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SUMMARY | This procedure has been developed to inform SESLHD Mental Health Service practice in effectively identifying and responding to domestic violence where this is encountered.
1. POLICY STATEMENT

This procedure aims to provide guidance to SESLHD Mental Health Service (MHS) staff in the implementation of the NSW Ministry of Health Policy Directive 'Domestic Violence – Identifying and Responding' PD2006_084.

2. BACKGROUND

Domestic and family violence takes many forms. It involves violent, abusive or intimidating behaviour carried out by a partner, carer or family member to control, dominate or instil fear. It includes physical, emotional, psychological, financial, sexual or other types of abuse. It can affect anyone in the community, regardless of gender, sexual identity, race, age, culture, ethnicity, religion, disability, economic status or location.

Living with domestic violence has a serious impact on the short-term and long-term psychological, emotional and physical health of victims and their children, and may constitute a form of child abuse.


Whilst the evidence tells us that violence is most likely to be perpetrated by men against their female partner or ex-partner, both women and men may experience abuse and violence in relationships and the seriousness of violent behaviour by any person must not be minimised.

The principles and interventions described in this document are appropriate with both male and female victims.

Whilst domestic violence affects all people and communities, many victims can be more disadvantaged and experience greater vulnerability. These groups may include but aren’t limited to older people, consumers with intellectual disability, consumers experiencing homelessness, Aboriginal and Torres Strait Islander (ATSI) and Culturally and Linguistically Diverse (CALD) consumers. In the implementation of this procedure health workers need to understand the impact of these vulnerabilities and the ensuing complexity that consumers face.

3. DEFINITIONS

Employer means any person authorised to exercise the functions of the employer of staff to which this procedure applies.

Domestic violence generally refers to violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control or dominate that person.
This procedure generally refers to the victims as females and the perpetrators as males, given the greater prevalence for women and the subsequent health impacts, but the principles can be applied for anyone experiencing domestic 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 in the SESLHD MHS.

4. RESPONSIBILITIES

4.1 Employees will:
- Attend ‘Routine Screening for Domestic Violence’ mandatory training
- Complete mandatory routine screening, using the relevant electronic Medical Record (eMR) module, with all females aged 16 years or above who present to the Mental Health Service. (While routine screening is mandatory for females aged 16 years or older, SESLHD MHS recognises that men may also experience domestic violence and if a clinician feels domestic violence issues may be present, further assessment is to be completed)
- Mandatory screening should be completed as part of the initial mental health assessment, however a screening tool is also available via ADHOC in EMR for when screening occurs outside of the completion of the mental health assessment module
- Offer support and appropriate referrals if domestic violence is identified
- Engage clients in a non-blaming, supportive manner
- Identify and address relevant safety concerns
- Consult with and/or refer to other clinicians and support services as required.

4.2 Line Managers will:
- Ensure all staff members attend ‘Routine Screening for Domestic Violence’ mandatory training
- Ensure that all staff are supported to implement domestic violence routine screening
- Ensure adequate resources are available to all teams (eg, the pocket-sized ‘Z’ cards, which are also available in other languages).

4.3 District Managers/Service Managers will:
- Ensure this procedure is circulated and implemented within their mental health service
- Ensure that adequate training is available to staff.

Medical staff are employees and should not be commented on separately.
5. PROCEDURE

5.1 Identification and routine screening
Routine screening is both a prevention strategy providing information to ‘at risk’ populations, and an early intervention strategy, which allows for identification of domestic violence and appropriate interventions.

- Routine screening is mandatory for staff to complete with women aged 16 years old and over attending a mental health service in accordance with NSW Ministry of Health Policy Directive PD 2006_084.
- Routine screening is not to be carried out in the presence of the partner or other family members, friends or children over the age of three years. An accredited health care interpreter should be used, as per Interpreters - Standard Procedures for Working with Health Care Interpreters.
- Routine screening is to be undertaken at the first practical opportunity, when the person is coherent enough to participate in relation to their mental state, any substance intoxication and/or trauma. Ideally, domestic violence screening will be completed as part of the initial comprehensive mental health assessment.
- If a domestic violence risk is identified via screening, further assessment should be carried out to ascertain the nature of the domestic violence, and any concerns for the safety of the victim, the victim’s children or others.
- Mandatory screening should be completed as part of the initial mental health assessment; however a screening tool is also available via ADHOC in EMR for when screening occurs outside of the completion of the mental health assessment module.

5.2 Support
All staff have the responsibility to ensure that safety and other issues are followed up after domestic violence is identified.

5.2.1 Immediate/Crisis Intervention
- Engage the client in a non-judgemental, non-blaming way.
- Assess the situation and nature of violence, eg, whether there is actual/threatened physical abuse, psychological abuse etc.
- Assess the victim’s need for specific professional and personal support and provide options accordingly.
- Assess the need for immediate medical attention and ensure physical and medical needs are addressed.
- Identify any legal orders including AVOs which may be in place and incorporate these into the safety plan.
- Where necessary, reports should be made to the Child Protection Helpline (NSW Department of Family and Community Services) and to NSW Police (see Section 4.4 – Legal Obligations of Staff).
- Ensure that appropriate counselling and referral services are offered.
- Document the disclosure in the medical record, using the client’s words, as well as information obtained and any interventions undertaken.
- Assess mental health risk in relation to suicide or self-harm and develop an immediate risk management plan based on the findings of the assessment.
5.2.2 Counselling Intervention
- Engage the client in a non-judgemental, non-blaming way
- Assess the situation and nature of violence, eg, whether there is actual/threatened physical abuse, psychological abuse etc
- Assess safety and risk factors in relation to the victim and any children in a comprehensive way, eg, are the perpetrator and victim living together? Is the person living in a safe setting? Does the person have supports?
- Explore what actions the client may consider in terms of the current situation
- Explore alternatives in the short term and longer term and develop a plan with the client.

5.2.3 Provision of Information
The following should be offered:
- Information about counselling offered by NSW Health services and other services that may be required
- The pocket-sized ‘Z’ card, which provides information and contact numbers for assistance. This is to be offered to every woman subsequent to screening, whether domestic violence is identified or not
- The number for the Domestic Violence Line (NSW Department of Family and Community Services), which provides 24-hour support and assistance (Phone: 1800 65 64 63).

Victims of domestic violence should be informed of their rights to:
- Make a statement to NSW Police with a view to Police charging the offender
- Apply for an Apprehended Domestic Violence Order (ADVO).

5.2.4 Referral and Follow-Up
- Staff will refer victims and their children to appropriate services to assist them to access ongoing safety
- Documentation needs to be clear in the client’s file regarding all assessments and interventions, including referrals in relation to domestic violence. Appropriate and timely follow up is to be provided following disclosures of domestic violence.

5.3 Safety of Staff
- Safety of staff is a priority when responding to domestic violence. If at any time, MHS staff feel unsafe or threatened, they should remove themselves from the situation
- If a staff member is threatened or fears personal violence as a result of, for example, making a report to Police or the NSW Department of Family and Community Services, the threat should be reported to Police
- Staff should inform the line manager who, in turn, should report the matter to the Site/Service Executive
- Treatment options for clients should be reviewed with the team, eg, contact at the Community Mental Health Centre rather than at home. Changes to the management plan should be clearly documented in the clinical file.
5.4 Legal Obligations of Staff
When the safety of others is involved, confidentiality cannot be offered unconditionally.

5.4.1 Reporting to NSW Police
Reporting to NSW Police should occur with the victim’s consent wherever possible.

There are situations where staff are able to override a victim’s request to not report to NSW Police. In these situations victims should, wherever possible, have information provided to them regarding the process and reasons for reporting against their wishes. Given the serious implications of a report to police without consent of the victim, staff must consult with senior clinical staff in making this decision. These situations include when:

- There is immediate serious risk to individuals/public safety
- The victim has serious injuries such as broken bones, stab wounds, lacerations or gunshot wounds
- The victim and the victim’s children are identified as being at serious threat of domestic violence
- The perpetrator has access to weapons and is threatening injury to others
- Staff have knowledge of the perpetrator’s access to firearms (in accordance with SESLHD Procedure ‘Notification to Police of Patients Suspected of Having Access to a Firearm and/or Prohibited Weapon’ SESLHDPR/318)
- An offence by the perpetrator has occurred on NSW Health premises or health workers have been threatened by the perpetrator.

5.4.2 Child Protection

- Staff are required to assess whether children and young people are at risk of harm in the context of domestic violence. For indicators of abuse and neglect, refer to the NSW Ministry of Health Policy Directive ‘Child Wellbeing and Child Protection Policies and Procedures for NSW’ PD2013 007
- Staff should complete the Mandatory Reporter Guide
- Staff should follow the directions indicated in the Mandatory Reporter Guide decision report. This may include contacting a NSW Health Child Wellbeing Unit (Phone: 1300 480 420) or the NSW Department of Family and Community Services Child Protection Helpline (Phone: 133 111) or considering referral to other support services for the child or young person
- All NSW Health staff are mandated to report to the Child Protection Helpline when children are at risk of significant harm (ROSH) as a result of domestic violence.

5.5 For victims of domestic violence identified as being at serious threat through Safer Pathway (NSW Domestic and Family Violence Reforms)
Recent inter-governmental reforms in NSW have been implemented to identify victims of domestic violence who are at serious threat and to ensure that information is shared and actions are taken to increase safety for these victims and their children. SESLHD MHS staff will ensure that when a serious threat is identified, they act to increase immediate safety for victims and their children. SESLHD MHS staff will comply with any SESLHD policies and procedures that are implemented in association with these reforms.
5.6 Interventions with Perpetrators
Mental health staff have a responsibility and duty of care to provide assessment, treatment and mental health related services to clients who may be identified as actual or suspected perpetrators of domestic violence. It is not the role of mental health staff, however, to provide treatment focusing on clients’ perpetration of domestic violence.

Direct intervention with perpetrators is limited to:
- Naming and identifying behaviours as domestic violence
- Providing information regarding the nature and effects of domestic violence
- Providing options for the safety and protection of the victim and any children.

Health staff will not provide counselling in relation to domestic violence behaviours.

Relationship counselling will not be provided to couples when domestic violence is identified.

5.6.1 Referrals for Perpetrators
As directed in the NSW Ministry of Health Information Bulletin ‘Domestic Violence: Men’s Behaviour Change Programs’ IB2014_003, NSW Health staff should only refer to programs which comply with the minimum standards for men’s domestic and family violence behaviour change programs. The programs that comply are listed on the Justice NSW website. For SESLHD, the ones which are geographically accessible are:
- Relationships Australia (Phone: 1300 364 277 – Sydney City and Wollongong)
- BaptistCare Relationship Services at Bankstown (Phone: 1300 130 225).

The Men’s Referral Service (MRS) is funded by the NSW government to provide free, anonymous and confidential telephone counselling, information and referrals to men to assist them to take action to stop using violence and controlling behaviour (Phone: 1300 766 491).

5.7 Mental Health Setting – Inpatient
- Mandatory routine screening should be conducted as part of the comprehensive mental health assessment, if the patient is adequately coherent. If screening is not possible as part of the initial assessment, staff must document on the screening tool the reasons for non-completion. A clinical team member should complete the screening as soon as practicable, using the screening tool available on EMR
- If the patient discloses that she/he is experiencing domestic violence, staff should check if there are visitors that the patient does not want contact with or does not feel safe to have contact with, or whether there is an ADVO in place. It is important that staff gain an understanding of the conditions of the AVO. In such cases, appropriate measures should be taken to refuse entry to those visitors. Staff should document this clearly in the patient’s medical record
- If domestic violence is suspected or the patient has disclosed domestic violence, a referral should be made to the team social worker as an immediate priority. The social worker should interview the patient within three working days of the referral, and provide counselling and referral as required
Where staff are aware that a patient has taken out an ADVO, which is breached during a hospital stay by a visit to the ward/unit, NSW Police must be called. Should the patient wish to formally change the terms of the ADVO, staff should provide information and appropriate assistance.

- Every effort should be made for discharge of victims into a safe environment.
- In cases where the perpetrator is the patient, staff should make contact with the victim to assess safety and provide support and referrals as necessary.
- Referral to domestic violence services, where indicated, should be part of routine discharge planning. Information regarding domestic violence should be communicated to the community mental health service or responsible clinician.

5.8 Mental Health Setting – Community
- Mandatory routine screening should be conducted by the assessing clinician during first assessment by the mental health service.
- For clients who are managed over a prolonged period, screening should take place on at least a six monthly basis, or sooner as circumstances indicate, eg, when the person’s social/residential situation changes.
- Staff should be vigilant in relation to possible warning signs for domestic violence, such as changes to mental state and engagement with the service.
- Where domestic violence is identified, staff need to respond by following the regular supportive steps from immediate/crisis intervention through to referral and follow-up as indicated. The safety of the client and children is paramount and referral to appropriate services must be made to ensure safety.
- Alternative options for contact with the service may also need to be made, eg, visits to community mental health centres at certain times and restricted phone contact. These changes should be discussed in clinical review and the management plan clearly documented in the client’s file.
- Any urgent situations should be discussed with the manager/team leader and senior clinician/treating psychiatrist.

5.9 Consultation Options in relation to Domestic Violence
- Senior Social Worker at the relevant site/service.
- Managers, Team Leaders, Senior Clinicians at the relevant site/service.
- The Domestic Violence Counselling Service at the relevant site (where applicable).
- NSW Police.
- NSW Health Child Wellbeing Unit (Phone: 1300 480 420) or Child Protection Helpline (Phone: 133 111).
- Child Protection Unit, Sydney Children’s Hospital (Phone: 9382 1412/3).
- Coordinator, Violence and Abuse (Adults) Prevention Program, Women’s, Children’s and Youth Health, SESLHD (Phone: 9382 8697).
- Child Wellbeing and Child Protection Coordinator, SESLHD (Phone: 9382 8698).
- NSW Elder Abuse Line and Resource Unit (Phone: 1800 628 221) or www.elderabusehelpline.com.au.
- Community Aged Care Social Workers, eg, CHATT services at Prince of Wales Hospital (Phone: 9369 0400).
• Mental Health Service Family and Carer Clinicians/Service.

5.9.1 After Hours Contacts:
• Domestic Violence Helpline (Phone: 1800 65 64 63)
• Child Protection Unit, Sydney Children’s Hospital (Phone: 9382 1111)
• Child Protection Mandated Reporting Line (Phone: 133 627).

6. DOCUMENTATION

• Documentation of domestic violence screening is to be completed in eMR:
  - As part of the comprehensive Mental Health Assessment in module ‘MH Current History’ or
  - Via ‘AD-HOC’
• A progress note is to be completed to document the actions of staff, including any referrals to other services and child protection notifications.

7. AUDIT

As outlined in NSW Ministry of Health Policy Directive PD 2006_084, mental health services across the SESLHD are to participate in data collection processes, which document the level and outcomes of domestic violence screening. This takes the form of an annual snapshot over a one month period.

8. REFERENCES

• NSW Ministry of Health Information Bulletin ‘Domestic Violence: Men’s Behaviour Change Programs’ IB2014_003
• SESLHD Procedure ‘Notification to Police of Patients Suspected of Having Access to a Firearm and/or Prohibited Weapon’ SESLHDPR/318
• National Safety and Quality Health Service (NSQHS): Standard 1. Governance for Safety and Quality in Health Service Organisations (1.2, 1.5, 1.8)
• National Standards for Mental Health Services 2010; Standard 2. Safety (2.1); Standard 10. Delivery of care (10.1.9)
• Apprehended Violence Orders (AVO): Health Staff’s Responsibilities in Protecting Patients
9. REVISION AND APPROVAL HISTORY

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