health PD 2005_287 Victims' Rights Act 1996
- NSW Health PD 2013_007 Child Wellbeing and Child Protection Policies and Procedures

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DOMESTIC VIOLENCE (DV) cont'd

- NSW WH&S Act 2011 No 10
- Child Protection
- RHW Clinical Business Rule, Client Registration – Identity Restricted Client/Patient

9. RISK RATING

- Medium

10. NATIONAL STANDARD

- CC - Comprehensive Care

11. REFERENCES

- Spangaro J et al 2009 The elusive search for definitive evidence on routine screening for intimate partner violence Trauma, Violence and Abuse 10:1 55-68
- Kramer A 2007 Stages of change: surviving intimate partner violence during and after pregnancy J Perinatal and Neonatal Nursing 21:4 285-95
- 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
- Spangaro J: 2009 The RoSIE study UNSW

REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs group 26/9/16
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