Identifying and Responding to Family Violence Policy

1. Policy Statement

This policy has been developed to support [insert org name]’s commitment to providing high quality care and embedding evidenced-based best practice to ensure that the health needs of patients experiencing family violence are met and are inclusive of their right to safety.

In accordance with *The* *Family Violence Risk Assessment and Risk Management Framework (MARAM)* and its legislative requirements under Part 11 of the *Family Violence Protection Act 2008,* [insert org name] will ensure all staff have an understanding of:

* Their role in responding to family violence and contributing to an integrated system response to family violence
* The gendered nature and dynamics of family violence
* Family violence observable signs and evidence-based risk indicators
* How to respond to disclosures of family violence or if there are observable signs of family violence respectfully and sensitively and prioritise the safety of victim survivors
* Contributing to keep perpetrators in view and accountable

In addition, [insert org] will ensure appropriate staff are trained:

* In first-line support for individuals who are identified as experiencing or at risk of experiencing family violence
* To competently and confidently conduct screening or risk assessment in accordance with their role and responsibilities under MARAM.
* To competently and confidently address immediate risk and safety concerns
* To undertake risk management, including safety planning in accordance with their roles and responsibilities
* To provide a pathway to specialist family violence support and any other appropriate sources of support required
* To recognise and address 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

This policy aligns with MARAM, which is best practice for family violence risk assessment and management, based on current evidence and research. Alignment to MARAM enables an effective, integrated response that empowers victim survivors, prioritises their safety and can hold perpetrators in view and hold them accountable for their actions and behaviours. It aims to establish a system-wide shared understanding of family violence and collective responsibility for risk assessment and management. MARAM is underpinned by an understanding that different sectors and services within the integrated service system have a role in supporting effective responses to family violence. The health sector has a pivotal role in identifying people affected by family violence, providing medical care and a pathway to specialist family violence support.

Guiding Principles

Family violence is unacceptable in any form, across any community or culture. Family violence differs from other forms of violence: it is generally underpinned by a pattern of coercion, control and domination by one person over another. A central element of the experience of violence is the loss of control and feeling of powerlessness, therefore the governing principle is to give individuals experiencing family violence as much sense of control over their health care as possible.

Family violence is a deeply gendered issue rooted in structural inequalities and an imbalance of power between men and women. The causes of family violence are complex, and include gender inequality and community attitudes between men and women. While both men and women can be perpetrators or victim survivors of family violence, overwhelmingly, perpetrators are men, who largely perpetrate violence against women and children. The significant majority of men who experience family violence are victim survivors of other male family members’ use of violence. Intimate partner violence also occurs in same sex relationships. It is acknowledged that broader conceptions of gender apply to individual’s identities, experiences and manifestations of family violence.

The drivers of family violence risk also intersect with other forms of structural inequality and discrimination, including but not limited to patriarchy, colonisation, racism, sexism, ableism, ageism, homophobia and transphobia and community attitudes that normalise, tolerate and excuse violence towards these communities. [Insert org name] recognises the prevalence, impact and risk of family violence is linked to intersecting inequalities and community attitudes which create barriers to services being accessible to these groups and opportunities for perpetrators to target these groups

At least one in two women in Australia have experienced some form of physical or sexual violence, yet few will voluntarily disclose to a health professional. Research (Webster, 2016) has identified intimate partner violence as the leading cause of disease burden for women aged 18 to 44. Children can experience family violence also by being directly or indirectly exposed to the violence perpetrated against a parent/carer or other family member. The [Insert org name] recognises children as victim survivors in their own right and understands the impact on a child’s physical, spiritual, psychological development and emotional wellbeing. Older people may experience abuse along the continuum of behaviour recognised as family violence, and can be particularly impacted due to limited service system recognition and fragmented responses.

Family violence is not a part of Aboriginal culture. Aboriginal people, particularly women and children, are disproportionately impacted by family violence due to the structural inequalities and discrimination they experience underpinned by racist and sexist attitudes that condone violence and the on-going impacts of colonisation (Our Watch, 2018).

All engagement with patients experiencing family violence must be patient lead, as they are, in most instances the best judge of their own safety and needs. The [insert org name] is committed to promoting the agency, dignity and intrinsic empowerment of victim survivors when responding to family violence by partnering with them as active decision-making participants in risk assessment and management.

Perpetrators are ultimately responsible for their actions and behaviours. However, bringing perpetrators into view and holding them to account is the responsibility of the integrated service system. This is enacted through a victim centred approach through services identifying, assessing and sharing information about risk through working directly with victim survivors, participating in coordinated and collaborative multi-agency risk assessment and management and providing consistent information and messaging that violence is not tolerated or accepted. Engaging with perpetrators directly around their use of violence requires specialist skills and should only be undertaken by appropriate professionals as challenging perpetrators on their behaviour can directly correlate with increased risk for the victim survivor. Additionally, family violence used by adolescents is a distinct form of family violence and requires a different response to family violence used by adults.

2. Definitions

[insert org name] uses the following operational definition of family violence:

Family violence is defined by the Family Violence Protection Act 2008 (Vic) as a 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 controlling that causes a person to live in 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

The Victorian Indigenous Family Violence Task Force (2003) defines 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 Dhelk Dja (2018) definition of family violence also acknowledges:

* The impact of violence by non-Aboriginal people against Aboriginal partners, children, young people and extended family on spiritual and cultural rights, which manifests as exclusion or isolation from Aboriginal culture and/ or community.
* Elder abuse and the use of lateral violence within Aboriginal communities. It also emphasises the impact of family violence on children.
* That the cycle of family violence brings people into contact with many different parts of the service system, and efforts to reduce violence and improve outcomes for Aboriginal people and children must work across family violence services; police, the justice system and the courts; housing and homelessness services; children and family services; child protection and out-of-home care; and health, mental health, and substance abuse.
* The need to respond to all forms of family violence experienced by Aboriginal people, children, families and communities.

3. Information sharing

Effective information sharing is crucial in keeping victim survivors safe, holding perpetrators to account, and to promote the safety and wellbeing of children. Two new Information Sharing Schemes have been introduced to enable effective responses to family violence and child safety and well-being across the Victorian service system. The schemes have expanded legal permissions for prescribed organisations to share and request information from other prescribed information sharing entity organisations.

* Family Violence Information Sharing Scheme (FVISS):allows authorised organisations to share information related to assessing or managing family violence risk.
* Child Information Sharing Scheme (CISS): allows authorised organisations to share information to support child wellbeing or safety.

[Insert org name] will ensure staff have an understanding of the organisation’s obligations under these and other relevant information sharing legislations.

4. Responsibility

It is the responsibility of the [Insert Executive Director sponsor] to ensure compliance with this policy.

It is the responsibility of all [insert organisation] employees to adhere to this policy.

5. Key Guidelines and Procedures related to this policy

The requirements for implementation of this policy are detailed in the following procedure;

* [Insert relevant Identifying and Responding to Violence against Women Procedures]

The following Policies, Guidelines and Procedures (PGP) should be used in conjunction with those listed above, if applicable;

* [Insert relevant policies, guidelines and procedures]

6. Evaluation, monitoring and reporting of compliance to this policy

Compliance to this policy will be monitored, evaluated and reported annually through the number of staff trained to sensitively inquire about family violence, training records, training feedback surveys, and monitoring of Victorian Health Incident Management System (VHIMS) reports.

Quality and safety committees and hospital quality account

Clinical audit processes

7. Endnotes

1. Our Watch, 2018. [‘Changing the Picture, A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children’. Melbourne. Our Watch](https://www.ourwatch.org.au/getmedia/ab55d7a6-8c07-45ac-a80f-dbb9e593cbf6/Changing-the-picture-AA-3.pdf.aspx)
2. State of Victoria, Department of Health and Human Services, 2018. [‘Dhelk Dja: Safe Our Way - Strong Culture, Strong Peoples, Strong Families’](https://w.www.vic.gov.au/system/user_files/Documents/fv/Dhelk%20Dja%20-%20Safe%20Our%20Way%20-%20Strong%20Culture%2C%20Strong%20Peoples%2C%20Strong%20Families%20Agreement.pdf). Melbourne. Victorian Government
3. Victorian Government, Family Safety Victoria, 2018. Family Violence Multi-Agency Risk Assessment and Management Framework. Melbourne. Victorian Government
4. Webster, K., 2016. A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women (ANROWS Compass, 07/2016). Sydney, NSW: ANROWS.

8. Legislation related to this policy

[Family Violence Protection Act 2008](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/edfb620cf7503d1aca256da4001b08af/083D69EC540CD748CA2574CD0015E27C/$FILE/08-52a.pdf)

[Child Youth and Families Act 2005](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/edfb620cf7503d1aca256da4001b08af/15A4CD9FB84C7196CA2570D00022769A/$FILE/05-096a.pdf)

Child Safe Standards, 2015